## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location       Accident/Incident Date/Time         Neerset (hy/face:       Brennand Airfield (79C), Neenah       State: WI         211:       54956       Country:       United States         Latiude:       44.16 degrees or degrees: minutes: seconds)       Time Zane:       Centrol         Analytic trained:       Maximum Gross Weight:       OOa-ground @ Non         AIRCRAFT INFORMATION       Bis:       Collision with Other Aircraft:       OOa-ground @ Non         Anateur-Built:       Ores       ////////////////////////////////////	BASI				orang				anorare					
Nearest City/Place:       Brennand Alrfield (79C). Neenah       State: WI         ZIP:       5:4956       Country:       Unted States         Latitude:       44.16 degrees N       Longitude:       88.56 degrees W         (Enter in decimal degrees or degrees.minutes:seconds)       Collision with Other Aircraft:       O Midair       Oon-ground       ONno         AIRCRAFT INFORMATION       Registration Number:       N3440X       Immanded Aircraft       Collision with Other Aircraft:       O Midair       Oon-ground       O Non         Serial Number:       1130       Immanded Aircraft       Maximum Gross Weight:       2,575       Ibs         Year of Manufacturer:       1966       Number of Sents: 4       Flight Crew Seats: 1       Ibs         Amateur-Buit:       OYes       If Pre: O Kit/Plans       Make:       Cobin Crew Seats: 1       Passenger Seats: 3       Number of Seats: 4       Flight Crew Seats: 1       Ibs         Category of Aircraft       Trapp of Aircraft Ibght Special       Blaloon       Oiling/Dirighte       Oiling Normal       Bestricted       Ibght Shat       Oilond Rocket       Outhor None         Oliner/Dirighte       Commit Special Flight       Diright Shat       Oilond Rocket       Oilond Rocket       Orthor None       Oilond Rocket         Oliner/Bight       O							Accident/Incident Date/Time							
ZIP: 54956       County: United States       mm/ddlyyyy         Latitude: 44.16 degrees N       Longitude: 88.56 degrees W         (Enter in decimal degrees or degrees:minutes:seconds)       Collision with Other Aircraft: O Midair Oon-ground O Non         AIRCRAFT INFORMATION       Collision with Other Aircraft: O Midair Oon-ground O Non         AIRCRAFT INFORMATION       IFRE-Equipped and Certified         Registration Number: N3440X       Imm/ddlyyyy         Manufacturer: Mooney       Maximum Gross Weight: 2,575       Ibs         Serial Number: 1130       Serial Number: 1130       Number of Seats: 4       Flight Crew Seats: 1         Category of Aircraft ON       Type of Aircraft C/Check all that apphy       Number of Engines: 1       Cabin Crew Seats: 3         Optigriabe       Ordigriab Design       Landing Gear       Engine Type (Select one)       OSolid Rocket         Officing Design       Commuter Bysecial Light-Sport       Experimental Light-Sport       Engine Manufacturer' Solid Rocket       Ortarbo Fan       Ostal Rocket         Officing Intervention       Experimental Light-Sport       Deterrice       Ortarbo Fan       Octarburetor       Octarburetor         Outralight       Ortariabi-Sport       Deterrice       Stid       Hanufacturer's State       Deterrice       Frage Allower O'tow State       Outhoreshown O'tow State       Outburetor				ld (79C), Neena	ah	State: V	VI					cal Time: '	22:30	
Landud: 44.16 Degrees n       Langutat: 60.50 Degrees n         (Enter in decimal degrees or degrees:minutes:seconds)       Collision with Other Aircraft: O Midair OOn-ground O Non         AIRCRAFT INFORMATION       Begistration Number: N3440X       IFR-Fupipped and Certified         Manufacturer: Mooney       Commercial Space Flight       Ummaned Aircraft         Made: "AUCE Super 21 Chaparral       Maximum Gross Weight: 2,575       Ibs         Serial Number: 1130       Year of Manufacturer: 1966       Number of Seats: 4       Flight Crew Seats: 1         Anateur-Built: OYes       (Yrs: O Kit/Plans Make:       OOriginal Design       Number of Engines: 1         Category of Aircraft       Type of Airworthiness Certificate       Check all that apply)       Engine Type (Select one)         Olialion       One       ONe       Output Restricted       Tailwheel       Turbo Fan       Olight Rocket         Olibright       Certificate of Authorization or Waiver (COA)       Experimental Light-Sport       Engine Type (Reciprocating)       OLiquid Rocket         Olibright       Certificate of Authorization or Waiver (COA)       None       Other Launch/Recovery System       Other Side Otherwait         Other of Deside Light-Sport       Engine Manufacturer       Engine Manufacturer       Image Side Otherwait       Other of Thus       Image Side Otherwait         Oliaknow								24	mm/de	l/yyyy		_		
