NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT To be used for reporting civil and public aircraft accidents and incident

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

BASIC INFORMA	TION									
Accident/Incident Loc					dent/Incident				~ / / (
Nearest City/Place:	e langare		State:	Date:		2019	_ Local	Γime:/ {	54U	
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(Enter in decima	l degrees or degrees:minute	es:seconds)		Coll	ision with Ot	her Aircr	aft: O M	lidair O	On-ground	Y None
AIRCRAFT INFO	RMATION									
Registration Number:	06-08-20		1] IFR-Equippe] Commercial					
Manufacturer: F	ight desugn (31 GW/	311] Unmanned A	ircraft				
Model: SW				Ma	ximum Gros	s Weight:	1320	2	lbs	
Serial Number: 5.	646.942			Committee of the Commit	eight at Time	-		医肾 红色 医乳色素	THE RESIDENCE OF THE PARTY OF T	IDS
Year of Manufacture:	2006			Nu	mber of Seat	s: <u></u>		light Crew		
Amateur-Built: OYes		Make:			oin Crew Seats:		F	assenger S	eats:	
Amateur-Bunt. QNo	O Original De	esign		Nu	mber of Eng					
Category of Aircraft	Type of Airworthine	ss Certificate		Landing Gear			Engine '		ect one) OLiquid	Rocket
Ø Airplane	(Check all that apply)			(Check all that ap)			O Recipi	The same of the sa	O Solid F	Rocket
OBalloon		ecial Restricted		☑ Tricycle		lwheel	O Turbo	Prop	O Hybrid O None	1 Rocket
OBlimp/Dirigible OGlider	☐ Aerobatic ☐ I	Limited				gh Skid	O Turbo O Turbo		OUnkno	own
O Gyroplane		Provisional Special Flight		☐ Amphibian ☐ Emergency Fl			OElectr			
O Helicopter O Powered Lift		Experimental		Float	□ Ski	The state of the s			(Di cartin	
ORocket	☐ Utility ☐	Special Light-Spor		☐ Hull					(Reciprocating	
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OWNER/OPERATOR INFORMATION Registered Aircraft Owner Name: Sunche Aviation had State: 0 14/0 ZIP: 43721	
Registered Aircraft Owner	
Suppre Aviation LLC State: 01410	
Name: July	
Fractional Ownership Aircraft: O Yes O No	
Same As Registered Owner	
Operator of All Clark	
Name: New Flys PS ASS NO. State: OH ZIP: 43235	
Daines As:	
Air Carrier/Operator Designator (4 Character Code): Air Carrier/Operator Designator (4 Character Code): Regulation Flight Conducted Under Revenue Operation for FAR 121, 125, 129, 135	
Operating Certificates Held (Check all that apply) None	an airport)
Airport Name: Delaware Municipal Airport Direction From Airport: South of Rlw Center Direction From Airport: South of Rlw Center	degrees true ft. msl
Runway Information Runway Information Condition of Runway/Landing Surface (Check all to Dry Snow-Compacted Water Holes Snow-Crusted Water Holes Snow-Crusted Water Holes Wat	ater-Calm ater-Choppy ater-Glassy
Runway/Landing Surface (Check all that apply) Runway/Landing Surface (Check all that apply) Water Water Water	Inknown
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"FLIGHT CREWMEMBE	R 1" INFORM	ATION								
"Flight Crewmember 1" Respo	nsibilities at the Ti Student Pilot O	me of Acciden								
"Flight Crewmember 1" was p		□ No	O Check Pilot	O Flight Engir	neer	O Other Flight Cre	w			
"Flight Crewmember 1" Identi							THE PERSONNELLY			
First Name: <u>Nae 1</u> Middle Initial:	raidar			City of Residen	ce: D	nildu				
Last Name: Haida				State:	_	ZIP:	430V	1		
Age at time of Ac		12 Da	te of Birth:	Country:		./11/				
			e Number		mr	n/dd/yyyy				
Degree of Injury	Seat Occupied			Restraint Type	FEW LONG	Maria Linear 1	Infla	atable Restraint		
O None O Fatal O Minor O Unknown		Front O Rear	Unknown	Available		Used				
O Serious		Single		O None O Lap only		O None O Lap only		Not Installed ☐ Installed		
Pilot Certificate(s) (Check all th				O 3-point Q 4-point		O3-point O4-point		□ Not Deployed □ Deployed		
☐ None ☐ Flight Inst ☐ Private ☐ Recreation	nal	e Transport	☐ US Military ☐ Foreign	O 5-point		O 5-point O Unknown		Unknown		
Student	☐ Fligh	t Engineer		O Unknov	VII	Ochkhown				
Principal Occupation Me	dical Certificate			Medical Cert	ificate	Validity		Date of Last Me		
O Pilot	None SCla			O With limita		The Name of the Control of the Contr	nknown /A	09/20/	2019	
Other	The state of the s	ver's License (S known	Sport Pilot only)	O Special Issu				mm/dd/yyyy		
O Unknown Medical Certificate Limitation	Oldon -						-			
none										1 -
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Date of Last Flight Review			1 S						THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	1
or Equivalent, Including	12/13/2019	Make:	Fluid	Design						
FAR 121/135 Checks:	mm/dd/yyyy	Model: _			I	structor Rati	ng(s)			
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(Check all that apply)	(Check all that app) Ly)	None		1	☐ None ☐ Airplane Sing	le-Engine	☐ Instru	ment Helico	pter
DÎ None	□ None □ Airship		Airplane I Airplane			☐ Airplane Mul	ti-Engine	☐ Helic		
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Total Time	1									
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Last 90 Days	1 d T	15								
	10									
Last 30 Days		The second second			The same of the sa					
Last 24 Hours				The state of the s						

