NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

BASI		TION		J		••••							
BASIC INFORMATION Accident/Incident Location							Accident/Incident Date/Time						
Nearest City/Place: Burley State: ID					D			21/2019		cal Time:	5:45 pm		
	•		sia County				Da		<i>1/2019</i> ₹∕уууу	10	car rine.	<u>5.45 pm</u>	
Latitude: Longitude:									Ti	me Zone: _	MDT		
(Enter in decimal degrees or degrees: minutes: seconds)							Co	llision with	Other Air	craft: C) Midair	OOn-groun	d O None
AIRCRAFT INFORMATION													
	ation Number:		•					🗹 IFR-Equip	ped and Ce	rtified			
0	acturer: <u>Cessr</u>							Commerci	al Space Fli				
Model:	182P						М	aximum Gr	oss Weigh	t: 3100		lbs	
Serial N	umber: <u>1826</u> 4	4613					w	eight at Tin	ne of Accid	lent/Inci	dent: <u>23</u> 0	00	lbs
Year of	Manufacture:	1976					Nı	umber of Se	ats: 4		Flight Cre	w Seats: 2	
Amateu	r-Built: OYes	If Yes: (OKit/Plans Mal	ke:				bin Crew Sea					
	O No	Ċ	Original Design					umber of Er					
Category of AircraftType of Airworthiness Category of AircraftImage: Orgen constraintsImage: Orgen constraints <td colspan="3">cted ed ional al Flight</td> <td colspan="3">at apply) Retractable Tailwheel Turbo Shaft Turbo Prop Turbo Jet an High Skid O Turbo Fan cy Float Skid O Electric</td> <td>OLiqui OSolid OHybri ONone OUnkn</td> <td colspan="2">OLiquid Rocket OSolid Rocket OHybrid Rocket ONone OUnknown</td>			cted ed ional al Flight			at apply) Retractable Tailwheel Turbo Shaft Turbo Prop Turbo Jet an High Skid O Turbo Fan cy Float Skid O Electric			OLiqui OSolid OHybri ONone OUnkn	OLiquid Rocket OSolid Rocket OHybrid Rocket ONone OUnknown			
			mental Light							stem Type (Reciprocating) puretor O Fuel-Injected			
OUnkn	OUnknown				inch	/Recovery Sys		OCarb	uretor	O Fuel-	Injected		
		None		Unknown		None	_		nknown		Total		<u>0</u> 1
Engine	Engine Manufa		Engine Model/Series			acturer's Number		Date of Mfg. mm/dd/yyyy	Rated Pow O Horsep O lbs of	ower or	Total Time (hours)	Inspection (hours)	Since: Overhaul (hours)
Eng. 1	Teledyne Contin	nental	O-470-S				_		230				
Eng. 2							_						
Eng. 3 Eng. 4							-						
, j	spection Type			Propeller 1 OFixed			110pener 2			Fixed Pitch			
О100-Н	our OCont	inuous Airwo		OContro OGround				oblable Pitch O Controllable Pitch d Adjustable O Ground Adjustable					
OAAIP OAnnu		litional Inspec	ction	Manufacturer: McCauley				Manu facturer:					
			010	Model: _2A34C203/90DCA-8 Model:									
	ast Inspection:	mm/dd/yy		ELT Ins	ELT Installed: OYes ONo Additional Equipment (Che					Check all that	t apply)		
	ne Total Time:		ns	~	nufactur	er:				rame Para			
OLast Inspection OTime of Accident/Incident N					Model or Part No.:						ck Indicato	r	
Type of Maintenance Program (Select one)				TSO No.:		(121.5 MHz) C) C9	1a (121.5 MH	z) Dat	a Recorde			
 Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify:				OC126 (406 MHz) Was ELT still mounted in aircraft Was ELT still connected to antenn Did ELT Activate? OYes ONe If activated: Did ELT Aid in Locating Aircraft			nna: No	? OYes ON	Elec Elec Han Hea Onb	ctronic Mu ctronic Pri dheld GP ds Up Dis ooard Wea	lltifunction mary Fligh S play	t Display	vice
	otion of Fire Ex	tinguishing	System	~	tivated:	-			Stal	l Warning	System		
O None O Spec				Indicate	Reason:	☐ Impact Dat ☐ Fire Dama ☐ Battery Ex ☐ Unknown	ge pire			eo Record er, Specify	ing Device /:		

