

**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: Athens State: TX  
 ZIP: 75752 Country: USA  
 Latitude: 32.42N Longitude: 95.82W  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 2/27/2020 Local Time: 1700  
*mm/dd/yyyy* Time Zone: CST  
**Collision with Other Aircraft:** Midair On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N2987Z  
**Manufacturer:** Bellanca  
**Model:** 7ECA  
**Serial Number:** 1246-78  
**Year of Manufacture:** 1978  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 1650 lbs  
**Weight at Time of Accident/Incident:** 1570 lbs  
**Number of Seats:** 2 Flight Crew Seats: 1  
 Cabin Crew Seats: 0 Passenger Seats: 1  
**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**  
 Normal  
 Aerobatic  
 Balloon  
 Commuter  
 Transport  
 Utility  
 Certificate of Authorization or Waiver (COA)  
 None  
**Special**  
 Restricted  
 Limited  
 Provisional  
 Special Flight  
 Experimental  
 Special Light-Sport  
 Experimental Light-Sport  
 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)*  
 Reciprocating  
 Turbo Shaft  
 Turbo Prop  
 Turbo Jet  
 Turbo Fan  
 Electric  
 Liquid Rocket  
 Solid Rocket  
 Hybrid Rocket  
 None  
 Unknown  
**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="checkbox"/> Horsepower or lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Lycoming	0320-A2B	L-12257-27	unknown	150	4678	20	1485
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**  
 100-Hour Continuous Airworthiness  
 AAIP Conditional Inspection  
 Annual Unknown

**Date Last Inspection:** 11/16/2019  
*mm/dd/yyyy*  
**Airframe Total Time:** 5882 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: Sensenich  
 Model: 74-DM-658-1-56

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** ACK  
**Model or Part No.:** E-01  
**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:*  
**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: Phillip ZimmermanCity: AthensFractional Ownership Aircraft:  Yes  NoState: TX ZIP: 75752Country: 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**

- |  |         |         |
|--|---------|---------|
| <input checked="" type="checkbox"/> 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)*

- |   |  |
|---|--|
| <input type="checkbox"/> Scheduled or Commuter<br>Non-Scheduled or Air Taxi | <input type="checkbox"/> Domestic<br>International |
| <input type="checkbox"/> Passenger<br>Cargo<br>Mail Contract Only           |  |

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

- |   |                |         |
|---|----------------|---------|
| <input type="checkbox"/> 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: PrivateDistance From Airport Center: 0.1 smAirport Identifier: NADirection From Airport: 020 degrees trueProximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/AAirport Elevation: 450 ft. msl**Runway Information**Runway ID: 02 (L/R/C) Length: 1150 ft Width: 30 ft**Runway/Landing Surface (Check all that apply)**

- |                                   |  |                                     |                                  |
|-----------------------------------|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Asphalt  | <input checked="" type="checkbox"/> Grass/Turf | <input type="checkbox"/> Macadam    | <input type="checkbox"/> Water   |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Gravel                | <input type="checkbox"/> Metal/Wood |                                  |
| <input type="checkbox"/> Dirt     | <input type="checkbox"/> Ice                   | <input type="checkbox"/> Snow       | <input type="checkbox"/> Unknown |

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

- |  |   |                                       |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Dry  | <input type="checkbox"/> Snow-Compacted | <input type="checkbox"/> Water-Calm   |
| <input type="checkbox"/> Holes           | <input type="checkbox"/> Snow-Crusted   | <input type="checkbox"/> Water-Choppy |
| <input type="checkbox"/> Ice Covered     | <input type="checkbox"/> Snow-Dry       | <input type="checkbox"/> Water-Glassy |
| <input type="checkbox"/> Rough           | <input type="checkbox"/> Snow-Wet       | <input type="checkbox"/> Wet          |
| <input type="checkbox"/> Rubber Deposits | <input type="checkbox"/> Soft           |                                       |
| <input type="checkbox"/> Slush-Covered   | <input type="checkbox"/> Vegetation     | <input type="checkbox"/> Unknown      |

