NATIONAL TRANSPORTATION SAFETY BOARD NTSB Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/ Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C, 20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government. Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions: Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/Incident site at the time of occurrence. If no weather reporting was available for the accident/Incident site, indicate the

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/ photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

 $\it Runway:$ Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/ incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMS (*D* and *FDC*), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to www.ntsb.gov.

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT														
	This form	to be u	sed for re	porting	, civil	and publ	lic	aircraft	accide	nts an	id inci	dents		
BAS	IC INFORM	ATION												
Accide	ent/Incident Lo	ation			and the condition		A	ccident/Inci	lent Date/	Time				
Nearest	City/Place:	Kalaeloa	Airport (PHJR)		State: _	ĦI	D	ate: 01/	07/2020	Lo	ocal Time:	3:00 PM		
ZIP:	96707	Country:	USA				mm/dd/yyyy Time Zone: HI							
Latitude	21.3073539		Longitude:	-158.0703	017	-								
ADDARSHING AVERALING	(Enter in decime	al degrees or	degrees:minules:s	conds)			Collision with Other Aircraft: O Midair OOn-ground ONone							
AIRC	RAFT INFO	<u>RMATIO</u>	<u>N</u>											
Regist	ration Number:	N779	LB		☐ IFR-Equipped and Certified									
Manut	acturer:	IRRUS				ļ		lai Space Fi l Aircraft	ight					
Model	SR22 G3						N	Aaximum Gi	oss Weigh	t: 3400)	lbs		
Serial	Number: 2499)					v	Veight at Tin	1e of Accio	lent/Inci	dent: 3	240	lbs	
Year o	f Manufacture:	2007					N	lumber of Se	ats: 4		Flight Cr	ew Seats: 2	2	
•Amate	ur-Built: OYes	If Yes:	OKit/Plans Ma	1ke:			C	abin Crew Sea	ts:		Passenge	r Seats: 2		
~ .			O Original Design				N	lumber of Ei	ngines: <u>1</u>	r				
Catego	ory of Aircraft	Type of A (Check all)	irworthiness C	ertificate		Landing Ge	ear ar a	um hu)		Engin	e Type <i>(</i> S	elect one)		
OBallo	on	Standar	d Special				Ret	<i>ppy)</i> tractable		• Reci O Turl	iprocating to Shaft	O Liqu O Soli	iid Rocket d Rocket	
OBlim OGlide	p/Dirigible	Norm	al 🗌 Restri	oted d		✓ Tricycle		□T	ailwheel	O Turt	o Prop	ŎНуb	rid Rocket	