OWNER/OPERATOR INFORMA						
Registered Aircraft Owner		City: Spokane				
Name: Yankee Flying Club		State: WA ZIP: 99206				
Fractional Ownership Aircraft: O Yes O) No	Country: United States of America				
Operator of Aircraft Same As Re	egistered Owner	✓ Same Address as Registered Owner				
- Name:		City:				
Doing Business As:		State: ZIP:				
Air Carrier/Operator Designator (4 Character	er Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Und	nder Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
 None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) 	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4	431 O Non-Scheduled or Air Taxi O International 435				
Commuter Air Carrier (FAR 135) Commuter Air Carrier (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Cargo O Mail Contract Only				
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141)	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft		OAerial Application OFire fighting O Unknown OAerial Observation OFlight Test OGlider Tow OAir Drop OGlider Tow OInstructional OBanner Tow OOther Work Use OBusiness OExecutive/Corporate OPositioning OExecutive/Lorporate OF Costining				
Revenue Sightseeing Flight	Air Medical Flight	OExternal Load OSkydiving OFerry				
O Yes O No	OYes ⊙No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Burley Municipal		Distance From Airport Center:sm				
Airport Identifier: KBY		Direction From Airport:degrees true				
Proximity to Airport: OOff Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: ft. msl				
Runway Information Condition of Runway/Landing Surface (Check all that apply) Runway ID: 20 (L/R/C) Length: 4092 ft Width: 80 ft Dry Snow-Compacted Water-Calme Runway/Landing Surface (Check all that apply) Holes Snow-Crusted Water-Chop Asphalt Grass/Turf Macadam Water Rough Snow-Wet Wet Concrete Gravel Metal/Wood Unknown Slush-Covered Vegetation Unknown						
Approach/Departure Segment (Select one))					
OTaxi OVFR Departure OOn Instrument Approach ODownwind OLow Approach OTakeoff OIFR Departure Procedure/Clearance OLow Approach OGo Around OInitial Climb OIFR Departure Procedure/Clearance OLow Approach OGo Around OInitial Climb OIFR Departure Procedure/Clearance OIFINAL OIFINAL OIFINAL OIFINAL						
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLS Practice LDA GPS ASR Visual Contact Circling	Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the system Image: Construction of the				
	Chkhown					

