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 Lo | cation | | | | | Acc | cident/Incid | lent Date/7 | Time | | | |
| Nearest City/Place: Cam | | | | _ State: N | <u>IN</u> | Date | e: <u>7/2</u> | 1/2020 | Lo | cal Time: | 3:45 | |
| ZIP: 55008 | Country: USA | 4 | | | | | mm/de | d/yyyy | | | OCT. | |
| Latitude: 45.56 | | Longitude: 93.26 | 3 | | | | | | 11: | me Zone: <u>C</u> | 201 | |
| (Enter in decim | al degrees or a | legrees:minutes:sec | conds) | | | Col | llision with | Other Air | craft: C |) Midair | OOn-groun | d O None |
| AIRCRAFT INFO | <u>RMATIO</u> | N | | | | | | | | | | |
| Registration Number | : N2943C | | | | | | □ IFR-Equip □ Commerci | | | | | |
| Manufacturer: Cessi | na | | | | | | □ Unmanne | | gnt | | | |
| Model: <u>180</u> | | | | | | Maximum Gross Weight: 2850 lbs | | | | | | |
| Serial Number: 3084 | 3 | | | | | Weight at Time of Accident/Incident: 2600 lbs | | | | | | _ lbs |
| Year of Manufacture | 1954 | | | | | Number of Seats: 4 Flight Crew Seats: 2 | | | | | w Seats: 2 | |
| | | | ke: | ce: Cabin Crew Seats: F | | | | | Passenger | Seats: 2 | | |
| ⊙ No | | Original Design | | | | Number of Engines: 1 | | | | | | |
| Category of Aircraft | Type of A | irworthiness Ce | rtificate | | Landing Ge | | I \ | | _ | e Type (Se | | 1 D14 |
| AirplaneBalloon | Standar | * * * * * | | | (Check all tha | | <i>pty)</i> actable | | | procating o Shaft | O E iqui O Solid | d Rocket Rocket |
| OBlimp/Dirigible Normal Restricted | | | | | ☐Tricycle | 1 COLIT | | ailwheel | O Turb | | O Hybri | id Rocket |
| OGlider OGyroplane | ☐ Aerob☐ Balloo | | | | | | | | OTurb | | ONone | |
| O Helicopter | Comm | | | | ☐ Amphibia ☐ Emergenc | | | igh Skid kid | OTurb OElec | | O Unkn | own |
| O Powered Lift | ☐ Transı | oort | mental | | □Float | □Ski | | | 0 2.00 | | | |
| ORocket OUltralight | ORocket Utility Spe | | | | al Light-Sport | | | ki/Wheel | Fuel Sy | stem Type | (Reciprocativ | ıg) |
| OUnknown | □ Cartificate | = | or Waiver (COA) | | | ınch/ | Recovery Sy: | stem | ⊙ Carb | uretor | O Fuel- | Injected |
| | None | Of Additionization | Unknown | (COA) | ■ None | | □ U | Inknown | | | | |
| | | Ensine | | М | 4 | | Date | Rated Pow Horse | | Total | Time | |
| Engine Engine Manuf | acturer | Engine Model/Series | | | acturer's Number | | of Mfg. mm/dd/yyyy | O lbs of | | Time (hours) | Inspection (hours) | (hours) |
| Eng. 1 Continental | | O-470K | | 48427-8 | 3-K | • | 1954 | 235 | | | 20 | 277 |
| Eng. 2 | | | | | | | | | | | | |
| Eng. 3 | | | | | | 4 | | | | | | |
| Eng. 4 | | | D | 1 | OFixed P | itch | | Prop | llou 2 | <u> </u> | Fixed Pitch | |
| Last Inspection Type | | | Propell | er i | ●Control | lable | | Frope | ener 2 | _ | Controllable I | Pitch |
| O100-Hour OCor OAAIP OCor | ntinuous Airwo nditional Inspe | orthiness | | | OGround | Adjı | ustable | | | | Ground Adjus | |
| O Annual O Uni | | CHOII | | | /IcCauley | | | | _ | | | |
| Date Last Inspection: | 10/21/20 | 0019 | _ | 2A3466- | | | | | el: | | | |
| _ | mm/dd/yy | <i>'yy</i> | | stalled: | •Yes • | No | | Additio ☑AD | - | ipment (| Check all that | apply) |
| Airframe Total Time | | hrs | If Yes: | nufactur | er: | | | | rame Para | chute | | |
| hours measured at (• Last Inspection | | .ccident/Incident | | r Part No | | | | | | ck Indicato | r | |
| | | | | : ⊙ C91 (| (121.5 MHz) C |) C91 | la (121.5 MH | z) | opnot a Recorde | r | | |
| Type of Maintenance | rrogram (Se | elect one) | | O C126 | (406 MHz) | | | □Elec | tronic Fli | ght Bag or | Handheld De | vice |
| | | | | | unted in aircra | | | | | ıltifunction mary Fligh | | |
| O Manufacturer's Inspec | | | nected to anter | | Yes ONG | | dheld GP | | Dispity | | | |
| O Other Approved Inspe O Continuous Airworthi | If active | | . 0163 91 | . 10 | | | ds Up Dis | | | | | |
| O Other, specify: | 1055 | | | | ocating Aircra | ft: (| ⊃ Yes ⊙ No | | oard Wea | | 5 | |
| Description of Fire E | xtinguishing | System | { | ctivated: | | Alreratt: Oyes ONO □Satellite Tracking Device □Stall Warning System | | | | | | |
| None | | . • | Indicate | Reason: | ☐ Impact Dar | ct Damage | | | | | | |
| O Specify: | | | | | Fire Damag | amage ☐ Other, Specify: y Expired/Damaged | | | | | | |
| | | | | | Unknown | piicu | " ranaged | | | | | |

| Registered Aircraft Owner Name: Brian J Baas | | City: Cambridge |
|--|---|---|
| Name: Brian J Baas | | |
| | | State: MN ZIP: 55008 |
| Fractional Ownership Aircraft: O Yes • |) No | Country: USA |
| Operator of Aircraft | gistered Owner | ☑ Same Address as Registered Owner |
| Name: | | City: |
| | | State: ZIP: |
| Air Carrier/Operator Designator (4 Charact | er Code): | Country: |
| Operating Certificates Held (Check all that apply) | Regulation Flight Conducted Un | Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) |
| ☑ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Patentar® External Lead (FAR 122) | OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight | 431 O Non-Scheduled or Air Taxi O International |
| ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) | O Non-US, Commercial | O Mail Contract Only |
| □ 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) | O Non-US, Non-commercial O Public Aircraft (Select one) O Armed Forces O Federal | Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown |
| ☐ Commercial Space Transportation | O State | O Aerial Observation O Flight Test O Air Drop O Glider Tow |
| Experimental Permit Commercial Space Transportation License | O Local | O Air Race/Show |
| Other Operator of Large Aircraft | O Unknown | OBanner Tow OOther Work Use OBusiness OPersonal |
| | | O Executive/Corporate O Positioning |
| Revenue Sightseeing Flight | Air Medical Flight | O External Load O Skydiving Ferry |
| O Yes | O Yes ⊙ No | |
| AIRPORT INFORMATION (Fill in | if accident/incident occurred on ap | proach, landing, takeoff, departure, or within 3 miles of an airport) |
| Airport Name: Cambridge Municipal | | Distance From Airport Center: less than 1 sm |
| Airport Identifier: KCBG | | Direction From Airport: degrees true |
| Proximity to Airport: O Off Airport/Airstri | p • On Airport/Airstrip ON/A | Airport Elevation: 945 ft. msl |
| Runway Information | | Condition of Runway/Landing Surface (Check all that apply) |
| Runway ID: <u>34</u> (L/R/C) Length: <u>40</u> | 01 <u>ft Width: 75</u> <u>ft</u> | ✓ Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy |
| Runway/Landing Surface (Check all that to Asphalt ☐ Grass/Turf ☐ Maca ☐ Concrete ☐ Gravel ☐ Meta ☐ Dirt ☐ Ice ☐ Snow | ndam | ☐ 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 |) | |
| OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb | OOn Instrument Appending OLanding | oproach OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown |
| IFR Approach (Check all that apply) ☑ None | | VFR Approach (Check all that apply) □None |
