

# 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: Delaware State: OH  
 ZIP: 43015 Country: Delaware  
 Latitude: N 40-16-46.9 Longitude: W 83-06-53.3  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 12/20/2019 Local Time: 1540  
*mm/dd/yyyy* Time Zone: EST  
 Collision with Other Aircraft:  Midair  On-ground  None

## AIRCRAFT INFORMATION

Registration Number: 06-08-20  
 Manufacturer: Flight design CT GMBH  
 Model: SW  
 Serial Number: 5.646.942  
 Year of Manufacture: 2006  
 Amateur-Built:  Yes  No  
 If Yes:  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
 Maximum Gross Weight: 1320 lbs  
 Weight at Time of Accident/Incident: approx 1000 lbs  
 Number of Seats: 2 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_  
 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 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 checked="" type="checkbox"/> Special Flight      |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental                   |
| <input type="checkbox"/> Utility   | <input checked="" 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  Unknown
- None

- 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	ROTA X	ULS 2	5.646.942	08/1/2006	100	802	35	802
Eng. 2								since
Eng. 3								new
Eng. 4								

### Last Inspection Type

- 100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown

Date Last Inspection: 11/01/2019  
*mm/dd/yyyy*

Airframe Total Time: 802 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: \_\_\_\_\_

### Propeller 1

- Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: Sen Senic  
 Model: 3B OR 5R6 8C-D

### ELT Installed: Yes No

If Yes:  
 ELT Manufacturer: ELT AK450  
 Model or Part No.: 479644  
 TSO No.:  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (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: unknown  
 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: SUNRAE AVIATION LLC

Fractional Ownership Aircraft:  Yes  No

City: COLUMBUS, OH

State: OHIO ZIP: 43221

Country: USA

**Operator of Aircraft**

Same As Registered Owner

Name: NEWFLYERS ASSN.

Doing Business As: SAME

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

Same Address as Registered Owner

City: COLUMBUS

State: OH ZIP: 43235

Country: USA

**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**

- N/A
- FAR 91
  - FAR 103
  - FAR 121
  - FAR 125
  - FAR 129
  - FAR 133
  - FAR 135
  - FAR 137
  - FAR 415
  - FAR 431
  - FAR 435
  - 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
- Non-Scheduled or Air Taxi
- Passenger
- Cargo
- Mail Contract Only
- Domestic
- International

**Purpose of Flight for FAR 91, 103, 133, 137**  
(Select one) N/A

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

**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: Delaware Municipal Airport

Airport Identifier: KDLZ

Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/A

Distance From Airport Center: 200' <sup>sm</sup>

Direction From Airport: South of RW Center degrees true

Airport Elevation: 910 ft. msl

**Runway Information**

Runway ID: 280 (L/R/C) Length: 5800 ft Width: 106 ft

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

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

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

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

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

- Taxi
  - Takeoff
  - Initial Climb
  - VFR Departure
  - IFR Departure Procedure/Clearance
  - On Instrument Approach
  - Landing
  - Downwind
  - Base
  - Final
  - Crosswind
  - Low Approach
  - Go Around
  - Aborted Landing (after touchdown)
  - Unknown
- occurred on takeoff phase of a touch and go landing*

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

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

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

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

**"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: Wael Haider      City of Residence: Dublin  
 Middle Initial: \_\_\_\_\_      State: OH      ZIP: 43017  
 Last Name: Haider      Country: US  
 Age at time of Accident/Incident: 42      Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input checked="" type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input checked="" type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input type="radio"/> 3-point	<input type="radio"/> 3-point																
<input checked="" type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> Unknown																
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer																	

<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<b>Medical Certificate Validity</b> <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> <u>09/20/2019</u> mm/dd/yyyy
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**Medical Certificate Limitations**  
none

**Medical Certificate Special Issuance**  
none

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>12/13/2019</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>CTL5</u> Model: <u>Flight Design</u>
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<b>Airplane Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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**Type Ratings**

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	40	25	40	0	0	0	0	0	0	0
Pilot in Command (PIC)	0									
Time as Instructor										
This Make/Model										
Last 90 Days	27	25								
Last 30 Days	15	15								
Last 24 Hours										

**"FLIGHT CREWMEMBER 2" INFORMATION**

**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

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

**"Flight Crewmember 2" was pilot flying**    Yes    No

**"Flight Crewmember 2" Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ 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	Used
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Lap only	<input type="radio"/> Lap only
<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="radio"/> 5-point	<input type="radio"/> 5-point
<input type="radio"/> Unknown	<input type="radio"/> 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**

