

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Clearlake State: MN  
 ZIP: 55319 Country: USA  
 Latitude: ? Longitude: ?  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 11/23/2019 Local Time: 5:30pm  
*mm/dd/yyyy*  
 Time Zone: Central

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: 28037

Manufacturer: Bellanca

Model: Super Viking

Serial Number: 79-30949

Year of Manufacture: 1979

Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 3325 lbs

Weight at Time of Accident/Incident: 2980 lbs

Number of Seats: 4 Flight Crew Seats: 0

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 3

Number of Engines: 1

### Category of Aircraft

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

- | Standard                                   | Special   |
|--|---|
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic         | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon           | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter          | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport         | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility           | <input type="checkbox"/> Special Light-Sport      |
|  | <input type="checkbox"/> Experimental Light-Sport |
- ☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear (Check all that apply)

- ☒ Retractable
- ☒ Tricycle ☐ Tailwheel
- ☐ Amphibian ☐ High Skid
- ☐ Emergency Float ☐ Skid
- ☐ Float ☐ Ski
- ☐ Hull ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None ☐ Unknown

### Engine Type (Select one)

- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric                 |                                     |

### Fuel System Type (Reciprocating)

- ☐ Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	IO540K	557435	?	300	1935	31	NA
Eng. 2								
Eng. 3								
Eng. 4								

### Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☐ Annual ☐ Unknown

Date Last Inspection: 02/01/2019  
*mm/dd/yyyy*

Airframe Total Time: 1935 hrs  
 hours measured at (Select one)  
☐ Last Inspection ☒ Time of Accident/Incident

### Type of Maintenance Program (Select one)

- ☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

- ☐ None  
☒ Specify: portable halon extinguisher

### Propeller 1

- ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: McCauley

Model: 3 blade

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ?

Model or Part No.: \_\_\_\_\_

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)  
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason: ☐ Impact Damage  
☐ Fire Damage  
☐ Battery Expired/Damaged  
☐ Unknown

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

### Additional Equipment (Check all that apply)

- ☒ ADS-B  
☐ Airframe Parachute  
☐ Angle of Attack Indicator  
☒ Autopilot  
☐ Data Recorder  
☐ Electronic Flight Bag or Handheld Device  
☐ Electronic Multifunction Display  
☐ Electronic Primary Flight Display  
☐ Handheld GPS  
☐ Heads Up Display  
☐ Onboard Weather  
☐ Satellite Tracking Device  
☒ Stall Warning System  
☐ Video Recording Device  
☐ Other, Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Paul ChauCity: [REDACTED]State: [REDACTED]Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: \_\_\_\_\_

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

- ☐ None  
☐ Flag Carrier Operating Certificate (FAR 121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (FAR 129)  
☐ Rotorcraft External Load (FAR 133)  
☐ Commuter Air Carrier (FAR 135)  
☐ On-Demand Air Taxi (FAR 135)  
☐ Commercial Air Tour (FAR 136)  
☐ Agricultural Aircraft (FAR 137)  
☐ Pilot School (FAR 141)  
☐ Certificate of Authorization or Waiver (COA)  
☐ Commercial Space Transportation  
Experimental Permit  
☐ Commercial Space Transportation License  
☐ Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437

- ☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)

- ☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local

☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic  
☐ Non-Scheduled or Air Taxi ☐ International

- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown  
☐ Aerial Observation ☐ Flight Test  
☐ Air Drop ☐ Glider Tow  
☐ Air Race/Show ☐ Instructional  
☐ Banner Tow ☐ Other Work Use  
☐ Business ☐ Personal  
☐ Executive/Corporate ☐ Positioning  
☐ External Load ☐ Skydiving  
☐ Ferry

**Revenue Sightseeing Flight**☐ Yes ☐ No**Air Medical Flight**☐ Yes ☐ No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Leaders ClearlakeDistance From Airport Center: 0 smAirport Identifier: 8Y6

