## 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	SINFORMA	TION 8			10							3.1	
	ıt/Incident Loc					Ţ.	Acci	ident/Incid	ent Date/I	ìme		_	
			pal Arpt		_State: <u>N</u>	<u>√H</u> :	Date:	10/1	5/2019	Lo	cal Time: _	3:00pm	
	766c							mm/dd	/ציניצי/	Tir	ne Zone: f	≘ST	
Latitude: 43.63N Longitude: 72.30W				_									
	(Enter in decima	l degrees or d	legrees:minutes:sec	onds)			Coll	lsion with (	Other Airc			On-groun	d <b>O</b> None
AIRC	RAFTINFO	RMATIO	<b>V</b>				Œ	Halle.					
Registr	ation Number:	N2037B						] IFR-Equip ] Commercia					
Manufa	cturer: <u>Lusco</u>	mbe				Unmanned		<u> </u>					
Model:	8F		_			Max	ximum Gr	oss Weigh	t: <u>1400</u>		lbs		
Serial N	lumber: <u>6464</u>						Wei	ight at Tim	e of Accid	ent/Incid	dent: <u>127</u>	78	_ lbs
Year of	Manufacture:	1948										w Scats:	
Amateu	ır-Built: OYes		OKit/Plans Mak	:e:							Passenger	Seats:	
	ONo		Original Design					nber of En	gines: <u>C9</u>		<u>-</u>		
	ry of Aircraft		irworthiness Ce	rtificate		Landing Ges (Check all that		Zar)			Type (Se	lect one)	d Rocket
<ul><li>♠ Airpl:</li><li>♠ Ballo</li></ul>		<i>(Check all ti</i> Standar				•		table			procating o Shaft	<b>⊘</b> Solid	Rocket
OBlimp/Dirigible ☑ Normal ☐ Restric						Tricycle		Z∏a	ilwheel	O Turb		OHybr ONone	id Rocket
O Glide		☐ Aerobi ☐ Balloo	_				an □High Skid			Q Turb O Turb		Olyone	
O Helic	opter	☐ Comm	uter 🔲 Special	at Plight DEme		Emergency	cy Float □Skid		rid	O Elect	tric		
O Powe		☐ Transp ☐ Utility	oort Experir	imental ☐Float il Light-Sport ☐Hull			□Ski □Ski/Wheel Fuel		Engl Co.	System Type (Reciprocating)			
O'Ultral			Experie	mental Light-Sport			aunch/Recovery System OCarburetor			(Keciprocaiii - Fuel			
OUnkn	own		of Authorization	or Waiver (COA)			□ Unknown			ÇCMB	aroioi	0146	Injected
		□Йоле	<u> </u>	Jnknown		None	$\neg$	Date D	Rated Pow		Total	Time	Since:
			Engine			acturer's		of Míg.	O Horsep	ower or	Time	Inspection	Overhaul
Englne	Engine Manufa	cturer	Model/Series C90-12F	Serial Number				mm/dd/yyyy 948	O lbs of Thrust		(hours) 1744.5	(hours)	(hou <u>rs)</u> 542.2
Eng. 1 Eng. 2	Continental		C90-12F	41434-8-12		D-12	+'	040	90		177770	<del>-</del>	012.2
Eng. 3							$\top$	_				<del>-</del>	
Eng. 4													
Last Ir	spection Type			Propelle	er 1	OFixed Pi OControll		Pitch	Propo	ller 2	Ō	Fixed Pitch Controllable l	
О100-Н		tinuous Airwo		OGround Adjustable OGround Adjustable						stable			
O AAIP O Annu		ditional Inspec nown	ction		Manufacturer:         McCauley         Manufacturer:           Model:         Model:         Model:						_		
Date L	ast Inspection:	10/10/2	019		_				Mode			Check all that	
	-	nun/dd/yy	**	ELT In:	staued:	⊙Yes O1	NO		Addition		ihmenr (	_neck all ind	( арріу)
	ne Total Time: 's measured at <i>(S</i>		hrs	<i>(f Yes:</i> ELT Ma	nufactur	er: <u>pointer</u>		☐ Airframe Parachute					
	s measured at ്ര ast Inspection		ccident/Incident	Model or	r Part No	.:			I □ Ant		ck Indicato	r ,	
	Maintenance I		<del></del>	TSO No.		(121.5 MHz) O 5 (406 MH2)	C91a	(121,5 MHz	z) 🔲 Data	a Recorde		Uandhald De	uioa
⊙ Annu		Inc		Waser		unted in sircrat	119 1	NVec ONC			gnt Bag or . Utifunction	Handheld De Display	AICC
	itional (Amateur-l					inacted to auten			.  □Elec		mary Fligh	t Display	
	facturer's Inspect Approved Inspec		(AAIP)			e? <b>⊙</b> Yes ON	10			dheld GP: ds Up Dis			
O Conti	nuous Airworthin		* *	If active		ocating Aircraf	n. O	Yes @Nie	□Onb	oard Wea	ther		
	, specify;		Cavata-		: Ald in L ctivated:	ocamie Airtrai	U	,,49 G)140		llite Track I Warning	king Device System	3	
Descrip O None	otion of Fire Ex	anguishing	oystem	Indicate		☐ Impact Dan	паде		□Vid	eo Record	ing Device		
	<sup>ify:</sup> handheld 2					☐Fire Damag	ge	<b></b>	Oth	er, Specify	y:		
	extinguishe		Ð			☐Battery Exp ☐ Unknown	orred/l	Damaged					
												_	_

