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/indicat Lacration Neenal (in Piloce: Susannile Lacration Neenal (in Piloce: Susannile Lacration Accident/indicate Lacration Neenal (in Piloce: Susannile Lacration All: 996130 Country: USA Latinte: Net 0390183 Laginade: W120 45.1105 Latinte: Net 0390183 Laginade: W120 45.1105 Ammandature: CESSNA Date: Susannia Ver of Manafacture: 1800 Ammandature: 1800 Ammandature: 1800 Category of Aircraft Over of Ammandation Section Standard System Standard System Olinary of Aircraft Olinary of	BASI				j									
Neural (1):Place: State: CA Provestiging Country: USA Country: USA (Enter in decimal degrees or largers.minates.seconds) Date: 08/01/2020 non-ddf/1939 Longitade: 1200 Time: Zone: PDT Callision with Other Aircraft: O Main O Conground @ None ARCRAFT INFORMATION Registration Number: IPRE Fapilipped and Creatified Constraints Number: Collision with Other Aircraft: O Main Manufacture: ESSNA IPRE Fapilipped and Creatified Constraints Number: IPRE Fapilipped and Creatified Constraints IPRE Fapili								Δ	cident/Incid	ent Date/	Time			
zip. <u>66130</u>						State C	A:					1 77.1	1000	
Latitade: M40.39.0183* Longitude: W120.46,1105* (fbare in decimal degrees or degrees.manules: seconds) Collision with Other Aircraft: O Midair Overground @ None AIRCRAFT INFORMATION Collision with Other Aircraft: O Midair Overground @ None AIRCRAFT INFORMATION Collision with Other Aircraft: O Midair Overground @ None Mondle: 185F Collision with Other Aircraft: Overground @ None Scrial Number: 16504079 Ibs Weight at Time of Accident/Incident: 2000 Ibs Year of Manufacture: 1980 Mateu-Balli: Overground @ None Number of Stats: 4 Flight Crew Stats: 2 Pasteregree Stats: 2 Dialogn Ibs Anateur-Balli: Overground @ None Color Crew Stats: 4 Flight Crew Stats: 2 Pasteregree Stats: 2 Dialogn					_ 5 tate. <u>-</u>		Da	tte: 00/0 mm/da	1/2020	Lo	cal Time:	1200		
<i>Exter in decimal degrees or degrees:mbutaes:secondly</i> Collision with Other Aircraft: Ondair: Collision with Other Aircraft: Mandacturer: <u>CESSNA</u> Mandacturer: <u>CESSNA</u> Mandacturer: <u>1980</u> Serial Number: <u>1980</u> Mandacture: <u>1980</u> Amateur-Built: O's: <i>O's: O's: </i>										Ti	me Zone: <u> </u>	PDT		
AIRCRAFT INFORMATION Registration Number: M50934 Manufacturer: CESSNA Model: 135F Scrial Number: M504079 Year of Manufacturer: 1980 Amateur-Built: O'ves Wight at Time of Accident/Incident: 2000 Billing-Dirighte Only of Airwork files argeby Standard Special Sp								C	llision with	Other Air	eraft. (Midair	On-group	d O None
Registration Number: M60934												, windam	O On-groun	
Image: Construction of the second strength Mauficaturer: (ESSNA Model: 185F Serial Number: 18504079 Martine Constructure: 1980 Amateur-Built: Oyos J'er of Mainfacture: 1980 Amateur-Built: Oyos O'no	AIRC	RAFT INFO	RMATIO	N				1						
Manufacturer: CESSNA Model: 155F Serial Number: 18504079 Year of Manufacturer: 1980 Amateur-Built: O'reijantal Design Manufacturer: 1980 Oringinal Design Number of Seats: 2 Category of Aircraft Type of Airworthiness Certificate (Check all bits appls) Passenger Seats: 2 Category of Aircraft Type of Airworthiness Certificate (Check all bits appls) 0 0 Diation Diation Diation Diation 0 Diation Airworthiness Diation Diation Airworthines	Registr	ation Number:	N60934											
Serial Number: 18504079 Weight at Time of Accident/Incident: 2000 tost the Year of Manufacture: 1980	Manufa	acturer: <u>CESS</u>	NA								ignt			
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Amateur-Built: Ors If its: OkitPlans Make: Calin Coro Scats: Passenger Scats: Passenge	Serial N	umber: <u>1850</u> 4	4079					W	eight at Tin	ne of Accio	lent/Inci	dent: <u>200</u>	00	lbs
Amateur-Built: O'ves f?sr: Okin210as Make Cabin Crew Sexts: Passenger Sexts: 2 Category of Aircraft O hirghane Type of Aircraft Check all that apphy Type of Aircraft Check all that apphy Type of Aircraft Check all that apphy Engine Type (Xelect one) Okingial Rocket O trubo Shall (Rocket O Turbo Sh	Year of	Manufacture:	1980					N	umber of Se	ats: <u>4</u>		Flight Cre	w Seats: 2	