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

- |                               |                                   |                        |           |                                   |
|-------------------------------|-----------------------------------|------------------------|-----------|-----------------------------------|
| <input type="checkbox"/> 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
- |                                   |  |                                   |                                   |
|-----------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> ADF/NDB  | <input type="checkbox"/> PAR             | <input type="checkbox"/> MLS      | <input type="checkbox"/> Practice |
| <input type="checkbox"/> SDF      | <input type="checkbox"/> Sidestep        | <input type="checkbox"/> LDA      | <input type="checkbox"/> GPS      |
| <input type="checkbox"/> VOR/TVOR | <input type="checkbox"/> ILS             | <input type="checkbox"/> ASR      |                                   |
| <input type="checkbox"/> VOR/DME  | <input type="checkbox"/> Localizer Only  | <input type="checkbox"/> Visual   |                                   |
| <input type="checkbox"/> TACAN    | <input type="checkbox"/> LOC-back course | <input type="checkbox"/> Contact  |                                   |
|                                   | <input type="checkbox"/> RNAV            | <input type="checkbox"/> Circling |                                   |
- Unknown

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

- None
- |   |   |
|---|---|
| <input type="checkbox"/> Traffic Pattern          | <input type="checkbox"/> Stop and Go              |
| <input type="checkbox"/> Straight-In              | <input type="checkbox"/> Touch and Go             |
| <input type="checkbox"/> Valley/Terrain Following | <input type="checkbox"/> Simulated Forced Landing |
| <input checked="" type="checkbox"/> Go Around     | <input type="checkbox"/> Forced Landing           |
| <input type="checkbox"/> Full Stop                | <input type="checkbox"/> 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: Phillip    City of Residence: Athens  
 Middle Initial: B    State: TX    ZIP: 75752  
 Last Name: Zimmerman    Country: USA  
 Age at time of Accident/Incident: 45    Date of Birth:                      *mm/dd/yyyy*  
 Certificate Number:                     

<b>Degree of Injury</b> <input checked="" type="checkbox"/> None    Fatal Minor    Unknown Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left    Front    Unknown Right    Rear Center    Single	<b>Restraint Type</b> <b>Available</b> <input type="checkbox"/> None Lap only 3-point 4-point 5-point Unknown <b>Used</b> <input type="checkbox"/> None Lap only 3-point 4-point 5-point 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
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**Pilot Certificate(s)** *(Check all that apply)*

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Flight Instructor	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input checked="" type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot Other Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None    Class 3 Class 1    Driver’s License (Sport Pilot only) Class 2    Unknown	<b>Medical Certificate Validity</b> <input checked="" type="checkbox"/> Without limitations/waivers    Unknown With limitations/waivers    N/A Special Issuance	<b>Date of Last Medical</b> <u>10/25/2019</u> <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**  
None

**Medical Certificate Special Issuance**  
NA

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>5/13/2019</u> <i>mm/dd/yyyy</i>	<b>Flight Review Aircraft</b> Make: <u>Gulfstream</u> Model: <u>G280</u>
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <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)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" 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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<b>Type Ratings</b> G150, G200, G280, HS125, CE-560XL, CE-650, CE-500	<b>Student Endorsements</b> <i>(Include dates)</i>
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	7917	154	1573	6344	1461	557	133			
Pilot in Command (PIC)	5649	154	1508	4141	993	431	128			
Time as Instructor	736	0	736	0	41	43	0			
This Make/Model					11	0	0			
Last 90 Days	58	11	11	47	0	5	0			
Last 30 Days	31	7.5	7.5	22	0	2	0			
Last 24 Hours	0	2	2	0	0	0	0			



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

Crew Name and Address	Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right Front Rear Single Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> 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="checkbox"/> None <input type="checkbox"/> None Lap Only    Lap Only 3-point    3-point 4-point    4-point 5-point    5-point Unknown    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	

