

**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>1682 Old Hwy 25, Starkville,</u> State: <u>MS</u> ZIP: <u>39759</u> Country: <u>Oktibbeha County</u> Latitude: <u>33°23'39.5"N</u> Longitude: <u>88°51'09.5"W</u> (Enter in decimal degrees or degrees:minutes.seconds)	Accident/Incident Date/Time Date: <u>12/18/2019</u> Local Time: <u>17:43</u> <i>mm/dd/yyyy</i> Time Zone: <u>CST</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None
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AIRCRAFT INFORMATION

Registration Number: <u>N9566S</u> Manufacturer: <u>Champion</u> Model: <u>7ECA Citabria</u> Serial Number: <u>377</u> Year of Manufacture: <u>1965</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>1750</u> lbs Weight at Time of Accident/Incident: <u>1362</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>
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Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input 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 style="width:100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input checked="" 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 type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input checked="" 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 checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input 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 checked="" 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 Fuel System Type (Reciprocating) <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input checked="" 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																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd/yyyy</i>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Continental	O200A	64754-5-A	10/15/1965	100	2012	4	370
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 checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>12/17/2019</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>2134</u> hrs hours measured at (Select one) <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	Propeller 1 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>M69CK-0-48L</u> Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>Emergency Beacon Co</u> Model or Part No.: <u>EBC-102A</u> TSO No.: <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input checked="" 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
Type of Maintenance Program (Select one) <input checked="" 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: _____	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 checked="" type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input checked="" type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input checked="" type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input checked="" type="checkbox"/> Other, Specify: <u>Bad Elf, Ipad Mini, & Iph10XR running Wing X.</u>	
Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Robert YoungCity: SkimmerFractional Ownership Aircraft: Yes NoState: Texas ZIP: 77385Country: Montgomery**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

- 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)*

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

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

- 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: George M. Bryan- Starkville, MSDistance From Airport Center: 2.5 smAirport Identifier: STFDirection From Airport: 185 degrees trueProximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 333 ft msl**Runway Information**Runway ID: 36 (L/R/C) Length: 5500 ft Width: 150 ft**Condition of Runway/Landing Surface** *(Check all that apply)***Runway/Landing Surface** *(Check all that apply)*

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

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

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

VFR Approach *(Check all that apply)*

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

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="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <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		Restraint Type: 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
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	

Crew Name and Address		Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <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		Restraint Type: 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
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	

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="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<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 <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	<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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<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 <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	<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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<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 <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	<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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<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 <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	<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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>VKS</u> City: <u>Vicksburg</u> State: <u>MS</u> Country: <u>NATCHEZ, MS</u>	Time of Departure Time: <u>1605est</u> Time Zone: <u>CST</u>	Destination Airport ID: <u>KGTR</u> City: <u>Columbus/West Point/Starkville</u> State: <u>MS</u> Country: <u>Lowndes County</u>	Type Flight Plan Filed <input type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input checked="" type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Type of ATC Clearance/Service (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input checked="" type="checkbox"/> VFR Flight Following <input checked="" 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: <u>2500</u> 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"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input checked="" type="checkbox"/> TV/Radio <input checked="" 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 checked="" type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: <u>KGTR-Atis and Wing X enroute</u> Observation Time: <u>1735-Wx for this form off</u> Time Zone: <u>CST</u> <u>NWS Hist Data</u> Distance from Accident Site: <u>13</u> nm Direction from Accident Site: <u>070</u> degrees true		
Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input type="radio"/> Day <input checked="" type="radio"/> Night <input type="radio"/> Bright Night			
Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or <u>50</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.38</u> in. Hg or _____ MB		
Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>310</u> 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>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>-1080</u> ft	
Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input 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		Restriction to Visibility (Check all that apply) <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	
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	
NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: NA				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Aircraft is balled up after a forced landing in between trees. A chain-link fence and tree pruning is the only damage I saw to property. Highway 25 was planned but aborted after seeing two vehicles approaching head on.

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.