AIRCRAFT INFORMATION         Registration Number: N3440X         Manufacturer: Mooney         Manufacturer: Mooney         Model: M20E Super 21 Chaparral         Serial Number: 1130         Year of Manufacture: 1966         Amateur-Built: O'res       If Yec: OKinPlans         Make:       Cabin Crew Seats: 1         ONo       Original Design         Number of Seats: 4       Flight Crew Seats: 1         Category of Aircraft       Check all that apply)         Standard       Special         Oblightight       Original Design         Oldider       Oshid Restricted         Oldider       Oshid Restricted         Oldider       Denotatic         Oldider       Oshid Restricted         Oldider       Oshid Restricted         Oldider       Denotatic         Oldider       Oshid Rocket         Oldider       Oshid Rocket         Oldinown       Experimental Light-Sport         Older all doon       Experimental Light-Sport         Older all doon       Date date Power         Older of Authorization or Waiver (COA)       None         Older of Occontinuous Airworthiness       Serial Number         Outer Launeb/Recovery System	Latitude	44.16 degree	s N	Longitude: 88.5	6 degree	s W					Tu	me Zone:	Central	
Registration Number: N3440X         Manufacturer:       Money         Model:       M20E Super 21 Chaparral         Serial Number:       1130         Year of Manufacturer:       1966         Amateur-Built:       O'res         O'res       O'res         O'res       O'res         O'res       I'res:         O'res       I'res:         O'res       I'res:         O'res       O'res         O'res       O'res         O'res       O'res         O'res       O'res         O'res       O'res         O'res       O'res         O'res       Special Eight         O'res       Special Eight         O'res       Special Light-Sport         O'res       Special Light-Sport         O'res       Special Light-Sport         O'res       O'res         O'res       Special Light-Sport         O'res       Secial Alunover         O'res       Secial Alunover <td></td> <td>(Enter in decima</td> <td>l degrees or a</td> <td>legrees:minutes:sec</td> <td>conds)</td> <td></td> <td></td> <td>Co</td> <td>llision with</td> <td>Other Air</td> <td>craft: C</td> <td>) Midair</td> <td>OOn-groun</td> <td>nd <b>O</b>None</td>		(Enter in decima	l degrees or a	legrees:minutes:sec	conds)			Co	llision with	Other Air	craft: C	) Midair	OOn-groun	nd <b>O</b> None
Imagination in the image of the image o	AIRCRAFT INFORMATION													
Manufacturer: Mooney       Imananed Aircraft         Model: M20E Super 21 Chaparral       Imananed Aircraft         Serial Number: 1130       Maintacturer: 1966         Amateur-Built: Oyes       If Yes: OKit/Plans         Make:       Onriginal Design         Mumber of Seats: 4       Flight Crew Seats: 1         Category of Aircraft       Type of Airworthiness Certificate         (Check all that apply)       Standard         Standard       Special         OBilioon       Provisional         OHeicopter       Dorwine Special         Owneered Lift       Ormanic Experimental         Owneered Lift       Ormanic Experimental Light-Sport         Ormanic Engine       Engine Type (Reciprocating)         Outraho Fan       Outrono Fan         Older Launch/Recovery System       Orable to special         Bailoon       Certificate of Authorization or Waiver (COA)       Insertiet Serial Number         Outron Santa Currer Model/Series       Serial Number       Outronown         Certificate of Authorization or Waiver (COA)       Insertiet Serial Number       Outronown         Ocertificate of Authorization or Waiver (COA)       Insertiet Serial Number       Outronown         Image       Engine Manufacturerer Model/Series       Serial Number       Outre														
Serial Number: 1130	Manufa	acturer: Moone	еу								ght			
Year of Manufacture:       1966         Amateur-Built:       OYes       If Yes:       OKit/Plans       Make:       Cabic Crew Seats:       4       Flight Crew Seats:       1         Onginal Design       Original Design       Number of Seats:       4       Passenger Seats:       3         Number of Airvorthiness Certificate       Check all that apply)       Engine Type (Select one)       0	Model:	M20E Super 2	21 Chaparr	al				Μ	aximum Gr	oss Weigh	t: <u>2,575</u>		lbs	
Amateur-Built: OYes       If Yes: OKit/Plans Make:	Serial N	umber: <u>1130</u>						W	eight at Tin	ne of Accid	lent/Inci	dent: <u>2</u> ,1	64	lbs
Amateur-Built:       OYes       If Yes:       Okit/Plans       Make:       Cabin Crew Seats:       Passenger Seats:       3         Category of Aircraft       Type of Airworthiness Certificate (Check all that apply)       Type of Airworthiness Certificate (Check all that apply)       Landing Gear (Check all that apply)       Engine Type (Select one)         O Airplane       (Check all that apply)       Standard       Special       Balloon       Oliginity Color of Airworthiness         O Gilder       O Arophane       Immodel Anapoti       Marufacturer's       Cates all that apply)       Engine Carubo Shaft       Oliginity Color of Airworthiness         O Helicopter       O Hornown       Description of Waiver (COA)       Immodel Anapotity       Skid       Oliginity Certificate of Authorization or Waiver (COA)       None       Oliginity Certificate of Authorization or Waiver (COA)       None       Fuel System Type (Reciprocating)         O Carburdor       Onestone       Inductorer's       Date       Manufacturer's       Date       Manufacturer's       Date       Manufacturer's       Date       Of Mfg.       