## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

DAGIO INFORM		ou for rep	OI CITIES	THE COLUMN	una pabii		morare c	- COIGGI		u more	CITES	CANCEL STORY
BASIC INFORM						201			100			
Accident/Incident Lo	cation	1111			NIAI	Acc	cident/Incid	ent Date/I	ime			
Nearest City/Place: CLOVIS State: MM					Date	e: mm/da		Lo	cal Time: _			
ZIP:Country: USA Latitude: 34-43 N Longitude: 103.08 W						mm/da	Vyyyy		me Zone:			
				OV	<i>'</i>							
(Enter in decim	al degrees or a	legrees:minutes:sed	conds)			Col	llision with	Other Air	craft:	Midair	On-groun	d None
AIRCRAFT INFO	RMATIO	N		1						10	and the same	
Registration Number	: N14	07W					IFR-Equip					
Manufacturer:	ANS						Commercia Unmanned		ght			
Model: 12V						Ma	aximum Gr	oss Weigh	t:	650	lbs	· · · · · · · · · · · · · · · · · · ·
Serial Number:	608	32_					eight at Tim					lbs
Year of Manufacture	: 200	>7	,	Λ		Nu	mber of Sea	ats:	<b>,</b>	Flight Cre	w Seats:	
Amateur-Built:	s If Yes:	Kit/Plans Mai	ke: <u>VAN</u>	15 /2	1-6	Cat	bin Crew Seat	s: •		Passenger	Seats: 1	
No	· · · · · ·	Original Design					mber of En			_		
Category of Aircraft		irworthiness Ce	rtificate		Landing Ge		3		Engine	Type (Se	elect one)	
Airplane Balloon	(Check all t				(Check all tha		• • •		Reci	procating	•	d Rocket
Blimp/Dirigible	Norma		ted			Ketra	actable			o Shaft o Prop		Rocket id Rocket
Glider	Aerob		-		Tricycle	Tailwheel Turbo P			_	None		
Gyroplane Helicopter	Balloo				Amphibia				own			
Powered Lift	Commuter Special Flight Emerge Transport Experimental Float			Float	y rio	Dat Si		Elect	nc			
Rocket	Utility Special Light-Sport Hull			Hull		SI	i/Wheel	Fuel Sys	stem Type	(Reciprocation	ng)	
Unknown	Ultralight Experimental Light-Sport Other Lightown			Other Lau	nch/	Recovery Sys	tem		uretor		Injected	
Certificate of Authorization or Waiver (COA)			None			nknown	111					
	1	<u> </u>				Т	Date	Rated Pow	er	Total	Time	Since:
		Engine			acturer's		of Mfg.	Horse	ower or	Time	Inspection	Overhaul
Engine Engine Manuf		Model/Series 0360-A	í A		Number 3 402-36		mm/dd/yyyy	1bs of '		(hours)	(hours)	(hours)
Eng. 2	110.67	300.7	17-5	-3	7402 3	+		[ 0		1001	(0	
Eng. 3						_						
Eng. 4			· · · · · · · · · · · · · · · · · · ·			十						
Last Inspection Type			Propelle	er 1	Fixed P		Ditab	Prope	ller 2		Fixed Pitch Controllable I	Dianta
100-Hour Cor	tinuous Airwo	orthiness				nd Adjustable Ground Adjustable						
	ditional Inspe	ction	Manufac	turer:		_		Manu	facturer:			
	chown /2.1	12000	Model: _					Mode	1:			
Date Last Inspection:	mm/dd/yy	1 20 20 yy	ELT Ins	stalled:	Yes	No		1	-	ipment (	Check all that	apply)
Airframe Total Time		hrs	If Yes:		A ATO	- 4	<i>T</i>	AD:	S-B rame Para	chute		
hours measured at (	•	74 . 194 . 194			er: <u>AAL R</u>	- 1	E LYA	Ang	le of Atta	ck Indicato	r	
Last Inspection	,	ccident/Incident	TSO No.			-	a (121,5 MHz	·M	opilot a Recorde			
Type of Maintenance Program (Select one) C126 (406 MHz)				(406 MHz)						Handheld De	vice	
Annual Conditional (Amateur-built only)						des No			ltifunction			
Manufacturer's Inspec	tion Program				nected to anter		Yes No		tronic Pri dheld GPS		t Display	
Other Approved Inspe		(AAIP)	Did ELT		? Yes _l	VO>	1	Hea	ds Up Dis	play		
Continuous Airworthin Other, specify:	ness		_		ocating Aircrai	ft:	Yes No		oard Wea			}
Description of Fire E	<b>tinguishi</b> no	System	If not ac		9		-		ilite 1 rack I Warning	ing Device System	7	
None		_ <b>,</b>	Indicate		Impact Dar	nage	;	Vide	eo Record	ing Device		
Specify:					Fire Damag			Oth	er, Specify	<b>'</b> :		
					Battery Exp Unknown «							