ÖGyro	plane	Balloo	$n \square Provis$	ional		Amphibia	m	Пн	OTurbo Jet ONone					
OHelic OPowe	opter red Lift	Comn	iuter 🗖 Specia	l Flight		Emergenc	y F	loat 🔲 S	cid	OElec	tric	O Onk	nown	
ORock	et		v □Experia	l Light-Spo	ort	Float Hull		∐S ⊡S	ci ci/Wheel					
OUltra	light			mental Lig	ht-Sport	□ Other Lau	mat	Dagovaru Su	tom	Fuel Sy	stem Type wretor	(Reciprocat	ing) Inianta d	
	lown	Certificate	e of Authorization	or Waiver	(COA)				nlmonm	O Carb	arcioi	Ortier	-injected	
				Cindiowii	l			Date	Rated Pow	or	Total	Time	Sinoo	
Engine	Engine Mooufe	aturar	Engine Model/Service		Manuf	acturer's	of Mfg. O Horsepower of Time Inspection Overhaul							
Eng. 1	Continental		IO550N		691608	Number B		mm/dd/yyyyy 03/28/19	310	hrust	(hours) 288	(hours) 48	(hours) 288	
Eng. 2											200	10	200	
Eng. 3		\												
Eng. 4				[
Last In	spection Type			Propelle	er 1	OFixed Pi OControll	itch Iabl	e Pitch	Prope	ller 2	0	Fixed Pitch Controllable	Pitch	
⊙ 100-H	our OCont	inuous Airwo	rthiness			OGround	Ad	justable			ŏ	Ground Adju	istable	
O Annua O Annua	al OUnkr	ilional inspection	stion	Manufac	turer:	McCauley			Manu	facturer:			<u> </u>	
Date La	ast Inspection:	12/11/2	019	Model:	C290D	<u>3K/T23</u>			Mode	l:				
		mm/dd/yy	ינינ	ELT Ins	stalled:	⊙Yes Ol	No		Additio	nal Equi	ipment (Check all tha	t apply)	
Airfran	ie Total Time:	4723.3	hrs	If Yes: ELT Ma	nufacture	ere Artex				ате Para	chute			
ΟL	ast Inspection	OTime of A	ccident/Incident	Model or	Part No.	: 406			Ang	le of Atta	ck Indicato	r		
Type of	Maintenance P	rogram (Se	lect one)	TSO No.:	OC91 (121.5 MHz) O) C9	la (121.5 MHz	Data	pnot Recorder	r			
O Annual									Electronic Flight Bag or Handheld Device					
O Conditional (Amateur-built only) Was ELT still mounted in aircraft? OYes ONo														
Manu O Other	Other Approved Inspection Program (AAIP) Did ELT Activate? OYes ONo													
O Conti	Continuous Airworthiness If activated: Unkown													
O Other	, specify:			Did ELT	Aid in L	ocating Aircraf	ft: (OYes ONo		lite Track	ing Device	e		
Descrip	tion of Fire Ext	inguishing	System	If not ac	tivated: Reasons	Unkown	1kown 🔽 Stall Warning System							
• Speci	ify: Fire Exting	uisher by l	eft leg in	indicate	senovii;	☐ Impact Dam ☐ Fire Damag	nage ge	e		r, Specify				
	pilot's seat					Battery Exp	oireo	d/Damaged		-				
						■ Unknown			I					