Manufacturer:       Hispection       Ocronuclear Adjustable         Oligon-Hundown       Onestone       Oligon-Hundown       Insoft Thrust       None       Date       Of Mfg.       Manufacturer:       Manufacturer's       Date       Date <t< td=""><td>Year of</td><td>Manufacture:</td><td>1966</td><td></td><td></td><td></td><td></td><td>N</td><td>umber of Se</td><td>ats: <u>4</u></td><td></td><td>Flight Cre</td><td>ew Seats: 1</td><td></td></t<>	Year of	Manufacture:	1966					N	umber of Se	ats: <u>4</u>		Flight Cre	ew Seats: 1	
Fundame of Engine Vieworthiness Certificate         O Airplane       Standard       Special       Engine Type (Select one)         O Airplane       Standard       Special       Check all that apply)       Blimp/Dirigible       Reciprocating       O Liquid Rocket         O Blimp/Dirigible       Normal       Restricted       Drubo Shaft       O Solid Rocket       O Turbo Shaft       O Solid Rocket         O Grouplane       Developter       Commuter       Special Flight       Drubo Provisional       Developter       O Turbo Prop       O Hybrid Rocket         O Rocket       Drubo Prop       O Hybrid Rocket       O Turbo Prop       O Hybrid Rocket         O Rocket       Drubo Prop       O Hybrid Rocket       O Turbo Prop       O Hybrid Rocket         O Unknown       Deciprocating       O Unknown       O Intho Prop       O Unknown         Certificate of Authorization or Waiver (COA)       Done       Duknown       Date       Rated Power       Total         I Lycoming       IO-360-A1A       RL-317-51       O4-27-66       200       4,003       45.7       522.7         Eng. 1       Lycoming       IO-360-A1A       RL-317-51       OF-27-66       200       4,003       45.7       522.7         Eng. 3       Eng. 4 <td>Amateu</td> <td></td> <td></td> <td></td> <td>ke:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Amateu				ke:									
Ø Airplane         Ø Airplane         Ø Airplane         Ø Airplane         Ø Airplane         Ø Airplane         Ø Blimp/Dirigible         Ø Blimp/Dirigible         Ø Blimp/Dirigible         Ø Blimp/Dirigible         Ø Balloon         Ø Provisional         Ø Aerobatic         □ Limited         Ø Aerobatic         □ Commuter         Special Flight         Ø Powered Lift         Ø Powered Lift         Ø Carburetor         Ø Special Light-Sport         □ Utility         Ø Special Light-Sport         □ Unknown         □ Certificate of Authorization or Waiver (COA)         Ø None         □ Unknown         □ Certificate of Authorization or Waiver (COA)         Ø None         □ Unknown         □ Other Launch/Recovery System         □ Other Launch/Recovery System         □ Other Launch/Recovery System         □ Other Launch/Recovery System         □ None         □ Unknown         □ Other Launch/Recovery System         □ None         □ Unknown         □ Date Last Inspection Type         0 Continuous Airworthiness         Ø Annual         O Unknown         Ø Continuous Airworthiness         Ø Annual         O Unknown         Ø Conditional Inspection         Ø Annual         Ø Unknown         Ø Conditional Inspection         Ø Annual         Ø Unknown         Ø Other Last Inspection: <u>Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø </u>								N	umber of Er	igines: <u>1</u>				
OHelicopter       Opowered Lift       Commuter       Special Flight       Improvemental       Oracle of the special flight       Improvemental       OElectric         OUItralight       Utility       Special Light-Sport       Improvemental Light-Sport       Other Launch/Recovery System       Ocarburetor       Ocarburetor       Ocarburetor       Ocarburetor         Outknown       Improvemental Light-Sport       Improvemental Light-Sport       Other Launch/Recovery System       Ocarburetor	<ul> <li>O Airplane (Check all that apply)</li> <li>O Balloon Standard Special</li> <li>O Blimp/Dirigible ☑ Normal □ Restrict</li> </ul>				cted (Check all the cted			<i>at ap</i> Reti	actable		Reciprocating     O Turbo Shaft     O Turbo Prop     O Turbo Jet     O Turbo Jet		OLiqui OSolid OHybr ONone	Rocket id Rocket
Engine       Engine       Manufacturer's       Date of Mfg. mm/dd/yyyy       Rated Power       Total O Horsepower or O Ibs of Thrust       Time Since: Inspection         Engine       Model/Series       Serial Number       mm/dd/yyyy       O Horsepower or O Ibs of Thrust       Time Since: Inspection       Inspection       Overhaul (hours)         Eng. 1       Lycoming       IO-360-A1A       RL-317-51       04-27-66       200       4,003       45.7       522.7         Eng. 2	OHelicopter       □ Commuter       □ Special Flight       □ E         OPowered Lift       □ Transport       □ Experimental       □ F         ORocket       □ Utility       □ Special Light-Sport       □ F         OUltralight       □ Certificate of Authorization or Waiver (COA)       □ C			Emergence Float Hull	aunch/Recovery System       O Electric         Unknown       O Electric					ng)				