OWNER/OPERATOR INFORMA	ATION						
Registered Aircraft Owner	Λ	City: ALMONT					
Name: EARL WEIDEIYU	ELLERL	State: ZIP: 8 /2 / O					
Fractional Ownership Aircraft: Yes		Country: USA					
Operator of Aircraft Same As Re	egistered Owner	Same Address as Registered Owner					
Name:		City:					
Doing Business As:		State: ZIP:					
Air Carrier/Operator Designator (4 Charact	er Code):	Country:					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Unc	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) On-Demand Air Toyl (FAR 135)	FAR 91 FAR 129 FAR 4 FAR 103 FAR 133 FAR 4 FAR 121 FAR 135 FAR 4 FAR 125 FAR 137 FAR 4 FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial	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	Public Aircraft (Select one) Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  Aerial Application Firefighting Unknown Aerial Observation Flight Test Air Drop Glider Tow Air Race/Show Instructional Banner Tow Other Work Use Business Personal Executive/Corporate Positioning					
Revenue Sightseeing Flight	Air Medical Flight	External Load Skydiving Ferry					
Yes No	Yes No						
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	roach, landing, takeoff, departure, or within 3 miles of an airport)					
Airport Name: CLOUIS MU Airport Identifier: LCVN Proximity to Airport: Off Airport/Airstri	INICIPAL.	Distance From Airport Center:sm  Direction From Airport:degrees true  Airport Elevation: 4216 ft. msl					
		ASS. MAIN					
Runway/Landing Surface (Check all that of Asphalt Grass/Turf Macc	adam Water I/Wood	Condition of Runway/Landing Surface (Check all that apply)    Dry					
i Aducuacii/Dedaillice Sevinent <i>(Select one</i>	1						
Approach/Departure Segment (Select one Taxi VFR Departure Takeoff IFR Departure Proc Initial Climb	On Instrument App	proach Downwind Low Approach Base Go Around Final Aborted Landing (after touchdown) Crosswind Unknown					
Taxi VFR Departure Takeoff IFR Departure Proc	On Instrument App	Base Go Around Final Aborted Landing (after touchdown)					
Taxi VFR Departure Takeoff IFR Departure Proc Initial Climb	On Instrument App	Base Go Around Final Aborted Landing (after touchdown) Crosswind Unknown					
Taxi VFR Departure Takeoff IFR Departure Proc Initial Climb  IFR Approach (Check all that apply)	On Instrument App	Base Go Around Final Aborted Landing (after touchdown) Crosswind Unknown  VFR Approach (Check all that apply)					