| □ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV | □MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown | ☑ 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 |

| "FLIGHT CREWMEMBER 1" INFORMATION | | | | | | | | | | | | |
|--|--|--------------------------|-----------------------|----------------------|--|------------------|-----------------------|--------------|-----------------------|------------|--|--|
| "Flight Crewmember 1" R | esponsibilities at O Student Pilot | | | ident Check Pilot | O Flight | Engineer | O Other I | Flight Crew | | | | |
| "Flight Crewmember 1" w | as pilot flying | □Yes ☑ N | No | | | | | | | | | |
| "Flight Crewmember 1" Id | entification | | | | | | | | | | | |
| First Name: Daniel | | | | | City of Res | idence: C | oon Rapids | | | | | |
| Middle Initial: C | | | | • | State: MN ZIP: <u>55448</u> | | | | | | | |
| Last Name: WHipple | | | | (| Country: | USA | | | | | | |
| Age at time o | f Accident/Incide | ent: <u>70</u> | _ Date of B | | _ | | m/dd/yyyy | | | | | |
| | | С | ertificate Num | ber: | | | | | | | | |
| Degree of Injury | Seat Occup | ied | | Res | straint Ty | pe | | | Inflatable F | Restraints | | |
| O None O Fatal | O Left | O Front | O Unknov | vn | Available | | Used | | | | | |
| O Minor O Unknown O Serious | RightCenter | O Rear O Single | | | O None O None ☑ Not Instal | | | | | | | |
| Pilot Certificate(s) (Check a | | 0 | | | O Lap only O Lap only ☐ Instal ● 3-point ☐ Not I | | | | | | | |
| | == | Commercial | ☐ US Mi | ilitary | O 4-point | t | O 4-point | | Deploy | ed | | |
| ☐ Private ☐ Recrea | ational 🔲 | Airline Transp | ort | | O 5-point O Unkno | | O 5-point O Unknov | vn | ☐ Unknov | vn | | |
| ☐ Student ☐ Sport | | Flight Enginee | er | | Onkilo | WII | O comme | | | | | |
| Principal Occupation | Medical Certific | cate | | Me | dical Cert | ificate Va | lidity | | Date of Las | st Medical | | |
| O Pilot | | Class 3 | | | Without lim | | | nknown | 7/04/004 | • | | |
| Other Unknown | - | Driver's Lice Unknown | ense (Sport Pilot | | With limitat Special Issua | | s ON | T/A | 7/31/201 mm/dd/y | | | |
| Medical Certificate Limita | • | Olikilowii | OWII Souther Issuance | | | | | | | | | |
| None | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Medical Certificate Special | Issuance | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Date of Last Flight Review | | Fligh | t Review Airc | raft | | | | | | | | |
| or Equivalent, Including FAR 121/135 Checks: | 7/7/2020 | Make | : Piper | | | | | | | | | |
| _ | mm/dd/yyyy | Model | l: <u>J-</u> 3 Cub | | | | | | | | | |
| Airplane Rating(s) | Other Aircraf | | | ent Rating(s | = | | | | | | | |
| (Check all that apply) | (Check all that a | apply) | 1 ' | l that apply) | 11 27 | | | | . | | | |
| ☐ None ☐ Single-Engine Land | ☐ None ☐ Airship | | ☐ None ☐ Airpla | ne | | ☐ None ☐ Airplan | e Single-Eng | _ | Instrument Instrument | | | |
| ☑ Single-Engine Sea | Balloon | | ☐ Helico | pter | | ☐ Airplan | e Multi-Engii | ne 🗆 | Helicopter | | | |
| ☐ Multiengine Land☐ Multiengine Sea | ☐ Glider ☐ Gyroplane | | ☐ Power | ed Lift | | ☐ Gyropla | | | Glider Sport | | | |
| | ☐ Helicopter | | | | | | G EIII | _ | - Sport | | | |
| Type Ratings | ☐ Powered Lift | <u> </u> | | | | Student E | Endorsemer | te (Inaluda | datas) | | | |
| Type Kathigs | | | | | | Student E | Ziidoi seillei | its (include | aaies) | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Flight Time (Enter appropria | te All | This Make | Airplane Single | Airplane | | Inst | rument I | | | Lighter | | |
| number of hours in each box) | Aircraft | & Model | Engine | Multiengine | Night | Actual | Simulated | Rotorcraft | Glider | Than Air | | |
| Total Time | 6200 | 45 | 6200 | | 312 | | 330 | | 1 | | | |
| Pilot in Command (PIC) | 5933 5052 | 45 45 | 5933 5052 | | 312 250 | | 330 250 | | | | | |
| Time as Instructor This Make/Model | 3002 | 40 | 3002 | | 250 | - | 40 | | | | | |
| Last 90 Days | 70 | 0 | 70 | | 0 | | 13 | | | | | |
| Last 30 Days | 46 | 0 | 46 | | 0 | - | 0 | | | | | |
| Last 24 Hours | 2 | 0 | 2 | | 0 | | 0 | | | | | |

| "FLIGHT CREWMEMBER 2" INFORMATION | | | | | | | | | | | | |
|---|--------------------------------------|----------------------------|--------------------|---------------------------|---|------------------------|------------|--------|-----------------------|---------------------|------------------------------|----------------------|
| "Flight Crewmember 2" Re | esponsibilities at the Student Pilot | e Time of A OFlight Ins | | ident Check Pil | lot | OFlig | ht Engine | er | OOther F | light Crew | | |
| "Flight Crewmember 2" wa | s pilot flying 🔲 | Yes □1 | No | | | | | | | | | |
| "Flight Crewmember 2" Ide | entification | | | | | | | | | | | |
| First Name: Brian | | | | | City | of Re | sidence: | Can | nbridge | | | |
| Middle Initial: <u>J</u> | | | | | State: MN ZIP: 55008 | | | | | | | |
| Last Name: Baas | | | | | Country: USA | | | | | | | |
| Age at time of | Accident/Incident: | 48 | Date of Bir | rth: | mm/dd/yyyy | | | | | | | |
| | - | | ificate Numb | | | | | | | | | |
| Degree of Injury | Seat Occupied | | | | Restr | aint T | ype | | | | Inflatable Restraints | |
| None | ⊙ Left | OFront | O Unknow | | | vailabl | | 1 | Used | | | |
| O Minor O Unknown O Serious | O Right O Center | ORear OSingle | | | O None O None ☑ Not Installed | | | | | | alled | |
| | | - Single | | | O Lap only □ Installe | | | | | | | |
| Pilot Certificate(s) (Check and □ None □ Flight □ | | nmercial | ☐ US Mil | litary | ⊙ 3-point ○ 3-point □ Not ○ 4-point ○ 4-point □ Dep | | | | | Deploye | | |
| ✓ Private ☐ Recrea | tional | line Transpor | | | | O 5-poi O Unkn | | | O 5-point O Unknow | | □Unknov | /n |
| ☐ Student ☐ Sport | ☐ Flig | ght Engineer | | | • | O Olikii | lOWII | | Olikilow | " | | |
| Principal Occupation | Medical Certificate | <u> </u> | | | Medi | cal Ce | rtificate | Vali | idity | | Date of Las | t Medical |
| O Pilot | O None O CI | | | | ⊙ Wi | thout lir | nitations/ | waiv | ers O Ui | ıknown | 05/4//00/ | • |
| • | | river's Licen nknown | se (Sport Pilot | | _ | th limita ecial Iss | ations/wa: | ivers | O N | 'A | 05/14/201 mm/dd/yy | |
| O Unknown Medical Certificate Limitat | <u> </u> | IIKIIOWII | | | Озр | eciai 188 | uance | | | | | |
| none | ions | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Medical Certificate Special | Issuance | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Date of Last Flight Review | | Flight | Review Airc | raft | | | | | | | | |
| or Equivalent, Including FAR 121/135 Checks: | 06/24/2020 | Make: | Piper | | | | | | | | | |
| | mm/dd/yyyy | Model: | PA-46-350P | | | | | | | | | |
| Airplane Rating(s) | Other Aircraft R | | Instrume | ent Ratir | ng(s) | | Instruc | tor] | Rating(s) | | | |
| (Check all that apply) | (Check all that appl | (y) | (Check all | that apply | v) | | (Check o | | at apply) | _ | | |