18 December 2019 1 Pilot Robert Joseph Young PIC planned to deliver 7ECA Citabria 9566S from 9X1 to UBS/GTR. PIC departed 9X1 at 1245 CST on a VFR flight and terminated in a forced landing at night at 17:43 CST and 911 was dialed @ 17:48 CST (see phone screenshots). UBS was originally planned because the PIC was waiting to determine where his local friends were picking him up. Enroute PIC switched to Golden Triangle Regional GTR, which is a few miles closer than UBS. Terrain in the area is generally flat with forests and fields in the rural areas. A Google map of intended destination and the crash site has been attached. 11 Dec 2019 a test flight took place, price and delivery date was deconflicted between schedules. The Citabria was being sold because owner upgraded to a C-170A. Inspections and Ads were complied with and a pre-buy Annual was performed 17 December with nothing substantial noted. Though the mechanic had been involved in a traffic accident and was behind putting the airplane back together causing a later night for the PIC contributing to a later start in the AM. Detailed fuel planning is provided in a separate spreadsheet. The charts yielded PIC would land at destination with 4.7 Gal of useable fuel (see screenshot of Wing X for ETA). 4.7 Gal is above the 3.2 Gal needed for a 45-minute fuel reserve at night per 91.151 Fuel requirements for flight in VFR conditions. Fuel was calculated off tables based off the O-235 that produces 15 more horsepower than my O-200A based upon the book that came with the aircraft. O-235 fuel consumption numbers are higher than those on the O-200. PIC utilized timing backed up by gauges for fuel awareness and planning in general aviation aircraft. A fuel stop would be required if the journey was going to exceed 5 hours. PIC planned a cruise at 2600 rpm @ 66% with a leaned the mixture using the tachometer and roughness method. Louisville Winston County LMS was PICs planned fuel stop if it looked like winds, weather, etc or any other issues getting to the destination within the 5 hours. PIC was on schedule according to the clock with groundspeed off gps and gauges. PIC dip checked the tanks in June of 2019 when the aircraft was ferried the aircraft back from California to check the gauges and to see burn rates at fill ups. PIC averaged just below 5.5 Gallons per hour (GPH) including start, taxi, takeoff and approach fuel and thus determined 6 GPH would provide a margin of safety PIC was comfortable with for flight planning. Weather, notams, TFRs etc were checked on Wing X pro and PIC had cellular data, a bad elf gps and a homemade Stratux for ADSB in. Unfortunately the WIFI on the Stratux was acting up on this flight and PIC was without weather in-between cellular coverage but this was no factor to the incident. Preflight and departure were normal. PIC verified both fuel caps were on and the primer was fully stowed prior to departure. PIC got a late start due to personal family medical issues and being up late when the mechanic was late returning the airplane to fuel, load up for the delivery. The late departure is a factor in why PIC ended up off a suitable surface after a forced landing at night. During the day there are plenty of places to land but at night PIC couldn't tell the difference in the forest and fields. The night prior PIC completely topped the tanks off to 36 (35 useable) gallons by adding 29.4 gallons at 9X1 North Houston where N9566S is based. Nothing was noted in the sumping of gas from the tanks during the morning preflight. With full fuel 36 Gal @ 6Lb/Gal, PIC at 230 Lbs, and a 34lb bag PIC was carrying 480 lbs which is 200 under the max gross numbers used in the cruise chart. It is a 400 nm journey planned at 6 gph (conservatively) and PIC believed it was going to take around 4.7 hours with the forecast winds checked on 3/6/9 thousand foot levels on aviation weather.gov. PIC planned to cruise at 7500' but lost 3-4 kts and descended back down to 5500' on the way to Columbus. PIC chose Vicksburg Municipal Airport VKS for a restroom break as it was directly in the flight path. PIC performed a straight in approach after pulling power and making ctaf calls onto runway 01. PIC used the restroom, added a quart of oil and opted not to add fuel based off timing and the gauges showing half tanks. PIC averaged 84-86 kts groundspeed for most of this leg. The leg took just under 3 hrs and PIC estimated just under 18 Gallons burned and showed slightly over 1/2 tanks on both sides. N9566S burned fuel down in 1/8 to 1/4 increments outside of PICs control and like normally for the past 6 months as fuel is either on or off. PIC departed VKS for GTR and climbed up to 3500'. 20 minutes from GTR PIC flew over LMS and showed approximately 9 gallons in the tanks a with a little over a 1/4 tank right and 1/4 left and had been airborne approximately 4.5 Hrs. Between LMS and GTR the left tank was steadily dropping from 1/4 down to 1/8 & the right side was at 1/4 still. PIC checked in with Columbus approach and then went to GTR tower. After switching to tower, Columbus approach sequenced a T1 in front of N9566S (it was right as PIC was in the transition so it could have been approach before the switch). PIC had picked up flight following from 9X1 to GTR. PIC rechecked his watch and at approximately 4:40 flight time and gauges slightly less than 1/8 left & 1/4 right PIC made a remark he could not accept a long delay or extended vectors. He believed he had 15-20 minutes of time before hitting night VFR reserves. PIC did not declare minimum or emergency fuel based on duration and gauges.

See Below for the rest of this section

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

Operator/Owner Safety Recommendation

Human Factors-PIC could have performed better-7700 transponder & declaring an emergency ASAP-PIC got task saturated Topped off in VKS-1 hour of fuel is not enough padding in GA, not going below 1.5 Hrs personally ever again.
 Mixture Lean, Fuel Off, Door Jettison and kill Mags the overhead short final.
 Left sooner where PIC would have arrived in the day in the event of a forced landing.
 Wearing a helmet like PIC flew with in the USAF would have prevented/significantly reduced the cut on PIC's head.
 Having more detailed engine parameters to know how the engine is running and fuel flow it has consumed to back up timing and gauge.
 Shoulder harnesses kept PIC from slamming into the dash during a strong and violent deceleration with a good roll cage in the 7ECA.