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Res	-			cident				0.0000	51-	
Pilot Co-Pilot	Student Pilot	Flight	Instructor	Check Pilot	Fligh	it Engineer	Other 1	Flight Crew		
"Flight Crewmember 1" was	pliot flying	Yes	No		2022					
"Flight Crewmember 1" Ide							,			0.000
First Name: EARL				(	City of Re	sidence:	ALM	ONT		- 3
Middle Initial:				1	State:	0	:	ZIP: 8	1210	
Last Name: WEIDE	MULL	LER			Country:		A			
Age at time of	Accident/Incid	ent: 82	_ Date of l		oounny. ,		m/dd/yyyy		<del></del>	•
Age at time of Accident/Incident: Date of Birth: mm/dd/yyyy  Certificate Number:										
Degree of Injury Seat Occupied Restraint Type Inflatable Restraints										
None Fatal	Left	Front	Unkno		Available	-	Used	1	IIIIIIIIII I	ecoti minto
Minor Unknown Serious	Right Center	Rear			None	<b>3</b>	None		Not Ins	talled
CONTRACTOR OF THE PROPERTY OF THE		Single			Lap or	•	Lap onl		Installe	- 1
Pilot Certificate(s) (Check all		Outline and a	110 1	co.	3-poin 4-poin		3-point 4-point	_	Not De Deploy	
None Flight In Private Recreati	nstructor ional	Commercial Airline Trans		lilitary en	5-poin	ıt	5-point		Unknow	
Student Sport		Flight Engine	ег		Unkno	own	Unknov	vn.		
Principal Occupation N	fedical Certifi	cate 12	8, (	N/a	dical Ca-	tificate Va	Hdi+-	-	Date of La	et Madical
Pilot	None	Class 3	SIC FIED	. 1		itations/wai	-	nknown	/	/
Other	Class 1		ense (Sport Pilo			nons/waiver		/A	05/1	<del>/ -</del> ·
Unknown	Class 2	Unknown			Special Issu	the second second second second second	1		mm/dd/y	יעע
Medical Certificate Limitati	ons	CEAN	4 6	Chart	. 1.	1 Po	SSES	ION		
MUST !	MAVE	KEND	I JOH V	11151-	• • •	,				
Medical Certificate Special I	ssuance			500 SS 11 11 11 11 11 11 11 11 11 11 11 11	786	- 10				
Date of Last Flight Review		I Pilat	nt Review Air	anali				1.72000000		
or Equivalent, Including	2/2/			SSNA	10	7				8
FAR 121/135 Checks:	9/09/20	19 Make	-	33/V A	(6)	<u></u>				- 8
Al-ulana Dadi(c)	mm/dd/yyyy  Other Aircra	Mode		170 /						
Airplane Rating(s) (Check all that apply)	(Check all that			nent Rating(s Il that apply)						
None	None	-FF-7/	None		None Instrument Ai					Airnlane
Single-Engine Land	Airship		Airpl	ane j.	Airplane Single-Engine Instrumen				Helicopter	
Single-Engine Sea Multiengine Land	Balloon Glider		Helic	opter red Lift				Helicopter		
Multiengine Sea	Gyroplane		Towe	iou Liit		Powere			Sport	
	Helicopter Powered Lit	<b>a</b>							•	4
Type Ratings	***************************************	-	72			Student F	ndorsemer	ts (Include	dates)	
Type Ratings B-70  BAE-14	7 8-	720	13-127					11110711110		
RAF- 14	6 7	C - C	DC-	7						
	1)	- 8	•		1					
		r control o	Laboration	1		T	TIPE STATE		1	
Flight Time (Enter appropriate		This Make	Airplane Single	Airplane		Igsti	rument			Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multilengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	27000	420	2600		10000	***************************************	200	-	3	
Pilot in Command (PIC) Time as Instructor	22500	420	2500	-		2800	150	2	1	- 5
This Make/Model	18 5					0.0000000000000000000000000000000000000		7	7 III S 2	
Last 90 Days	8-4	8-F	2000	SIN.						
Last 30 Days	8.4	8.4	or control	1			<del>(                                    </del>		<del>                                     </del>	
Last 3d Hours	04	0 1		<del>                                     </del>		-			-	