"Flight Crewmember 2" R	The courses at	OFWIT A	ructor OCheck				1:		
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"Flight Crewmember 2" w		☐ Yes ☐ No			8				
"Flight Crewmember 2" Id	lentification								
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Middle Initial:	State:			ZIP:					
Last Name:	A coident/Incide		Des	Country:					
Age at time of	Accident/Inciden		Date of Birth: ficate Number:			mm/dd/yyyy			
Degree of Injury O None O Fatal O Minor O Unknown O Serious	Seat Occup OLeft ORight OCenter		OUnknown	Restraint T	ble	Used O None		Inflatable Res	
Pilot Certificate(s) (Check at	Il that apply) Instructor (tional (Commercial Airline Transport Flight Engineer	US Military t	O 5-p	oint	O Lap O 3-pc O 4-pc O 5-pc O Uni	oint	□ Installed □ Not Depl □ Deploye □ Unknow	1
O Pilot	O Class 1	Class 3	se (Sport Pilot only	O Without	t limitati	s/waivers	O Unknown O N/A	Date of La	
Aedical Certificate Special	Issuance								
ate of Last Flight Review r Equivalent, Including AR 121/135 Checks:		Flight Make: Model:							
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AIRMETS, SIGMETS, PIREPs in effect at the time of the accident/incident:

AMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O None

Substantial O Destroyed

Aircraft Fire

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

Aircraft Explosion

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

O Unknown

Wings De LAM INSTED - PILOT BOOK GLASS Broken & HOOR DELAMIDETED

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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 12/20/19. My instructor and I 14+ Kosu @ 1400 towards KDLZ. AT KOLZ we did 3 touch and goes. After that my instructed got off the plane and was oked to fly solo. I did my peflight check 11st, taxi to runway 28. I took off and stayed in pattern. I landed runway 28 with intention of a touch and go > 1. At take off, the plane recred heavity to the left. I tried correcting but was unable to. I was already in the air and was flying of course. I decided to land the plane in the grass. The plane bounced holce on the grass and then nose dive and flipped. I was able to get out of my 4 point restain and crawl out of the plane.

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RECOMMENDATION (How could this Operator/Owner Safety Recommendation						
Operator/Owner Salety Recommendation						
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vacuation of the air tethod of Exit – Describe how the occup	craft performed? ants exited and how many ON (If air or ground co	Yes No occupants evacuate	Automotive ed each location		aircraft) Damage to Oth	er Air
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ADDITIONAL INFO	DRMATION	(Please type or print in ink)		
Use this space if additi	ional space is	needed for any answers.		
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I HEREBY CERTIFY	THAT TH	E ABOVE INFORMATION IS COMPLE	TE AND ACCURATE TO THE BEST OF M	
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