Category of Aircraft @Airplane Type of Airworthiness Certificate (Check all that apply) Landing Ger (Check all that apply) Engine Type (Sclect ane) @Airplane Special @Airplane Special @Airplane Landing Ger (Check all that apply) Engine Type (Sclect ane) Quiption Reciprocating Liquid Rocket @Gitler Balloon Breviolation Provisional Check all that apply) Bitler Special Light Rocket @Gitler Balloon Provisional Amphibin History Float Skith @Ditralight Commuter Special Light-Sport Bitler Skith @Balloon Certificate of Authorization or Waiver (COA) None Unknown Ocarburetor Orabo Fan Outknown @Ditralight Cortificate of Authorization or Waiver (COA) None Time State Hind Skit/Wheel Fuel System Type (Receprocating) Ocarburetor Ocarburetor Ocarburetor Fuel System Type (Receprocating) Ocarburetor Ocarburetor Ocarburetor Fuel System Type (Receprocating) Ocarburetor Skith Olithonovn Certificate of Authorization or Waiver (COA) None Time State Skith None Time State Skith None	Amateu		e e		ke:									
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Optimion Standard Special	-	-			rtificate				1.)		-			
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OPowerd Lift □ Transport □ Experimental □ Float □ Ski OROcket □ Utilizight □ Utilizight □ Other Launch/Recovery System □ Other Launch/Recovery System □ Carburetor O Fuel-Injected Outhravight □ Other Launch/Recovery System □ Other Launch/Recovery System □ Other Launch/Recovery System Image System Fuel System Type (Reciprocating) Engine Engine Engine Manufacturer's O Mile Image System Fuel System Type (Reciprocating) Engine Engine Manufacturer's O Mile Image System Fuel System Type (Reciprocating) Engine Engine Manufacturer's O Mile Image System Fuel System Type (Reciprocating) Eng. 1 CONTINENTAL IO-S5003B 284065-R 111/10/93 300 1411 1391 1411 Eng. 2 □													OUnkn	lown
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O Unknown Certificate of Authorization or Waiver (COA) None Other Launch/Recovery System O Carburetor O Fuel-Injected Engine Engine Manufacturer Model/Series Serial Number Date of Mfg. Serial Number Rate Dever of Mfg. Manufacturer's Total Honespower of thours Time Since: Inspection Inspection Overhaul (hours) Eng. 1 CONTINENTAL IO-550D3B 284065-R 11/10/93 300 1411 1391 (hours) (hours) Eng. 4 Io-550D3B 284065-R 11/10/93 300 1411 1391 1411 Eng. 4 Io-550D3B Propeller 1 OFixed Pitch OControllable Pitch Propeller 2 OFixed Pitch OControllable Pitch Ocontrollable Pitch <td< td=""><td></td><td></td><td>🗖 Utility</td><td></td><td></td><td></td><td>Hull</td><td colspan="3">Ski/Wheel Fuel S</td><td>Fuel Sy</td><td colspan="2">ystem Type (Reciprocating)</td><td>ng)</td></td<>			🗖 Utility				Hull	Ski/Wheel Fuel S			Fuel Sy	ystem Type (Reciprocating)		ng)
Image: Inspection Type Image: Ima				-	□ □ Other La			unch/Recovery System OCar			OCarb	ouretor O Fuel-Injected		Injected
Engine Engine						(COA)	□ None		ΠU	nknown				
Engine Engine Manufacturer Model/Series Serial Number mm dd/yyyy O Ibs of Thrust (hours)														
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O100-Hour OContinuous Airworthiness OGround Adjustable OGround Adjustable O AAIP Oconditional Inspection Outhnown Manufacturer: MCCAULEY Manufacturer: Date Last Inspection: 01/16/2020 mm/dd/yyyy Model: D3A34C401-C Model: Airframe Total Time: 3111 nrs hrs hors measured at (Select one) J/ yes: Additional Equipment (Check all that apply) J/ yes Imanufacturer: UNKNOWN Additional Equipment (Check all that apply) Model: Date Last Inspection OTime of Accident/Incident Model or Part No.: Additional Equipment (Check all that apply) Type of Maintenance Program (Select one) 0C126 (406 MHz) Adutopilot Data Recorder O Conditional (Amateur-built only) Was ELT still mounted in aircraft? OYES ONO Electronic Flight Bag or Handheld Device Manufacturer's Inspection Program Was ELT still connected to antenna? OYES ONO Electronic Primary Flight Display O Other Approved Inspection Program Did ELT Acit In Locating Aircraft: OYES ONO Heads Up Display O Other, specify: Did ELT Acit Ind in Locating Aircraft: OYES ONO Stall Warning System O None Specify: HALON	Last In	spection Type			Propell	er 1					-			Pitch