Engine       Engine Manufacturer       Model/Series       Serial Number       mm/dd/yyyy       O lbs of Thrust       (hours)       (hou						_		Date	<b>Rated Pow</b>					
Eng. 2       Image: Constraint of the section of the sec	Engine	Engine Manufa	cturer							v <b>O</b> lbs of Thrust				
Eng. 3       Image: A       Propeller 1       OFixed Pitch ©Controllable Pitch OGround Adjustable       Propeller 2       OFixed Pitch OControllable Pitch OGround Adjustable         Manufacturer:       Hartzell       Manufacturer:       Manufacturer:       Model:       Model:         Date Last Inspection:       03/30/2020 mm/dd/vwy       ELT Installed:       OYes       No       Additional Equipment (Check all that apply)	Eng. 1	Lycoming		IO-360-A1A		RL-317-	-51		04-27-66	200		4,003	45.7	522.7
Eng. 4       Propeller 1       OFixed Pitch ©Controllable Pitch OGround Adjustable       Propeller 2       OFixed Pitch OControllable Pitch OGround Adjustable         0100-Hour       OConditional Inspection       Manufacturer:       Hartzell       Manufacturer:       OFixed Pitch OGround Adjustable       OFixed Pitch OGround Adjustable         0 AAIP       OConditional Inspection       Manufacturer:       Hartzell       Manufacturer:       Manufacturer:       Manufacturer:       Manufacturer:       Model:       ELT Installed:       OYes       No       Additional Equipment (Check all that apply)	_													
Last Inspection Type       Propeller 1       OFixed Pitch       Propeller 2       OFixed Pitch         O100-Hour       OContinuous Airworthiness       OControllable Pitch       OGround Adjustable       OGround Adjustable         OAAIP       OConditional Inspection       Manufacturer:       Hartzell       Manufacturer:       Manufacturer:         Date Last Inspection:       03/30/2020       Model:       HC-C2YK-1B       Model:       Model:         ELT Installed:       OYes       ONo       Additional Equipment (Check all that apply)	-													
Clast Inspection Type       O Controllable Pitch       O Controllable Pitch         O100-Hour       O Continuous Airworthiness       O Ground Adjustable         O AAIP       O Conditional Inspection       O Ground Adjustable         O Annual       O Unknown       Manufacturer: Hartzell       Manufacturer: Model:         Date Last Inspection:       03/30/2020       Model:       McC2YK-1B         mm/dd/vww       ELT Installed:       O Yes       No					Propell	er 1	OFixed P	Pitch		Prop	eller 2	0	Fixed Pitch	
O AAIP       O Conditional Inspection       Manufacturer: Hartzell       Manufacturer:         O Annual       O Unknown       Model: <u>HC-C2YK-1B</u> Model:         Date Last Inspection:       03/30/2020 mm/dd/vvv       ELT Installed: OYes       O No       Additional Equipment (Check all that apply)					-1	©Controllable Pitch OControllable Pit								
O Annual       O Unknown       Model:       Model:       Model:       Model:       Model:         Date Last Inspection:       03/30/2020 mm/dd/vwv       Model:       MC-C2YK-1B       Model:       Model:         ELT Installed:       O Yes       O No       Additional Equipment (Check all that apply)	OAAIP	OCond	litional Inspec											
Date Last Inspection:       03/30/2020         mm/dd/vvvv       ELT Installed: OYes ONo         Additional Equipment (Check all that apply)														
mm/dd/yyyy	Date Last Inspection: 03/30/2020				stalled:	⊙Yes O	No							
Airframe Total Time: 3,957.3 hrs If Yes:	Airframe Total Time: 3,957.3 hrs If Ye					If Yes:								
hours measured at (Select one)	hours measured at (Select one)					Model or Part No : Unknown								
TSO No.: OC91 (121.5 MHz) OC91a (121.5 MHz)	TSO No.: (				Model or Part No.: Unknown									
Type of Maintenance Program (Select one) $\bigcirc$ C126 (406 MHz) $\square$ Electronic Flight Bag or Handheld Device	Type of Maintenance Program (Select one)					●C126 (406 MHz)					Electronic Flight Bag or Handheld Device			
O Conditional (Amateur-built only) Was ELI still mounted in aircraft? OYes ONo										Electronic Multifunction Display				
O Manufacturer's Inspection Program Did ELT Activate? OYes ONo	O Manufacturer's Inspection Program							, ⊡ Han	dheld GP	s				
O Continuous Airworthiness If activated:	O Other Approved hispection Program (AAIP)								<b>⊡</b> Onŀ					
O Other, specify: Did ELT Aid in Locating Aircraft: OYes ONo Satellite Tracking Device				~			ocating Aircra	ıft:	⊙Yes ONo	✓ Sate	ellite Tracl	king Devic	e	
Description of Fire Extinguishing System       If not activated:       Istall Warning System         None       Indicate Reason:       Impact Damage       Video Recording Device			tinguishing	System			Imnact Da	maa	e					
O Specify: □ Fire Damage ☑ Other, Specify: EDM 900 Engine Analzyer	-						Fire Dama	ige				<sup>y:</sup> EDM 9	00 Engine	Analzyer
Battery Expired/Damaged2x Fuel Tank TimersUnknownDigital CO Detection								pire	d/Damaged					