Owner Operator Safety Recommendation-PIC would like the ability to install experimental ADI/HIS/GPS & engine analyzers in certified airplanes. Certified versions would cost more than the airplane to purchase much less install and therefore people operate like it was back in 1965. The extra safety afforded far out weighs the experimental *verses* certified debate. In retrospect, PIC would have liked to know his actual fuel flows and been able to set a warning when his fuel was reaching a critical level. PIC had neither of these pieces of information at his disposal. This cost effective experimental engine analyzer would have given the PIC better information of the status of his systems. Hopefully, this would have also provided more time to get to recognize the condition and get to pavement like a modern EICAS/ECAM/MW panel. PIC looked at installing this after flying in a friends RV and was disappointed that he could not update his certified airplane due to the rules/lack of STCs. Safety for GA would greatly be improved if owners were allowed to put more modern experimental avionics in their aircraft. https://www.aircraftspruce.com/pages/in/enginemonitors_0browse/dynonEMSD10dynon.php
 Q: Is there any stc to install the ems D10 in a certified aircraft? No, there is not an STC to install the EMS D10 in a certified aircraft.

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.)*

Right Fuel Gauge Stuck on 1/4 Tank
 Potential for small fuel leak or something else with the fuel system

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)

36 _____ 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

9X1-No issues noted

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

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

1 Pilot on board and I forced the door open cause the wing was ripped out of position and the door was bent up.

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.

Continued Narrative History of Flight from above

PIC would have gone to STF if Columbus approach were going to give him extended vectors. PIC had the field in sight and requested a straight in and was told to report 5 miles. PIC lowered the nose for a decent into GTR the engine hiccupped and appeared to run rougher. PIC was passing STF off the left side and PIC immediately turned (2.5-3 G pull), climbed to 65 which is best glide (traded 110mph-65mph) and checked: switched to STF Unicom, aircraft full rich, cycled the carb heat and started scanning my gauges. PIC looked up at the fuel gages from the instruments and this is when PIC saw the right side had slammed to E and the left was between 1/8 and E. All the other switches were good and the engine appeared to relight for a few seconds and then died again a few times. PIC had the throttle firewalled but not enough to get on profile to land at STF. PIC made a call on STF CTAF while running the checklist by memory because of time. Another plane in the pattern heard the call and acquired N9566S and gave priority. PIC realized that the plane was not going to run and attempted to make STF. It became apparent around 2000 MSL that the runway was raising in the windscreen and N9566S was not going to make it to STF. PIC could not tell forest from fields at night and asked the other airplane how far back the field was from the runway. PIC knew there were lots of forests south and east of the field from being previously stationed at Columbus, AFB. PIC did not want to end up somewhere fire and rescue could not get to him quickly off airport. The other aircraft responded there was approximately 1/2 mile of clearing. PIC estimated he was going to be shorter than that so he attempted to line up on old highway 25. He did not think he could make the new Hwy 25 that has 4 lanes just west of the final position. As PIC was as lining up on old highway 25, he saw a minivan and sedan coming opposite direction. With the trees and power lines on both sides of highway 25 PIC aborted landing on the highway into oncoming traffic. PIC had to choose between the house and trees or to try to put the aircraft between the trees. PIC did not want to risk anyone else on the ground and opted to try and make the yard in between trees but could not see another large tree in the middle. Before PIC could get stopped he attempted to not hit the other tree centered and as a result hit the left wing. There was a pretty violent impact and PIC lost his headlamp. PIC's cellphone was mounted on the right post and was still lit up. PIC could see the light where it went into the floorboard and started to self-access using it as my flashlight. PIC called 911, let the resident know what had happened and was removing belongings and logs out of the airplane in case there was still the expected 6 gallons in the aircraft. When the fire department showed up they started triage and PIC was taken to Starkville for the laceration on his head that required stitches. Because of the method of injury (plane crash) and a head wound they airlifted him as a precaution to Tupelo medical center. Nothing serious was found and PIC was released from the hospital that night around midnight. The insurance adjuster had a salvage company remove the plane from the property the next day after PIC met with the FAA. PIC hit a chain-link fence and pruned a tree was the only damage assessed on the ground. PIC tried to mitigate damage to persons or property that could be seen with the streetlights off 25 when he selected the yard with limited options at that point in the forced landing process. PIC had his seatbelt and shoulder harnesses on but still received a cut on his head requiring stitches and a few minor scratches. PIC never lost consciousness and don't have anything that will be permanent other than a scar on his forehead.

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

Date of this Report <u>12/26/2019</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Robert Joseph Young</u>
	Signature: _____
	-- or -- <input checked="" type="checkbox"/> 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. CEN20CA036	Reviewed by NTSB Regional Office Denver	Name of Investigator Baker	Date Report Received 12/30/2019
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