\_\_\_\_\_  
 mm/dd/yyyy

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_  
 mm/dd/yyyy

**Flight Review Aircraft**

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

**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  
 Airplane Single-Engine  
 Airplane Multi-Engine  
 Gyroplane  
 Powered Lift

Instrument Airplane  
 Instrument Helicopter  
 Helicopter  
 Glider  
 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
						Actual	Simulated		
Total Time									
Pilot in Command (PIC)									
Time as Instructor									
This Make/Model									
Last 90 Days									
Last 30 Days									
Last 24 Hours									

**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

<b>Crew Name and Address</b> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

<b>Crew Name and Address</b> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

**PASSENGER(S) / OTHER PERSONNEL** (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Available	Used	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

# FLIGHT ITINERARY INFORMATION

**Last Departure Point**  
 Airport ID: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Time of Departure**  
 Time: \_\_\_\_\_  
 Time Zone: \_\_\_\_\_

**Destination**  
 Airport ID: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Type Flight Plan Filed**  
 None  VFR/IFR  
 Company VFR  IFR  
 Military VFR  Unknown  
 VFR  
 Activated?  Yes  No  Unknown

**Type of ATC Clearance/Service** (Check all that apply)  
 None  Special VFR  Special IFR  VFR Flight Following  Cruise  
 VFR  IFR  VFR On Top  Traffic Advisory  Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)  
 Class A  Class G  Military Operations Area (MOA)  Special  Air Traffic Control Area  Unknown  
 Class B  Demo Area  Airport Advisory Area  Air Traffic Control Area  
 Class C  Warning Area  Jet Training Area  Unknown  
 Class D  Prohibited Area  TRSA  
 Class E  Restricted Area  FAR 93

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

# WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

**Source of Pilot Weather Information** (Check all that apply)  
*From memory 3 kts @ 160 clear.*  
 National Weather Service  Company  
 Flight Service Station  Military  
 TV/Radio  Internet  
 Automated Report  None  
 Commercial Weather Service (DUATS)  Unknown  
 On-Board Weather

**Weather Observation Facility**  
 Facility ID: \_\_\_\_\_  
 Observation Time: \_\_\_\_\_  
 Time Zone: \_\_\_\_\_  
 Distance from Accident Site: \_\_\_\_\_ nm  
 Direction from Accident Site: \_\_\_\_\_ degrees true

**Basic Conditions**  
 VMC  IMC  Unknown

**Light Condition**  
 Dawn  Dusk  Dark Night  Unknown  
 Day  Night  Bright Night

**Sky/Lowest Cloud Condition**  
 Clear  Thin Broken  Obscured  
 Few  Thin Overcast  Indefinite  
 Partial Obscuration  Unknown  Unknown  
 Scattered

**Lowest Cloud Condition Height** \_\_\_\_\_ ft agl

**Ceiling**  
 None (Clear)  Broken  Overcast  Obscured  Indefinite  Unknown

**Ceiling Height** \_\_\_\_\_ ft agl

**Temperature:** \_\_\_\_\_ (C) or \_\_\_\_\_ (F)  
**Dew Point:** \_\_\_\_\_ (C) or \_\_\_\_\_ (F)  
**Altimeter Setting:** \_\_\_\_\_ in. Hg or \_\_\_\_\_ MB

**Wind Direction**  
 Variable  
 Direction: \_\_\_\_\_ degrees true

**Wind Speed**  
 Calm  Light and Variable  
 Speed: \_\_\_\_\_ kts

**Wind Gusts**  
 Not Gusting  
 Speed: \_\_\_\_\_ kts

**Visibility** \_\_\_\_\_ miles  
 RVR: \_\_\_\_\_ feet  
 RVV: \_\_\_\_\_ miles

**Density Altitude:** \_\_\_\_\_ ft

**Intensity of Precipitation**  
 Light  Moderate  Heavy  N/A  Unknown

**Type of Precipitation** (Check all that apply)  
 None  Rain  Snow  Hail  Rain Showers  
 Drizzle  Ice Pellets  Snow Pellets  Snow Grains  Ice Crystals  
 Freezing Rain  Snow Shower  Ice Pellets Shower  Freezing Drizzle

**Restriction to Visibility** (Check all that apply)  
 None  Fog  Ground Fog  Haze  Ice Fog  Smoke  Unknown  
 Blowing Dust  Blowing Sand  Blowing Snow  Blowing Spray  Dust