OWNER/OPERATOR INFORMATION										
Registered Aircraft Owner		City: Woodland Park								
Name: Joseph Benjamin Wydeven		State: CO ZIP: 80863								
Fractional Ownership Aircraft: • Yes C	) No	Country: United States								
<b>Operator of Aircraft</b> Same As Re	gistered Owner	Same Address as Registered Owner								
Name:		City:								
Doing Business As:										
Air Carrier/Operator Designator (4 Charact	er Code):	Country:								
<b>Operating Certificates Held</b> (Check all that apply)	Regulation Flight Conducted Un									
<ul> <li>None</li> <li>Flag Carrier Operating Certificate (FAR 121)</li> <li>Supplemental</li> <li>Air Cargo</li> <li>Foreign Air Carriers (FAR 129)</li> <li>Rotorcraft External Load (FAR 133)</li> </ul>	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight	431       O Non-Scheduled or Air Taxi       O International         435       O Passenger       O Cargo								
Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135)	ONon-US, Commercial ONon-US, Non-commercial	O Mail Contract Only								
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)								
<ul> <li>Pilot School (FAR 141)</li> <li>Certificate of Authorization or Waiver (COA)</li> <li>Commercial Space Transportation</li> <li>Experimental Permit</li> <li>Commercial Space Transportation License</li> <li>Other Operator of Large Aircraft</li> </ul>	O Armed Forces	O Aerial Application O Aerial Observation O Air DropO Firefighting O UnknownO Air Drop O Air Race/Show O Banner Tow O Business O Executive/CorporateO Firefighting O Unknown O Glider Tow O Unknown O Instructional O Personal O Positioning								
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 ap	pproach, landing, takeoff, departure, or within 3 miles of an airport)								
Airport Name: <u>Brennand Airfield</u> Airport Identifier: 79C		Distance From Airport Center: 0 sm								
<b>Proximity to Airport: O</b> Off Airport/Airstri	p On Airport/Airstrip ON/A	Direction From Airport:       0       degrees true         Airport Elevation:       850       ft. msl								
· · · · · · · · · · ·	r • r · · · · · ·	An port Elevation: <u>650</u> It filst								
Runway Information		Condition of Runway/Landing Surface (Check all that apply)								
Runway ID: 18       (L/R/C) Length: 2,4         Runway/Landing Surface       (Check all that all t	apply) adam 🗖 Water I/Wood	Dry       Snow-Compacted       Water-Calm         Holes       Snow-Crusted       Water-Choppy         Ice Covered       Snow-Dry       Water-Glassy         Rough       Snow-Wet       Wet         Rubber Deposits       Soft         Slush-Covered       Vegetation       Unknown								
Approach/Departure Segment (Select one)										
OTaxi OTakeoff OInitial Climb	OOn Instrument Ap	pproach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown								
<b>IFR Approach</b> (Check all that apply)		VFR Approach (Check all that apply)								
None		□None								
ADF/NDBPARSDFSidestepVOR/TVORILSVOR/DMELocalizer OnlyTACANLOC-back courseRNAV	□MLS     □Practice       □LDA     □GPS       □ASR     □Visual       □Contact     □Circling	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       Unknown								

"FLIGHT CREWMEMBER 1" INFORMATION												
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident         ● Pilot       O Co-Pilot       O Student Pilot       O Flight Instructor       O Check Pilot       O Flight Engineer       O Other Flight Crew												
"Flight Crewmember 1" was pilot flying												
"Flight Crewmember 1" Identification												
First Name: Joseph       City of Residence: Woodland Park												
Middle Initial:     B     State:     Colorado     ZIP: 80863												
Last Name: Wydeven							States					
Age at time of	Accident/Incide	ent: 34	Date of E		Country: United States mm/dd/vvvv							
Age at time of Accident/Incident: <u>34</u> Date of Birth: <u></u> <i>mm/dd/yyyy</i> Certificate Number: <u></u>												
Degree of Injury     Seat Occupied     Restraint Type     Inflatable Restraint										estraints		
O None O Estal O Left O Front O Unknown												
O Minor O Unknown O Serious	O Right O Center	O Rear O Single	-		O None	e	Used O None O Lap o	nly	✓ Not Installe			
Pilot Certificate(s) (Check al	that apply)				<b>O</b> 3-po	int	O <sup>3</sup> -poir	nt	Not De	oloyed		
□ None □ Flight I		Commercial	US M		О 4-ро О 5-ро		O 4-poir O 5-poir		Deploy			
<ul> <li>✓ Private</li> <li>☐ Recreat</li> <li>☐ Student</li> <li>☐ Sport</li> </ul>		Airline Transp Flight Enginee		n	O Unk		OUnkn					
			~		-		-					
Principal Occupation N	Aedical Certifi	cate		M	edical Ce	rtificate	Validity		Date of Las	t Medical		
•		Class 3		•	Without li			Unknown	10/01/20	10		
<b>•</b> • • • •		Driver's Lice Unknown	ense (Sport Pilot		With limit Special Is		vers O	N/A				
Medical Certificate Limitati	•				1							
Medical Certificate Special Issuance												
Date of Last Flight Review		Fligh	t Review Airo	craft								
or Equivalent, Including FAR 121/135 Checks:	06/16/20	Make	Mooney									
FAK 121/155 Checks:	00/10/20 	Mode	I: M20E Sup	er 21 Chap	arral							