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Res						2 4 3111001				
Pilot Co-Pilot	Student Pilot	Flight In		Check Pilot	Fli	ght Engineer	Other l	Flight Crew		
"Flight Crewmember 2" was		Yes	No			71 — — — — — — — — — — — — — — — — — — —		0.0		
"Flight Crewmember 2" Ide										
First Name:				(	City of Re	esidence:				
Middle Initial:				8	state:		Z	IP:		
Last Name:										
Age at time of A	Accident/Incident: _		Date of Bi						_	
		Cer	tificate Numb	ber:						
Degree of Injury	Degree of Injury Seat Occupied Restraint Type Inflatable Restraint							Restraints		
None Fatal Minor Unknown	Left Right	Front Rear	Unknov	vn I	Availab	le	Used			
Serious Olikhown	Center	Rear Single			Non	-	None		Not Ins	
Pilot Certificate(s) (Check all	that apply)				<u> Lар</u> 3-ро	only int	Lap only 3-point	<sup>у</sup>	Installe Not De	_
None Flight In	nstructor Con	mercial	US Mi	ilitary	4-ро	int	4-point		Deploy	ed
Private Recreati		ine Transpo ht Engin <del>ce</del> r		n	5-po Unk	int nown	5-point Unknov		Unknov	vn
Student Sport	1 11g	ut engareer								
Principal Occupation N	Aedical Certificate			Me	edical Ce	rtificate Va	lidity		Date of Las	t Medical
Pilot		ass 3				mitations/wai		nknown		
Other Unknown		iver's Licen iknown	ise (Sport Pilot		With limit Special Is:	ations/waiver suance	s N	/A	mm/dd/yy	עעע
Medical Certificate Limitati	Class 2	1		1	oposia	o but ro y	-		***************************************	
37899999	\	1 1		1/						
		1	\	N						
		1	\	11	J			<u> </u>	10 May 20	
Medical Certificate Special 1	ssuance	1/								
		1	\	1						
		1	9	1						
Date of Last Flight Review		Hlight	Review Airc	raft				- 2000	200	
or Equivalent, Including FAR 121/135 Checks:		Make:	. yı							
	mm/dd/yyyy	Mpdel:								
Airplane Rating(s)	Other Aircraft R		Instrum	ent Rating(	3)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply	v)	1	l that apply)	(Check all that apply)					
None Single-Engine Land	None Airship		None Airplai	ne.		None Airplane Single-Engine			Instrument Airplane Instrument Helicopter	
Single-Engine Sea	Balloon		Helico			Airplane	Multi-Engine		Helicopter	encopter
Multiengine Land Multiengine Sea	Glider Gyroplane		Powen	ed Lift		Gyroplan			Glider	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Helicopter				- 1	Powered	Litt		Sport	
To Della	Powered Lift				_					
Type Ratings						Student E	idorsement	is (Include de	ates)	
					- 1					
					Į.					
Flight Time (Enter appropriate	All T	nis Make	Airplane Single	Airplane		Inst	rument			
number of hours in each box)		Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor									<u> </u>	
This Make/Model	H				<u> </u>					
Last 90 Days					<b>_</b>					
Last 30 Days Last 24 Hours					-					