| □ None☑ Single-Engine Land | ✓ None ✓ Airship | | ☐ None ☐ Airplar | ne. | | | ☑ None | | Single-Engin | . ⊔ • □ | Instrument A Instrument H | irplane elicopter |
| ☐ Single-Engine Sea | ☐ Balloon | | ☐ Helico | pter | | | ☐ Airp | lane I | Multi-Engine | | Helicopter | cheopter |
| ☐ Multiengine Land☐ Multiengine Sea | ☐ Glider ☐ Gyroplane | | ☐ Powere | ed Lift | | | ☐ Gyro | | | | Glider Sport | |
| | ☐ Helicopter | | | | | | □ 10W | orcu i | Liit | | Sport | |
| True Datings | ☐ Powered Lift | | | | | | Ctudos | 4 E | dorsement | ~ /I . 1 1. | 1 | |
| Type Ratings | | | | | | | Studen | ιEn | aorsement | s (1псииае в | iaies) | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Flight Time (Enter appropria | te All T | his Make | Airplane Single | Airpla | ne | | | Instr | ument | | | Lighter |
| number of hours in each box) | + | & Model | Engine | Multien | gine | Night | | _ | Simulated | Rotorcraft | Glider | Than Air |
| Total Time | 529 | 17.3 | 529 | | | | 3 | 40 | 59 | | | |
| Pilot in Command (PIC) | 480 | 0 | 480 | | | | 0 | 40 | 59 | | | |
| Time as Instructor | 0 | 0 | 0 | | | | 0 | 0 | 0 | | | |
| This Make/Model Last 90 Days | 72 | 17,3 | 72 | | | | 0 | 5.5 | 2,2 | | | |
| Last 30 Days | 13 | 5.3 | 13 | | | | 0 | .3 | 1.5 | | | |
| Last 24 Hours | 2.3 | 2.3 | 2.3 | | | | 0 | 0 | 0 | | | |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information) | | | | | | | | | | |
|--|--|-------------------|----------|------------------------------------|--|---|---|---|--|--|
| Crew Name and Add | ress | | | | | | Seat Occupie | d | Injury | |
| First Name: Middle Initial: Last Name: | | State | :: | | ZIP: | | O Left O Center O Right | O Front O Rear O Single O Unknown | O None O Minor O Serious O Fatal O Unknown | |
| Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air | ☐ Flight Instructor ☐ Recreational ☐ Sport | □ Airli □ Flig | | oort | | hrs | Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Vsed O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown | |
| Crow Name and Add | rass | | | | | | Saat Occupie | Injury | | |
| First Name and Addi First Name: Middle Initial: Last Name: | | State | :: | | ZIP: | | Seat Occupie OLeft OCenter ORight | O Front O Rear O Single O Unknown | O None O Minor O Serious O Fatal O Unknown | |
| Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air | ☐ Flight Instructor ☐ Recreational ☐ Sport | □ Airli □ Flig | | oort | | hrs | Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Vsed O None D Lap Only O 3-point O 4-point O 5-point O Unknown | Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown | |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) | | | | | | | | | | |
| Name and Address | | | | Seat | Injury | Restraint T | уре | Inflatable Restraints | Age | |
| First Name:Middle Initial: Last Name:OCrew | State: | ZIP: | _ | OLeft OCenter ORight OUnknown Row: | O None O Minor O Serious O Fatal O Unknown | Available ONone OLap Only O3-point O4-point O5-point OUnknown | O 3-point O 4-point O 5-point | □ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown | ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown | |
| First Name: Middle Initial: Last Name: OCrew | State: | ZIP: | <u> </u> | OLeft OCenter ORight OUnknown Row: | O None O Minor O Serious O Fatal O Unknown | Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown | □ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown | ☐ Under 5 years | |
| First Name: Middle Initial: Last Name: OCrew | State: | ZIP: | _ | OLeft OCenter ORight OUnknown Row: | O None O Minor O Serious O Fatal O Unknown | Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Not Installed Installed Not Deployed Deployed Unknown | ☐Under 5 years | |
| First Name: Middle Initial: Last Name: O Crew | State: | ZIP: | _ | OLeft OCenter ORight OUnknown Row: | O None O Minor O Serious O Fatal O Unknown | Available ONone OLap Only O3-point O4-point O5-point OUnknown | Used O None O Lap Only O 3-point O 4-point O 5-point | ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown | ☐ Under 5 years | |

| FLIGHT ITINERARY | 'INFORMATIC | N | | | | | | |
|--|-------------------------------|---------------------------|-----------------------------------|-----------------|--------------------------|------------------------|-------------------|------------------------|
| Last Departure Point | Tir | ne of Departure | Destination | on | | Type Fligh | t Plan F | iled |
| Airport ID: KCBG | | 4:20 | Airport ID: | KCBG | | None | | O VFR/IFR |
| City: Cambridge | Tin | _{ne:} 1:30 | City: Cam | bridge | | O Company | | O IFR |
| State: MN | Tin | ne Zone: CST | State: mn | | | O Military | VFK | O Unknown |
| Country: USA | - | | Country: us | sa | | _ | OYes | ONo OUnknown |
| Type of ATC Clearance/S | ervice (Chack all tha | t annly) | country. | | · | | | |
| · · | ☐ Special VFR | | ecial IFR | | ☐ VFR Flight Foll | owing | ☐ Cruis | se |
| | ☐ IFR | | R On Top | | ☐ Traffic Advisory | | _ | nown / NA |
| Airspace where the accide | ent/incident occurre | | | | | | Altitu | de of In-Flight |
| | ☑ Class G | | itary Operations | | Special | | | rence: |
| | ☐ Demo Area ☐ Warning Area | | port Advisory A: Training Area | rea | ☐ Air Traffic Cont | rol Area | | ft msl |
| ☐ Class D | ☐ Prohibited Area | ☐ TR | | | Chikhowh | | | It msi |
| ☑ Class E | Restricted Area | ☐ FA1 | R 93 | | | | | |
| WEATHER INFORM | NATION AT TH | E ACCIDEN ⁻ | T/INCIDEN | T SITE | | | | |
| Source of Pilot Weather I | nformation | - | | Weather Ob | servation Facility | 7 | | |
| (Check all that apply) | - | | | Facility ID: KC | BG | | | |
| ☐ National Weather Service☐ Flight Service Station | □ Coi □ Mil | | | Observation Ti | me: 3:30 | | | |
| TV/Radio | ☐ Inte | • | | Time Zone: C | ST | | <u>_</u> | |
| ☑ Automated Report | □No | | | | Accident Site: 0 | | nm | |
| ☐ Commercial Weather Servi☐ On-Board Weather | ce (DUATS) | known | | | Accident Site: 34 | | | s true |
| Basic Conditions | | Light Conditi | ion | Birection from | recident Site | | _ degrees | - Iruc |
| O VMC | | ODawn | O Dusk | O Dark | Night OUr | nknown | | |
| OIMC | | ⊙ Day | ONight | | nt Night | | | |
| O Unknown | | | | | | | | |
| Sky/Lowest Cloud Condit | ion | Ceiling | | | Temperature: | | (C) or _ | 80 <u>(</u> F) |
| O Clear | O Thin Broken O Thin Overcast | O None (Clear) | | Obscured | | | | |
| Few Partial Obscuration | O Overcast | _ | Indefinite Unknown | Dew Point: _ | (C |) or _ | (F) | |
| O Scattered | O Unknown | Overcast | O | Clikilowii | Altimeter Sett | | | |
| Lowest Cloud Condition | Height | Ceiling Heigh | t | | i | or | ME | i |
| 3000 | ft agl | 3000 | | ft agl | | | | |
| Wind Direction | Wind Speed | | Wind Gusts | | Visibility | 10 | | |
| | _ | | | | | 10 | | |
| ☐ Variable | ☐ Calm ☐ Light and Var | iable | ✓ Not Gustir | 1g | RVR | .: | feet | |
| -or- | -or- | | -or- | | RVV | ': | miles | |