Crew Name and Address	Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right Front Rear Single Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> 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="checkbox"/> None <input type="checkbox"/> None Lap Only    Lap Only 3-point    3-point 4-point    4-point 5-point    5-point Unknown    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	Restraint Type	Inflatable Restraints	Age
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None Lap Only    Lap Only 3-point    3-point 4-point    4-point 5-point    5-point Unknown    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="checkbox"/> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None Lap Only    Lap Only 3-point    3-point 4-point    4-point 5-point    5-point Unknown    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="checkbox"/> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None Lap Only    Lap Only 3-point    3-point 4-point    4-point 5-point    5-point Unknown    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="checkbox"/> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None Lap Only    Lap Only 3-point    3-point 4-point    4-point 5-point    5-point Unknown    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="checkbox"/> Child Restraint Lap-Held Unknown

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>Private</u> City: <u>Athens</u> State: <u>TX</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1645</u> Time Zone: <u>CST</u>	<b>Destination</b> Airport ID: <u>Private</u> City: <u>Athens</u> State: <u>TX</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None VFR/IFR <input type="checkbox"/> Company VFR IFR <input type="checkbox"/> Military VFR Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

**Altitude of In-Flight Occurrence:**  
500 ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>F44</u> Observation Time: <u>1650</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>10</u> nm Direction from Accident Site: <u>180</u> degrees true
<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet												
<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input type="checkbox"/> On-Board Weather													

<b>Basic Conditions</b> <input checked="" type="checkbox"/> VMC IMC Unknown	<b>Light Condition</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Dawn</td> <td>Dusk</td> <td>Dark Night</td> <td>Unknown</td> </tr> <tr> <td>Day</td> <td>Night</td> <td>Bright Night</td> <td></td> </tr> </table>	<input type="checkbox"/> Dawn	Dusk	Dark Night	Unknown	Day	Night	Bright Night	
<input type="checkbox"/> Dawn	Dusk	Dark Night	Unknown						
Day	Night	Bright Night							

<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> None (Clear) Broken Overcast Obscured Indefinite Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or <u>55</u> (F) <b>Dew Point:</b> _____ (C) or <u>3</u> (F) <b>Altimeter Setting:</b> <u>30.38</u> in. Hg or _____ MB
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<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> <u>-146</u> ft
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<b>Intensity of Precipitation</b> Light Moderate Heavy N/A Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		<b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
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<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		<b>Turbulence</b> <b>Type</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<input checked="" 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
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**  
None

**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)*

The aircraft received substantial damage on impact. The nose hit the ground first, removing the spinner, propellor and flywheel from the engine. The aircraft frame surrounding the engine and forward portion of the cockpit were bent considerably and the wings both sustained leading edge 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 location, services obtained, and intended destination. Provide as much detail as possible.

The accident occurred at our private runway at our home on 2/27/2020 at approximately 1700 local time. No services were obtained and this was a local flight originating and terminating at our private airport. My son has been training for his Private certificate in our aircraft. He has soloed in the Citabria and both his instructor and I had been working with him to get him proficient at landing on our private runway at home. He was actually signed off for solo flight, including from our runways but had not yet soloed from there. Our runways are on a hill, so we takeoff downhill and land uphill. We have two runways at our place, 18/36 and 2/20. We were landing on 2 that evening, but his prior training had been to 36. Our 36 is longer than 2, but it has obstacles on the approach end, making it difficult to clear and then quickly drop to use the remaining runway. Although he has demonstrated excellent skill at spot landing with no obstacles, he was having difficulty with clearing the obstacles and touching down at the appropriate point. Because of this, I decided to have him try runway 2, which is shorter overall, but has no obstacles and therefore the same effective usable runway as 36. The difference is that 2 doesn't really have a good "out". Once you touch down you are committed. When landing 36, the "out" for go around is a turn left out toward an open pasture for the climb. When landing on 2, this is not an option because the left turn is too tight to avoid trees. Although the aircraft will generally out climb the hill and trees at the end of the runway 2, turning left or right on go around is not an option- trees to the west and power lines along the driveway to the east. We briefed all of this thoroughly before takeoff, even taxiing to the approach end of 2 and turning around to give him a visual that there was no good option for go around other than straight out.