CONVINIER COLUMNICATION COLUMNICATION COLUMNICATION COLUMNICATION COLUMNICATION COLUMNICATION COLUMNICATION CO	KIOITI	<b>"我们是一个工作,我们们的一个工作,我们们们们的一个工作。"</b>				
Registered Aircraft Owner		City: White River Jct.				
Name: Peter Schaal : Silvaire LLC	···	State: Vermont ZIP: 05001				
Fractional Ownership Aircraft: O Yes 10	No	Country: USA				
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner				
Name:		City:				
Doing Business As: NA	<del></del>	State: ZTP:				
Air Carrier/Operator Designator (4 Characte	er Code): <u>NA</u>	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der 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) ☐ Rotorcraft External Load (FAR 133)	OFAR 91 OFAR 129 OFAR 0FAR 103 OFAR 133 OFAR 0FAR 121 OFAR 135 OFAR 0FAR 125 OFAR 137 OFAR 0FAR 91 Special Flight ONon-US, Commercial	431 O Non-Scheduled or Air Taxi O International 435				
☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	ONon-US, Non-commercial					
□Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	O Armed Forces O Federal O State O Local O Unknown	O Aerial Application OFirefighting OUnknown O Aerial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow Oother Work Use O Business OPersonal O Executive/Corporate OPositioning				
Revenue Sightseeing Flight	Air Medical Flight	© External Load O Skydiving Ferry				
OYes ⊙ No	O Yes O No					
ALITEO RATIONALISTO STATA	if acoldent/incident/occurred on ap	roadh; lànding, takaoji, departure, or within similas of an aireori).				
Airport Name: <u>Lebanon Municipal Le</u> Airport Identifier: <u>KLEB</u>		Distance From Airport Center: 1/4 sm  Direction From Airport: 250 degrees true				
Proximity to Airport: O Off Airport/Airstri	p Oth Airport/Airstrip ON/A	Airport Elevation: 603 ft. msl				
Runway Information  Runway ID: 25 (L/R/C) Length: 54  Runway/Landing Surface (Check all that a Check all tha	ирр у) idam □ Water I/Wood □	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 Slush-Covered Vegetation Unknown				
Approach/Departure Segment (Select one	<del></del> )					
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Ap	proach ODownwind OBase OFinal OCrosswind OUnknown  ODownwind OGo Around OAborted Landing (after touchdown) OUnknown				
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 □Unknown	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Uvalley/Terrain Following ☐ Simulated Forced Landing☐ Go Around ☐ Forced Landing☐ Frecautionary Landing☐ ☐ Winknown☐ ☐ Unknown☐ ☐ Unknown☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				

