

**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: <u>SEFFNER</u> State: <u>FL</u> ZIP: <u>33584</u> Country: <u>US</u> Latitude: <u>UNK</u> Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>11 9 2019</u> Local Time: <u>1410</u> mm/dd/yyyy Time Zone: <u>EST</u>	
		Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>APPLIED FOR N373JS</u> Manufacturer: <u>COMPOSITE-FX MOSQUITO XE285</u> Model: <u>XE285</u> Serial Number: <u>MXE1230E18B</u> Year of Manufacture: <u>2019</u>		<input checked="" type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft	
Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input checked="" type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: <u>FACTORY ASSIST</u>		Maximum Gross Weight: <u>720</u> lbs Weight at Time of Accident/Incident: <u>600</u> lbs Number of Seats: <u>1</u> Flight Crew Seats: <u>N/A</u> Cabin Crew Seats: <u>N/A</u> Passenger Seats: <u>N/A</u> Number of Engines: <u>1</u>	

Category of Aircraft <input type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input checked="" type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate (Check all that apply) <table border="0"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	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 type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear (Check all that apply) <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input checked="" type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input 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
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 type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		
		Fuel System Type (Reciprocating) <input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected																	

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>UNK</u>							
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown <u>NEW</u> Date Last Inspection: _____ mm/dd/yyyy Airframe Total Time: <u>16</u> hrs hours measured at (Select one) <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	Propeller 1 <u>NA</u> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____	Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) <input type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: <u>PRE FLIGHT</u>	ELT Installed: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	Additional Equipment (Check all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: <u>NONE</u>
Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: CHARLES DAVID SIMPSON City: SEFFNER
 State: FL ZIP: 33584
 Fractional Ownership Aircraft: Yes No Country: 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) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under <input type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft (Select one) <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input checked="" type="radio"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
	Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach/landing/takeoff/departure or within 5 miles of an airport)

Airport Name: _____ Distance From Airport Center: _____ sm
 Airport Identifier: _____ Direction From Airport: _____ degrees true
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A
NOT AT AIRPORT Airport Elevation: _____ ft. msl

Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft	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
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	

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

IFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input checked="" 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 <input type="checkbox"/> Unknown	VFR Approach (Check all that apply) <input type="checkbox"/> 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 type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input checked="" type="checkbox"/> Unknown
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FLIGHT CREWMEMBER 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: NONE 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 <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input checked="" type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input checked="" type="radio"/> Center <input checked="" type="radio"/> Single	Restraint Type Available <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <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	Inflatable Restraints <input 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 type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input checked="" 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	

Medical Certificate Validity

<input type="radio"/> Without limitations/waivers	<input type="radio"/> Unknown
<input type="radio"/> With limitations/waivers	<input checked="" type="radio"/> N/A
<input type="radio"/> Special Issuance	

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input checked="" type="radio"/> Unknown	Medical Certificate <input checked="" type="radio"/> None <input 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	Date of Last Medical <u>UNK</u> mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>NA</u> mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input 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	Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <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	Student Endorsements (Include dates)
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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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
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 NA

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 <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input 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	Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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 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 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 <input 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 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																