| Direction: 250 degrees tru | ie Speed: 5 | kts | Speed: | kts | Density Altitu | de: | | _ ft |
| Intensity of Precipitation | Type of Precipi | tation (Check all t | that apply) | | Restriction to | Visibility (C | heck all t | hat apply) |
| O Light | ✓ None | □ Drizzle | ☐ Freezin | g Rain | ✓ None | □ I | | |
| O Moderate | Rain | Ice Pellets | ☐ Snow S | | ☐ Blowing Du☐ Blowing Sa | | Ground Fo Haze | og |
| O Heavy O N/A | □ Snow □ Hail | ☐ Snow Pellet☐ Snow Grain | | | ☐ Blowing Sa | | ce Fog | |
| OUnknown | Rain Showers | ☐ Ice Crystals | | g Dilezie | ☐ Blowing Sp | oray 🔲 S | Smoke | |
| | | | | | ☐ Dust | D (| Jnknown | |
| Icing Forecast | | Icing Actual | | | Turbulence | | | |
| Amount Type | | Amount | Type | | Type (Check a ☑ None | ll that apply) | | verity Light |
| NoneNoneRime | | O None O Trace | O N/A O Rime | | Clear Air | | | Moderate |
| O Light O Clear | | O Light | O Clear | | ☐ Terrain-Indi | | | Severe |
| O Moderate O Mixe | | O Moderate | O Mixe | | ☐Convective | Turbulence | | Extreme |
| O Severe O Unkn O Unknown | own | O Severe O Unknown | O Unkr | iown | | | | |
| | AIDATES ~~~ | | | 41 41 O - | 1 | 1 , | | |
| NOTAMs (D and FDC) | | | | | ie accident/inci | dent: | | |
| two related to instrument | approach for runw | ay 54, one for N | טטו סעו סעו Se | i vice. | | | | |
| | | | | | | | | |
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| | | | | | | | | |

| DAMAGE | TO AIRCRAFT A | ND OTHER PRO | DPERTY | | |
|-------------------|---|-----------------------|---|--------------------------|---|
| Aircraft Dama | | Aircraft Fire | | Aircraft Explosion | |
| O None O Minor | SubstantialDestroyed | None In-Flight | O Both Ground and In-Flight O Fire at Unknown Time | None In-Flight | O Both Ground and In-Flight O Explosion at Unknown Time |
| Villioi | O Unknown | O On-Ground | O Unknown | O On-Ground | O Unknown |
| Description of | f Damage to Aircraft a | nd Other Property | | | |
| - | _ | | al stabilizer bent over, cowl bent, | flans and ailerons da | amaged. Windscreen |
| scratched. | mor damaged, ming of | and windou, rorder | ar stabilizer bent ever, cent bent, | napo ana anorono ac | amagear vimaeereen |
| | | | | | |
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| | | | | | |
| | HISTORY OF FLIC | | | 2 11 2 11 | - " |
| | | | g circumstances leading to and naturate if needed. State departure time and | | |
| | rovide as much detail as | | is it needed. State departure time and | r and rocation, services | s obtained, and intended |
| We departed | KCBG at approximate | elv 1:30p,m after dis | cussing tailwheel flying, and pract | ticing taxiing technic | ues from low to high speed. |
| After takeoff, | we headed for KJMR | to practice landings | on a grass strip. After about 6 รเ | uccessful 3-point land | dings to a full stop, and a go- |
| | | | dditional landings on grass. Here | | |
| | | | rn to KCBG to finish the day on pading was successful, so we taxied | | |
| | | | s when we lost control, and swerv | | |
| | | | was approximately 3:50p.m. | | |
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| RECOMMENDATION (How | could this | accident/incident ha | ive been pre | vented?) | | | |
|---|--------------|--|----------------------|------------|--------------------|---|------------------------------|
| Operator/Owner Safety Recomm | endation | | | | | | |
| In hindsight, I would have liked prevented with a simple go-ard concern about maintaining cor | ound. As a | rule of thumb, a go | | | | | |
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| MEGULANICAL MALEUN | IOTION | AULIDE | | | | | |
| MECHANICAL MALFUN | | | e space is n | eeded, co | ntinue on separ | rate sheet) | Tm + 1 m; (G) |
| Was there Mechanical Malfund (If yes, list the name of the part, man | | | scribe the failu | re.) | | | Total Time/Cycles On Part |
| | | | | | | | Hours |
| | | | | | | | Cycles |
| | | | | | | | Time Since This Part |
| | | | | | | | Inspected/Overhauled |
| | | | | | | | Hours |
| FUEL 9 CEDVICES INF | ODMATI | ON. | | | | | |
| FUEL & SERVICES INF Fuel on Board at Last Takeoff | ORMATI | | | | | | |
| (Convert from pounds, as necessary) | | Fuel Type O 80/87 | O 115/145 | | O Jet B | O Other, specify | |
| 20-25 | Gallons | 100 Low Lead100/130 | O Jet A O Jet A-1 | | O JP8 O Automotive | | |
| Other Services, if Any, Prior to | Departure | | | | | | |
| | | | | | | | |
| | | | | | | | |
| EVACUATION OF AIRC | RAFT | | | | | | |
| Was an emergency evacuation | | | | ☑ No | | | |
| Method of Exit – Describe how released safety harnesses, ar | - | | any occupants | s evacuate | ed each location | | |
| released safety harnesses, at | ia rollea oa | the door. | | | | | |
| | | | | | | | |
| OTHER AIRCRAFT - C | OLLISIO | (If air or ground | collision occ | urred. co | mplete this sect | tion for <i>other</i> aircraf | ft) |
| Aircraft Registration Number | | irer: | | | | ъ | nage to Other Aircraft |
| | | | | | | | Destroyed |
| Registered Owner of Other Air | | | | | Other Aircraft | <u> </u> | |
| Name: | | | | | | | |
| City: ZIP: | | | | City: | | 7ID· | |
| Country: | | | | | | _ZIP; | |

| ADDITIONAL INFORMATION (Please type or print in ink) | | | | | | | | | | |
|--|--------------|--|-----------------------------------|----------------------|--|--|--|--|--|--|
| Use this space if addi | tional space | is needed for any answers. | | | | | | | | |
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| I HEREBY CERTIF | Y THAT TH | HE ABOVE INFORMATION IS COMPLI | ETE AND ACCURATE TO THE BEST OF I | MY KNOWLEDGE | | | | | | |
| Date of this Report | Name of | Pilot/Operator: Brian Baas | | | | | | | | |
| 8/6/2020 | Signature | e: | | | | | | | | |
| mm/dd/yyyy | - | ✓ Check here to electronically sign this | | | | | | | | |
| If a Person Other the | | erator is Filing Report | | | | | | | | |
| | _ | erator is rining Report | Title. | | | | | | | |
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| | | o electronically sign this document | | | | | | | | |
| or 🔟 C | neck here I(| | | | | | | | | |
| | | FOR NTSB | | | | | | | | |
| NTSB Accident/Incid | dent No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received | | | | | | |
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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 | | | | | | | | | | | | | |
|---------------------------------------|--|---------------------------------|---------------------|-----------|---------------------------------|--------------------------|--|------------------------|---------------------|--------------------------|----------------------------|----------------------|--------------------|
| Accide | nt/Incident Loc | ation | | | | | Acc | cident/Incid | lent Date/7 | Time | | | |
| Nearest | City/Place: Cam | bridge | | | _ State: <u>N</u> | <u>/In</u> | Date | e: <u>07/2</u> | 21/2020 | Lo | cal Time: | 1355 | |