J

OWNER/OPERATOR INFORM	ATION	
Registered Aircraft Owner		City: Wailea
Name:Laurence Balter		State: HI 71P 96753
Fractional Ownership Aircraft: O Yes C) No	Country: USA
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner
Name: John Foreman		City: Mill Creek
Doing Business As:		State: WA ZIP: 98012
Air Carrier/Operator Designator (4 Charact	er Code):	Country: UBA
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted U	Inder 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) 	 FAR 91 OFAR 129 OFAR 103 OFAR 133 OFAR 135 OFAR 121 OFAR 135 OFAR 137 OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial 	 \$415 \$431 \$431 \$435 \$437 \$437 \$0 Passenger \$0 Cargo \$0 Mail Contract Only
On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	ONON-US, NON-commercial	Purpose of Flight for FAR 91, 103, 133, 137
 Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft 	O Armed Forces O Federal O State O Local O Unknown	(Select one) O Aerial Application O Firefighting O Unknown O Aerial Observation O Flight Test O Glider Tow O Air Drop O Glider Tow O Air Race/Show Instructional O Banner Tow O Other Work Use O Business O Personal O Executive/Corporate O Positioning O Selection O Selection
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving
O Yes ● No	O Yes O No	
AIRPORT INFORMATION (Fill in	f accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Kalaeloa Airport	······································	Distance From Airport Center: 0 sm
Airport Identifier: PHJR		Direction From Airport:0 degrees true
Proximity to Airport: OOff Airport/Airstrip	● On Airport/Airstrip ON/A	Airport Elevation: 30 ft. msl
Runway Information		Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 4R (L/R/C) Length: 80 Runway/Landing Surface (Check all that a) Asphalt Grass/Turf Maca Concrete Gravel Metal Dirt Ice Snow	200 _ft Width: 200 _ft pply) dam □ Water /Wood □ Unknown	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 OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb	OOn Instrument Ap odure/Clearance OLanding	pproach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
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 O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew											
"Flight Crewmember 1" was	s pilot flying	🛛 Yes 🗖	No		-	Ų		U			
"Flight Crewmember 1" Ide	entification										
First Name: John					City of R	esidence	Mill Creek				
Middle Initial: B							IVIIII OTGOK				
Last Name: Foreman					State: V	VA		ZIP: <u>980</u>	12	-	
			~ •		Country:	USA			······	-	
Age at time of	Accident/Incid	ient: <u>36</u>	Date of]	Birth:	198	33/	nm/dd/yyyyy				
Degree of Injury	Seat Ocan							1			
\bigcirc None \bigcirc Fatal	left	Pied O Front	O Unkno	1	Kestraint 1	ype			Inflatable	Restraints	
O Minor O Unknown O Right O Rear Available Used O Serious O Center O Single O None O None Installed											
Pilot Certificate(s) (Check all that apply) O Lap only O Lap only Installed Image: Check all that apply O 3-point O 3-point Installed											
□ None □ Flight Instructor □ Commercial □ US Military ◎ 4-point ◎ 4-point □ Deployed											
□ Private □ Recreational □ Airline Transport □ Foreign ○ 5-point ○ Unknown											
	l	l Fagat Englad	er		O Clinter	0111	0.000				
Principal Occupation N	Iedical Certif	icate		N	Medical Cer	rtificate Va	alidity		Date of La	st Medical	
O Pilot O None O Class 3 O Without limitations/waivers O Unknown											
Other O											
Medical Certificate Limitatio	J Class Z	OUIKIIUWII			O Special Iss			I	mm/uw y	<i>YYY</i>	
None	0113										
Medical Certificate Special I	ssuance										
None											
,											
Date of Last Flight Review		Flig	it Review Air	eraft							
or Equivalent, Including	01/07/0000	Mak									
FAR 121/155 Checks:	0110772020 	Mode	el: SR22								
Airplane Rating(s)	Other Aircra	Ift Rating(s)	Instrum	ent Rating	r(s)	Instructo	r Poting(s)				
(Check all that apply)	(Check all that	apply)	(Check al	ll that apply)	5(5)	(Check all	that apply)				
None	None None		🗹 None			None None		[Instrument	Airplane	
Single-Engine Sea	Balloon		Airpla	ane		Airplan	e Single-Eng	ine [Helicopter	
Multiengine Land	Glider		D Power	red Lift		\Box Gyroph	ane		Glider		
Multiengine Sea	Gyroplane					Powere	d Lift	Γ	Sport Sport		
	Powered Li	ft									
Type Ratings						Student I	Endorsemen	nts (Include	dates)		
none						Initial, Cro	oss-Country,	Additional a	Airport, 90 da	y, class B	
						Solo (12/	31/2019). No Toot (1/6/	Private Pilot	t Part 61 Airm	ian	
						Performa	nce Airplane	(10/20/201	npiex and hij 9).	Jt I-	
			Airplane						1		
Flight Time (Enter appropriate number of hours in each box)	All	This Make	Single	Airplane		Inst	rument	-		Lighter	
Total Time	45.8	<u>44</u> 7	Lngine 15 Q	wintengin	ie Night	Actual	Simulated	Kotorcraft	Glider	Than Air	
Pilot in Command (PIC)	10	10	10				3.0				
Time as Instructor		iv									
This Make/Model					3	-	3.6				
Last 90 Days	45.8	44.7	45.8		3	-	3.6				
Last 30 Days	24.3	24.3	24.3		<u> </u>	-			·		
Last 24 Hours	1.5	1.5	1.5			-			-		
							A				

