

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: EARL WEIDENVELLERCity: ALMONTState: CO ZIP: 81210Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**Same As Registered Owner

Name: _____

Same Address as Registered Owner

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

None ☒
Flag Carrier Operating Certificate (FAR 121)
Supplemental
Air Cargo
Foreign Air Carriers (FAR 129)
Rotorcraft External Load (FAR 133)
Commuter Air Carrier (FAR 135)
On-Demand Air Taxi (FAR 135)
Commercial Air Tour (FAR 136)
Agricultural Aircraft (FAR 137)
Pilot School (FAR 141)
Certificate of Authorization or Waiver (COA)
Commercial Space Transportation
Experimental Permit
Commercial Space Transportation License
Other Operator of Large Aircraft

Regulation Flight Conducted Under

FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces
Federal
State
Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

Aerial Application Firefighting Unknown
Aerial Observation Flight Test
Air Drop Glider Tow
Air Race/Show Instructional
Banner Tow Other Work Use
Business Personal
Executive/Corporate Positioning
External Load Skydiving
Ferry

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: CLOVIS MUNICIPALDistance From Airport Center: 0 smAirport Identifier: KCVNDirection From Airport: 0 degrees trueProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/AAirport Elevation: 4216 ft. msl**Runway Information**Runway ID: 22 (L/R/C) Length: 7200 ft Width: 150 ft**Runway/Landing Surface (Check all that apply)**

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

Condition of Runway/Landing Surface (Check all that apply)

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

Approach/Departure Segment (Select one)

Taxi VFR Departure On Instrument Approach Downwind Low Approach
Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
Initial Climb Final Aborted Landing (after touchdown)
Crosswind Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident <div style="display: flex; justify-content: space-between; font-size: small;"> Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew <input type="checkbox"/> </div>																																																																																																				
"Flight Crewmember 1" was pilot flying Yes No																																																																																																				
"Flight Crewmember 1" Identification <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> First Name: <u>EARL</u> Middle Initial: <u>C</u> Last Name: <u>WEIDEMUELLER</u> </div> <div style="width: 50%;"> City of Residence: <u>ALMONT</u> State: <u>CO</u> ZIP: <u>81210</u> Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Age at time of Accident/Incident: <u>82</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED] </div>																																																																																																				
Degree of Injury <div style="display: flex; justify-content: space-between; font-size: x-small;"> None <input checked="" type="checkbox"/> Minor Serious Fatal Unknown </div>		Seat Occupied <div style="display: flex; justify-content: space-between; font-size: x-small;"> Left <input checked="" type="checkbox"/> Right Center Front Rear Single Unknown </div>		Restraint Type <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> Available None Lap only 3-point 4-point 5-point Unknown </div> <div> Used None Lap only 3-point 4-point 5-point Unknown </div> </div>			Inflatable Restraints <div style="font-size: x-small;"> Not Installed Installed Not Deployed Deployed Unknown </div>																																																																																													
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> None Private Student </div> <div> Flight Instructor Recreational Sport </div> <div> Commercial Airline Transport Flight Engineer </div> <div> US Military Foreign </div> </div>																																																																																																				
Principal Occupation <div style="font-size: x-small;"> Pilot Other Unknown </div>		Medical Certificate <u>BASIC MED</u> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> None Class 1 Class 2 </div> <div> Class 3 Driver's License (Sport Pilot only) Unknown </div> </div>			Medical Certificate Validity <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> Without limitations/waivers With limitations/waivers Special Issuance </div> <div> Unknown N/A </div> </div>			Date of Last Medical <u>05/17/2017</u> mm/dd/yyyy																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/09/2019</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>CESSNA 182</u> Model: _____																																																																																																
Airplane Rating(s) <small>(Check all that apply)</small> <div style="font-size: x-small;"> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea </div>		Other Aircraft Rating(s) <small>(Check all that apply)</small> <div style="font-size: x-small;"> None Airship Balloon Glider Gyroplane Helicopter Powered Lift </div>		Instrument Rating(s) <small>(Check all that apply)</small> <div style="font-size: x-small;"> None Airplane Helicopter Powered Lift </div>		Instructor Rating(s) <small>(Check all that apply)</small> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift </div> <div> Instrument Airplane Instrument Helicopter Helicopter Glider Sport </div> </div>																																																																																														
Type Ratings <u>B-707 B-720 B-727</u> <u>BAE-146 DC-8 DC-9</u>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>27000</td> <td>420</td> <td>2600</td> <td></td> <td>10000</td> <td>3000</td> <td>200</td> <td></td> <td>3</td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>22500</td> <td>420</td> <td>2500</td> <td></td> <td></td> <td>2800</td> <td>150</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>8.4</td> <td>8.4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>8.4</td> <td>8.4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	27000	420	2600		10000	3000	200		3		Pilot in Command (PIC)	22500	420	2500			2800	150				Time as Instructor											This Make/Model											Last 90 Days	8.4	8.4									Last 30 Days	8.4	8.4									Last 24 Hours	0	0								
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"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious	Seat Occupied Left Front Right Rear Center Single Unknown	Restraint Type <table style="width: 100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
None	Flight Instructor	Commercial	US Military														
Private	Recreational	Airline Transport	Foreign														
Student	Sport	Flight Engineer															