| ZIP: <u>55</u> | 5008C | Country: US | A | | | | | | d/yyyy | | | | |
| Latitude | 45.56 Degree | es N_ | Longitude: 93.2 | 6 Degree | es W | | | | | Tu | me Zone: _ | <u>JD1</u> | |
| | (Enter in decima | l degrees or a | legrees:minutes:sec | conds) | | | Col | llision with | Other Air | eraft: C |) Midair | OOn-groun | d O None |
| AIRC | RAFT INFO | RMATIO | N | | | | | | | | | | |
| Registr | ation Number: | N2943C | | | | | | ☐ IFR-Equip | - | | | | |
| Manuf | acturer: Cessr | na | | | | | ☐ Commercial Space Flight ☐ Unmanned Aircraft | | | | | | |
| Model: | C 180 | | | | | | Ma | aximum Gr | oss Weigh | t: <u>2850</u> | | lbs | |
| Serial I | Number: <u>3084</u> 3 | 3 | | | | | W | eight at Tin | ne of Accid | ent/Inci | dent: <u>260</u> | 00 | _lbs |
| Year of | Manufacture: | 1954 | | | | | Nu | ımber of Se | ats: 4 | | Flight Cre | w Seats: 1 | |
| Amate | | | | ke: | ce: Cabin Crew Seats: Passenger | | | | | | | | |
| | ⊙ No | | Original Design | | - | | Nu | ımber of Eı | ngines: 1 | | | | |
| _ | ry of Aircraft | | irworthiness Ce | rtificate | | Landing Ge | | 1 \ | | _ | Type (Se | | 15 1 . |
| AirplBallo | | (Check all t | * * * * * | | | (Check all tha | | <i>ply)</i> actable | | O Reci | procating | OLıquı OSolid | d Rocket Rocket |
| OBlim | OBlimp/Dirigible Normal Restricted | | | | | ☐Tricycle | rcui | | ailwheel | O Turb | | O Hybri | id Rocket |
| OGlide OGyro | | ☐ Aerob ☐ Balloo | | | | | | | | O Turb | | ONone OUnkn | |
| O Helio | | Comm | | | | ☐ Amphibia ☐ Emergenc | | | ligh Skid kid | O Turb O Elect | | OUNKI | own |
| OPowe | | ☐ Transp | | | | □Float | □Ski | | | | | | |
| ORock OUltra | | ☐ Utility | ☐ Special ☐ Experi | | | ☐Hull | | □S | ki/Wheel | Fuel Sy | stem Type | (Reciprocativ | ıg) |
| O Unkr | | □Certificate | of Authorization | _ | · · I | ☐ Other Lau | ınch/ | Recovery Sy: | stem | ⊙ Carb | uretor | O Fuel- | Injected |
| | | None | | Unknown | (0011) | ■ None | | | Inknown | | | | |
| | | | Engine | | Monufe | acturer's | | Date | Rated Pow Horsen | | Total Time | Time Inspection | |
| Engine | Engine Manufa | cturer | Model/Series | | | Number | | of Mfg. mm/dd/yyyy | O lbs of | | (hours) | (hours) | (hours) |
| Eng. 1 | Continental | | 0-470K | | 48427 | | | | 230 | | UNKN | 20 | 277 |
| Eng. 2 | | | | | | | | | | | | | |
| Eng. 3 | | | | | | | \dashv | | | _ | | | |
| Eng. 4 | | | | Propell | or 1 | OFixed P | itch | | Prope | llor 2 | | Fixed Pitch | |
| _ | spection Type | | | Tropen | CI 1 | ●Control | lable | | ттор | inci 2 | Ö | Controllable I | |
| O100-H Oaaip | our OCont | inuous Airwo litional Inspec | orthiness | | | OGround 4 - O - J | Adjı | ustable | | 0 | _ | Ground Adjus | |
| ⊙ Annu | | | Zuon | | | /IcCauley | | | | ·- | | | |
| Date L | ast Inspection: | 10/01/2 | 019 | | 2A34C6 | | | | Mode | | • | <i>~</i> | |
| | | mm/dd/yy | vy | | stalled: | • Yes • O | No | | Additio | | ipment (| Check all that | (apply) |
| | ne Total Time: | | hrs | If Yes: | nufactur | er: <u>UNKOWN</u> | N. | | | rame Para | chute | | |
| | rs measured at (Sa) ast Inspection | / | ccident/Incident | | Part No | | | | ☐ Ang | | ck Indicato | r | |
| | | | | TSO No. | | (121.5 MHz) C |) C91 | la (121.5 MH | | opnoi a Recorde: | r | | |
| O Annu | f Maintenance I | rogram (Se | riect one) | | O C126 | (406 MHz) | | | | | | Handheld De | vice |
| | itional (Amateur-t | ouilt only) | | | | unted in aircra | | | | tronic Mu etronic Pri | ıltifunction mary Fligh | Display t Display | |
| | O Manufacturer's Inspection Program | | | | | nected to anter? OYes On | | Yes ONG | | dheld GP | | c 2 isping | |
| | r Approved Inspec inuous Airworthin | | If active | | | | | | ds Up Dis | | | | |
| | Continuous i in volumess | | | | | ocating Aircra | ft: (| OYes ⊙ No | | oard Wea llite Track | tner cing Device | ÷ | |
| | otion of Fire Ex | tinguishing | System | | ctivated: | | ☐Stall Warning System | | | | | | |
| O Non | | | | Indicate | Reason: | ☐ Impact Dar | | | | | | | |
| O spec | шу. | | | | | ☐ Fire Damaş | Damage 'y Expired/Damaged | | | | | | |
| | | | | | | Unknown | | | | | | | |

| OWNER/OPERATOR INFORMA | ATION | | | | | |
|---|--|--|--|--|--|--|
| Registered Aircraft Owner | | City: Cambridge | | | | |
| Name: Brian James Baas | | State: Mn ZIP: 55008 | | | | |
| Fractional Ownership Aircraft: O Yes O | No | Country: USA | | | | |
| Operator of Aircraft ☑ Same As Re | gistered Owner | ☐ Same Address as Registered Owner | | | | |
| Name: | | City: | | | | |
| Doing Business As: | | State: ZIP: | | | | |
| Air Carrier/Operator Designator (4 Characte | er Code): | Country: | | | | |
| Operating Certificates Held (Check all that apply) | Regulation Flight Conducted Un | Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) | | | | |
| ☐ 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) | OFAR 91 OFAR 129 OFAR 105 OFAR 103 OFAR 133 OFAR 105 OFAR 121 OFAR 135 OFAR 125 OFAR 137 OFAR | 431 Non-Scheduled or Air Taxi International | | | | |
| □ 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 | O Non-US, Non-commercial O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown | 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 O Executive/Corporate O Positioning O Control of Control o | | | | |
| Revenue Sightseeing Flight | Air Medical Flight | O External Load O Skydiving O Ferry | | | | |
| O Yes O No | O Yes O No | | | | | |
| AIRPORT INFORMATION (Fill in | if accident/incident occurred on app | proach, landing, takeoff, departure, or within 3 miles of an airport) | | | | |
| Airport Name: Cambridge Municipal Airport Identifier: KCBG Proximity to Airport: O Off Airport/Airstri | p ② On Airport/Airstrip O N/A | Distance From Airport Center: 0 _sm Direction From Airport: On The Runway degrees true Airport Elevation: 945 ft. msl | | | | |
| Runway Information | | Condition of Runway/Landing Surface (Check all that apply) | | | | |
| Runway ID: 34 (L/R/C) Length: | | ☑ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft | | | | |
| ☐ Dirt ☐ Ice ☐ Snow | _ | Slush-Covered Vegetation Unknown | | | | |
| Approach/Departure Segment (Select one) | √ □ Unknown | | | | | |
| | Unknown OOn Instrument Ap | □Slush-Covered □ Vegetation □ Unknown | | | | |
| Approach/Departure Segment (Select one) OTaxi OTakeoff OTR Departure Proc | Unknown OOn Instrument Ap | proach ODownwind OLow Approach OBase OF inal OAborted Landing (after touchdown) | | | | |
| Approach/Departure Segment (Select one) OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb | Unknown OOn Instrument Ap | proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown | | | | |
| Approach/Departure Segment (Select one) OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb IFR Approach (Check all that apply) | Unknown OOn Instrument Ap | proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown VFR Approach (Check all that apply) | | | | |