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OCther Flight Crew										
"Flight Crewmember 2" w	as pilot flying 🛛 🗖	Yes 🗵	No			88	••••••			
"Flight Crewmember 2" Id	lentification									
First Name: William				C	ity of D	eridence:	Maimanala			
Middle Initial: P				0		,				. <u> </u>
Last Name: Redget				S	tate: <u>H</u>	1		21P: <u>9679</u>	5	
Last Name. Fauget	· · · · · · · · · · · · · · · · · · ·			C	ountry:	USA				
Age at time of	Accident/Incident:		Date of B	irth:	194	6	mm/dd/yyyyy			
		Ce	rtificate Num	ber:		. L				
Degree of Injury	Seat Occupied		• • • •	Res	straint T	Гуре			Inflatable 1	Restraints
Minor O Unknown Serious	O Left O Right O Center	OF ront ORear OSingle	UUnknov	wn	Available Used O None O None INot I					
Pilot Certificate(s) (Check all that apply) O Lap only O Lap only O Lap only Installed Pilot Certificate(s) (Check all that apply) O 3-point O 3-point Installed										
□ None □ Flight Instructor □ Commercial □ US Military ○ 4-point ○ 4-point □ Deployed										
Private Recre	ational Z Air	line Transpo	ort 🛛 🗖 Foreig	n	O 5-po	int nown	O 5-point	370	Unknow	wn
□ Suident □ Sport		gnt Enginee	T		O Olik	nown		·¥11		
Principal Occupation	Medical Certificate	e		Me	dical Ce	ertificate	Validity		Date of La	st Medical
O Pilot O None O Class 3 O Without limitations/waivers O Unknown										
O Other	O Class 1 OD	river's Lice	nse (Sport Pilot	only) O	With limit	tations/wai	vers ON	J/A	<u>10/29/1</u>	9
				103	special is	suance				<i>vyy</i>
Correctivo Longoo	tions									
CONCOME LENGES										
Medical Certificate Special	Issuance			<u>.</u>						
•										
Date of Last Flight Review		Flight	Doviow Airo	no ft						
or Equivalent, Including		riigiit		1411						
FAR 121/135 Checks:	8/28/19	- Make:					··			
	mm/dd/yyyy	Model	: 2088							
Airplane Rating(s)	Other Aircraft R	Rating(s)	Instrum	ent Rating(s))	Instruc	tor Rating(s)			
□ None	None	59	(Check all	(that apply)		(Check a	ll that apply)	171	T	t
Single-Engine Land	Airship		Airpla	ne			ane Single-Engi	ne 🗆	Instrument A	arpiane Ieliconter
□ Single-Engine Sea	Balloon		Helico	pter		🗹 Airpl	ane Multi-Engin	e 🛛	Helicopter	
✓ Multiengine Land	Girger Gyronlane		L Power	ed Lift			olane		Glider	
	Helicopter						rea Lin	L1	Sport	
	Powered Lift									
Type Ratings						Student	Endorsemen	ts (Include a	lates)	
ATP SE and ME, B-707, B-7; MEL-11167	20, B-737, DC-9, L-3	82, SD-3, \$	SR20, SR22, S	SEL-4400,						
ITIMM FILUS	4									
Elight Time (Free month Airplane Instrument										
number of hours in each box)	All T Aircraft	his Make & Model	Single Engine	Airplane Multienging	Night	Actu	al Simulated	Referent	Glider	Lighter Than Air
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This Make/Model										
Last 90 Days										
Last 30 Days					1			.		
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)											
Crew Name and Ad	ldress						Seat Occupie	ed	Injury		
First Name:		City	y of Reside	nce:			O Left O Center	O Front O Rear	O None O Minor		
Middle Initial:		Stat	te:		ZIP:		O Right	Ö Single	O Serious		
Last mame:		Cou	untry:					V OIMIO,II	O Unknown		
Pilot Certificate(s)	(Check all that apply)						Restraint Ty	pe: Used	Inflatable		
	Flight Instructor	r □Cor	mmercial		Military		O None	Restraints			
Student	Sport		ght Engine	er in the second s	elga		O Lap Uniy O 3-point				
Type Rating/Endor	sement for		 Total F	light Time a	t the Time		O 4-point O 5-point	O 4-point O 5-point	Not Deployed Deployed		
Accident/Incident A	Aircraft? 🛛 Yes	No 🗆 No	of this A	Accident/Inc	ident:	hrs	ÖUnknown	O Unknown	Unknown		
Crew Name and Ad	dress		Seat Occupie	Injury							
First Name:		City	y of Reside	nce:			OLeft OCenter	O Front O Rear	O None O Minor		
Middle Initial:		State	te:	2	ZIP:		ORight	O Single	O Serious		
Last Name:	······	Cou			Ummoni	O Fatal O Unknown					
Pilot Certificate(s)	(Check all that apply)						Restraint Ty	pe:	Inflatable		