ADDITIONAL FEIGH	T CREWMEMBER	S (Exclusive	re of cabin cr	ew, complete	the followin	g information)	STEERAND TO BE	
Crew Name and Address						Seat Occupie	ed	Injury
First Name:		City of Reside	ence:			Left	Front	None
Middle Initial: ZIP: ZIP:						Center Right	Rear Single	Minor Serious
Last Name:		Country:					Unknown	Patal
							į.	Unknown
Pilot Certificate(s) (Checi	k all that apply)				3.0	Restraint Ty Available	pe: Used	Inflatable
None	Flight Instructor	Commercial		Military		None	None	Restraints
Private	Recreational	Airline Trans	•	reign		Lap Only	Lap Only	Not Installed Installed
Student	Sport	Flight Engine	-cı			3-point 4-point	3-point 4-point	Not Deployed
Type Rating/Endorseme	nt for	Total F	light Time a	the Time		5-point	5-point	Deployed Unknown
Accident/Incident Aircra	nft? Yes N	of this	Accident/Inc	ident:	hrs	Unknown	Unknown	Unknown
					STORES OF THE PARTY OF THE PART			
Crew Name and Address						Seat Occupie		Injury
First Name:			ence:			Left	Front Rear	None
Middle Initial:		State:	:	ZIP:		Center Right	Single	Minor Serious
Last Name:		Country:			_		Unknown	Fatal
								Unknown
Pilot Certificate(s) (Checi	k all that apply)					Restraint Typ Available	pe: Used	Inflatable
None	Flight Instructor	Commercial		Military		None	None	Restraints
Private Student	Recreational Sport	Airline Trans Flight Engine	•	eign		Lap Only	Lap Only	Not Installed Installed
			~			3-point 4-point	3-point 4-point	Not Deployed
Type Rating/Endorseme			light Time a			5-point	5-point	Deployed Unknown
Accident/Incident Aircra			Accident/Inci			Unknown	Unknown	Unknown
PASSENGERSIO	REK SEKKONNE	I /Inchido		amiliarea am a	ammenda aleani	4 14		
PASSENGER(S) / OT		in (include	cabin crew; c	ontinue on s	eparate snee	t ir necessary)	T. C. A. L.	
Name and Address			Seat	Injury	Restraint T		Inflatable Restraints	Age
Name and Address				Injury	Restraint T	ype Used		Age
Name and Address First Name: 2081 N	City: <u>AL-F(</u>	ONT	Seat Left	Injury None	Restraint T Available None	ype Used None	Restraints  Not Installed	
Name and Address  First Name: PoBIN  Middle Initial: D	City : A	6NT 81210	Seat	Injury	Restraint T Available None Lap Only 3-point	ype Used None Lap Only 3-point	Not Installed	Under 5 years
Name and Address First Name: 2081 N	City : A	6NT 81210	Seat  Left Center	None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point	Vpe  Used  None Lap Only 3-point 4-point	Not Installed Installed Not Deployed Deployed	Under 5 years  If Under 5,  Child Restrain
Name and Address  First Name: PoBIN  Middle Initial: D	City : A	6NT 81210	Seat  Left Center Right	None Minor Serious	Restraint T Available None Lap Only 3-point	ype Used None Lap Only 3-point	Not Installed Installed Not Deployed	Under 5 years  If Under 5,  Child Restraint Lap-Held
Name and Address  First Name: POBI N  Middle Initial: D  Last Name: WEIDENUE  Crew	City: ALIC State: O ZIP: US Passenger	81210 A Other	Left Center Right Unknown	None Minor Serious Fatal	Restraint T  Available  None  Lap Only  3-point  4-point  5-point  Unknown	ype Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed	Under 5 years  If Under 5,  Child Restrain
Name and Address  First Name: POBIN  Middle Initial: D  Last Name: WEIDER/UE  Crew  First Name:	City: ALIC State: 6 ZIP: Hestountry: US Passenger City:	81210 A Other	Left Center Right Unknown	None Minor Serious Fatal	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None	Vype  Used  None Lap Only 3-point 4-point 5-point Unknown  Used None	Not Installed Installed Not Deployed Deployed	Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown
Name and Address  First Name: POBIN  Middle Initial: D  Last Name: WEIDENUE  Crew  First Name: Middle Initial:	City: ALIC State: CO ZIP:  Passenger  City: State: ZIP:	81210 A Other	Left Center Right Unknown Row: Left Center	None Minor Serious Fatal Unknown  None Minor	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only	Vsed None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only	Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed	Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown
Name and Address  First Name: POBIN  Middle Initial: D  Last Name: WEIDER/UE  Crew  First Name:	City: ALIC State: CO ZIP:  Passenger  City: State: ZIP:	6NT 81210 A Other	Left Center Right Unknown Row:	None Minor Serious Fatal Unknown	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None	Vype  Used  None Lap Only 3-point 4-point 5-point Unknown  Used None	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown  Under 5 years  If Under 5,
Name and Address  First Name: POBIN  Middle Initial: D  Last Name: WEIDENUE  Crew  First Name: Middle Initial:	City: ALIC State: CO ZIP:  Passenger  City: State: ZIP:	6NT 81210 A Other	Left Center Right Unknown Row: Left Center Right	None Minor Serious Fatal Unknown  None Minor Serious	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only 3-point	Vsed None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point	Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Not Deployed	Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown
Name and Address  First Name: POBIN  Middle Initial: D  Last Name: WEIDENUE  Crew  First Name: Middle Initial: Last Name: Crew	City: ALIC State: CO ZIP:  Passenger  City: ZIP:  City: ZIP:  Country: ZIP:  Passenger	ONT 81210 A Other	Left Center Right Unknown Row: Left Center Right Unknown	None Minor Serious Fatal Unknown  None Minor Serious Fatal	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only 3-point 4-point 5-point Unknown  Available Available	Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown Used	Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Not Deployed Deployed Deployed Deployed Deployed	Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown  Under 5 years  If Under 5,  Child Restraint Lap-Held
Name and Address  First Name: POBIN  Middle Initial: D  Last Name: WEIDEN/UE  Crew  First Name:  Middle Initial: Last Name:  Crew  First Name:	City: AL I ( State: 6 ZIP:  Clescountry: US  Passenger  City: ZIP:  Country:  Passenger  City:  Country:  Country:  City:  Country:  Country:  City:  City:  Country:  Country:  City:  City:	Other Other	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only	Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not 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
Name and Address  First Name: POBIN  Middle Initial: TD  Last Name: WEIDENUE  Crew  First Name: Middle Initial: Last Name: Crew  First Name: Middle Initial: Last Name: L	City: ALP() State: CO ZIP:  Passenger  City: ZIP:  State: ZIP:  Country:  Passenger  City: ZIP:  Country: ZIP:  State: ZIP:  State: ZIP:	Other Other	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Center	None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only 3-point 4-point 5-point Unknown  Available Available	Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown Used	Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown	Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown  Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown
Name and Address  First Name: POBIN  Middle Initial: D  Last Name: WEIDEN/UE  Crew  First Name:  Middle Initial: Last Name:  Crew  First Name:	City: ALP() State: CO ZIP:  Passenger  City: State: ZIP: Country:  Passenger  City: State: ZIP: Country:  Passenger	Other Other	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious Fatal Fatal Fatal Fatal	Restraint T  Available None Lap Only 3-point 5-point Unknown  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only 3-point 4-point 4-point 5-point Unknown  Available None Lap Only 3-point 4-point	Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Installed Installed Installed Not Deployed Deployed Deployed	Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown  Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown
Name and Address  First Name: POBIN  Middle Initial: TD  Last Name: WEIDENUE  Crew  First Name: Middle Initial: Last Name: Crew  First Name: Middle Initial: Last Name: L	City: ALP() State: CO ZIP:  Passenger  City: ZIP:  State: ZIP:  Country:  Passenger  City: ZIP:  Country: ZIP:  State: ZIP:  State: ZIP:	Other Other	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Center Right	None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious	Restraint T  Available None Lap Only 3-point 5-point Unknown  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only 3-point Jone Lap Only 3-point Jone Lap Only 3-point	Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Pot Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Not 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
Name and Address  First Name: POBIN  Middle Initial: TD  Last Name: WEIDEMUE  Crew  First Name:	City: ALP( State: O ZIP:  Her Country: US  Passenger  City: ZIP: Country:  Passenger  City: ZIP: Country:  Passenger  City: ZIP: Country:  Passenger	ONT 81210 A Other Other	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown	None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious Fatal Fatal Fatal Fatal	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available	Used None Lap Only 3-point 4-point 5-point Unknown  Used	Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Installed Installed Installed Not Deployed Deployed Deployed	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 Lap-Held Unknown
Name and Address  First Name: POBIN  Middle Initial: TD  Last Name: WEIDERIVE  Crew  First Name:  Middle Initial:  Last Name:  Crew  First Name:  Crew  First Name:  Crew  First Name:  Middle Initial:  Last Name:  Crew	City: AL-P() State: CO ZIP:  Country: US  Passenger  City: ZIP:  Country:  Passenger  City: ZIP:  Country:  Passenger  City: ZIP:  Country:  City: ZIP:  Country:  Country:  City: ZIP:  Country:  Country:  City: ZIP:  Country:  City: ZIP:  Country:  City: ZIP:  Country:	Other Other	Left Center Right Unknown Row:	None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None	Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not 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  If Under 5,  Child Restraint Lap-Held Unknown