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 990 ft. msl**Runway Information**Runway ID: 36 (L/R/C) Length: 3000 ft Width: 150 ft**Condition of Runway/Landing Surface** (Check all that apply)

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☐ Soft  
☐ Slush-Covered ☐ Vegetation ☐ Unknown

**Runway/Landing Surface** (Check all that apply)

- ☒ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood  
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

**Approach/Departure Segment** (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach  
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around  
☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown)  
☐ Crosswind ☐ Unknown

**IFR Approach** (Check all that apply)

- ☐ None  
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice  
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS  
☐ VOR/TVOR ☐ ILS ☐ ASR  
☐ VOR/DME ☐ Localizer Only ☐ Visual  
☐ TACAN ☐ LOC-back course ☐ Contact  
☐ RNAV ☐ Circling  
☐ Unknown

**VFR Approach** (Check all that apply)

- ☐ None  
☐ Traffic Pattern ☐ Stop and Go  
☐ Straight-In ☐ Touch and Go  
☐ Valley/Terrain Following ☐ Simulated Forced Landing  
☐ Go Around ☐ Forced Landing  
☒ Full Stop ☐ Precautionary Landing  
☐ Unknown

FLIGHT ITINERARY INFORMATION						
<b>Last Departure Point</b> Airport ID: <u>KMGG</u> City: <u>Maple Lake</u> State: <u>MN</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>5:30pm</u> Time Zone: <u>Central</u>		<b>Destination</b> Airport ID: <u>8Y6</u> City: <u>Clearlake</u> State: <u>MN</u> Country: <u>USA</u>		<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<b>Type of ATC Clearance/Service (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Special VFR</div> <div style="width: 33%;"><input type="checkbox"/> Special IFR</div> <div style="width: 33%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 33%;"><input type="checkbox"/> Cruise</div> <div style="width: 33%;"><input type="checkbox"/> VFR</div> <div style="width: 33%;"><input type="checkbox"/> IFR</div> <div style="width: 33%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 33%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 33%;"><input type="checkbox"/> Unknown / NA</div> </div>						
<b>Airspace where the accident/incident occurred (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Class A  <input type="checkbox"/> Class B  <input type="checkbox"/> Class C  <input type="checkbox"/> Class D  <input checked="" type="checkbox"/> Class E             </div> <div style="width: 33%;"> <input type="checkbox"/> Class G  <input type="checkbox"/> Demo Area  <input type="checkbox"/> Warning Area  <input type="checkbox"/> Prohibited Area  <input type="checkbox"/> Restricted Area             </div> <div style="width: 33%;"> <input type="checkbox"/> Military Operations Area (MOA)  <input type="checkbox"/> Airport Advisory Area  <input type="checkbox"/> Jet Training Area  <input type="checkbox"/> TRSA  <input type="checkbox"/> FAR 93             </div> <div style="width: 33%;"> <input type="checkbox"/> Special  <input type="checkbox"/> Air Traffic Control Area  <input type="checkbox"/> Unknown             </div> </div>						
<b>Altitude of In-Flight Occurrence:</b> <u>990</u> ft msl						
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE						
<b>Source of Pilot Weather Information (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> National Weather Service  <input type="checkbox"/> Flight Service Station  <input type="checkbox"/> TV/Radio  <input checked="" type="checkbox"/> Automated Report  <input type="checkbox"/> Commercial Weather Service (DUATS)  <input type="checkbox"/> On-Board Weather             </div> <div style="width: 50%;"> <input type="checkbox"/> Company  <input type="checkbox"/> Military  <input type="checkbox"/> Internet  <input type="checkbox"/> None  <input type="checkbox"/> Unknown             </div> </div>			<b>Weather Observation Facility</b> Facility ID: <u>KSTC</u> Observation Time: <u>2253Z</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>7</u> nm Direction from Accident Site: <u>150</u> degrees true			
<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input checked="" type="radio"/> Dark Night <input type="radio"/> Unknown <input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night				