□ None	Flight Instructor	r 🛛 Cor	mmercial		Military		Available O None	O None	Restraints		
Student	Sport	🗆 Au	ght Engine	er LIPOI	eign		O Lap Only O 3-point	O Lap Only O 3-point	Installed		
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PASSENCER(S)	/ OTHER PERSI	ONNEL ((Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)				
PASSENGER(S) Name and Address	/ OTHER PERS	<u>ONNEL (</u>	(Include c	cabin crew; c	ontinue on s	eparate shee Restraint T	t if necessary) 'ype	Inflatable Restraints	Age		
PASSENGER(S) Name and Address First Name:	City :	ONNEL ((Include c	abin crew; c Scat	ontinue on s Injury	eparate shee Restraint T Available	t if necessary) 'ype Used	Inflatable Restraints	Age		
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FLIGHT ITINERARY	INFORMATIC	N							
Last Departure Point	Tii	ne of Departure	e Destinati	on		Type Fligh	t Plan F	ʻiled	
Airport ID: PHJR			Airport ID	: PHJR		• None		O VFR	/IFR
City: Kapolei	110	ie: 2:15 Pivi	City: Ka	polei		O Company	VFR	O IFR	
State: HI	Tin	ne Zone: HI	_ State: HI	· · · · · · · · · · · · · · · · · · ·		O Military	VFR	O Unkr	iown
Country: USA			Country:	USA		Activated?	OYes	ONo (DUnknown
Type of ATC Clearance/S	ervice (Check all tha	t apply)							
□ None ☑ VFR	□ Special VFR □ IFR	□ Sp □ VI	ecial IFR FR On Top		□ VFR Flight Foll □ Traffic Advisory	owing	☐ Cruis ☐ Unkr	e Iown / NA	X.
Airspace where the accide	nt/incident occurre	d (Check all that	t apply)				Altitu	le of In-	Flight
Class A	Class G	🗖 Mi	litary Operations	s Area (MOA)	Special		Occur	rence:	1
Class C	Warning Area	☐ Jet	Training Area	lica		oi Area			ft msl
Class D	Prohibited Area		SA P 02						
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Source of Pilot Weather I	Internation		TANGIDEN	Weather Ob	convertion Facility	100 00 00 00 00			
(Check all that apply)	nonmation			Fasility ID.	Servation Facility				
National Weather Service	Cor	npany		Facinty ID; 1					ĺ
TV/Radio	L] Mil	itary met		Observation 1	ime: <u>2.55pm</u>				
Automated Report		ie		Distance Con					
Commercial Weather Servic	æ (DUATS) 🛛 Unl	nown		Distance from	Accident Site: 0		nm		
Basic Conditions		Light Condit	ion	Direction from	Accident Site: 0		degrees	true	
• VMC		ODawn	ODusk	ODark	Night Olini	mourn			
OIMC		•Day	ONight	OBrig	ht Night				
OUnknown			<u> </u>						
Sky/Lowest Cloud Condit	on	Ceiling			Temperature:	((C) or	81	(F)
O Clear O Few	O Thin Broken	O None (Clear)		Obscured	Dew Point.	(C) or	64	
O Partial Obscuration	O Unknown	• Overcast	ĕ	Unknown) 01	04	_(r)
• Scattered					Altimeter Setti	ng: <u>30.12</u>	in. F	lg	
Lowest Cloud Condition 1	leight	Ceiling Heigh	t			or	IMB		
	IT agi	4500		ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles		
□ Variable	Calm		Not Gustin	g	RVR		feet		
-01-	Light and Vari	able			DVV				
Direction: 080 degrees true	Speed: <u>12</u>	kts	-or- Speed: 28	kts	Density Altitud	a: -150	_mmes	ф.	
Intensity of Precipitation	Type of Precipit	ation (Check all t	hat apply)		Restriction to V	e. <u>100</u> Jieihility (Cl	naak all th	at apphil	
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O Moderate	Rain	Ice Pellets	Snow S	iower	Blowing Dus	t 🗖 G	round Fog	5	
O Heavy O N/A	LI Snow	Snow Pellet	s LI Ice Pelle	ets Shower	Blowing San	d 🔲 H	aze e For		
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Amount Type		Amount	Tyne		Turbulence	that apply)	For		
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O Trace O Rime		O Trace	O Rime		Clear Air	d	2N	loderate	
O Moderate O Mixed		O Moderate	O Clear O Mixed	b	Convective T	ca urbulence	⊡S □ R	evere xtreme	
O Severe O Unkno	wn	O Severe	O Unkn	own				Actome	
		Unknown							
NOTAMs (D and FDC),	AIRMETs, SIGN	IETs, PIREPs	in effect at t	the time of th	e accident/incid	ent:			
wultiple PIREPs for Turbi	ilence/ Windshear	AIRMET for n	orth shore clo	ouds.					
·									