| "FLIGHT CREWMEN | MBER 1" INF | ORMATI | ON | | | | | | | | | | |
|--|---------------------------|--------------------|----------|--------------------|-------------------|--|-----------------|---------------|------------------------------|--------------|--------------------------|------------|--|
| "Flight Crewmember 1" R O Pilot O Co-Pilot | O Student Pilot | | | | cident Check I | Pilot | O Fligl | nt Engineer | O Other | Flight Crew | | | |
| "Flight Crewmember 1" w | as pilot flying | □Yes ☑ 1 | No | | | | | | | | | | |
| "Flight Crewmember 1" Io | lentification | | | | | | | | | | | | |
| First Name: Daniel | | | | | | City of Residence: Coon Rapids | | | | | | | |
| Middle Initial: C | - | | | | | State: Minnesota ZIP: 55448 | | | | | | | |
| Last Name: Whipple | | | | | | C | ountry: | USA | | | | | |
| Age at time of | of Accident/Incide | ent: <u>70</u> | _ [| Date of B | irth: | | | <i>m</i> | m/dd/yyyy | | | | |
| | | C | Certific | ate Num | ıber: | | | | | | | | |
| Degree of Injury | Seat Occup | | | | | Rest | raint Ty | уре | | | Inflatable F | Restraints | |
| None | O Left | O Front | |) Unknov | wn | | Availabl | e e | Used | | | | |
| O Minor O Unknown O Serious | Right Center | O Rear O Single | | | | O None O None Not Insta | | | | | | | |
| Pilot Certificate(s) (Check of | | O Single | | | | - | O Lap o O 3-poi | | OLap onl O3-point | у | ☐ Installed ☐ Not Dep | | |
| | | Commercial | | □ US M: | ilitary | | O 4-poir | | O 4-point | | Deploye | ed | |
| ☐ Private ☐ Recre | | Airline Transp | | ☐ Foreig | | | O 5-poir | | O 5-point O Unknov | vn | ☐ Unknov | vn | |
| ☐ Student ☐ Sport | | Flight Engine | er | | | | O Unkn | own | Ouknov | VII | | | |
| Principal Occupation | Medical Certifi | cate | | | | Med | lical Cer | tificate Va | ılidity | | Date of Las | t Medical | |
| O Pilot | | Class 3 | | | | | | nitations/wai | • | nknown | | | |
| • Other | O Class 1 | Driver's Lic | ense (S | port Pilot | only) | | | tions/waiver | | | 07/31/20 mm/dd/yy | | |
| O Unknown | |) Unknown | | | | OSI | pecial Issi | ıance | | | mm/aa/y) | <i>'yy</i> | |
| Medical Certificate Limita | tions | | | | | | | | | | | | |
| None | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Medical Certificate Specia | l Issuance | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Date of Last Flight Review | r | Fligh | ıt Revi | iew Airc | raft | | | | | | | | |
| or Equivalent, Including | | | : Pipe | | | | | | | | | | |
| FAR 121/135 Checks: _ | 07/07/2020 mm/dd/yyyy | | | Cub-85 | HP | | | | | | | | |
| Airplane Rating(s) | Other Aircra | | | | | ing(e) | | Instructo | r Pating(s) | | | | |
| (Check all that apply) | (Check all that | | I | Check al | | ating(s) Instructor Rating(s) (Check all that apply) | | | | | | | |
| □ None | ✓ None | | | □ None | | . • / | | ☐ None | 11.07 | | Instrument . | | |
| ✓ Single-Engine Land✓ Single-Engine Sea | ☐ Airship ☐ Balloon | | | ☑ Airpla ☐ Helico | | | | | e Single-Eng e Multi-Engi | | Instrument la Helicopter | Helicopter | |
| ☐ Multiengine Land | ☐ Glider | | | ☐ Power | | | | Gyropl | | | Glider | | |
| ☐ Multiengine Sea | Gyroplane | | | | | | | ☐ Powere | d Lift | | Sport | | |
| | ☐ Helicopter☐ Powered Lif | t | | | | | | | | | | | |
| Type Ratings | | | | | | | | Student 1 | Endorseme | its (Include | dates) | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | I Air | rplane | 1 | | | - | | 1 | | | |
| Flight Time (Enter appropria | 1 | This Make | Si | ingle | Airpl | | | | rument | | | Lighter | |
| number of hours in each box) | Aircraft | & Model | Eı | ngine | Multie | | Night | Actual | Simulated | Rotorcraft | Glider | Than Air | |
| Total Time Pilot in Command (PIC) | 6,200 5,933 | 45 45 | | 6,200 5,933 | | 0 | 31: 31: | | 330 | 0 | 1 0 | 0 | |
| Pilot in Command (PIC) Time as Instructor | 5,933 | 45 | | 5,933 | | 0 | 25 | _ | 250 | 0 | 0 | 0 | |
| This Make/Model | 3,032 | 40 | | 0,002 | | 0 | | 0 5 | 40 | 0 | | | |
| Last 90 Days | 70 | 0 | | 70 | | 0 | | 0 2 | 13 | 0 | 0 | 0 | |
| Last 30 Days | 46 | 0 | + | 46 | | 0 | | 0 0 | 0 | 0 | | 0 | |
| | | | ĺ | 2 | | 0 | | 0 0 | 0 | 0 | . | 0 | |

| "FLIGHT CREWMEMBER 2" INFORMATION | | | | | | | | | | |
|---|----------------------------------|-------------------------|----------------------|------------|------------------------|-----------------------------|------------------------|----------------|----------------------|-------------|
| "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew | | | | | | | | | | |
| "Flight Crewmember 2" v | was pilot flying 🔲 🗅 | Yes □N | 0 | | | | | | | |
| "Flight Crewmember 2" Identification | | | | | | | | | | |
| First Name: | | | | (| City of Re | esidence: | | | | |
| Middle Initial: | <u>-</u> | | | | State: | | Z | IP: | | |
| Last Name: | | | | | | | | | | |
| | of Accident/Incident: | | | | | | | | | |
| S | | | ficate Numbe | | | | | | | |
| Degree of Injury | Seat Occupied | | | | estraint T | ype | | I | nflatable R | estraints |
| O None O Fatal | O Left | OFront | O Unknown | • | Available Used | | | | | |
| O Minor O Unknown O Serious | | ORear OSingle | | | O None | | O None | | ☐ Not Inst | alled |
| | | Osingle | | | O Lap | | O Lap only | 7 | ☐ Installed | |
| Pilot Certificate(s) (Check ☐ None ☐ Fligh | all that apply) nt Instructor | manaia! | ☐ US Mili | tom | O 3-po O 4-po | | O 3-point O 4-point | | ☐ Not Dep ☐ Deploye | |
| ☐ Private ☐ Recr | | merciai ne Transport | | tary | O 5 - po | int | O 5-point | | □Unknown | |
| ☐ Student ☐ Spor | t ☐ Fligh | nt Engineer | | | O Unki | nown | O Unknow | 'n | | |
| Principal Occupation | Medical Certificate | | | м | adical Ca | ertificate Va | lidity | 1 | Date of Las | t Medical |
| O Pilot | O None O Cla | | | | | mitations/waiv | - | nknown | Date of Lus | t ivicultui |
| O Other | O Class 1 O Dri | iver's Licenso | e (Sport Pilot o | nly) Ö | With limit | ations/waivers | | | | |
| O Unknown | O Class 2 O Uni | known | | 0 | Special Iss | suance | | | mm/dd/yy | yy |
| Medical Certificate Limit | ations | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Medical Certificate Specia | al Issuanca | | | | | | | | | |
| Medical Certificate Specia | ai issuance | | | | | | | | | |
| | | | | | | | | | | |
| Date of Last Flight Review | X / | Flight D | Review Aircr | o ft | | | | | | |
| or Equivalent, Including | 'Y | _ | | | | | | | | |
| FAR 121/135 Checks: | (11/ | - 1 | | | | | | | | |
| 1: 1 D (: () | mm/dd/yyyy Other Aircraft Ra | Model: _ | | . D. / . | | T | D (1 () | | | |
| Airplane Rating(s) (Check all that apply) | (Check all that apply | 017 | (Check all t | _ | (s) | Instructor (Check all th | 0 . , | | | |
| □ None | □ None | , | None | ни ирріу) | | □ None | ш ирріу) | | Instrument A | irplane |
| ☐ Single-Engine Land | ☐ Airship | | ☐ Airplane | | | ☐ Airplane | | e 🗆 | Instrument H | |
| ☐ Single-Engine Sea☐ Multiengine Land | ☐ Balloon ☐ Glider | | ☐ Helicopt ☐ Powered | | | ☐ Airplane ☐ Gyroplan | | | Helicopter Glider | |
