

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Millrose State: CO
 ZIP: 80733 Country: USA
 Latitude: _____ (Add min. to N/S) Longitude: _____ (Add min. to E/W)

Date/Time

Date: 4/5/2020 Local Time: 3-4 pm
 mm/dd/yyyy Time Zone: Mountain

Phase of Operation

Standing Takeoff (incl. initial climb) Cruise Hover
 Taxi Climb Maneuvering Other
 Descent Landing Approach Unknown

Collision with Other Aircraft

Midair
 On-ground
 None

Altitude of In-Flight Occurrence

25-30 ft MSL

AIRCRAFT INFORMATION

Manufacturer: RANS - Randy Schittler
 Model: RANS S-12 Aircafe
 Serial Number: 1290644
 Registration Number: N4114G Amateur-built: Yes No

Empty Weight: 475
 Max Gross Weight: 975 lbs Total Passenger: 275
 Weight at Time of Accident/Incident: _____ lbs
 Location of Center of Gravity at Time of Accident/Incident: _____ inches from _____ nose or _____ datum
 Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyrocraft
 Helicopter
 Powered lift
 Ultralight
 Unknown

Type of Airworthiness Certificate
 (Check all that apply)

Standard Normal Restricted
 Utility Limited
 Acrobatic Provisional
 Transport Experimental
 Special Flight Light Sport

Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear Retractable

Check any additional landing gear configuration that applies:
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Unknown

Type of Maintenance Program

Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Last Inspection Type

100 Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 1-15-2020
 mm/dd/yyyy

Airframe Total Time: 505.4 hrs
 hours measured at (check one)
 Last Inspection Time of Accident/Incident

IFR Equipped

Yes No Unknown

Stall Warning System Installed

Yes No Unknown

Type of Fire Extinguishing System

None
 Specify Hand-held

ELT Installed

Yes No

ELT Activated

Yes No

ELT Manufacturer: NONE

Model/Series: _____

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

Engine Type

Reciprocating Turbo Jet
 Turbo Shaft Turbo Fan
 Turbo Prop Unknown

Reciprocating Fuel System Type

Carburetor
 Fuel Injected

Propeller

Fixed Pitch
 Controllable Pitch

Manufacturer: Wasp Drive
 Model: T-25502

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>ROTA X</u>	<u>592</u>	<u>1290044</u>	<u>MAR. 90</u>	<u>65</u>	<u>141.0</u>	<u>8.0</u>	<u>141.0</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

 Name: Unknown Registered

 Fractional Ownership Aircraft: Yes No

 Operator of Aircraft Same As Registered Owner

 Name: Jack Chapman

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

Regulation Flight Conducted Under

- | | | | |
|----------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> FAR 91 | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 91 Special Flight | <input type="checkbox"/> Public Use (select type) |
| <input type="checkbox"/> FAR 103 | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> Non-US, Commercial | <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local |
| <input type="checkbox"/> FAR 121 | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> Non-US, Non-commercial | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> FAR 125 | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> Armed Forces | |

Purpose of Flight

for FAR 91, 103, 133, 137 (Select one)

- Personal
 Business
 Executive/Corporate
 Other Work Use
 Instructional
 Ferry
 Positioning
 Aerial Application
 Aerial Observation
 Air Drop
 Air Race / Show
 Flight Test
 Public Use
 Unknown

Revenue Operation

for FAR 121, 125, 129, 135 (Select one)

- Scheduled or Commuter
 Non-Scheduled or Air Taxi

Domestic or International

- Domestic International

Cargo Operation

- Passenger/Cargo
 Passenger _____ How many?
 Cargo _____ lbs
 Mail

Owner Address

 City: _____
 State: _____
 Country: _____

 Operator Address Same As Registered Owner

 City: _____
 State: _____
 Country: _____

Revenue Sightseeing Flight

- Yes No

Air Medical Flight

- Yes No

Type of Commercial Operating Certificate Held

(Check all that apply)