• Annual OUnknown • Maintenance Integram • Model:					OGroun							stable		
Model: D3A34C401-C Model: Date Last Inspection: 01/16/2020 mm/dd/yyyy If Yes: Additional Equipment (Check all that apply) Airframe Total Time: 3111 hrs hrs If Yes: ADS-B bours measured at (Select one) OTime of Accident/Incident If Yes: Angle of Attack Indicator Type of Maintenance Program (Select one) Model or Part No.: OC126 (406 MHz) Autopilot O Annual Sto No: OC91 (121.5 MHz) OC91a (121.5 MHz) Data Recorder O Conditional (Amateur-built only) Was ELT still mounted in aircraft? OYes ONo Electronic Flight Bag or Handheld Device O Other Approved Inspection Program Was ELT still connected to antenna? OYes ONo If activated: O Other, specify: Did ELT Activate? OYes ONo Handheld GPS If activated: Did ELT Ati in Locating Aircraft: OYes ONo Heads Up Display O Other, specify: If not activated: If not activated: Stall Warning System O None Specify: HALON If not activated: Other, Specify: Other, Specify:				etion										
mm/dd/yyyy ELT Installed: OYes ONo Additional Equipment (Check all that apply) Airframe Total Time: 3111 hrs If Yes: hours measured at (Select one) If Yes: Imm/dd/yyyy O Last Inspection O Time of Accident/Incident Model or Part No.: Imm/dd/yyyy Type of Maintenance Program (Select one) OC126 (406 MHz) Immover of the extinguishing System Immover of the extinguishing System O Conditional (Amateur-built only) Was ELT still mounted in aircraft? OYes ONo Immover of the extinguishing System Immover of the extinguishing System O None If not activated: Immover of the extinguishing System If not activated: Immover of the extinguishing System O None Specify: HALON If not activated: Impact Damage Other, Specify:	Date La	ast Inspection:	01/16/2	020										
Airframe Total Time: 3111hrs hrs h 748. hours measured at (Select one) O Time of Accident/Incident ELT Manufacturer: UNKNOWN Airframe Parachute O Last Inspection O Time of Accident/Incident Model or Part No.: Autopilot Type of Maintenance Program (Select one) OC126 (406 MHz) Data Recorder O Conditional (Amateur-built only) Was ELT still mounted in aircraft? OYes ONo Electronic Flight Bag or Handheld Device O Conditional (Amateur-built only) Was ELT still connected to antenna? OYes ONo Electronic Prigram (BAIP) O ther Approved Inspection Program (AAIP) If activated: Handheld GPS Other, specify: Did ELT Activate? OYes ONo Heads Up Display If activated: Did ELT Activated: Onboard Weather O None If not activated: Indicate Reason:			mm/dd/yy								-	ipment (Check all tha	t apply)
Model or Part No.:				hrs		nufaatur								
Type of Maintenance Program (Select one) TSO No.: © C91 (121.5 MHz) OC91a (121.5 MHz) □ Data Recorder © Annual □ OC126 (406 MHz) □ Data Recorder © Conditional (Amateur-built only) Was ELT still mounted in aircraft? © Yes ONo □ Electronic Flight Bag or Handheld Device © Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) □ data Recorder ○ Continuous Airworthiness I di LLT Activate? © Yes ONo □ Heads Up Display ○ Other, specify: Did ELT Activated: □ Onboard Weather Did ELT Activated: I fnot activated: □ Satellite Tracking Device O None If not activated: I Stall Warning System © Specify: HALON If not activated: □ Video Recording Device		t i	/	::				VIN				ck Indicato	r	
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O Other, specify:							er Ores O	NO						
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O None Indicate Reason: Impact Damage Video Recording Device • Specify: HALON Impact Damage Other, Specify:			tinouishino	System	4		a							
● Specify: HALON □ Fire Damage □ Other, Specify:	O None	e		System	~		Impact Da	mage Video Recording Device						
□ Battery Expired/Damaged	• Spec	ify: HALON					Fire Dama	ge	-	□Oth	er, Specif	y:		
								pire	a/Damaged					