"FUGHT 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" Identification  First Name: Peter City of Residence: White River Jet											
Last Name: Schaal Country: USA  Age at time of Accident/Incident: 72 Date of Birth; mm/dd/yyy											
Certificate Number:											
Degree of Injury	Seat Occup			] ]	Restr	aint Ty <sub>l</sub>	pe		[ ]	(nflatable F	Restraints
O None O Fatal O Left O Front O Unknown Available Used O Minor O Unknown O Rear O None O None O Installed O Serious O Single O Lap only O Lap only ☐ Installed							d				
Pilot Certificate(s) (Check all	that apply)					O 3-point	,	O3-point		☐ Not De	ployed
☐ None ☐ Flight In ☐ Private ☐ Recreati	onal 🔲	Commercial Airline Transp Plight Engine			1	O 4-point O 5-point O Unkno		O 4-point O 5-point O Unknov	vn	☐ Deploy	
☐ Student ☐ Sport		. ngat Engine	<u> </u>								
	fedical Certific	cate					ificate Va	-		Date of Las	t Medical
Other     C	O Pilot O O Class 3 O Other O Class 1 O Driver's License (Sport Pilot only) O Other O Class 1 O Driver's License (Sport Pilot only) O Without limitations/waivers O Unknown O N/A O N/A O N/A O Driver's License (Sport Pilot only)										
Medical Certificate Limitation	·										
Basic Medical											
Medical Certificate Special I	ssuance										
Date of Last Flight Review		Fligh	t Review Air	eraft							
or Equivalent, Including			Luscombe								
FAR 121/135 Checks:	07/10/19 mm/dd/yyyy		ı: 8F						· <del>-</del>		
Airplane Rating(s)	Other Aircrat			ent Ratin	rg(s)	Т	Instructo	r Rating(s)			
(Check all that apply)	(Check all that o			l that apply	oply) (Check all that apply)						
☐ None	☑ None		☑ None		☑ None ☐ Instrumen						
☑ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airple		☐ Airplane Single-Engine ☐ Instrumer ☐ Airplane Multi-Engine ☐ Helicopte						
☐ Multiengine Land	☐ Glider		☐ Power	ed Lift			□ Gyropla	ine		I Glider	
☐ Multiengine Sca	☐ Gyroplane ☐ Helicopter						Powered	d Lift	_	Sport	
	Powered Life	t									
Type Ratings							Student E	Endorsemer	its (Include i	dates)	
SEL											
Pitch + Thurs / The second			Airplane	Γ			Inst	runient			V
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplan Multlengi		Night	Acrual	Simulated	Rotorcraft	Gilder	Lighter Than Air
Total Time	690	191	690		٥	10		8			
Pilot in Command (PIC)	690	191	690		0	10		8			
Time as Instructor	0	0	0		0	0		0_		<u> </u>	
This Make/Model											
Last 90 Days	12	12			0	0		0		ļ <u>-</u>	
Last 30 Days	4	1	1		0	0 õ		0			
Last 24 Hours	1 1	1	I 1	l	2	U		ı <u>"</u>		1	I