Airplane Rating(s)	Other Aircra			ent Rating(		Instru	ctor Rating(	5)				
(Check all that apply)	(Check all that a			l that apply)	5)		all that apply)	•)				
□ None	✓ None		None None			Nor			Instrument			
<ul> <li>✓ Single-Engine Land</li> <li>→ Single-Engine Sea</li> </ul>	☐ Airship ☐ Balloon		☐ Airpla ☐ Helico				lane Single-Er lane Multi-En		Instrument Helicopter	Helicopter		
☐ Multiengine Land									Glider			
☐ Multiengine Sea	Gyroplane						ered Lift	C	Sport			
	☐ Helicopter ☐ Powered Lif	ì										
Type Ratings		t.				Stude	t Endorsem	ents (Include	dates)			
Type Ratings       Student Endorsements (Include dates)         PIC in a high performance airplane (06/16/20)												
PIC in a complex airp								olane (02/22/2	2019)			
Flight Time (Enter appropriate	All	This Make	Airplane Single	Airplane			nstrument			Lighter		
number of hours in each box)	Aircraft	& Model	Engine	Multiengine					Glider	Than Air		
Total Time	170	39	170		-	12	0 4					
Pilot in Command (PIC)	91	38	91		0	6	0 0		-	-		
Time as Instructor	0	0	0	(	0	0	0 0		0	0		
This Make/Model	4.4		4.4			6	0 0					
Last 90 Days	41	39	41		0	6	0 0	-				
Last 30 Days	33	33 0	33 0		0 0	6 0	0 0			-		
Last 24 Hours	U	0	U			v	5		0	0		

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident										
OPilot OCo-Pilot	O Student Pilot	<b>O</b> Flight Ir		Check Pilot	OFli	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:										
Initial       State       ZIP         Last Name:       Country:										
	Accident/Incident:			-						
Age at time of	Accident/ incident.						, aa, yyyy			
Degree of Injury	Seat Occupie		rtificate Numb		straint T				nflatable R	loctucinto
O None O Fatal	O Left	OFront	OUnknow	710				1	milatable F	lestraints
O Minor O Unknown	<b>O</b> Right	ORear	• • • • • • • • •		Availab O Non		Used O None		□ Not Inst	alled
O Serious	OCenter	OSingle			O Lap		O Lap only	y		
Pilot Certificate(s) (Check a					O 3-pc		O 3-point		□ Not Dep □ Deploye	
		ommercial	US Mi		O 4-pc O 5-pc		O 4-point O 5-point			
□ Private □ Recrea □ Student □ Sport		irline Transpo ight Engineer		1	<b>O</b> Unk		O Unknow	vn		
		-one Engineer	-							
Principal Occupation	Medical Certificat	te		Me	dical Co	ertificate Va	lidity		Date of Las	t Medical
O Pilot		Class 3				imitations/waiv		nknown		
O Other O Unknown		Driver's Licei Unknown	nse (Sport Pilot	only) O	With limi Special Is	tations/waivers	S O N	/A		 'VV
Medical Certificate Limita	•••••••••••				op <b>ee</b> iai io	saanoo				
Wieulcai Certificate Liffita	uons									
Medical Certificate Special	Issuance									
Meulear Certificate Special	issuance									
Data of Lost Flight Design		El La	D. 1. 41							
Date of Last Flight Review or Equivalent, Including		Flight	Review Airc	ratt						
FAR 121/135 Checks:		Make:								
	mm/dd/yyyy	Model	:							
Airplane Rating(s)	Other Aircraft			ent Rating(s	5)	Instructor				
(Check all that apply)	(Check all that app	ply)	(	that apply)		(Check all th	at apply)			
□ None □ Single Engine Land	□ None		None			□ None	0: 1 E ·		Instrument A	
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplaı ☐ Helico			☐ Airplane ☐ Airplane			Instrument H Helicopter	elicopter
☐ Multiengine Land	☐ Glider					Gyroplan			Glider	
☐ Multiengine Sea	□ Multiengine Sea □ Gyroplane □ Powered Lift □ Sport									
	☐ Helicopter ☐ Powered Lift									
Type Ratings						Student Fr	Idorsomon	ts (Include d	atas)	
Type Ratings						Student El	iuorsemen	is (include di	ules)	
			Airplane			Inet	rument			Ι
<b>Flight Time</b> (Enter appropriate number of hours in each box)		This Make	Single	Airplane Multionging	Niah			Dotononoft	Clidar	Lighter
Total Time	Aircraft	& Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)					+		+		<u> </u>	+
Time as Instructor			_				+			
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

		MBERS (	Exclusiv	e of cabin cr	ew, complete	the followin	g information)		
Crew Name and Add	lress						Seat Occupie	d	Injury
Middle Initial:		State	e:		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) ( None Private Student Type Rating/Endorse Accident/Incident Ai	Flight Instructor     Recreational     Sport	□ Airl □ Flig		oort DFor er light Time at		hrs	Restraint Typ Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used 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
Crew Name and Add	lress						Seat Occupie	d	Injury
Middle Initial:		State	e:		ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) ( None Private Student Type Rating/Endors Accident/Incident Ai	Flight Instructor     Recreational     Sport ement for rcraft? Yes	Airl Airl D Flig		oort	-	hrs	Restraint Tyj Available O None D Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used 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
			ماريدام م	ahin anaun a		awayata akaa	4 :f		
TAGGENGER(3)	OTHER PERSC	ONNEL (	Include c	abin crew; c	ontinue on s	eparate shee	et if necessary)	Inflatable	
Name and Address	OTHER PERS	ONNEL (	Include c	abin crew; c Seat	ontinue on s Injury	eparate shee Restraint T		Inflatable Restraints	Age