OWNER/OPERATOR INFORMA	ATION	
Registered Aircraft Owner		City: YUBA CITY
Name: OJI BROS. FARM INC.		State: CA ZIP: <u>95991</u>
Fractional Ownership Aircraft: O Yes C	No	Country: USA
Operator of Aircraft Same As Re	gistered Owner	☑ Same Address as Registered Owner
Name: JOHN OJI		City:
Doing Business As: OJI BROS. FARM IN	С.	
Air Carrier/Operator Designator (4 Charact	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der 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 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial	431 435 O Non-Scheduled or Air Taxi O 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 	 Non-US, Non-commercial Public Aircraft (Select one) Armed Forces Federal State Local Unknown 	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown O Aerial Observation O Flight Test O Glider Tow O Air Drop O Glider Tow O Instructional O Banner Tow O Other Work Use O Business O Executive/Corporate O Positioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving 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: <u>SPAULING</u>		Distance From Airport Center: <u>0</u> sm
Airport Identifier: <u>1Q2</u>		Direction From Airport: AT AIRPORT degrees true
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: <u>5916</u> ft. msl
Runway Information Runway ID: 16 (L/R/C) Length: 46 Runway/Landing Surface (Check all that a grass/Turf Asphalt Grass/Turf Concrete Gravel Dirt Ice	adam 🔲 Water	Condition of Runway/Landing Surface(Check all that apply)DrySnow-CompactedWater-CalmHolesSnow-CrustedWater-ChoppyIce CoveredSnow-DryWater-GlassyRoughSnow-WetWetRubber DepositsSoftSlush-CoveredVegetationUnknown
Approach/Departure Segment (Select one)	
OTaxi OTakeoff OInitial Climb	OOn Instrument Appendix ODL and ing	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown
IFR Approach (Check all that apply) ☑ None		VFR Approach (Check all that apply)
ADF/NDBPARSDFSidestepVOR/TVORILSVOR/DMELocalizer OnlyTACANLOC-back courseRNAV	MLSPracticeLDAGPSASRVisualContactCirclingUnknown	☑ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing ☑ Full Stop □ Precautionary Landing