"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" was pilot flying							
"Flight Crewmember 2" was pilot flying							
"Flight Crewmember 2" Identification  First Name:							
First Name: State: ZIP: State: ZIP: Country:  Last Name: Country:							
Middle Initial:							
Last Name:  Age at time of Accident/Incident:  Date of Birth:  Certificate Number:  Certificate Number:  Degree of Injury  None							
Age at time of Accident/Incident: Date of Birth: mnn/dd/yyyy    Certificate Number:   Degree of Injury   Seat Occupied   O Loft   O Front   O Unknown   O Right   O Rear   O None   O N							
Degree of Injury   Seat Occupied   Converged   Conve							
Degree of Injury  Seat Occupied  O None O Fatal O Left O Front O Unknown O Minor O Unknown O Serious  Pilot Certificate(s) (Check all that apply)  Pilot Certificate(s) (Check all that apply)  None O Flight Instructor Commercial O None O Serious  O Serious  Restraint Type  Available Used O None O							
O None O Fatal O Left O Front O Unknown Available Used O Minor O Unknown O Right O Rear O Serious O Center O Single O Lap only O Lap only O Lap only O Sepont O Sepon							
O Minor O Unknown O Right O Rear O None O None O None O Installed O Lap only O Lap only O Lap only O Serious O 3-point O 3-point O 3-point O 4-point O 4-point O 5-point O 5-poi							
Pilot Certificate(s) (Check all that apply)  O 3-point O 3-point O 3-point O 4-point O 4-point O 4-point O 4-point O 5-point O							
Note							
D Parantinal D Airling Temporat D Poreign O 5-point O 5-point Unknown							
Student Sport Flight Engineer O Unknown O Unknown							
Principal Occupation Medical Certificate Medical Certificate Validity Date of Last Medical							
O Pilot O None O Class 3 O Without Jimitations/waivers O Unknown							
O Other O Class I O Driver's License (Sport Pilot only) O With limitations/waivers O N/A 0//10/2019							
O Unknown O Class 2 O Offichiown O Special Issued							
Medical Certificate Limitations							
Medical Certificate Special Issuance							
Date of Last Flight Review Flight Review Aircraft							
Date of East I Plus 144444							
or Equivalent, Including							
or Equivalent, Including FAR 121/135 Checks:  Make:							
or Equivalent, Including FAR 121/135 Checks:    mm/dd/yyyy							
or Equivalent, Including FAR 121/135 Checks:    mm/dd/yyyy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/dd/yyyy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/dd/yyyy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/dd/yyyy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/td/yyyy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/td/pypy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/td/yyyy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/td/pypy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/td/pypy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/td/pypy   Model:							
or Equivalent, Including FAR 121/135 Checks:    mm/dd/pypy							
or Equivalent, Including FAR 121/135 Checks:    mm/tdt/pypy							
or Equivalent, Including FAR 121/135 Checks:    mm/tdd/pypy							
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or Equivalent, Including FAR 121/135 Checks:    mm/(dd/pypy)							
Make:							
Make:							
Make:							

1	- Miliano XVIII - 41	IBERS (	(Exclusiy	e of cabin ci	wacomplete	the followin	g information).	<u> </u>		
Crew Name and Address								d	Injury	
City of Residence:						O Left O Cenier O Right	OFront ORear OSingle OUnknown	O None O Minor O Serious O Fatal O Unknown		
Accident/Incident Aircraft? Yes No of this Acc					light Time at the Time			Oe: Used O None C 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 Address								Seat Occupied		
Crew Name and Address							OLeft OCenter O'Right	OFront ORear OSingle OUnknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (Check all that apply)  None   Flight Instructor   Commercial   US Military   Private   Recreational   Airline Transport   Foreign   Student   Sport   Flight Engineer  Type Rating/Endorsement for   Total Flight Time at the Time   Accident/Incident Aircraft?   Yes   No   of this Accident/Incident:   hrs						hrs	Restraint Tyl Available O None O Lep Only O 3-point O 4-point O 5-point O Unknown	Oe: Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
/R/ASSENGER(S)//						oparajo etier	tif(necessary)			
Name and Address					I			W 40 4 7 7	1	
				Seat	Injury	Restraint T	уре	Inflatable Restraints	Age	
First Name;  Middle Initial;  Last Name:  Crew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFstal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point		☐ Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held	
Middle Initial; Last Name:	State: Country: OPassenger City : State:	ZIP:	ther	OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Available ONone OLap Only O3-point O4-point O5-point	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point	Restraints  Not Installed Installed Deployed Deployed	☐ Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held ○ Unknown	
Middle Initial: Last Name: Crew  First Name: Middle Initial: Last Name:	State:Country: City: State: Country: OPassenger City: State:	ZIP:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFstal OUnknown ONone OMinor OSerious OFstal	Available ONone OLap Only O3-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O5-point	Not Installed   Installed   Installed   Deployed   Unknown	☐ Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held ○ Unknown  ☐ Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held ○ Unknown	