- None
 Flag Carrier Operating Certificate (121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (129)
 Commuter Air Carrier (135)
 On-Demand Air Taxi (135)
 Large Helicopter (127)
 Rotocraft External Load (133)
 -or-
 Agricultural Aircraft (137)
 Other Operator of Large Aircraft

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

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

 Was there Mechanical Malfunction/Failure? Yes No Unknown

(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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY
Aircraft Damage

- None Substantial
 Minor Destroyed

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

Aircraft Explosion

- None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

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

included page 10

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: ABA HOME BASE Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ ft. MSL

Approach Segment (Select one)

On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

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

Runway/Landing Surface (Check all that apply)

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: _____
 City: _____
 State: _____
 Country: _____

Time of Departure

Time: _____
 Time Zone: _____

Destination

Airport ID: _____
 City: _____
 State: _____
 Country: _____

Type Flight Plan Filed

None VFR/IFR
 Company VFR IFR
 Military VFR Unknown
 VFR
 Activated? Yes No

Type of ATC Clearance/Service (Check all that apply)

None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

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

Class A Class E Prohibited Area Jet Training Area Special
 Class B Class G Restricted Area TRSA Air Traffic Control Area
 Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
 Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)

None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

8 Gallons

Fuel Type

80/87 115/145 JP3
 100 Low Lead Jet A JP4
 100/130 Automotive JP5
 Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

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

Assisted by local bystanders / Resident.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

- National Weather Service
 Flight Service Station
 TV/Radio
 Automated Report
 Commercial Weather Service (DUATS)
 Company
 Military
 Internet
 Unknown

Method of Briefing

(Check all that apply)

- In Person
 Teletype
 Telephone/Computer
 Aircraft Radio
 TV/Radio
 Unknown

Briefing Type/Completeness

- Full
 Partial / Limited By Pilot
 Partial / Limited By Briefer
 Abbreviated
 Unknown
 Not Pertinent

Light Condition

- Dawn
 Day
 Dusk
 Night
 Dark Night
 Bright Night
 Not Reported

Visibility

_____ miles

Sky/Lowest Cloud Condition

- Clear
 Few
 Partial Obscuration
 Scattered
 Thin Broken
 Thin Overcast
 Unknown

Ceiling

- None (clear)
 Broken
 Overcast
 Obscured
 Indefinite
 Unknown

Restriction to Visibility (Check all that apply)

- None
 Blowing Dust
 Blowing Sand
 Blowing Snow
 Blowing Spray
 Dust
 Fog
 Ground Fog
 Haze
 Ice Fog
 Smoke
 Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

Indicated: _____ degrees MAG

Variable

Wind Speed

Velocity: _____ KTS

- or-
 Calm
 Light and Variable

Wind Gusts

Velocity: _____ KTS

- Gusting
 Not Gusting

Type of Turbulence (Check all that apply)

- None
 Clear Air
 In Clouds
 Vicinity of Thunderstorm

Severity of Turbulence

- Extreme
 Severe
 Moderate
 Moderate Chop
 Light

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

Temperature: _____ (C)
or _____ (F)

Altimeter Setting: _____ in HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Icing Forecast

- Amount
- None
 Trace
 Light
 Moderate
 Severe

- Type
- Rime
 Clear
 Mixed

Icing Actual

- Amount
- None
 Trace
 Light
 Moderate
 Severe

- Type
- Rime
 Clear
 Mixed

Type of Precipitation (Check all that apply)

- None
 Rain
 Snow
 Hail
 Rain Showers
 Freezing Rain
 Snow Shower
 Drizzle
 Ice Pellets
 Snow Pellets
 Snow Grains
 Ice Crystals
 Ice Pellets Shower
 Freezing Drizzle

Intensity of Precipitation

- Light
 Moderate
 Heavy

PILOT "A" INFORMATION
Pilot "A" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification

 First Name: Jac. V. City: [REDACTED]

 Middle Initial: J State: [REDACTED]

 Last Name: Chapman Country: USA

 Age at time of Accident/Incident: 58 Date of Birth: [REDACTED] Certificate Number: _____

Degree of Injury
 None Fatal
 Minor Unknown
 Serious

Seat Occupied
 Left Front Unknown
 Right Rear
 Center Single

Seat Belt

 Used Yes No
 Available Yes No

Shoulder Harness

 Used Yes No
 Available Yes No

Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation
 Pilot
 Other
 Unknown

Medical Certificate
 None Class 3
 Class 1 Driver's License (Sport Pilot only)
 Class 2 Unknown

Medical Certificate Validity
 Without limitations/waivers
 With limitations/waivers
 Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations
Medical Certificate Waivers
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

mm/dd/yyyy

Flight Review Aircraft

 Make: _____
 Model: _____

Airplane Rating(s) (Check all that apply)
 None
 Single-Engine Land
 Single-Engine Sea
 Multiengine Land
 Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)
 None
 Airship
 Free Balloon
 Glider
 Gyroplane
 Helicopter
 Powered Lift

Instrument Rating(s) (Check all that apply)
 None
 Airplane
 Helicopter
 Powered Lift

Instructor Rating(s) (Check all that apply)
 None Instrument Airplane
 Airplane Single-Engine Instrument Helicopter
 Airplane Multi-Engine Helicopter
 Gyroplane Glider
 Powered Lift Sport

Type Ratings
Student Endorsements (Include dates)
Flight Time (enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	680	135	110	0	0	0	0	0	0	0
Pilot in Command (PIC)	680									
Time as Instructor	0									
This Make/Model										
Last 90 Days	12.0									
Last 30 Days	3.4									
Last 24 Hours										

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 time and point of departure, intended destination, and services obtained.

4-5-2020 On a Beaverhill afternoon 3-4pm with perfect weather my 10 year old son Cott and I departed from our farm runway. We went south to sand hills pastures close to Interstate 76. mile marker 99 in Morgan County, Colorado. we went to check grass conditions for cattle grazing. After that we returned to look over irrigated farm ground conditions. Then we noticed smoke and fire 2 miles west or just south of the town of Hillrose. An 80 acre farm is adjacent to this Home/Business. The owner is a welder. So we descended over our farm ground to about 20 feet above the field to see what was burning. Right in front of their garage was fire/smoke. My mistake was fixating or too much attention on the fire. It was a drainage ditch and trash fire controlled by owner. I immediately pulled up to clear a set of irrigation power electric lines. But was 2 seconds later we hit the lines and landed in a grass field just west. we were helped out by the Home owners and then transported to the Hospital by ambulance. other page →

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

Operator/Owner Safety Recommendation

Flying over (Chopper) instead of lower.
Observing the Fire at further Distance.
NOT getting fixated at the scene, BUT
paying more attention on obstacles and flying.
I have flown this area for 27 years, I know better.

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

my injuries were a closed fracture of the femur
and a few scratches - my son has a broken wrist.
We were extremely Lucky / Blessed by God.

2 telephone poles were replaced and the wires spliced.
No other damage except to the plane. The plane is fixable
engine and propeller are OK, main fuselage appears OK
Dorsal skin is damaged along with many support/wing member
pieces, landing gear OK. Thank God we will be OK.
27 years of ultralight flying and this is the 1st accident
I have had.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report 4-24-2020 mswld5777	Signature and Name of Pilot/Operator Signature: [Redacted] Type or Print Name: Jack Chapman
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Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____
Type or Print Name: _____
Title: _____

FOR NTSB USE ONLY

NTSB accident/incident No. CEN20CA139	Reviewed by NTSB Regional Office Central	Name of Investigator Mitchell Gallo	Date Report Received 4/24/20
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