"FLIGHT CREWMEMBER 1" INFORMATION										
 "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ● Pilot ● Co-Pilot ● Student Pilot ● Flight Instructor ● Check Pilot ● Flight Engineer ● Other Flight Crew 										
"Flight Crewmember 1" wa	is pilot flying 🛛 🗹	Yes 🗖 N	No							
"Flight Crewmember 1" Id	entification									
First Name: JOHN City of Residence: YUBA CITY										
Middle Initial:					State: CA	A		ZIP: 95991		
Last Name: OJI					Country:					
Age at time of	Accident/Incident:	76	Date of H	Birth:			m/dd/yyyy			
, , , , , , , , , , , , , , , , , , ,			_ ertificate Nun	ıber:						
Degree of Injury	Seat Occupied				Restraint T	vpe			Inflatable F	Restraints
• None • Fatal	⊙ Left	O Front	O Unkno		Availab		Used			
O Minor O Unknown O Serious		O Rear O Single			O None		O None		🚺 Not Inst	
_ *	-	O single			O Lap o ⊙ 3-poi		OLap onl O3-point	у	□ Installe □ Not Dej	
Pilot Certificate(s) (Check and Display Check a		nmercial	🗖 US M	ilitory	○ 3-poi ○ 4-poi		O 4-point		Deploy	ed
✓ Private		line Transp			O 5-poi	nt	O 5-point		Unknov 🗖	vn
□ Student □ Sport	🗖 Flig	ght Enginee	er		O Unkr	iown	O Unknov	VII		
Principal Occupation	Medical Certificate	e		N	Medical Ce	rtificate Va	lidity		Date of Las	t Medical
		lass 3				nitations/wai	·	nknown		
O Other	O Class 1 O D	river's Lice	ense (Sport Pilo	t only)	🖲 With limit	ations/waiver			01/29/19	
l * /		nknown			O Special Iss	uance			mm/dd/yy	'YY
Medical Certificate Limitat	ions									
MUST WEAR GLASSES										
Medical Certificate Special	Issuance									
Date of Last Flight Review		Fligh	t Review Air	araft						
or Equivalent, Including		-	: CUB CRAF							
FAR 121/135 Checks:	02/12/2020			TEN						
	mm/dd/yyyy		I: <u>CC-160</u>							
Airplane Rating(s) (Check all that apply)	Other Aircraft R (Check all that appl	0		ent Rating		(Check all	r Rating(s)			
□ None		<i>)</i> /		а та арріу)	/	□ None	indi appiy)	Г	Instrument	Airplane
✓ Single-Engine Land	🗖 Airship		🗹 Airpla			🗖 Airplan	e Single-Eng	ine 🗖	Instrument	
 ☐ Single-Engine Sea ☑ Multiengine Land 	□ Balloon □ Glider		Helico			Airplan	e Multi-Engi		Helicopter Glider	
Multiengine Sea	Gyroplane					Powere			Sport	
	 Helicopter Powered Lift 									
Type Ratings						Student F	Indorseme	nts (Include	dates)	
SINGLE ENGINE LAND, MUL	TIENGINE LAND , C		CIAL, INSTRU	MENT		Student I	indoi seniei	its (memue)	uuics)	
			r	1						
Flight Time (Enter appropriat	e All T	his Make	Airplane Single	Airplane	e	Inst	rument	-		Lighter
number of hours in each box)		& Model	Engine	Multiengi		Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	9,889	3,111	9,889		40 .	12 28	293	6		
Pilot in Command (PIC)						_				
Time as Instructor						_				
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"FLIGHT CREWMEN	IBER 2" INFO	RMATIC	NC							
"Flight Crewmember 2" R OPilot OCo-Pilot		e Time of OFlight I		ident Check Pilot	O Fli	ght Engineer	O Other I	Flight Crew		
"Flight Crewmember 2" w	as pilot flying 🛛 🛛	Yes 🗖	No							
"Flight Crewmember 2" Id	lentification									
First Name:	C	ity of Re	esidence:							
Middle Initial:								IP:		
Last Name:										
Age at time of	Accident/Incident:						vaa yyyy			
Description			rtificate Numb							
Degree of Injury O None O Fatal	Seat Occupied	OFront	O Unknow		traint T	ype			nflatable F	lestraints
O Minor O Unknown	ORight	ORear	COIKIOW	/II	Availab		Used			-11 - 4
O Serious	OCenter	OSingle			O Non O Lap		O None O Lap only	v I	□ Not Inst □ Installed	
Pilot Certificate(s) (Check a	ull that apply)				O 3-po	oint	O 3-point	, 	□ Not Dep	
		nmercial	🗖 US Mil		O 4-po O 5-po		O 4-point O 5-point		□ Deploye □ Unknov	
□ Private □ Recre □ Student □ Sport		line Transpo ght Enginee		1	O Unk		O Unknow	vn		*11
		sin Engliee	1							
Principal Occupation	Medical Certificate	9		Me	dical Ce	ertificate Va	lidity]	Date of Las	t Medical
O Pilot	O None O Cl					imitations/wai		nknown		
O Other		river's Lice nknown	nse (Sport Pilot		With limi Special Is	tations/waiver	s ON	/A		
O Unknown	• •	likilöwii			special is	suance				,,
Medical Certificate Limita	tions									
Medical Certificate Specia	Issuance									
Meulcal Certificate Specia	Issuance									
Date of Last Flight Review or Equivalent, Including		Flight	t Review Airc	raft						
FAR 121/135 Checks:		Make:	:							
-	mm/dd/yyyy	Model	:							
Airplane Rating(s)	Other Aircraft R	ating(s)	Instrume	ent Rating(s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that appl	(v)	(Check all	that apply)		(Check all th				
□ None	□ None		None		□ None □ Instrument Airplane					
 ☐ Single-Engine Land ☐ Single-Engine Sea 	☐ Airship ☐ Balloon		Airplar				Single-Engin Multi-Engine		Instrument H Helicopter	elicopter
☐ Multiengine Land						Gyroplar			Glider	
☐ Multiengine Sea	Gyroplane					D Powered			Sport	
	Helicopter									
Type Ratings	□ Powered Lift					Student Fi	ndorsoment	ts (Include d	atan)	
Type Katings						Student E	liuoi semen	is (include di	ules)	
			Airplane			Inct	rument	1	I	
Flight Time (Enter appropriation number of hours in each box)		his Make	Single	Airplane	Nitali			Determe	CEL	Lighter
Total Time	Aircraft	& Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)										
× /					+					
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)											
Crew Name and Addr	ress						Seat Occupie	d	Injury		
First Name:		City	of Resider	nce:		<u>.</u>	O Left O Center	O Front O Rear	O None		
Middle Initial:	Middle Initial: ZIP: Last Name: Country:							O Single	O Minor O Serious		
Last Name:			O Unknown	O Fatal O Unknown							
Pilot Certificate(s) (C.	heck all that apply)						Restraint Ty		Inflatable		
□ None	□ Flight Instructor		nmercial		Military		Available O None	Used O None	Restraints		
PrivateStudent	 Recreational Sport 		line Transp ght Enginee		reign		O Lap Only O 3-point	O Lap Only O 3-point	☐ Not Installed ☐ Installed		
	*	— 1118					O4-point	O 4-point	☐ Not Deployed ☐ Deployed		
Type Rating/Endorse				light Time at		hua	O 5-point O Unknown	O 5-point O Unknown	Unknown		
Accident/Incident Air	•craft? Yes	□ No	of this A	Accident/Inci	ident:	hrs	-	_			
Crew Name and Addr	ress						Seat Occupie	d	Injury		
First Name:		City	of Resider	nce:			OLeft	O Front O Rear	O None		
Middle Initial:		State	e:		ZIP:		OCenter ORight	OSingle	O Minor O Serious		
Last Name:		Cou	ntry:				-	O Unknown	O Fatal O Unknown		
Pilot Certificate(s) (C.	heck all that apply)						Restraint Ty		Inflatable		