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

A

Medical Certificate Special Issuance

9

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings	Student Endorsements (Include dates)
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
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 Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Front Center Rear Right Single Unknown		Injury None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div>None Private Student</div> <div>Flight Instructor Recreational Sport</div> <div>Commercial Airline Transport Flight Engineer</div> <div>US Military Foreign</div> </div>					Restraint Type: <div style="display: flex;"> <div style="flex: 1;"> Available None Lap Only 3-point 4-point 5-point Unknown </div> <div style="flex: 1;"> Used None Lap Only 3-point 4-point 5-point Unknown </div> </div>		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Front Center Rear Right Single Unknown		Injury None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div>None Private Student</div> <div>Flight Instructor Recreational Sport</div> <div>Commercial Airline Transport Flight Engineer</div> <div>US Military Foreign</div> </div>					Restraint Type: <div style="display: flex;"> <div style="flex: 1;"> Available None Lap Only 3-point 4-point 5-point Unknown </div> <div style="flex: 1;"> Used None Lap Only 3-point 4-point 5-point Unknown </div> </div>		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between;"> Crew Passenger Other </div>			Seat Left Center Right Unknown Row: _____	Injury None Minor Serious Fatal Unknown	Restraint Type <div style="display: flex;"> <div style="flex: 1;"> Available None Lap Only 3-point 4-point 5-point Unknown </div> <div style="flex: 1;"> Used None Lap Only 3-point 4-point 5-point Unknown </div> </div>		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Age Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between;"> Crew Passenger Other </div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between;"> Crew Passenger Other </div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between;"> Crew Passenger Other </div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>KBAZ</u> City: <u>NEW BRAUNFELS</u> State: <u>TX</u> Country: <u>USA</u>		Time of Departure Time: <u>1201</u> Time Zone: <u>CDT</u>		Destination Airport ID: <u>KGUC</u> City: <u>GUNNISON</u> State: <u>CO</u> Country: <u>USA</u>	
Type Flight Plan Filed <div style="display: flex; justify-content: space-between;"> <div> None Company VFR Military VFR VFR </div> <div> VFR/IFR IFR Unknown </div> </div> Activated? Yes No Unknown					
Type of ATC Clearance/Service (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> None VFR </div> <div> Special VFR IFR </div> <div> Special IFR VFR On Top </div> <div> VFR Flight Following Traffic Advisory </div> <div> Cruise Unknown / NA </div> </div>					
Airspace where the accident/incident occurred (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> Class A Class B Class C Class D <input checked="" type="checkbox"/> Class E </div> <div> Class G Demo Area Warning Area Prohibited Area Restricted Area </div> <div> Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 </div> <div> Special Air Traffic Control Area Unknown </div> <div> Altitude of In-Flight Occurrence: _____ ft msl </div> </div>					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather </div> <div> Company Military Internet None Unknown </div> </div>			Weather Observation Facility Facility ID: <u>CVN AWOS 135.875</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
Basic Conditions VMC IMC Unknown		Light Condition <div style="display: flex; justify-content: space-around;"> Dawn Day Dusk Night Dark Night Bright Night Unknown </div>			
Sky/Lowest Cloud Condition <div style="display: flex; justify-content: space-between;"> <div> Clear Few Partial Obscuration Scattered </div> <div> Thin Broken Thin Overcast Unknown </div> </div> Lowest Cloud Condition Height _____ ft agl		Ceiling <div style="display: flex; justify-content: space-between;"> <div> None (Clear) Broken Overcast </div> <div> Obscured Indefinite Unknown </div> </div> Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>83</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.02</u> in. Hg or _____ MB	
Wind Direction <u>Variable</u> -or- Direction: _____ degrees true	Wind Speed <u>Calm</u> <u>Light and Variable</u> -or- Speed: _____ kts	Wind Gusts <u>Not Gusting</u> -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> None Rain Snow Hail Rain Showers </div> <div> Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals </div> <div> Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle </div> </div>		Restriction to Visibility (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust </div> <div> Fog Ground Fog Haze Ice Fog Smoke Unknown </div> </div>		
Icing Forecast <div style="display: flex; justify-content: space-between;"> <div> Amount None Trace Light Moderate Severe Unknown </div> <div> Type N/A Rime Clear Mixed Unknown </div> </div>		Icing Actual <div style="display: flex; justify-content: space-between;"> <div> Amount None Trace Light Moderate Severe Unknown </div> <div> Type N/A Rime Clear Mixed Unknown </div> </div>		Turbulence <div style="display: flex; justify-content: space-between;"> <div> Type (Check all that apply) None Clear Air Terrain-Induced Convective Turbulence </div> <div> Severity Light Moderate Severe Extreme </div> </div>	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <div style="text-align: center; padding-top: 20px;"> <p>SELF SERVICE FUEL</p> <p>NOT AVAILABLE</p> </div>					

