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: HASKELL State: OK
ZIP: _____ Country: MUSKOGEE
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 05/09/2020 *mm/dd/yyyy* Local Time: 7:30 AM
Time Zone: CENTRAL

Collision with Other Aircraft: O Midair O On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: 318WH
Manufacturer: TITAN
Model: TITAN TORNADO 2S
Serial Number: S12XXXC0HK0546
Year of Manufacture: 4-11-16
Amateur-Built: ☒ Yes O No *If Yes:* ☒ Kit/Plans O Original Design Make: _____

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 982 lbs
Weight at Time of Accident/Incident: 1,182 lbs
Number of Seats: 2 Flight Crew Seats: -
Cabin Crew Seats: - Passenger Seats: -
Number of Engines: 1

Category of Aircraft
☒ Airplane
O Balloon
O Blimp/Dirigible
O Glider
O Gyroplane
O Helicopter
O Powered Lift
O Rocket
O Ultralight
O Unknown

Type of Airworthiness Certificate *(Check all that apply)*
Standard
☐ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility
Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☒ Experimental Light-Sport
☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*
☐ Retractable
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*
☒ Reciprocating
O Turbo Shaft
O Turbo Prop
O Turbo Jet
O Turbo Fan
O Electric
O Liquid Rocket
O Solid Rocket
O Hybrid Rocket
O None
O Unknown

Fuel System Type *(Reciprocating)*
O Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ☒ Horsepower or O lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	ROTAX	912 ULS	6783008	07/11/15	100 HP	230	230	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
☒ 100-Hour O Continuous Airworthiness
O AAIP ☒ Conditional Inspection
O Annual O Unknown
Date Last Inspection: 04/26/2020 *mm/dd/yyyy*
Airframe Total Time: 230 hrs
hours measured at *(Select one)*
O Last Inspection O Time of Accident/Incident

Type of Maintenance Program *(Select one)*
☒ Annual
O Conditional (Amateur-built only)
O Manufacturer's Inspection Program
O Other Approved Inspection Program (AAIP)
☒ Continuous Airworthiness
O Other, specify: _____

Description of Fire Extinguishing System
☒ None
O Specify:

Propeller 1 O Fixed Pitch O Controllable Pitch ☒ Ground Adjustable
Manufacturer: E PROP
Model: EXCALIBUR

Propeller 2 O Fixed Pitch O Controllable Pitch O Ground Adjustable
Manufacturer: _____
Model: _____

ELT Installed: ☒ Yes O No
If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
TSO No.: O C91 (121.5 MHz) O C91a (121.5 MHz) O C126 (406 MHz)
Was ELT still mounted in aircraft? ☒ Yes O No
Was ELT still connected to antenna? O Yes ☒ No
Did ELT Activate? ☒ Yes O No
If activated:
Did ELT Aid in Locating Aircraft: O Yes ☒ No
If not activated:
Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown NO ANTENNA

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: DAVE KESTER

Fractional Ownership Aircraft: O Yes ☒ No

City: _____

State: _____ ZIP: _____

Country: _____

Operator of Aircraft ☐ *Same As Registered Owner* ☐ *Same Address as Registered Owner*

Name: TYLER PAULSEN

Doing Business As: _____

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

City: BROKEN ARROW

State: OK ZIP: 74014

Country: WAGONER

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

- ☒ FAR 91 / O FAR 129 / O FAR 415
- O FAR 103 / O FAR 133 / O FAR 431
- O FAR 121 / O FAR 135 / O FAR 435
- O FAR 125 / O FAR 137 / O FAR 437
- O FAR 91 Special Flight
- O Non-US, Commercial
- O Non-US, Non-commercial
- O Public Aircraft *(Select one)*
  - O Armed Forces
  - O Federal
  - O State
  - O Local
- O Unknown

Revenue Operation for FAR 121, 125, 129, 135
(Select one for each group)

- O Scheduled or Commuter / O Non-Scheduled or Air Taxi
- O Domestic / O International
- O Passenger
- O Cargo
- O Mail Contract Only