None	Flight Instructor	_	nmercial		Military		Available O None	Used O None	Restraints		
Private Student	Recreational Sport		line Transp ght Enginee		eign		O Lap Only	O Lap Only O 3-point	☐ Not Installed ☐ Installed		
	-						O 3-point O 4-point	O 4-point	Not Deployed		
Type Rating/Endorse Accident/Incident Air		□ No		light Time at Accident/Inci		hrs	O 5-point O Unknown	O 5-point O Unknown	Deployed Unknown		
		Accident/Incident Aircraft? Yes No of this Accident/Incident:hrs OUnknown OUnknown OUnknown PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
		·····	include e	abin crew, c		eparate snee	t ii necessary)				
Name and Address				Seat	Injury	Restraint T		Inflatable Restraints	Age		
	City					Restraint T Available	`ype Used	Restraints	Age		
First Name:		`		Seat OLeft	Injury ONone	Restraint T	Ype Used ONone	Restraints	Age		
First Name: Middle Initial:	State:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point	Restraints	Under 5 years		
First Name: Middle Initial: Last Name:	State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	Under 5 years		
First Name: Middle Initial: Last Name:	State:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints	☐ Under 5 years I If Under 5, O Child Restraint		
First Name: Middle Initial: Last Name:	Country: OPassenger	ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints	☐ Under 5 years 1 If Under 5, O Child Restraint O Lap-Held O Unknown		
First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	State: Country: OPassenger City : State:	ZIP: O Oti ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints	☐ Under 5 years I <i>If Under 5,</i> O Child Restraint O Lap-Held O Unknown ☐ Under 5 years		
First Name: Middle Initial: Last Name: OCrew First Name:	State: Country: OPassenger City : State:	ZIP: O Oti ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft	Injury ONone OMinor OSerious OFatal OUnknown ONone	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	Ype Used 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	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed	☐ Under 5 years I Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years I If Under 5,		
First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	State: Country: OPassenger City : State:	ZIP: O Oti ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Ype Used 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	Restraints	☐ Under 5 years I Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years I If Under 5,		
First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	State: OPassenger City : State: Country: OPassenger	ZIP: O Ot ZIP:	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury ONone OMinor OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available	Ype Used O None D Lap Only O 3-point O 4-point O Unknown Used O None D Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used	Restraints	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown		
First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	State: Country: Passenger City : State: Country: OPassenger City :	ZIP: O Ot ZIP: O Ot	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only	Ype Used 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 4-point O 5-point O Unknown Used O None O Lap Only	Restraints Restraints Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Deployed Unknown Not Installed Installed Not Installed	□ Under 5 years I <i>f Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years		
First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	State: OPassenger City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP: O Ot	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone	Ype Used 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 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Restraints Restraints Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Installed Not Installed Not Deployed Not Installed Not Deployed	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i> , ○ Child Restraint		
First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Crew First Name: Middle Initial:	State: OPassenger City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter	Injury ONone OMinor OSerious OFatal OUnknown OMinor OSerious OFatal OUnknown ONone ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Yype Used 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 Used O None D Lap Only O 3-point O Unknown Used O None D Lap Only O 3-point O 4-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point	Restraints Restraints Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Deployed Unknown Not Installed Installed Not Installed	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown		
First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Crew	State: Country: Passenger City : State: OPassenger City : OPassenger State: Country: OPassenger	ZIP: O Ot ZIP: O Ot	ther ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	Yype Used 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 Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O Lap Only O 3-point O Lap Only O 3-point O 4-point O 5-point O 4-point O 4-point	Restraints	□ Under 5 years I <i>f Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown		
First Name:	State: Country: Passenger City : State: OPassenger City : State: Country: OPassenger City :	ZIP: O Ot ZIP: ZIP: ZIP:	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OLeft	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point	Yype Used ONone OLap Only O 3-point O 4-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-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 4-point O 5-point O 4-point O 5-point O 4-point O 4-po	Restraints Not Installed Installed Not Deployed Unknown Installed Installed	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown		
First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew First Name: OCrew First Name: Middle Initial: Crew First Name: OCrew	State: Country: Passenger City : State: OPassenger City : OPassenger City : OPassenger City : Country: OPassenger	ZIP: O Ot ZIP: ZIP: O Ot ZIP:	ther ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None D Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 4-point O 5-point O 4-point O 4-point O 5-point O 4-point O	Restraints	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown		