ARLIGHTENNINERARY/II	NEORMATION	<b>U</b>					75		
Last Departure Point		of Departure	Destinatio	ın		Type Fligh	t Plan F	iled	
Airport ID; KLEB		0,000	Airport ID;	KLEB		None		O VFR/IFR	
City: Lebanon	Time	2:00pm	City: Leba	anon		O Company O Military		O IFR O Unknown	
State: New Hampshire	Time	Zonc: EST		v Hampshire		O VFR			
Country: USA			Country: U			Activated?	OYes	ONo OUnknown	
Type of ATC Clearance/Serv	rice (Check all that a	יים							
☑ None □	Special VFR IFR	☐ Spe	cial IFR R On Top		☐ VFR Flight Folk☐ Traffic Advisory		☐ Cruis ☐ Unkn	e nown/NA	
	<mark>'incident occurred</mark> Class G Demo Area	□ Mili	<i>apply)</i> itary Operations port Advisory Ar		□Special □Air Traffic Cont	rol Area		de of In-Flight rence:	
☐ Class C ☐ ☐				Unknown					
	Restricted Area								
WEARINE SINISORWA		ACCIDEN	MINGIDEN				<u> </u>		
Source of Pilot Weather Info	rmation				servation Facility	,			
(Check all that apply) ☑ National Weather Service	□ Com	DARV		Facility ID: K					
Flight Service Station	☐ Milit	ary			me: <u>1400</u>				
☐ TV/Radio ☐ Automated Report	☐ Intern ☐ None								
Commercial Weather Service (	_	known Distance from Ac			ceident Site: 1/2 nm				
On-Board Weather				Direction from	Accident Site: 070	)	_ degrees	true	
Basic Conditions	Ï	Light Conditi		OD(	NY LL	leaann			
O VMC O™C		ODawn <b>⊙</b> Day	ODusk ONight	O Dark O Brig	t Night Oor ht Night	known			
OUnknown		O Day	Omga	<b>0</b>					
Sky/Lowest Cloud Condition		Ceiling			Temperature:	15	(C) or _(	60(F)	
⊙ Clear C	Thin Broken	None (Clear)		Obscured	Dew Point: _	(C	.) or	_(F)	
	) Thin Overcast ) Unknown	O Broken O Overcast	_	Indefinite Unknown					
O Scattered	, 311313 ****	O Overcast O Onknown			Altimeter Sctting: in. Hg or MB				
Lowest Cloud Condition He	ight	Ceiling Heigh	t			or		•	
	_ft agl	Clear		ft ag)					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles		
☑ Variable	☐ Calm ☐ Light and Varia	ble	☐ Not Gustin	ng		.i	feet		
-or-	-or-		-or-	Lan		`:		0	
Direction:degrees true	<u> </u>	kts	Speed: 6-8	kts	Density Altitu			_ ft • (-)	
Intensity of Precipitation	Type of Precipit:	_ `			Restriction to	Visibility (C		hat appty)	
O Light O Moderate	☑ None □ Rain	☐ Drizzle ☐ Ice Pellets	☐ Freezing ☐ Snow S		☐ Blowing Do		rog Ground Fo	og .	
O Heavy	Snow	Snow Pellet	s 🔲 Ice Pelle	ets Shower	☐ Blowing Sa		Haze		
⊙n/A	Hail	Snow Grain		g Drizzle	☐ Blowing Sn☐ Blowing Sp	now ∐ 1 may □ 8	ice Fog Smok <b>c</b>		
OUnknown	Rain Showers	☐ Ice Crystals			Dust		Unknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Type ON/A		Type (Check a ☑ None	ll that apply)		verity Light	
● None O N/A O Trace O Rime		<ul><li>None</li><li>Trace</li></ul>	O Rime	<b>)</b>	□Clear Air			Moderate	
O Light O Clear		O Light	O Clear		☐ Terrain-Ind		_	Severe Extreme	
O Moderate O Mixed O Severe O Unknow	'n	O Moderate O Severe	O Mixe O Unko		Liconvective	1 di binence			
ÖUnknown	••	O Unknown							
NOTAMs (D and FDC), A	IRMETs, SIGM	IETs, PIREP:	s in effect at	the time of t	he accident/inci	dent:			
none									
1 .									