| ☐ Multiengine Sea | ☐ Gyroplane | | | a Liit | | ☐ Powered | | | Sport | |
| | ☐ Helicopter☐ Powered Lift | | | | | | | | | |
| Type Ratings | 1 oweled Lift | | | | | Student Er | ıdorsement | s (Include de | ates) | |
| 1) pe i i i i i i i i i i i i i i i i i i | | | | | | 20000000 | | .5 (1770777700 | | |
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| | | T | | | | | | | | |
| Flight Time (Enter appropr | iate All Th | nis Make | Airplane Single | Airplane | | Inst | rument I | | | Lighter |
| number of hours in each box) | | Model | Engine | Multiengin | | t Actual | Simulated | Rotorcraft | Glider | Than Air |
| Total Time | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days Last 24 Hours | | | | | | | | | | |
| Lust 27 110uis | | | | | | | l | | 1 | |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information) | | | | | | | | | |
|---|--------------------|---------|----------|--|--|---|--|---|--|
| Crew Name and Add | ress | | | | | | Seat Occupie | d | Injury |
| Middle Initial: | City of Residence: | | | | | O Left O Front O Center O Rear O Right O Single O Unknown | | O None O Minor O Serious O Fatal O Unknown | |
| | | | | | E I | | | Vsed O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown |
| Curry Name and Add | | | | | | | Seed Occurred | | Inium |
| First Name and Addi First Name: Middle Initial: Last Name: | | State | :: | | ZIP: | | Seat Occupie OLeft OCenter ORight | O Front O Rear O Single O Unknown | O None O Minor O Serious O Fatal O Unknown |
| Pilot Certificate(s) (Check all that apply) None | | | | | hrs | Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Vsed None Lap Only 3-point 4-point 5-point Unknown | Inflatable Restraints Not Installed Installed Deployed Unknown | |
| PASSENGER(S) / | OTHER PERSO | NNEL (I | nclude c | abin crew; c | ontinue on s | eparate shee | t if necessary) | · | |
| Name and Address | | | | Seat | Injury | Restraint T | уре | Inflatable Restraints | Age |
| First Name: Middle Initial: Last Name: OCrew | State: | ZIP: | | OLeft OCenter ORight OUnknown Row: | O None O Minor O Serious O Fatal O Unknown | Available ONone OLap Only O3-point O4-point O5-point OUnknown | O 3-point O 4-point O 5-point | □ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown | ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown |
| First Name: Middle Initial: Last Name: OCrew | State: | ZIP: | | OLeft OCenter ORight OUnknown Row: | O None O Minor O Serious O Fatal O Unknown | Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown | □ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown | ☐ Under 5 years |
| First Name: Middle Initial: Last Name: OCrew | State: | ZIP: | | OLeft OCenter ORight OUnknown Row: | O None O Minor O Serious O Fatal O Unknown | Available ONone OLap Only O3-point O4-point O5-point OUnknown | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Not Installed Installed Not Deployed Deployed Unknown | ☐Under 5 years |
| First Name: Middle Initial: Last Name: OCrew | State: | ZIP: | | OLeft OCenter ORight OUnknown Row: | O None O Minor O Serious O Fatal O Unknown | Available ONone OLap Only O3-point O4-point O5-point OUnknown | Used O None O Lap Only O 3-point O 4-point O 5-point | □ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown | ☐ Under 5 years |

| FLIGHT ITINERARY INFORMATION | | | | | | | |
|---|-------------------------------------|---------------------------------------|----------------------------------|-----------------|----------------------------------|------------------------|-----------------------|
| Last Departure Point | Tim | e of Departure | Destination | on | | Type Fligh | nt Plan Filed |
| Airport ID: KCBG | | 4000 | Airport ID: | KCBG | | None | O VFR/IFR |
| City: Cambridge | Time | e: <u>1330</u> | City: Can | nbridge | | O Company | |
| State: Minnesota | Time | e Zone: CDT | State: Min | | | O Military 'O VFR | VFR O Unknown |
| Country: USA | | · · · · · · · · · · · · · · · · · · · | Country: L | | | Activated? | OYes ONo OUnknown |
| Type of ATC Clearance/Se | rvice (Check all that | annhy) | country. | | - | <u> </u> | |
| * * | Special VFR | | ecial IFR | | ☐ VFR Flight Foll | owing | ☐ Cruise |
| |] IFR | | R On Top | | ☐ Traffic Advisory | | ☐ Unknown / NA |
| Airspace where the acciden | t/incident occurred | d (Check all that | apply) | | | | Altitude of In-Flight |
| | Class G | | itary Operations | | Special | | Occurrence: |
| | ☐Demo Area ☐Warning Area | | port Advisory A Training Area | rea | ☐ Air Traffic Contr ☐ Unknown | rol Area | ft msl |
| | ☐ Warning Area ☐ Prohibited Area | ☐ TR | | | □ Clikilowii | | 1t 11151 |
| | Restricted Area | ☐ FA | | | | | |
| WEATHER INFORMA | ATION AT THE | ACCIDEN | T/INCIDEN | IT SITE | | | |
| Source of Pilot Weather In | formation | - | | Weather Obs | servation Facility | | |
| (Check all that apply) | _ | | | Facility ID: K | CBG | | |
| □ National Weather Service☑ Flight Service Station | □ Com □ Mili | | | Observation Tir | | | |
| TV/Radio | ☐ Inter | | | Time Zone: C | | | |
| Automated Report | ☐ Non | e | | | Accident Site: 0 | | |
| Commercial Weather Service | e (DUATS) 🔲 Unk | nown | | | · | | |
| On-Board Weather | | True III | | Direction from | Accident Site: On | Airport | degrees true |
| Basic Conditions | | Light Condit | | O D4- | NII-lia OII- | .1 | |
| OVMC OIMC | | ODawn ODay | ODusk ONight | ODark OBrigh | - | nknown | |
| OUnknown | | J Duy | Onight | O Brigi | it i vigitt | | |
| Sky/Lowest Cloud Condition | on | Ceiling | | | Temperature: | | (C) or 80 (F) |
| | ⊙ Thin Broken | O None (Clear) |) 0 | Obscured | | | |
| _ | O Thin Overcast | O Broken | _ | Indefinite | Dew Point: | (C | C) or <u>50</u> (F) |
| O Partial Obscuration O Scattered | O Unknown | O Overcast | O | Unknown | Altimeter Sett | ing: | in. Hg |
| Lowest Cloud Condition H | [eight | Ceiling Heigh | ıt. | | | or | MB |
| 3000 | · . | 3000 | | ft agl | | | |
| | | | ı | | | | |
| Wind Direction | Wind Speed | | Wind Gusts | ; | Visibility | 10 | miles |
| ☐ Variable | ☐ Calm | | ✓ Not Gustin | ng | RVR | | feet |
| -or- | Light and Varia | able | -or- | | | 7: | |
| Direction: 250 degrees true | _ | kts | Speed: | kts | Density Altitu | · · | ft |
| Intensity of Precipitation | Type of Precipit | ation (Check all) | that apply) | | * | | Check all that apply) |
| OLight | ☑ None | Drizzle | ☐ Freezin | g Rain | ✓ None | , 13131111, (e | 11 07 |
| O Moderate | Rain | ☐ Ice Pellets | ☐ Snow S | hower | ☐ Blowing Du | ust 🔲 C | Ground Fog |
| OHeavy | ☐ Snow | Snow Pelle | | | ☐ Blowing Sa | | Haze |
| ● N/A ● Unknown | ☐ Hail ☐ Rain Showers | ☐ Snow Grain☐ Ice Crystals | | ig Drizzle | ☐ Blowing Sn☐ Blowing Sp | | ce Fog Smoke |
| Ounknown | ☐ Rain Snowers | ice Crystais | ; | | □ Dust | | Jnknown |
| Icing Forecast | | Icing Actual | | | Turbulence | | - |