FLIGHT ITINERARY I	NFORMATIO	N							
Last Departure Point	Tim	e of Departure	Destinatio	on		Type Fligh	t Plan F	iled	
Airport ID: 052	T	1100	Airport ID:	1Q2		• None		O VFR	
City: YUBA CITY	1 ime	<u>: 1100</u>	City: SPA	ULDING		O Company O Military		O IFR O Unk	
State: CA	Time	Zone: PDT	State:			O VFR	, i ic		10 11
Country: USA			Country:			Activated?	OYes	ON0	OUnknown
Type of ATC Clearance/Serv	vice (Check all that	apply)							
	Special VFR IFR		ecial IFR R On Top		 VFR Flight Follo Traffic Advisory 		Cruis	se 10wn / N.	A
Airspace where the accident	/incident occurred	(Check all that	apply)				Altitu	de of In	-Flight
—	Class G		itary Operations		Special			rence:	8
	Demo Area Warning Area		port Advisory A Training Area	lea	☐ Air Traffic Conti ☐ Unknown	of Alea			ft msl
	Prohibited Area								
	Restricted Area								
		ACCIDEN	I/INCIDEN		(* T 11*)	<u> </u>			
Source of Pilot Weather Info (<i>Check all that apply</i>)	ormation				servation Facility				
□ National Weather Service	Com	pany							
Flight Service Station	☐ Milit				ime:				
TV/Radio Automated Report	☐ Inter ☑ None								
Commercial Weather Service					Accident Site:				
On-Board Weather		r		Direction from	Accident Site:		_ degrees	true	
Basic Conditions		Light Conditi							
O VMC O IMC		ODawn ⊙Day	ODusk ONight		k Night OUn ht Night	known			
O Unknown		U La uy	Orright	O Shig					
Sky/Lowest Cloud Condition	n	Ceiling			Temperature:		(C) or	30	(F)
	Thin Broken	• None (Clear)		Obscured					(F)
) Thin Overcast) Unknown	O Broken O Overcast	0	Dew Point:					
O Scattered	Olikilowii	Overcast	0	Unknown	Altimeter Sett				
Lowest Cloud Condition He	eight	Ceiling Heigh	t			or	ME	5	
	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	20	miles		
□ Variable	🗖 Calm		🚺 Not Gustir	ng	RVR	:			
	Light and Varia	ible			RVV		miles		
-or- Direction: 90 degrees true	-or- Speed: 15	kts	-or- Speed:	kts	Density Altitu			ft	
Intensity of Precipitation	Type of Precipit			K	Restriction to		hook all t	-	
OLight	I ype of freeipit. ☑ _{None}	\square Drizzle	Freezin	a Rain	✓ None	F⊡ F		nui uppiy	/
O Moderate	\square Rain	\square Ice Pellets			Blowing Du	ist 🗖 🤇	Bround Fo	og	
O Heavy	Snow	Snow Pellet			□ Blowing Sa □ Blowing Sn		laze ce Fog		
ON/A OUnknown	☐ Hail ☐ Rain Showers	□ Snow Grain □ Ice Crystals		g Drizzle	Blowing Sp		moke		
		_ 100 Crystais			Dust	ם ע	Jnknown		
Icing Forecast		Icing Actual			Turbulence				
AmountTypeO NoneO N/A		Amount O None	Type O N/A		Type (Check a ☑ None	ll that apply)		verity Light	
O Trace O Rime		O Trace	O Rime	1	Clear Air			Moderate	
O Light O Clear		O Light	O Clear		Terrain-Indu			Severe	
O Moderate O Mixed O Severe O Unknow		O Moderate O Severe	O Mixe O Unkr			Furbulence		Extreme	
O Unknown	11	O Severe O Unknown		io wii					
NOTAMs (D and FDC), A	IRMET SIGN	IETS PIRFD	s in effect at	the time of t	 he accident/incid	lent:			
		117 I S, I IINEI S	s m encet al	ene cime ui li					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O None O Minor