"FLIGHT CREWMEMBER 1" INFORMATION											
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ● Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew											
"Flight Crewmember 1" was pilot flying □Yes □ No											
"Flight Crewmember 1" Id	entification										
First Name: Vitaliy City of Residence: Airway Heights											
Middle Initial: V					State: W			ZIP: 99001			
Last Name: Maksimov											
	Accident/Incide	ant. 97	Data of P				<u>ates of Am</u> m/dd/yyyy	ierica			
Age at time of	Accident/Incide			Birth:		m	m/aa/yyyyy				
D 411			ber:								
One O Fatal	Seat Occup O Left	O Front	O Unknow		estraint Ty	pe		1	Inflatable R	estraints	
O Minor O Unknown O Serious	O Right O Center	O Rear O Single	OUIKIIO	wii	Availabl O None O Lap o	-	Used ONone OLap onl		✓ Not Inst ☐ Installed		
Pilot Certificate(s) (Check al	l that apply)				O Lap 0 ⊙3-poin		O Lup ont ⊙3-point		□ Not Dep		
□ None □ Flight]		Commercial	US M	ilitary	O4-poir		O 4-point		Deploye		
Private Recrea		Airline Transp		n	O 5-poir O Unkn		O 5-point O Unknov		Unknov	'n	
Student Sport		Flight Enginee	er		0.0111	0.112	0				
Principal Occupation	Medical Certifi	cate		М	Iedical Cer	tificate Va	lidity	1	Date of Las	t Medical	
O Pilot	O None	Class 3			Without lin	nitations/wai		Inknown			
	O Class 1		ense (Sport Pilot			tions/waiver	s ON	I/A	04/21/20 mm/dd/yy		
		Unknown			Special Iss	uance			mm/aa/yy	<i>yy</i>	
Medical Certificate Limitat	ions										
Must wear corrective lenses											
Medical Certificate Special	Issuance										
······································											
Data of Last Flight Daviou		Fligh	+ Davian Ain	woft.							
Date of Last Flight Review or Equivalent, Including		Ŭ	t Review Airo	erait							
FAR 121/135 Checks:	09/05/2018		: Cessna								
	mm/dd/yyyy		I: <u>182P</u>								
Airplane Rating(s)	Other Aircra			ent Rating			r Rating(s)				
(Check all that apply) □ None	(Check all that a ✓ None	apply)	1	l that apply)		(Check all	that apply)	_			
✓ Single-Engine Land	Airship		☑ None ☑ Airpla	ne		✓ None	e Single-Eng		Instrument I Instrument I		
□ Single-Engine Sea	Balloon		Helico	opter		Airplan	e Multi-Engi	ne	Helicopter	rencopter	
Multiengine Land	Glider		Power	red Lift		Gyropla	ine		Glider		
Multiengine Sea	Gyroplane Gyropter					D Powere	d Lift		Sport		
	Powered Lif	t									
Type Ratings						Student E	Indorseme	nts (Include d	dates)		
			Airplane	1				1			
Flight Time (Enter appropriat		This Make	Single	Airplane			rument			Lighter	
number of hours in each box)	Aircraft	& Model	Engine	Multiengin	Ū.	Actual	Simulated	Rotorcraft	Glider	Than Air	
Total Time	380	76	380		0 1	5 0	4	0	0	0	
Pilot in Command (PIC)	250 0	76	250		_						
Time as Instructor	0										
This Make/Model	40	40	40								
Last 90 Days	49	49	49								
Last 30 Days	33	33	33								
Last 24 Hours	/	/	1								

"FLIGHT CREWMEN	IBER 2" INFOR	RMATIC	N							
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" wa		0	No			56		-8		
"Flight Crewmember 2" Id	entification									
First Name:				Ci	ty of Re	esidence:				
Middle Initial:								IP:		
Last Name:										
					ountry:		/11/			
Age at time of	Accident/Incident: _						aaryyyy			
Degree of Internet	Sect Occurried		rtificate Numb							
Degree of Injury O None O Fatal	Seat Occupied OLeft	OFront	OUnknow		traint T			1	nflatable R	estraints
O Minor O Serious	ORight	ORear OSingle	Clikitow		Availab O Non O Lap	e	O None O Lap only		□Not Inst □Installed	
Pilot Certificate(s) (Check a	ll that apply)				O 3-po		O 3-point	,	□ Not Dep	oloyed
□ None □ Flight		mercial	🗖 US Mi	litary	O 4-po		O 4-point		□ Deploye □ Unknow	
Private Recrea		ine Transpo		n	O 5-po O Unk		O 5-point O Unknow	'n	Unknow	'n
Student Sport		ht Engineer	ſ		-		-			
Principal Occupation	Medical Certificate			Mee	dical Ce	ertificate Va	lidity]	Date of Las	t Medical
	O None O Cla					mitations/waiv		nknown		
		iver's Licer known	nse (Sport Pilot		Vith limit pecial Is	tations/waivers	5 O N	/A	mm/dd/yy	 vv
		IKIIOWII		• 3	peciai is	suance				//
Medical Certificate Limitat	lons									
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including		U								
FAR 121/135 Checks:		-								
	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft R	0.7		ent Rating(s))	Instructor				
(Check all that apply) ☐ None	(Check all that apply None	0		that apply)		(Check all th		-		
Single-Engine Land	Airship		Airplan	ne		□ None □ Airplane	Single-Engir		Instrument A Instrument H	Irplane elicopter
☐ Single-Engine Sea	□ Balloon					Airplane Airplane			Helicopter	encopter
Multiengine Land	Glider		Power			Gyroplan	ie C		Glider	
Multiengine Sea	Gyroplane Helicopter					Powered	Lift		Sport	
	Powered Lift									
Type Ratings			•			Student Er	ndorsement	ts (Include da	ates)	
									,	
					-				-	
Flight Time (Enter appropria	te All TI	his Make	Airplane Single	Airplane	1	Inst	rument	4		Lighter
number of hours in each box)		k Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)					 					
Time as Instructor										
This Make/Model					I					
Last 90 Days	┥──┤									
Last 30 Days	_ _				<u> </u>					
Last 24 Hours					<u> </u>					

	ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)											
Crew Name and Add	lress						Seat Occupie	d	Injury			
Middle Initial:	First Name: City of Residence: Middle Initial: State: Last Name: Country:						O Left O Center O Right	O None O Minor O Serious O Fatal O Unknown				
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Type Rating/Endorserer for Total Flight Time at the Time Accident/Incident Aircraft? Yes					Restraint Typ Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	De: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown					
Crew Name and Add	lress						Seat Occupie	Injury				
Crew Name and Address First Name:								OLeft OFront OCenter ORear ORight OSingle OUnknown				
Pilot Certificate(s) (d None Private Student Type Rating/Endorse Accident/Incident Ai PASSENGER(S) /	Flight Instructor Recreational Sport ement for ircraft? Yes	Airl Flig	of this A	oort For er light Time at Accident/Inci	t the Time dent:	hrs	Restraint Tyj Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown			
PASSENGEN(C)	UTTERTERO		Include c	abin crew, c	Ontinue on a	eparate snee	t ir necessary)	Inflatable				
Name and Address						1		Inflatable	1			
1				Seat	Injury	Restraint T		Restraints	Age			
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used ONone OLap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown	Under 5 years			
Middle Initial:	State: Country: OPassenger City : State:	ZIP: O Oti ZIP:		OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Available ONone OLap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years			
Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	State: Country: OPassenger City : State: OPassenger City : City : State:	ZIP:	her	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 0 Unknown Used 0 None 0 Lap Only 0 3-point 0 4-point 0 5-point 0 5-poi	Restraints Not Installed Installed Not Deployed Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years			