LENATURA (OUT REPORTALISMENT		KOPACNY Y		
Aircraft Damage O None	Aircraft Fire  O None O In-Flight	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosio  None  O In-Flight  O On-Ground	n O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Prop Strike,Prop bent,Right side engine support mount bent,Landing gear bent back, landing gear box frame damaged,right original alum wheel pant and gear led faring damaged,right side of cabin/fuselage damage,right rear side of fuselage behind cabin door damaged,interior gear box damaged,left landing gear and wheel pant damage,main oleo strut damage,top of wing separated at rear spar,skylight window broken,right wing tip and end section of wing damaged,interior upholstery right side of cabin damaged,right cabin door damaged.

## NARRATIVE HISTORY OF FLIGHT (Reasonyperozprindrilitik)

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.

I was completing check out flight in the traffic pattern at KLEB after completing annual inspection, in the process of making 3rd landing on RW 25 [KLEB], air craft upon touch down and start of roll out, wind gust lifted right wing and turned aircraft to the left off to side of run way, pilot was not able to correct directional control with control input, attempted to add small amount of power for control input response to avoid contact with drainage ditch adjacent to grassed area beside paved run way before impact at ditch and embankment

IN EQUIMMENDAMION (Gov.	<u> </u>	<u>acidentulijaldenishe</u>	<u>wajamiline</u> v	(s)((s)(s)			<u> 280</u> 522222	
Operator/Owner Safety Recommo	andation							
By being more focused while la at this critical point of the landii	anding with no in tail wh	variable winds,or- eel air craft.	cross wind la	andings, i	it only takes a s	second or 2 for	a loss of direct	ional control
or and street								
MEGHANICALIMAUFUN	ESSUES NV =							(1) 44
MEGHANICAL MARRUN  Was there Mechanical Malfune				egen <sub>roo</sub>	utinue:on samuar	ate:aneer)	Total Tim	e/Cycles
(If yes, list the name of the part, manu-	Mon/Fullure facturer, part	no., serial no., and de	scribe the failu	re.)			On Part	
								Hours
								Cycles
		·					Time Sinc	e This Part
							Inspected/	Overhauled/
								Hours
FUEL & SERVICES INFO	ORMATIC	DN-98	946264					
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type	O 115/145		O Jet B	Other, specify	à,	
,	Galions	O 80/87  100 Low Lead	O Jet A		Q 158	O Other, specify	<u> </u>	
		O 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to	Debarture							
TEVACUATION OF AIRC	1-1/31-3-2							
			<b></b>				######################################	***
Was an emergency evacuation of Method of Exit – Describe how				☑ No	d each location			<del>-</del>
Method of Exit – Describe now	me occupant	s exited and now in	any occupants	s evacuate	d cach location			
OTHER AIRCRAFT—G	ollusion	V (litalikoravouna	collision ecc	ŭrred co	mplete tilseed	ion tor other all	rareft)	
Aircraft Registration Number		rer:					Damage to Othe	
All trait Angula and							☐ Destroyed ☐ Substantial	☐ Minor ☐ None
Registered Owner of Other Air	craft	<u> </u>		Pilot of	Other Aircraft		<u>-</u>	
Name:								
City: ZIP:				City: State:		ZiP:		
Country:			<del></del>	Country				

ABBITTOMALIN	ORMAT	GN (Pleasetype or printlinink)		
Use this space if add	litional spac	e is needed for any answers.		
iii:iBREDY@ERMIF		HE ALEONE INFORMATION IS COMPL	BITE AND ACCURANTENO THEISES	IKOP WA KNOMFIEDGE
Date of this Report		Pilot/Operator: Peter Schaal /		
02/27/2020 mn/dd/yyyy	Signature			
	07	Check here to electronically sign this	document	
		erator is Filing Report		
<i>or</i>		electronically sign this document		
<u> </u>		EORINASE)		
NTSB Accident/Incident/Accident/Incident/Incident/Incident/Incident/Incident/Incident/Incident/Incident/Incident/Incident/Incident/Incident/Incident/Incident	lent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAAZUCAUZ8		GAA	Eleazar Nepomuceno	2/27/2020