Name and Address  First Name: POBIN  Middle Initial: TD  Last Name: WEIDENUE  Crew  First Name:	City: ALP( State: CO ZIP:  Passenger  City: ZIP:  State: ZIP:  Country:  Passenger  City: ZIP:  Country: Passenger  City: ZIP:  Country: ZIP:  City: ZIP:  State: ZIP:	Other Other	Left Center Right Unknown Row:	None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available	Used None Lap Only 3-point 4-point 5-point Unknown  Used	Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Not 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  If Under 5, Child Restraint Lap-Held Unknown  Under 5 years  Under 5 years  Under 5, Child Restraint Lap-Held Unknown
Name and Address  First Name: POBIN  Middle Initial: TD  Last Name: WEIDERIVE  Crew  First Name:  Middle Initial:  Last Name:  Crew  First Name:  Crew  First Name:  Crew  First Name:  Middle Initial:  Last Name:  Crew	City: ALP( State: CO ZIP:  Passenger  City: ZIP:  State: ZIP:  Country:  Passenger  City: ZIP:  Country: Passenger  City: ZIP:  Country: ZIP:  City: ZIP:  State: ZIP:	Other Other	Left Center Right Unknown Row:	None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only 3-point 4-point 4-point 4-point 4-point	Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Poployed Unknown  Not Installed Installed Installed Installed Installed Poployed Unknown  Not Installed 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  If Under 5, Child Restraint Lap-Held Unknown  Under 5 years  Under 5 years  Under 5, Child Restraint Lap-Held Unknown
Name and Address  First Name: POBIN  Middle Initial: TD  Last Name: WEIDENUE  Crew  First Name:	City: ALP( State: CO ZIP:  Passenger  City: ZIP:  State: ZIP:  Country:  Passenger  City: ZIP:  Country: Passenger  City: ZIP:  Country: ZIP:  City: ZIP:  State: ZIP:	Other Other	Left Center Right Unknown Row:  Left Center Right Unknown Row:  Left Center Right Unknown Row:  Left Center Right Unknown Row:	None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown  None Minor Serious Fatal Unknown	Restraint T  Available None Lap Only 3-point 4-point 5-point Unknown  Available None Lap Only 3-point	Used None Lap Only 3-point 4-point 5-point Unknown  Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Not 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  If Under 5, Child Restraint Lap-Held Unknown  Under 5 years  If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY II	NEORMATIO							
Last Departure Point		e of Departure	Destination			Type Flight	Plan File	ed
Airport ID: KBAZ		COT	Airport ID:	KGUC		None		VFR/IFR
City: NEW BOLAUNE	でとう Time	DAM	City: 6	NNISOI	J !	Company		IFR
State: T	Time	Zone: CDT	State:	(D)		Military V VFR	TR	Unknown
Country: USA			Country:	USA		Activated?	Yes	No Unknown
Type of ATC Clearance/Serv	vice (Check all that	annly)						
None	Special VFR	Spe	ecial IFR		VFR Flight Follo		Cruise	
	IFR		R On Top	<u> </u>	Traffic Advisory	/	Unknov	wn/NA
Airspace where the accident				* ***			Altitude	of in-Flight
	Class G Demo Area		litary Operations port Advisory Ar		Special Air Traffic Contr	ml Area	Occurre	nce:
	Warning Area		Training Area	i Ca	Unknown	,Ui ALGE	_	ft msl
Class D	Prohibited Area	TRS						
	Restricted Area		R 93					
WEATHER INFORMA		ACCIDEN	<b>FINCIDEN</b>					
Source of Pilot Weather Info (Check all that apply)	rmation				ervation Facility			_
National Weather Service	Comp	nany	1		CVN su			25
Flight Service Station	Milita				ic:			,
TV/Radio	Interr							
Automated Report Commercial Weather Service (	None (DUATS) Unkn			Distance from A	ccident Site:		_ nm	
On-Board Weather	, DO: 1.10,				ccident Site:		degrees tru	ще
Basic Conditions		Light Conditi	ion	<u></u>				
VMC	1	Dawn	Dusk	Dark N		known		
	1	Day	Night	Bright	Night			
Unknown		6.111			<u>r</u>		<del></del>	
Sky/Lowest Cloud Condition	n Thin Broken	Celling		فسنت	Temperature:	(	C) or	<u> </u>
Clear Few	Thin Broken Thin Overcast	None (Clear)		Obscured Indefinite	Dew Point:	(C)	or	(F)
Partial Obscuration	Unknown	Overcast		Unknown	Altimeter Sett			
Scattered	!				Alumeter Sea	or or	in. Hg MB	
Lowest Cloud Condition He	_	Ceiling Heigh	it .	• 1		V		
- Section 1990	ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles	
Variable	Calm		Not Gustin	ig )	D V/D			
	Light and Varia	ble				÷		
-or-	-10-		-or-		i .	:	miles	
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitud		n	
Intensity of Precipitation	Type of Precipita	ition (Check all t	hat apply)		Restriction to	Visibility (Ch	eck all that	apply)
Light	None	Drizzle	Freezing	•	None Blowing Du		og	
Moderate Heavy	Rain Snow	Ice Pellets Snow Pellets	Snow Sl	hower ets Shower	Blowing Sai		round Fog aze	
N/A	Hail	Snow Grain	-	g Drizzle	Blowing Sno	ow Ic	e Fog	
Unknown	Rain Showers	Ice Crystals			Blowing Spi Dust	,	moke nknown	
Icing Forecast	1	Folion Antrol					Millows	
Amount Type		Icing Actual Amount	Туре	:	Turbulence Type (Check al	II that apply)	Sever	eltu
None N/A		None	N/A		None	It mai uppiy)		ght
Trace Rime		Trace	Rime		Clear Air			oderate
Light Clear Moderate Mixed		Light Moderate	Clear Mixed		Terrain-Indu Convective 1			vere treme
Severe Unknown	n	Severe	Unkn		Convenie	I lirouience	EA	reme
Unknown		Unknown						
NOTAMs (D and FDC), A	IRMETs, SIGM	ETs, PIREP	s in effect at	the time of the	accident/incid	lent:		
,	•	•			د مهر اس	= 10:15	ن عر	E C
				250	F AUN			
				100	T AUA	IL-ABO	L &	
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## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None Minor Substantial
Destroyed
Unknown