| Amount Type | | Amount | Type | | Type (Check a | ll that apply) | Severity |
| O None O N/A | | O None O Trace | O N/A | | ☑ None ☐ Clear Air | | ☐Light ☐Moderate |
| O Trace O Rime O Light O Clear | | O Trace O Light | O Rime O Clear | | Terrain-Indu | uced | Severe |
| O Moderate O Mixed | | O Moderate | O Mixe | ed | Convective | | □Extreme |
| O Severe O Unknow | wn | O Severe | O Unkr | nown | | | |
| O Unknown | | O Unknown | | | <u> </u> | | |
| NOTAMs (D and FDC), | AIRMETs, SIGN | METs, PIREP | s in effect at | the time of th | e accident/inci | dent: | |
| None | | | | | | | |
| | | | | | | | |
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| DAMAGE | TO AIRCRAFT AI | ND OTHER PRO | OPERTY | | |
|-----------------|---|--------------------------------|---|--|---|
| Aircraft Dam | _ | Aircraft Fire | | Aircraft Explosion | |
| O None | SubstantialDestroyed | None In Eliabet | O Both Ground and In-Flight O Fire at Unknown Time | NoneIn-Flight | O Both Ground and In-Flight O Explosion at Unknown Time |
| O Minor | O Unknown | O In-Flight O On-Ground | O Unknown | O On-Ground | O Unknown |
| Description of | | nd Other Property | (Use additional sheet if necessary) | | |
| Aircraft receiv | ved substantial damac | ue to the propeller ϵ | engine(prop strike), nose cowling, | engine mounts fire | wall_vertical_stabilizer_rudder_ |
| skin on top of | | o to the property o | mg.me(prop etime), need eetimig, | ongino mounto, mo | ran, vernear etabilizer, radaer, |
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| NADDATIV | | OUT | | | |
| | E HISTORY OF FLIC | | • | 0 11 1/1 11 | . D. H |
| | | | g circumstances leading to and naturets if needed. State departure time and | | |
| | rovide as much detail as | | ts if freeded. State departure time and | and location, services | s obtained, and intended |
| | | | | | |
| | | | and needed to obtain a tail wheel e out 1300 CDT, July 21, 2020 with: | | |
| | | | About 1330 CDT, July 21, 2020 Will s | | |
| taxi, and high | ı-speed taxi until he co | ould control the aircr | raft's directional stability satisfacto | orily. As he learned t | to control the aircraft on the |
| | | | ase. We departed KCBG and flew | | |
| | | | re we continued with about 7 more way. He did both 3 point and whe | | |
| | | | way. He did both 3 point and whe ce runway for two more takeoffs ai | | |
| | | | nore before taking a break. On th | | |
| corrected for | the bounce but lost co | ontrol on the second | d bounce and ground looped the a | | |
| | | | re no injuries involved. | | • |
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| RECOMMENDATION (How | could this | accident/incident ha | ve been pre | vented?) | | | | |
|---|--|---|--|---|--|---|---|--------------|
| Operator/Owner Safety Recomm | endation | | | | | | | |
| The accident happened during training and about 16 takeoffs would have been more comfor Of the three different airports hard surface runway for learni our first day of training and the day. We were landing for the secontake a break and continue our pilot who is new to tail wheel finave been flight instructing for | and landing table preformed practice and tail where at the training and lying. We see and land time at the training and lying. We see a see and land land land land land land land | gs. We had done our only a go-around of at, the first two all operation. In hind ave performed the late home airport with other day. 16 taked whould have taken a | only one goduring a lar llowed us to disight, we standing bacen a hard suroffs and land break sooi | earound a nding inst o land on should ha ok at the h rface runy dings at a ner and a | nd we should head of continuingrass runways ve continued at the allowed way when the addifferent airpollowed us time | nave included more ng a landing that do . A grass runway is t the airports with th th the hard surface accident happened. orts is a lot of work | e of that training so Bria oesn't feel right. s more forgiving than a he grass runways for runway and called it a . We had decided to and mental stress for a | an a a |
| MECHANICAL MALFUN | ICTION/F | FAILURE (If more | e space is n | eeded, co | ntinue on separ | rate sheet) | | |
| Was there Mechanical Malfund (If yes, list the name of the part, mann | ction/Failur | e? □ Yes ☑ No | - | | minuc on separ | ate sheet/ | Total Time/Cycles On Part | |
| | | | | | | | Hours | |
| | | | | | | | Cycles | |
| | | | | | | | Time Since This Part | |
| | | | | | | | Inspected/Overhaule | |
| | | | | | | | Hours | |
| | | | | | | | | |
| FUEL & SERVICES INF | ORMATI | ON | | | | | | |
| Fuel on Board at Last Takeoff | | Fuel Type | | | | | | |
| (Convert from pounds, as necessary) | | ○ 80/87 ○ 100 Low Lead | O 115/145 O Jet A | | O Jet B O JP8 | O Other, specify | | _ |
| Approx 25 | Gallons | O 100/130 | O Jet A-1 | | O Automotive | | | |
| Other Services, if Any, Prior to | Departure | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| EVACUATION OF AIRC | RAFT | | | | | | | |
| Was an emergency evacuation | of the aircra | aft performed? | ☐ Yes | ☑ No | | | | |
| Method of Exit – Describe how | the occupan | ts exited and how ma | ny occupant | s evacuate | d each location | | | |
| We released our seat belts ar | nd shoulder | harness and exited | d via the do | ors. | | | | |
| | | | | | | | | |
| | | | | | | | | |
| OTHER AIRCRAFT - C | OLLISIO | (If air or ground o | ollision occ | urred, co | mplete this sect | ion for <i>other</i> aircraf | t) | |
| Aircraft Registration Number | Manufacti | ırer: | | | | | nage to Other Aircraft | |
| | Model: | | | | | | Destroyed | |
| Registered Owner of Other Air | craft | | | Pilot of | Other Aircraft | • | | |
| Name: | | | | Name: _ | | | | |
| City: | | City: State:ZIP: | | | | | | |
| State: ZIP: Country: | | | | Country: | | | | |

| ADDITIONAL INFORMATION (Please type or print in ink) | | | | | | | |
|--|------------------|---|-----------------------------------|----------------------|--|--|--|
| Use this space if addi | tional space | is needed for any answers. | | | | | |
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| I HEREBY CERTIF | Y THAT TH | IE ABOVE INFORMATION IS COMPLE | ETE AND ACCURATE TO THE BEST OF I | MY KNOWLEDGE | | | |
| Date of this Report | Name of 1 | Pilot/Operator: Daniel C Whipple | | | | | |
| 07/27/2020 | Signature | : | | | | | |
| mm/dd/yyyy | or | ✓ Check here to electronically sign this of | locument | | | | |
| If a Parson Other the | l an Pilot/Ωn | erator is Filing Report | | | | | |
| | _ | | Tr. a | | | | |
| | | | | | | | |
| | | a la stanción lles sinos deis de como de | | | | | |
| or Check here to electronically sign this document | | | | | | | |
| FOR NTSB USE ONLY | | | | | | | |
| NTSB Accident/Inci | | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received | | | |
| CEN20CA298 | | DENVER, CO | Craig Hatch | | | | |