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Ai	rcraft	D
0	None	
0	Minor	

Substantial
 Destroyed
 Unknown

Aircraft Fire O None O In-Flight O On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown Aircraft Explosion O 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)

Right wing strike. Nose impact to ground. Propeller completely destroyed. Right wing fractured. Landing Gear broken nose and left.

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.

Jan 7 on my checkride with William Padget I completed a soft field landing at approximately 3pm local time and was told to execute a soft field touch and go. The landing was without incident and I began soft field takeoff. Immediately after entering ground effect during soft field takeoff I experienced windshear from the right. This banked the airplane left and pushed the airplane left of centerline.

I corrected by right stick At first no response, then violent response to the right. I could not stop the airplane from banking until right wing tip struck runway. After wing strike the airplane rotated significantly to the left and rose up to approximately 15 feet, yawed left and continued to bank left, rotate left and down despite my attempts to provide corrective action. Airplane impacted left bank, nose down, left of centerline. William and I both lost our glasses in the impact.

Aircraft slid to a stop. Right wing was on fire. I opened left door and asked William to get out on my side. We both climbed free out of left door and walked away. William had a small cut to the outside of his thumb. No other injuries.

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Operator/Owner Safety Recommendation

I believe that windshear caused a stall during soft field takeoff while in ground effect. Perhaps, if the aircraft had more kinetic energy, my control inputs would have been more effective.

MECHANICAL MALFU	NCTION/I	FAILURE (If mo	re space is needed,	continue on sepa	arate sheet)		
Was there Mechanical Malfun (If yes, list the name of the part, man	Total Time. On Part	/Cycles					
							Hours Cycles
		÷				Time Since Inspected/(	This Part )verhauled
							Hours
FUEL & SERVICES INF	ORMATI	ON					
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	J	Fuel Type O 80/87	O 115/145	O Jet B	O Other, specify		
92	Gallons	<b>O</b> 100/130	O Jet A-1	O Automotive			
Other Services, if Any, Prior to	) Departure						
EVACUATION OF AIRC	RAFT						
Was an emergency evacuation	of the aircr;	aft performed?	🗹 Yes 🗖 No				
Method of Exit – Describe how Right wing was on fire. Left d	the occupant toor was us	s exited and how ma ed.	iny occupants evacua	ated each location			
OTHER AIRCRAFT - C	OLLISIO	N (If air or ground	collision occurred, (	complete this sec	tion for other aircraf	ł)	
Aircraft Registration Number	Manufactu	arer:		(2200000) - COLOCOUPORTCAMANDER COLOCATION	Dam	age to Other	Aircraft
	Model:				Dr	estroyed ubstantial	☐ Minor □ None
Registered Owner of Other Air	reraft		Pilot (	of Other Aircraft	······		
Name:			Name				
City:			City:		710.		
Country:		<u></u>	State.	rv:	ZIr:		

# ADDITIONAL INFORMATION (Please type or print in ink)

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

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I HEREBY CERTIF	Y THAT TH	IE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO TH	E BEST OF MY KNOWLEDGE							
Date of this Report	Name of ]	Pilot/Operator: John B. Foreman	·····								
1/9/2020	1/9/2020 Signature										
mm/dd/yyyy or Check here to electronically sign this document											
If a Person Other tha	an Pilot/Op	erator is Filing Report		······································							
Name:			Title:								
Signature:		· · · · · · · · · · · · · · · · · · ·									
<i>or</i> 🔲 C	heck here to	electronically sign this document									
an chan church an can be ann an Nachadh ann an church an starta		FOR NTSB	USE ONLY								
NTSB Accident/Incid ANC20CA012	dent No.	Reviewed by NTSB Regional Office AS-ANC	Name of Investigator Noreen Price	Date Report Received January 9, 2020							

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