FLIGHT ITINERARY	INFORMAT	ION		•					
Last Departure Point	1	Time of Departure	Destinatio	on		Type Fligh	t Plan H	liled	
Airport ID: KPVU			Airport ID: KJER			O None		_	R/IFR
City: Provo	1	Time: 2:30 pm	City: Jerome			O Company O Military		O IFI	R known
State: Utah	т	Time Zone: MDT				O VFR	VFK	U Un	known
Country: USA	A			JSA		Activated?	OYes	ONo	OUnknown
Type of ATC Clearance/Se	ervice (Check all t	hat apply)							
• •	Special VFR		cial IFR		✓ VFR Flight Foll	owing	Crui	se	
	IFR	□ VF	R On Top		Traffic Advisory	Ū	Unk	nown / l	NA
Airspace where the accide	nt/incident occur						Altitu	de of I	n-Flight
Class A	Class G		itary Operations		Special			rence:	0
	Demo Area Warning Area		port Advisory A Training Area	rea	Air Traffic Contr	ol Area			ft msl
Class D	Prohibited Area				Chkhown				It III31
	Restricted Area	🗖 FAI	R 93						
WEATHER INFORM	ATION AT T	HE ACCIDEN	T/INCIDEN	T SITE					
Source of Pilot Weather In	Iformation			Weather Ob	servation Facility				
(Check all that apply) National Weather Service		7		Facility ID:					
Flight Service Station		Company Military		Observation Ti	me:				
TV/Radio	∠ I	nternet							
Automated Report Commercial Weather Service		None			Accident Site:				
On-Board Weather		Unknown			Accident Site:			s true	
Basic Conditions		Light Conditi	ion						
© VMC		ODawn	ODusk	ODark	Night OUn	known			
OIMC		O Day	ONight		ht Night				
OUnknown			_						
Sky/Lowest Cloud Condit		Ceiling			Temperature:		(C) or _		(F)
O Clear	O Thin Broken O Thin Overcast	O None (Clear) O Broken	O None (Clear) O Obscured			(C) or		(F)
O Few O Partial Obscuration	O Thin Overcast O Unknown		O Broken O Indefinite O Overcast O Unknown						(1)
O Scattered	Clinkinowin	Condust	0	Altimeter Sett	Altimeter Setting: in. Hg or MB				
Lowest Cloud Condition	Height	Ceiling Heigh	t		or	ME	5		
	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts	1	Visibility		miles		
□ Variable	Calm		Not Gustin	ng	P V/P	:	feet		
	Light and V	/ariable							
-or-	-or-	144	-or-	1	RVV		miles		
Direction:degrees tru	1	kts	Speed:	kts	Density Altitu			_ft	
Intensity of Precipitation		ipitation (Check all t			Restriction to			hat app	<i>by</i>)
OLight OModerate	□ None □ Rain	 Drizzle Ice Pellets 	□ Freezin □ Snow S		 None Blowing Du 	st D(og Fround Fo	זס	
OHeavy		Snow Pellet		ets Shower	Blowing Sa				
O _{N/A}	Hail	Snow Grain	s Freezin	g Drizzle	now 🗖 Ice Fog				
OUnknown	Rain Shower	rs 🗖 Ice Crystals			Blowing Spin Dust		smoke Jnknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Type O N/A		Type (Check al	l that apply)	142 4	verity	
					None			Light	t
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Clear Air Terrain-Indu	ced		Modera Severe	te
O Moderate O Mixed	1	O Moderate	O Mixe		Convective			Extrem	e
O Severe O Unkno	own	O Severe	O Unkr	nown					
OUnknown		OUnknown							
NOTAMs (D and FDC),	AIRMETs, SI	GMETs, PIREPS	s in effect at	the time of th	ne accident/incid	lent:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage O None

O Minor

Aircraft Fire O Substantial O None O Destroyed O In-Flight O Unknown O On-Ground

O Both Ground and In-Flight O Fire at Unknown Time **O**Unknown

Aircraft Explosion

O None O In-Flight O On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time OUnknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