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

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

Revenue Sightseeing Flight

O Yes ☒ No

Air Medical Flight

O Yes O No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: HASKELL

Airport Identifier: 2K9

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

1-2 SM NE OF RUNWAY 35

Distance From Airport Center: 1-2 sm

Direction From Airport: NE degrees true

Airport Elevation: 588 ft. msl

Runway Information

Runway ID: 17/35 (L/R/C) Length: 3710 ft Width: 30 ft

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

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

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

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

Approach/Departure Segment *(Select one)*

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

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

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

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

(X) Pilot ( ) Co-Pilot ( ) Student Pilot ( ) Flight Instructor ( ) Check Pilot ( ) Flight Engineer ( ) Other Flight Crew

"Flight Crewmember 1" was pilot flying (X) Yes ( ) No

"Flight Crewmember 1" Identification

First Name: TYLER
Middle Initial: S
Last Name: PAULSEN

City of Residence: BROKEN ARROW
State: OK ZIP: 74014
Country: US

Age at time of Accident/Incident: 33 Date of Birth: [redacted] mm/dd/yyyy

Certificate Number: [redacted]

Degree of Injury
( ) None ( ) Fatal (X) Minor ( ) Unknown ( ) Serious

Seat Occupied
( ) Left (X) Front ( ) Unknown ( ) Right ( ) Rear ( ) Center ( ) Single

Restraint Type

Available	Used
( ) None	( ) None
( ) Lap only	( ) Lap only
( ) 3-point	( ) 3-point
(X) 4-point	( ) 4-point
( ) 5-point	( ) 5-point
( ) Unknown	( ) Unknown

Inflatable Restraints
(X) Not Installed ( ) Installed ( ) Not Deployed ( ) Deployed ( ) Unknown

Pilot Certificate(s) *(Check all that apply)*
( ) None ( ) Private (X) Student ( ) Flight Instructor ( ) Recreational ( ) Sport ( ) Commercial ( ) Airline Transport ( ) Flight Engineer ( ) US Military ( ) Foreign

Principal Occupation
( ) Pilot (X) Other ( ) Unknown

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

Medical Certificate Validity
( ) Without limitations/waivers ( ) With limitations/waivers ( ) Special Issuance ( ) Unknown ( ) N/A

Date of Last Medical _____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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

Flight Review Aircraft
Make: _____
Model: _____

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

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

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

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

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(Enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	162.4	33	—	—	5	—	—	—	—	—
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: 2K9
City: HASKELL
State: OK
Country: US

Time of Departure
Time: 7:30
Time Zone: CENTRAL

Destination
Airport ID: 2K9
City:
State:
Country:

Type Flight Plan Filed
- [x] None
- [ ] Company VFR
- [ ] Military VFR
- [ ] VFR
- [ ] VFR/IFR
- [ ] IFR
- [ ] Unknown

Activated? ○ Yes ○ No ○ Unknown

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

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

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
- [ ] National Weather Service
- [ ] Flight Service Station
- [ ] TV/Radio
- [ ] Automated Report
- [ ] Commercial Weather Service (DUATS)
- [ ] On-Board Weather
- [ ] Company
- [ ] Military
- [x] Internet
- [ ] None
- [ ] Unknown

Weather Observation Facility
Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ degrees true

Basic Conditions
○ VMC
○ IMC
○ Unknown

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

Sky/Lowest Cloud Condition
- ○ Clear
- ○ Few
- ○ Partial Obscuration
- ○ Scattered
- ○ Thin Broken
- ○ Thin Overcast
- ○ Unknown

Lowest Cloud Condition Height
_____ ft agl

Ceiling
- ○ None (Clear)
- ○ Broken
- ○ Overcast
- ○ Obscured
- ○ Indefinite
- ○ Unknown

Ceiling Height
_____ ft agl

Temperature: _____ (C) or _____ (F)
Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg or _____ MB

Wind Direction
- [ ] Variable

-or-
Direction: _____ degrees true

Wind Speed
- [x] Calm
- [ ] Light and Variable

-or-
Speed: _____ kts

Wind Gusts
- [x] Not Gusting

-or-
Speed: _____ kts

Visibility
_____ miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft

Intensity of Precipitation
- ○ Light
- ○ Moderate
- ○ Heavy
- ○ N/A
- ○ Unknown

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

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

Icing Forecast

Amount	Type
○ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Icing Actual

Amount	Type
○ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Turbulence

Type *(Check all that apply)*
- [x] None
- [ ] Clear Air
- [ ] Terrain-Induced
- [ ] Convective Turbulence

Severity
- [ ] Light
- [ ] Moderate
- [ ] Severe
- [ ] Extreme

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

N/A

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- O None
- O Minor
- O Substantial
- X Destroyed
- O Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

CRUSHED/MANGLED

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

SENT TO JOSH IN EMAIL FORMAT.