	City : State:	ZIP:				Restraint T Available ONone OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints           Not Installed           Installed           Not Deployed           Unknown	Under 5 years
Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None D 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	Restraints           Not Installed           Installed           Not Deployed           Unknown	□ Under 5 years I <i>If Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>If Under 5</i> , ○ Child Restraint ○ Lap-Held
Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:	City :         Country:         City :         City :         City :         OPassenger         Country:         OPassenger         City :         City :         City :         State:         City :         State:	ZIP: O Ot ZIP: O Ot ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None Lap Only O 3-point O 4-point O Unknown Used O None Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints          Not Installed         Installed         Not Deployed         Deployed         Unknown	□ 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

FLIGHT ITINERARY INFORMATION									
Last Departure Point	e of Departure	Destinatio	n		Type Fligh	t Plan F	ïled		
Airport ID: KATW	port ID: KATW			Airport ID: 79C				<b>O</b> VFR/IFR	
City: Appleton	Time			nah		O Company O Military		O IFR O Unknown	
State: Wisconsin			e Zone: Central State: Wiscons			O Winnary O VFR	VFK	<b>U</b> Unknown	
Country: United States			nited States		Activated?	OYes	ONo OUnknown		
Type of ATC Clearance/Se	ervice (Check all that	apply)							
□ None	☐ Special VFR ☐ IFR	□ Spe	ecial IFR R On Top		□ VFR Flight Follo □ Traffic Advisory		□ Cruis □ Unkr	se nown / NA	
Airspace where the accide	nt/incident occurre	d (Check all that	apply)				Altitu	de of In-Flight	
<ul> <li>Class A</li> <li>Class B</li> <li>Class C</li> <li>Class D</li> <li>✓ Class E</li> </ul>	☐ Mil ☐ Aiŋ ☐ Jet <sup>7</sup> ☐ TR <u>\$</u> ☐ FAI	☐ Special ☐ Air Traffic Contr ☐ Unknown	Special Occurrence:						
WEATHER INFORM	ATION AT TH	E ACCIDEN	T/INCIDEN	T SITE					
Source of Pilot Weather In					servation Facility				
(Check all that apply)				Facility ID: K	ť				
□ National Weather Service	Con								
✓ Flight Service Station □ TV/Radio	☐ Mili □ Inte			Observation Time: 21:30 Time Zone: Central					
<ul> <li>Automated Report</li> </ul>	Nor	e			Accident Site: 6.5				
□ Commercial Weather Servic ☑ On-Board Weather	e (DUATS) 🔲 Unk	nown			Accident Site: <u>16</u>		nm degrees	truo	
Basic Conditions		Light Conditi	on	Direction from	Accident Site. <u>10</u>		_ degrees	liuc	
<b>⊙</b> VMC		ODawn	ODusk	ODark	K Night <b>O</b> Un	known			
O IMC		ODay	ONight		ht Night	KIIOWII			
OUnknown			e	_	-				
Sky/Lowest Cloud Conditi	ion	Ceiling			Temperature:		(C) or _	<b>76</b> (F)	
O Clear	O Thin Broken	<ul> <li>O None (Clear)</li> <li>O Obscured</li> <li>O Broken</li> <li>O Indefinite</li> </ul>			Dew Point:	((	) or	(F)	
• Few • Partial Obscuration	O Thin Overcast O Unknown	Overcast O Indefinite							
O Scattered	Commonia				Altimeter Setting: <u>29.98</u> in. Hg or MB				
Lowest Cloud Condition I	leight	Ceiling Height				01	WIE		
_12000	ft agl	<u>12000</u>		ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles		
□ Variable	Calm		🗹 Not Gustin	ıg	RVR	:			
	Light and Vari	able				:	niles		
-or- Direction: degrees true	e Speed:	kts	-or- Speed:	kts	Density Altitud		innes	ft	
Intensity of Precipitation	Type of Precipit		·	Kt3	Restriction to		thook all t	-	
OLight	□ None	Drizzle	Freezing	a Dain	□ None			nai appiy)	
O Moderate	$\square$ Rain	□ Ice Pellets			Blowing Du		Ground Fo	g	
OHeavy	□ Snow	□ Snow Pellet			Blowing San		Haze		
O N/A O Unknown	<ul> <li>Hail</li> <li>Rain Showers</li> </ul>	□ Snow Grain □ Ice Crystals		g Drizzle	☐ Blowing Sn ☐ Blowing Sp		ce Fog Smoke		
Olikilowii					Dust		Jnknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Туре		Type (Check a	ll that apply)		verity	
<ul><li>None</li><li>N/A</li><li>Trace</li><li>Rime</li></ul>		<ul> <li>None</li> <li>Trace</li> </ul>	O N/A O Rime		✓ None ✓ Clear Air			Light Moderate	
O Light O Clear		O Light	O Clear		Terrain-Indu			Severe	
O Moderate O Mixed		O Moderate	O Mixe			Turbulence		Extreme	
O Severe O Unknown	own	O Severe O Unknown	<b>O</b> Unkr	IOWN					
	AIDMET SLOP		· • • • • • • •	4h o 4hrs 6 41	h a a a a a d 4 // *	J			
NOTAMs (D and FDC),	AIKME 18, SIG	VIE IS, PIKEPS	s in effect at	the time of the	ne accident/incid	ient:			
-									

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft	Dam
<b>A</b>	

age • Substantial O None O Minor O Destroyed

**Aircraft Fire** • None O In-Flight O Unknown O On-Ground

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)

Propeller, hub and crank damaged. Engine frame bent. Front cowling enclosure. landing light, air intake, oil cooler and firewall damage. Front landing gear collapsed, some pieces bent. Main Tires worn from applied braking. No significant damage aft of firewall. Engine case and exhaust intact and reusable. Aircraft will be repaired.