Aircraft Fire
None
In-Flight

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

Both Ground and In-Flight Explosion at Unknown Time

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

On-Ground

PIGHT MAIN GEM FOLDED PIGHT WING DAMAGE PROP STRIKE

## 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.

ACCIDENT OCCURED DURING LANDING CLOUIS MUNICOUND RUNWAY ZZ. AS I FLARED FOR TOUCH DOWN AIRCRAFT KEPT [LOATING AND WENT INTO AN UNUSDAL NOSE HIGH ATTITUDE, STILL NOT TOUCHING DOWN. I ABRUPTLY LOWERED NOSE AND AIRCRAFT STRUCK RUNNAY HARD & BUUNCEP. GOT INTO A SEVERE "PIO". AT SOME POINT DURING PIO FANDED POWER, BUT TOO LATE AS AIRCRAFT CAME DUNN ON RIGHT MAIL HARD CAUSING 17 TO COLCAPSE DOWER OFF IVE SKIDDED OFF LEFT SIDE OF RUNWAY + CAME TO STOP. THUT DOWN ELECTRICS, MASREN SW + MARS- THEN UNABLE TO GET ONT. CANOPY WASSTUCK. OPENE WITH CROW

BARS BY GACUND CREW

Operator/Owner Safety Recomme	endation			Action and Artistation (1995) (Self-time)			
SHOULD	HAVI	E NAYEN	Wych .	CLOSEN AT	IENTI ON		
TO 7/16	SHOULD HAVE PAYED MUCH CLOSER ATTENTION TO THE WEIGHT OF BASCARE IN						
BAGGAR	E /	OMPART	MENT.				
AFTEN I	T1+E	ACCIDE	TI	COMPUTE	SO THE		
C. E.							
	, -	7(					
MECHANICAL MALFUN	ICTION/F	AILURE (If more s	pace is needed, conf	tinue on separate sheet)			
Was there Mechanical Malfunc (If yes, list the name of the part, manu		? Yes No		THE STATE OF THE S	Total Time/Cycles On Part		
				6	Hours		
					Cycles		
					Time Since This Part Inspected/Overhauled		
					Hours		
ELIEL & SERVICES INFO	ODMATIC						
FUEL & SERVICES INFO	URMATIC	Fuel Type					
(Convert from pounds, as necessary)	Gallons	80/87 100 Low Lead	115/145 Jet A Jet A-1	Jet B Other, spec	cify		
Other Services, if Any, Prior to	Departure	100/130	JG A-1	Automotive			
EVACUATION OF AIRC							
EVACUATION OF AIRC			Control of the last of the las				
Was an emergency evacuation of			Yes No				
Method of Exit – Describe how t	she occupants	exited and how many	occupants evacuated	each location	non INCHE.		
AIRPORT	2515	22 NINEC	USED CI	10W BMS 7	o py		
CANORY			11 4000 873		77		
OTHER AIRCRAFT - CO	DLLISION	(If air or ground coll	ision occurred, com	plete this section for other:	aircraft)		
Aircraft Registration Number		rer:		***************************************	Damage to Other Aircraft Destroyed Minor		
Registered Owner of Other Airc				ther Aircraft	Substantial None		
Name:							
City: ZIP:			City:	=4.6±2! — — —	- 40.00		
Country:			_ State:	ZIP:			
	Military Market Company						

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

ADDITIONAL INF	ORMATIC	ON (Please type or print in ink)		
Use this space if addit	tional space	is needed for any answers.		
				,
				:
HEREBY CERTIFY	THAT TH	E ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF A	Y KNOWLEDGE
Date of this Report	Name of	Pilot/Operator: <u>FARL</u> WE	IDEMUELLER	
06 24 2020	Signature			
mm/dd/yyyy	or	Check here to electronically sign this d	locument	
If a Parson Other the	n Dilat/On	erator is Filing Report		
Name:	in LuovOb	erator is ruing Keport	<b>679.</b> 2	
Name:			Title:	
-or- C	neck here to	electronically sign this document		
	III.II.881 (Co. 5.	FOR NTSB U		
NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR20CA185		WPR	Eleazar Nepomuceno	7/1/2020