On June 21st, I was returning home from Phoenix, Arizona. I departed Provo, Utah (KPVU) at approximately 2:30 pm local time, with a plan to stop at Jerome (KJER) for gas on my way home to Spokane (KSFF). Salt Lake Center provided VFR flight following but terminated the service about 30 miles east of Burley, Idaho. As I got close to Burley, I contacted Twin Falls Approach and requested flight following to Jerome. After checking Jerome weather (via ASOS and MyRadar app), and comparing it to the weather at Burley (KBYI) I let Twin Falls Approach know that I decided to divert to Burley. I switched to Burley CTAF and made my first radio call, announcing that I was on a 45 for left downwind, Runway 24. I heard another pilot announce that Cessna 182 was on final for Runway 24. After hearing that the Cessna cleared the runway, I asked the pilot "how was the landing". The pilot responded, "it is windy" and volunteered to check the windsock for me. He then confirmed that the wind was favoring Runway 24. I continued to fly what I thought was a normal pattern for Runway 24. Since the wind gust factor was about 10, I kept my airspeed about 5 knots above the normal approach speed on final, and used 10 degrees of flaps. After touchdown, I concentrated on keeping the aircraft parallel to the runway centerline. The aircraft wheelbarrowed and pulled to the left. After stabilizing, I pulled back on the yoke and applied brakes but the plane did not seem to slow down. Suddenly, I realized that I was at the end of the runway with insufficient airspeed and runway remaining to execute a safe go-around. Just prior to impacting the perimeter fence and the railroad berm, I pulled hard on the yoke in an attempt to soften the impact. The plane hit the berm, flipped over and came to rest inverted on the other side of the railroad tracks. I unbuckled and exited the aircraft through the passenger side door. A man who turned out to be the pilot I was talking to on the radio, helped me get out. Later, he asked if I heard him say that Runway 24 was the better runway for the wind conditions, which made me realize that I made a mistake and landed on Runway 20 instead (with a tailwind).

RECOMMENDATION (How		accident/incident ha	ive been pre	vented?)					
Operator/Owner Safety Recomm	endation								
I believe there were several factors contributing to the accident:									
 I did not get enough sleep fo I felt under pressure to get to I was not familiar with Burley I did not verify that I was land I lost situational awareness, 	o Provo for airport ding on the	a lunch meeting, ar correct runway	nd return to						
In hindsight, I should have acc Friday evening, so I could get approach instead of committir make it a point to maintain situ moment the approach/landing	enough rea ig to a land uational awa	st. I should have sp ng on the first try. I areness at all times	ent more tin will add a "	ne planni 'verify rur	ing my approad nway heading"	ch into Burley, pose item to my "before	sibly executing one low landing" checklist. I will		
MECHANICAL MALFU			a anaga la n	and ad	antinuo on conc	urato choot)			
Was there Mechanical Malfun (If yes, list the name of the part, man	ction/Failur	e? 🛛 Yes 🗹 No	-			irate Sileetj	Total Time/Cycles On Part		
							Hours		
							Cycles		
							Time Since This Part		
							Inspected/Over hauled		
							Hours		
FUEL & SERVICES INF	ORMATI	ON							
Fuel on Board at Last Takeoff		Fuel Type							
(Convert from pounds, as necessary)		 ○ 80/87 ○ 100 Low Lead 	O 115/145 O Jet A)	O Jet B O JP8	O Other, specify			
	Gallons	O 100/130	O Jet A-1		O Automotive				
Other Services, if Any, Prior to) Departure								
EVACUATION OF AIRC	RAFT								
Was an emergency evacuation		aft parformad?	□ Yes	□ No					
Method of Exit – Describe how		_			ed each location				
	ine occupun	is exited and now me	ing occupant	5 e rueuuk					
OTHER AIRCRAFT - C	OLLISIO	N (If air or ground)	collision occ	curred. cc	mplete this sec	tion for other aircra	ift)		
Aircraft Registration Number		urer:				Dar	mage to Other Aircraft		
							Destroyed Minor Substantial None		
Registered Owner of Other Air					Other Aircraft		Substantial None		
Name:									
City:				City:					
State:ZIP:ZIP:				State:		_ZIP:			
Coullery:				LOUNTRY	/ :				

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE												
Date of this Report	Name of 1	Pilot/Operator: Vitaliy Maksimov										
06/30/2019	06/30/2019 Signature:											
mm/dd/yyyy	$mm/dd/yyyy$ or \checkmark Check here to electronically sign this document											
If a Person Other tha	If a Person Other than Pilot/Operator is Filing Report											
Name:			Title:									
Signature:												
	- or Check here to electronically sign this document											
		FOR NTSB	USE ONLY									
NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received								
GAA19CA365		GAA	Eleazar Nepomuceno	7/1/2019								