At the time of the accident, he was flying the aircraft (I was onboard) and he had been doing very well. Just prior to the accident he performed two flawless landings. On his third attempt, he landed a little longer than I would have liked, but certainly not excessive. He did bounce a little, but not excessively, and in response he reverted back to his original training and performed a go around without thinking (law of primacy). In reality he shouldn't have, because he had plenty of room to stop. He also reverted back to his previous experience at our airport, landing on 36, and began a left turn to the west for the go around even though we had just briefed a few minutes prior that once touchdown occurred, there were to be no go arounds. Again, law of primacy. The go around was a complete surprise to me, as there was really no need for it. I corrected him back to the right and reminded him that we couldn't turn left. From the rear seat, in a climb, forward visibility is nil. I assumed and trusted that he was "seeing and avoiding" the trees just to the left of the runway at the departure end. There are trees further out along the runway path, but easily out climbed. I have since learned that after his initial try to go around to the west and me correcting him back to straight out, he became worried about clearing the obstacles and focused solely on the airspeed, climbing at Vx for max performance. He "tunnel visioned" on that aspect alone and was not aware he was not directly over the runway. Had he been just 30' further right, there would not have been a problem. I was not aware of the imminent impact until maybe 2 seconds prior when he said, "Please climb, please climb". The aircraft struck the tree top, then began descending, clipped another tree top 30' past the first and then headed to the ground, nose first. Just prior to impact, the right wing collided with a utility pole, spinning the aircraft 180 degrees from original direction of travel. The aircraft bounced backward in the original direction and came to rest vertically with the empennage resting against small trees. We immediately exited the aircraft (after turning off the electrical power) and I took my son to the hospital.

In retrospect, I was surprised that the aircraft was not performing better than it was- in terms of climb and lift. To my knowledge there was no mechanical issue. The engine seemed to be performing well. I think it's possible we caught a tailwind as we approached the top of the hill, degrading our climb. Although wind conditions at the closest reporting point (F44 Athens Municipal) were reported as calm at the time, it's not unusual to have a light breeze at the top of the hill and calm winds at the approach end of the runway. I believe his late decision to go around, the subsequent loss of lift from the original attempted turn to the left and then correction to the right, combined with a possible light tailwind are the reason we didn't clear the trees.

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

## Operator/Owner Safety Recommendation

After going over this in my head hundreds of times, I have identified several factors that contributed to the accident. Primarily, was my sons lack of experience. As a professional pilot, over my career I have thousands of hours training other pilots and being trained myself. I have given flight instruction across the gamut in single engine airplanes, been a ground and sim instructor in jets, 135 check airman, training Captain and given general experience training with inexperienced First Officers. I've seen a lot of talent and pilots, and can truly say my son is a naturally gifted aviator. This has been confirmed and backed up by his CFI, not just a proud father talking. Essentially, I let his natural talent cloud my judgement about his actual experience. He does not have the experience of hundreds of landings, balked landings and go arounds to determine whether a go around was necessary at our airport, which is challenging for a student. I did not anticipate his choosing to go around, especially since we had just briefed that once touchdown occurs, go around was not an option. I should have had my hand on the throttle once he committed to prevent him from doing so. I've seen enough to know that just because pilots are briefed to do or not do something, it doesn't always mean they will follow through with the brief. I should have anticipated that. In retrospect, I also should have followed my gut instinct and postponed introducing him to our runway until he had more experience, but I listened to his instructor who felt he was ready. No slam on his instructor, I think both of us skewed our judgement due to his natural skill. Primary factors that could have prevented this-

1. Used better judgement about his level of experience, not just skill.
2. Anticipated his doing something I never expected him to do.
3. Waited until he had more experience before introducing him to a challenging airport.

**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)*14 gallons 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  No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

Both occupants evacuated through the main door.

**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**

3/15/2010

*mm/dd/yyyy*

**Name of Pilot/Operator:** Phillip Zimmerman

**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.**

CEN20CA104

**Reviewed by NTSB Regional Office**

CEN

**Name of Investigator**

HICKS

**Date Report Received**

15MAR2020