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

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

RIGHT MAIN GEAR FOLDED
RIGHT 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 location, services obtained, and intended destination. Provide as much detail as possible.

ACCIDENT OCCURRED DURING LANDING ON
CLOVIS MUNI (CVN) RUNWAY 22.

AS I FLARED FOR TOUCHDOWN AIRCRAFT
KEPT FLOATING AND WENT INTO AN
UNUSUAL NOSE HIGH ATTITUDE, STILL
NOT TOUCHING DOWN. I ABRUPTLY
LOWERED NOSE AND AIRCRAFT STRUCK
RUNWAY HARD & BOUNCED. GOT INTO
A SEVERE "PIO". AT SOME POINT DURING
PIO I ADDED POWER, BUT TOO LATE
AS AIRCRAFT CAME DOWN ON RIGHT
MAIN GEAR CAUSING IT TO COLLAPSE.
POWER OFF IVE SKIDDED OFF LEFT
SIDE OF RUNWAY & CAME TO STOP.
SHUT DOWN ELECTRICS, MASTER SW
& MABS. THEN UNABLE TO GET OUT.
CANOPY WAS STUCK. OPENED WITH CROW

BAR BY GROUND CREW

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

Operator/Owner Safety Recommendation

SHOULD HAVE PAID MUCH CLOSER ATTENTION
TO THE WEIGHT OF BAGGAGE IN
BAGGAGE COMPARTMENT.
AFTER THE ACCIDENT I COMPUTED THE
C.G. TO BE AT AFT LIMIT.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

____ Hours
____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

38 Gallons

Fuel Type

80/87 115/145
100 Low Lead Jet A
100/130 Jet A-1

Jet B
JP8
Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

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

CANOPY WAS JAMMED - UNABLE TO OPEN FROM INSIDE.
AIRPORT PERSONNEL USED CROW BARS TO PUSH
CANOPY OPEN

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed Minor
Substantial None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if 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

06/24/2020
mm/dd/yyyy

Name of Pilot/Operator:

EARL WEIDENMUELLER

Signature:

- or -

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

- or -

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR20CA185

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Eleazar Nepomuceno

Date Report Received

7/1/2020