Pilot Certificate(s) (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	

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input 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	Medical Certificate Validity <input 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	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08 2019</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>ROBINSON</u> <u>R-22</u> Model: <u>R-22</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <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	Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <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	Student Endorsements (Include dates)
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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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL CREW MEMBERS (Exclusive of cabin crew, complete the following information)								
Crew Name and Address <i>N/A</i>			Seat Occupied		Injury			
First Name: _____	City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None			
Middle Initial: _____	State: _____	ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor			
Last Name: _____	Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious			
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Fatal			
					<input type="radio"/> Unknown			
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints			
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" 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			Available <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		Used <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			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			
Crew Name and Address <i>N/A</i>			Seat Occupied		Injury			
First Name: _____	City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None			
Middle Initial: _____	State: _____	ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor			
Last Name: _____	Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious			
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Fatal			
					<input type="radio"/> Unknown			
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints			
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" 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			Available <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		Used <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			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			
PASSENGER(S)/OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)								
Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age		
<i>N/A</i>								
First Name: _____	<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	Available	Used	<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 <i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown		
Middle Initial: _____							State: _____	ZIP: _____
Last Name: _____			Country: _____				<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other				<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				
First Name: _____	<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	Available	Used	<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 <i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown		
Middle Initial: _____							State: _____	ZIP: _____
Last Name: _____			Country: _____				<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other				<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				
First Name: _____	<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	Available	Used	<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 <i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown		
Middle Initial: _____							State: _____	ZIP: _____
Last Name: _____			Country: _____				<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other				<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				
First Name: _____	<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	Available	Used	<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 <i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown		
Middle Initial: _____							State: _____	ZIP: _____
Last Name: _____			Country: _____				<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other				<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				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>SAME AS OWNER</u> City: <u>SEFFNER FL</u> State: <u>FL</u> Country: <u>US</u>	Time of Departure Time: <u>1410</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>SAME AS OWNER</u> City: _____ State: _____ Country: _____	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input checked="" type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 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 checked="" 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: 4 ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather	<input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions <input type="radio"/> VMC <input type="radio"/> IMC <input checked="" type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Unknown
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	Temperature: <u>CANV</u> (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>CANV</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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 icing Forecast Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	 icing Actual Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme
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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
- Substantial
- Minor
- 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)

MAIN ROTOR, TAIL AND WINDSHIELD. THIS IS A SINGLE SEAT HELICOPTER. NO ONE ELSE WAS INVOLVED.

NARRATIVE HISTORY OF FLIGHT (Date, 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.

IT WAS A CLEAR DAY NO WIND OR CLOUDS. I WAS HOVERING IN A FOUR ACRE GRASS FIELD ABOUT 4 FT ABOVE THE GROUND. WHEN I LANDED THE MAIN ROTOR WIPED DOWN AND STRUCK THE TAIL SHAFT HOUSING CAUSING THE HELICOPTER TO ROLL OVER ON ITS SIDE. THERE WAS NO FIRE ONLY BROKEN FIBERGLASS. THE SEAT BROKE FROM ITS BOLTS CAUSING ME TO FALL BACK AND STRIKE A FIBERGLASS CABIN JOINT. MY LEFT SIDE STRUCK THE JOINT AND SEVEN RIBS WERE BROKE. I CLIMBED OUT AND CALLED FOR HELP. THIS OCCURRED 11-2-19 AT APP. 1410 HRS. I SPENT 14 DAYS IN TAMPA GENERAL HOSPITAL.

RECOMMENDATION (If a condition exists which may have been prevented)

Operator/Owner Safety Recommendation

nil

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)	Fuel Type
_____ <i>6</i> Gallons	<input checked="" type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive

Other Services, if Any, Prior to Departure
NONE

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
OUT THE RIGHT SIDE OPENING.


OTHER AIRCRAFT COLLISION (If a ground collision occurred, complete this section on the aircraft involved)

Aircraft Registration Number	Manufacturer: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
_____	Model: _____	
Registered Owner of Other Aircraft		Pilot of Other Aircraft
Name: _____		Name: _____
City: _____		City: _____
State: _____ ZIP: _____		State: _____ ZIP: _____
Country: _____		Country: _____

ADDITIONAL INFORMATION (Please type or print.)

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 <u>12 31 19</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator <u>CHARLES DAVID SIMPSON</u>
Signature 	
- or - <input type="checkbox"/> Check here to electronically sign this document	

If a Person Other than Pilot/Operator is Filing Report

Name: n/a **Title:** _____

Signature: _____

- or - Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. <u>6120.1</u>	Reviewed by NTSB Regional Office ERA	Name of Investigator L. Read	Date Report Received 2/19/2020
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ERA20LA037