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> <u>                    </u> ft agl		<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> <u>                    </u> ft agl		<b>Temperature:</b> <u>          </u> (C) or <u>?30</u> (F) <b>Dew Point:</b> <u>          </u> (C) or <u>?</u> (F) <b>Altimeter Setting:</b> <u>?</u> in. Hg or <u>          </u> MB		
<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>270</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: <u>          </u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: <u>          </u> kts	<b>Visibility</b> <u>10</u> miles RVR: <u>          </u> feet RVV: <u>          </u> miles <b>Density Altitude:</b> <u>?</u> ft			
<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown		<b>Type of Precipitation (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Rain  <input type="checkbox"/> Snow  <input type="checkbox"/> Hail  <input type="checkbox"/> Rain Showers             </div> <div style="width: 33%;"> <input type="checkbox"/> Drizzle  <input type="checkbox"/> Ice Pellets  <input type="checkbox"/> Snow Pellets  <input type="checkbox"/> Snow Grains  <input type="checkbox"/> Ice Crystals             </div> <div style="width: 33%;"> <input type="checkbox"/> Freezing Rain  <input type="checkbox"/> Snow Shower  <input type="checkbox"/> Ice Pellets Shower  <input type="checkbox"/> Freezing Drizzle             </div> </div>		<b>Restriction to Visibility (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Blowing Dust  <input type="checkbox"/> Blowing Sand  <input type="checkbox"/> Blowing Snow  <input type="checkbox"/> Blowing Spray  <input type="checkbox"/> Dust             </div> <div style="width: 50%;"> <input type="checkbox"/> Fog  <input type="checkbox"/> Ground Fog  <input type="checkbox"/> Haze  <input type="checkbox"/> Ice Fog  <input type="checkbox"/> Smoke  <input type="checkbox"/> Unknown             </div> </div>		
<b>Icing Forecast</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b>  <input checked="" type="radio"/> None  <input type="radio"/> Trace  <input type="radio"/> Light  <input type="radio"/> Moderate  <input type="radio"/> Severe  <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Type</b>  <input type="radio"/> N/A  <input type="radio"/> Rime  <input type="radio"/> Clear  <input type="radio"/> Mixed  <input type="radio"/> Unknown             </div> </div>		<b>Icing Actual</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b>  <input checked="" type="radio"/> None  <input type="radio"/> Trace  <input type="radio"/> Light  <input type="radio"/> Moderate  <input type="radio"/> Severe  <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Type</b>  <input type="radio"/> N/A  <input type="radio"/> Rime  <input type="radio"/> Clear  <input type="radio"/> Mixed  <input type="radio"/> Unknown             </div> </div>		<b>Turbulence</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Type (Check all that apply)</b>  <input checked="" type="checkbox"/> None  <input type="checkbox"/> Clear Air  <input type="checkbox"/> Terrain-Induced  <input type="checkbox"/> Convective Turbulence             </div> <div style="flex: 1;"> <b>Severity</b>  <input type="checkbox"/> Light  <input type="checkbox"/> Moderate  <input type="checkbox"/> Severe  <input type="checkbox"/> Extreme             </div> </div>		
<b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b> <div style="height: 50px; border: 1px solid black;"></div>						

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None      ☒ Substantial  
☐ Minor      ☐ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

- ☒ None      ☐ Both Ground and In-Flight  
☐ In-Flight      ☐ Fire at Unknown Time  
☐ On-Ground      ☐ Unknown

**Aircraft Explosion**

- ☒ None      ☐ Both Ground and In-Flight  
☐ In-Flight      ☐ Explosion at Unknown Time  
☐ On-Ground      ☐ Unknown

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

bent prop, bent crankshaft, broken landing gear, l. wing damage, bent l. stabilizer strut, firewall damage

**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.

pilot inattention during close final (attention should have been outside instead of triple final checking of GUMP etc), when looked up heading into trees, pulled back yoke to barely clear trees, must have stalled because she hit very hard, skidded about 60yds, sat stunned that I crashed, snapped out of it, quickly shut off switches, exited out of her, returned cz forgot to switch tanks to off, called for help from airport owner