Aircraft Fire • Substantial • None **O** Destroyed O In-Flight

O Unknown

O Both Ground and In-Flight **O** Fire at Unknown Time **O** Unknown

Aircraft Explosion

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

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

O On-Ground

RIGHT LANDING GEAR SEPARATION, PROPELLER STRIKE, DAMAGED RIGHT WING

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

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

On August 1, 2020, I attended a local fly in at Spaulding airport 1Q2. During the days activities I was giving an airplane ride to one of the local residence of Spaulding. The weather was clear with a 15 to 20 mph wind out of the east. Upon departing from runway 16, my aircraft weathervaned into the wind putting me off the left side of the runway. I was able to salvage the takeoff. However, in so doing the aircraft struck the right landing very hard. I felt that I may have damaged the landing gear so I flew low over the runway to have observers on the ground inspect the landing gear. They reported that everything looked normal. I returned to runway 16 and shortly after touch down, the right landing gear separated from the aircraft, causing the aircraft to veer left off the runway and coming to a abrupt stop. The aircraft sustained damage to the propeller, right wing and separated landing gear.

RECOMMENDATION (How	/ could this	accident/incident ha	ave been prev	vented?)				
Operator/Owner Safety Recomm	endation							
MECHANICAL MALFUN	NCTION/	FAILURE (If mo	re space is n	eeded, co	ontinue on sepa	rate sheet)		
Was there Mechanical Malfund							Total Tin	ne/Cycles
(If yes, list the name of the part, man	ufacturer, par	t no., serial no., and de	scribe the failu	re.)			On Part	
								Hours
								Cycles
							Time Sin	ce This Part
							Inspected	/Overhauled
								Hours
FUEL & SERVICES INF	ORMATI	ON						
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type	0 11 5/1 45			0.01		
	0.11	 ○ 80/87 ○ 100 Low Lead 	O 115/145 O Jet A		O Jet B O JP8	O Other, specify		
<u>50</u>	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 aircr	aft performed?	□ Yes	🗹 No				
Method of Exit – Describe how	-		• •					
PILOT AND PASSENGER EX	KITED THR	OUGH THE PILOT	AND CO-P	ILOT DC	ORS			
OTHER AIRCRAFT – C	OLLISIO	N (If air or ground	collision occ	urred, co	mplete this sec			
Aircraft Registration Number		urer:					Damage to Oth	er Aircraft
	Model:						Substantial	□ Millol □ None
Registered Owner of Other Air	·craft			Pilot of	Other Aircraft			
Name:				Name:				
City:ZIP:				State:		ZIP:		
Country:								

ADDITIONAL INFORMATION (Please type or print in ink)

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE													
Date of this Report	Date of this Report Name of Pilot/Operator: JOHN OJI												
08/19/2020	Signature	:											
mm/dd/yyyyy	<i>mm/dd/yyyy or</i> Check here to electronically sign this document												
If a Person Other tha	an Pilot/Op	erator is Filing Report											
Name:				Title:									
Signature:													
or Check here to electronically sign this document													
FOR NTSB USE ONLY													
NTSB Accident/Incid WPR20CA275	lent No.	Reviewed by NTSB Regional Office WPR - Federal Way	Name of Investiga S. Stein	itor	Date Report Received August 19, 2020								