## 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.

I departed Appleton International Airport (KATW) at approximately 21:30 local time after self-serve fueling of the aircraft and performing my preflight inspection and run-up procedures. My intended destination was Brennand Airport (79C) in Neenah, Wisconsin, full stop. After departing runway 30 at KATW, VFR departure to the south, I performed a cruise checklist and descent/pre-landing checklists, as well as stated my position relative to the airfield over the CTAF. As I got closer to the airfield, I triggered the mic approximately seven times and subsequently turned on the non-standard edge lighting for runways 18 - 36. At this point, the airfield was off to my left; my aircraft to the west of the airfield, continuing southbound under the light of a full moon. I turned to the east and began a right turn, teardrop pattern, right base entry for runway 36. I chose this entry pattern in order to gain a better view of mortar-style fireworks approximately a half-mile south of the airfield. I determined the fireworks to be directly in my approach path, climbed back to a safe altitude and continued north of the airfield and along the west side. I entered another teardrop pattern, ending in a left base for runway 18. I continued to announce my intentions over the CTAF, focused on my airspeed and entered a controlled approach/final for runway 18. The fireworks continued during my approach. I was approximately 85 mph over the threshold of the runway, pulled the throttle to full idle and entered a float over my target point for runway 18. I recall an excessive period of floating while in ground effect and bounced twice before being fully weighted on the landing strip. This event occurred after my designated go-around decision point, and I determined a full landing to be a safer alternative to attempting to take off on the remaining runway and with fireworks in my departure path. I applied full brakes after being fully sure of my landing, and after rolling out for some time felt the aircraft overshoot the runway into the grass, at which point I immediately pulled mixture. The aircraft came to a full stop in the center of Breezewood Lane. No vehicles were involved. I turned off all electrical switches as well as ignition/magnetos, exited the aircraft and inspected it for any potential hazard, fire or otherwise, before calling emergency services. The fireworks within a half-mile of the runway continued even after I exited the airplane.

<b>RECOMMENDATION</b> (How	v could this accident/incident ha	ave been prevented?)			
Operator/Owner Safety Recomm	nendation				
This accident could have beer practicing landings at 79C dur to set an earlier go-around poi component) or simply return to prevented by making the decis	ing the day, and from both dire int based off a lower airpspeed o Appleton Airport (departure a	ections. This acciden I (70-80 mph, adjuste airport) to avoid the fi	t could have als ed for weight, ru	so been prevented inway length and/o	by making the decision or crosswind
MECHANICAL MALFU	NCTION/FAILURE (If mor	re space is needed, co	ontinue on separ	ate sheet)	
Was there Mechanical Malfund (If yes, list the name of the part, manual		scribe the failure.)			Total Time/Cycles On Part
					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INF					
<b>Fuel on Board at Last Takeoff</b> (Convert from pounds, as necessary)	<b>.</b> 1	<b>O</b> 115/145	<b>O</b> Jet B	O Other, specify	
52	Gallons ( <ul> <li>Io0 Low Lead</li> <li>I00/130</li> </ul>	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		🗆 Yes 🗹 No			
	the occupants exited and how ma		ed each location		
OTHER AIRCRAFT – C	OLLISION (If air or ground of	collision occurred, co	mplete this sect	ion for other aircraf	t)
Aircraft Registration Number	Manufacturer:	· · · · · · · · · · · · · · · · · · ·	•	Dam	age to Other Aircraft
	 Model:				estroyed I Minor ubstantial None
Registered Owner of Other Air			Other Aircraft		
Name:		Name: _			
City:ZIP:ZIP:		City: State:		_ZIP:	
Country:		Country	•	LII	

# 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         Name of Pilot/Operator:         Joseph Benjamin Wydeven										
07/10/2020 Signature:										
mm/dd/yyyy										
If a Person Other than Pilot/Operator is Filing Report										
Name: Title:										
Signature:										
or Check here to electronically sign this document										
FOR NTSB USE ONLY										
NTSB Accident/Incid	dent No.	<b>Reviewed by NTSB Regional Office</b>	Name of Investigator	Date Report Received						
WPR20CA208		WPR	Eleazar Nepomuceno	7/13/2020						