**Icing Forecast**  

Amount	Type
<input type="radio"/> None	<input type="radio"/> N/A
<input type="radio"/> Trace	<input type="radio"/> Rime
<input type="radio"/> Light	<input type="radio"/> Clear
<input type="radio"/> Moderate	<input type="radio"/> Mixed
<input type="radio"/> Severe	<input type="radio"/> Unknown
<input type="radio"/> Unknown	

**Icing Actual**  

Amount	Type
<input type="radio"/> None	<input type="radio"/> N/A
<input type="radio"/> Trace	<input type="radio"/> Rime
<input type="radio"/> Light	<input type="radio"/> Clear
<input type="radio"/> Moderate	<input type="radio"/> Mixed
<input type="radio"/> Severe	<input type="radio"/> Unknown
<input type="radio"/> Unknown	

**Turbulence**  

Type (Check all that apply)	Severity
<input type="checkbox"/> None	<input type="checkbox"/> Light
<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate
<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe
<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

### DAMAGE TO AIRCRAFT AND OTHER PROPERTY

#### Aircraft Damage

- None  
 Minor  
 Substantial  
 Destroyed  
 Unknown

#### Aircraft Fire

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

#### Aircraft Explosion

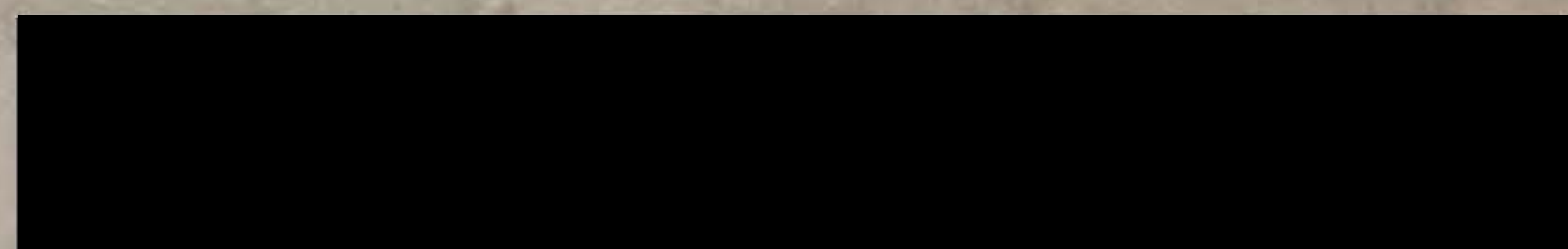
- None  
 In-Flight  
 On-Ground  
 Both Ground and In-Flight  
 Explosion at Unknown Time  
 Unknown

**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)  
 Wings DELAMINATED - PILOT DOOR GLASS BROKEN & NOSE DELAMINATED  
 Wind Screen BROKEN - TAIL SECTION & Rudder DAMAGED Beyond Repair  
 NOSE GEAR - DAMAGE D Beyond Repair.

### 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 location, services obtained, and intended destination. Provide as much detail as possible.

On 12/20/19. My instructor and I left KOSH @ 1400 towards KDLZ.  
 AT KDLZ we did 3 touch and goes. After that my instructor  
 got off the plane and was oked to fly solo. I did my preflight check  
 list, taxi to runway 28. I took off and stayed in pattern.  
 I landed runway 28 with intention of "touch and go".  
 At take off, the plane veered heavily to the left. I tried  
 correcting but was unable to. I was already in the air  
 and was flying off course. I decided to land the plane  
 in the grass. The plane bounced twice on the grass and  
 then nose dive and flipped. I was able to get out of my  
 4 point restrain and crawl out of the plane.



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

Operator/Owner Safety Recommendation

**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)

EST. - 11 GALLONS Gallons

Fuel Type

- 80/87  
 100 Low Lead  
 100/130

- 115/145  
 Jet A  
 Jet A-1

- Jet B  
 JP8  
 Automotive

Other, specify \_\_\_\_\_

Other Services, if Any, Prior to Departure

**EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed?  Yes  No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location



**OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number

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

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

Damage to Other Aircraft  
 Destroyed  Minor  
 Substantial  None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_



**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: 01/09/2020  
mm/dd/yyyy

Name of Pilot/Operator: Wael Hadar

Signature: [Redacted]

— 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**

<b>NTSB Accident/Incident No.</b> CEN20CA039	<b>Reviewed by NTSB Regional Office</b> Central Region	<b>Name of Investigator</b> Jennifer S Rodi	<b>Date Report Received</b> January 13, 2020
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