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

Operator/Owner Safety Recommendation

EMAIL.

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.)

N/A

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)

10-12 Gallons

Fuel Type

○ 80/87	○ 115/145	○ Jet B	☒ Other, specify 92 PREMIUM NO ETH.
○ 100 Low Lead	○ Jet A	○ JP8	
○ 100/130	○ Jet A-1	○ Automotive	

Other Services, if Any, Prior to Departure

N/A

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

UNBUCKLE, CRAWL OUT OF PLANE, SHUT DOWN FUEL PUMPS

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

Aircraft Registration Number

N/A

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: _____

EMAILED . . .

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

Date of this Report	Name of Pilot/Operator: TYLER PAULSEN
06/01/2020 (mm/dd/yyyy)	Signature: [redacted]
	– or – ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____

– or – ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN20LA173	CENTRAL	LINDBERG	6/1/2020

Lindberg Joshua

From: Tyler Paulsen [redacted]
Sent: Tuesday, June 2, 2020 10:18 AM
To: Lindberg Joshua
Subject: Tyler Paulsen Statement / Part 2

(Narrative History of Flight)

I have been having yawing issues in my Titan Tornado 2 airplane. I researched on the internet if others had the same issue I was experiencing, I found a few forums of others claiming it is a short coupled airplane and different engine types, luggage pods, BDS chutes seem to create or inhace the yawing issues. One of the guys on forums mentioned adding a strake under tail of the airplane. I called and talked to John the designer and owner of Titan manufacturing and he mentioned to add a strake, try vortex generators or extend the tail and that when he designed the airplane he too had a issue that lead him to add a larger vertical stabilizer to all the aircraft. I purchased 2 vortex generator kits and applied them per instructions. This helped the issue but not enough. I could not find any pictures or data on installing a reverse strake under tail and since the aircraft without a pilot rests on tail I didn't make since how to make this possible. After multiple discussions with fellow flyers I decided to cut winglets out of 1/2 inch plywood and aircraft speed tape them to my stabalator and test fly. The airplane flew with no yawimg issues and stayed coordinated. I then made some out of composite and glued/riveted to the stabalator. Saturday morning May 9th 2020 I watched the sunrise while pre flight inspection of my aircraft. It was roughly 60 degrees, no wind, no clouds. I did all my run up checks, prayed, and called out to Haskel traffic taking the active runway 35. I called again taking off runway 35 rotated at 60 mph climbed at around 1460 feet pr minute indicated on effis, as I approached 2 thousand feet I smoothly started to level off and was headed across river to practice area over fields for a short 30 minute flight before landing for Haskell fly in for coffee and donuts. When I reached level flight a loud bang started continuously and left me with a unstable aircraft. I immediately pulled the throttle all the way closed idle and attempted to pitch down and lose altitude. I had 2 areas located for landing a field and next to the river on the west side. I had a feeling that because of the loud banging nose that my airplane could hold together for short time, as I approached around 1,200 feet I instantly went inverted my site picture changed to a group of trees and I relaxed back in my seat until I landed though trees and into ground.

(Recommendations)

Per the forums I am not the only flyer experiencing a yawing issue. I will be Candid and say I believe the 2 welds that broke was a matter of time and not solely from the winglets. I want all Tornado owners to be able to fly safe and coordinated and recommend a solution to the short coupled airplane aswell as some NDT or visual inspection of the control bracket that controls the stabalator. It is my understanding that this control part is stich welded aluminum and not done by Titan the manufacturer. I am very fortunate to have survived this incident and recommend that rather than pulling trottle back, or removing luggage pods or BDS safety chutes there be options and solutions from manufacture to help fix any yawimg issues. Other than this the Titan Tornado is a great performing LSA aircraft.

Thank you,
Tyler Paulsen
[redacted]

Sent from Yahoo Mail on Android