**RECOMMENDATION** (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

look outside when on close final

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

70+ \_\_\_\_\_ Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify \_\_\_\_\_  
☒ 100 Low Lead ☐ Jet A ☐ JP8  
☐ 100/130 ☐ Jet A-1 ☐ Automotive

Other Services, if Any, Prior to Departure

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ NoMethod of Exit – Describe how the occupants exited and how many occupants evacuated each location  
jumped out**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: \_\_\_\_\_

Damage to Other Aircraft

Model: \_\_\_\_\_

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

**ADDITIONAL INFORMATION** (Please type or print in ink)

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

I can't believe I crashed her. I know better.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

12/04/2019

mm/dd/yyyy

Name of Pilot/Operator: Paul Chau

Signature: \_\_\_\_\_

-- or --

☒ Check here to electronically sign this document

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/Incident No.  
CEN20CA026

Reviewed by NTSB Regional Office  
Central

Name of Investigator  
Folkerts

Date Report Received  
12/5/2019

# **"FLIGHT CREWMEMBER 1" INFORMATION**

## **"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☒ Pilot   ☐ Co-Pilot   ☐ Student Pilot   ☐ Flight Instructor   ☐ Check Pilot   ☐ Flight Engineer   ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying   ☒ Yes   ☐ No

## **"Flight Crewmember 1" Identification**

First Name: Paul

City of Residence: St Cloud

Middle Initial: S

State: MN   ZIP: 56303

Last Name: Chau

Country: \_\_\_\_\_

Age at time of Accident/Incident: 66   Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Certificate Number: \_\_\_\_\_

### **Degree of Injury**

☒ None   ☐ Fatal  
☐ Minor   ☐ Unknown  
☐ Serious

### **Seat Occupied**

☒ Left   ☐ Front   ☐ Unknown  
☐ Right   ☐ Rear  
☐ Center   ☐ Single

### **Restraint Type**

#### **Available**

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

#### **Used**

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

### **Inflatable Restraints**

☒ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

### **Pilot Certificate(s) (Check all that apply)**

☐ None   ☐ Flight Instructor   ☐ Commercial   ☐ US Military  
☒ Private   ☐ Recreational   ☐ Airline Transport   ☐ Foreign  
☐ Student   ☐ Sport   ☐ Flight Engineer

### **Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

### **Medical Certificate**

☐ None   ☒ Class 3  
☐ Class 1   ☐ Driver's License (Sport Pilot only)  
☐ Class 2   ☐ Unknown

### **Medical Certificate Validity**

☒ Without limitations/waivers   ☐ Unknown  
☐ With limitations/waivers   ☐ N/A  
☐ Special Issuance

### **Date of Last Medical**

12/10/2018  
mm/dd/yyyy

### **Medical Certificate Limitations**

### **Medical Certificate Special Issuance**

### **Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

02/13/2019  
mm/dd/yyyy

### **Flight Review Aircraft**

Make: Bellanca

Model: Super Viking

### **Airplane Rating(s)**

(Check all that apply)  
☐ None  
☒ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

### **Other Aircraft Rating(s)**

(Check all that apply)  
☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

### **Instrument Rating(s)**

(Check all that apply)  
☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

### **Instructor Rating(s)**

(Check all that apply)  
☒ None   ☐ Instrument Airplane  
☐ Airplane Single-Engine   ☐ Instrument Helicopter  
☐ Airplane Multi-Engine   ☐ Helicopter  
☐ Gyroplane   ☐ Glider  
☐ Powered Lift   ☐ Sport

### **Type Ratings**

### **Student Endorsements (Include dates)**

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	248	31	248		99		4			
Pilot in Command (PIC)	248	31	248		99					
Time as Instructor										
This Make/Model					9					
Last 90 Days	9				9					
Last 30 Days	3?	3?								
Last 24 Hours	0	0			0					