

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

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Ooltewah</u> State: <u>TN</u> ZIP: <u>37363</u> Country: <u>United States</u> Latitude: <u>35.079700</u> Longitude: <u>-85.050280</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>07/04/20</u> Local Time: <u>7:45 pm</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern</u>
Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N760JJ</u> Manufacturer: <u>Lockwood Aviation</u> Model: <u>AirCam</u> Serial Number: <u>0176</u> Year of Manufacture: <u>2015</u> Amateur-Built: <input checked="" type="radio"/> Yes <i>If Yes:</i> <input checked="" type="radio"/> Kit/Plans <i>Make:</i> <u>AirCam</u> <input type="radio"/> No <input type="radio"/> Original Design	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>2100</u> lbs Weight at Time of Accident/Incident: <u>1875</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>1</u> Number of Engines: <u>2</u>
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Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input checked="" type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input checked="" type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Rotax (Right)	912ULS	6782986	04/01/2014	100	346.0	15.0	N/A
Eng. 2	Rotax (Left)	912ULS	6782985	04/01/2014	100	346.0	15.0	N/A
Eng. 3								
Eng. 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>08/24/2019</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>346.0</u> hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	Propeller 1 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Warp Drive</u> Model: <u>SN14328</u>	Propeller 2 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Warp Drive</u> Model: <u>SN14329</u>
Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>Artex</u> Model or Part No.: <u>ELT 1000</u> TSO No.: <input checked="" type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input checked="" type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input checked="" type="checkbox"/> Unknown	Additional Equipment (Check all that apply) <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input checked="" type="checkbox"/> Electronic Multifunction Display <input checked="" type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input checked="" type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____
Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: N401SC, LLCCity: ChattanoogaState: TNZIP: 37421Fractional Ownership Aircraft: Yes NoCountry: United States**Operator of Aircraft** Same As Registered Owner Same Address as Registered OwnerName: James H. Jolley; N401SC, LLC; MemberCity: ClevelandDoing Business As: N/AState: TNZIP: 37311Air Carrier/Operator Designator (4 Character Code): N/ACountry: United States**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: Collegedale AirportDistance From Airport Center: 2.5 smAirport Identifier: KFGUDirection From Airport: NNW degrees trueProximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 860 ft. msl**Runway Information**Runway ID: Lake (L/R/C) Length: 1200 ft Width: 400 ft**Condition of Runway/Landing Surface** *(Check all that apply)***Runway/Landing Surface** *(Check all that apply)*

- Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood
 Dirt Ice Snow 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)*

- 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

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: James

City of Residence: Cleveland

Middle Initial: H

State: TN ZIP: 37311

Last Name: Jolley

Country: United States

Age at time of Accident/Incident: 59 Date of Birth: [redacted] mm/dd/yyyy

Certificate Number: [redacted]

Degree of Injury

None Fatal
 Minor Unknown
 Serious

Seat Occupied

Left Front Unknown
 Right Rear
 Center Single

Restraint Type

Available

None
 Lap only
 3-point
 4-point
 5-point
 Unknown

Used

None
 Lap only
 3-point
 4-point
 5-point
 Unknown

Inflatable Restraints

Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

Pilot Certificate(s) (Check all that apply)

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

10/23/2019
mm/dd/yyyy

Medical Certificate Limitations

Must have available glasses for near vision.

Medical Certificate Special Issuance

N/A

**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:** 12/17/2109
mm/dd/yyyy

Flight Review Aircraft

Make: Cirrus Vision
Model: SF-50

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 Instrument Airplane
 Airplane Single-Engine Instrument Helicopter
 Airplane Multi-Engine Helicopter
 Gyroplane Glider
 Powered Lift Sport

Type Ratings

Cirrus SF-50 Vision Jet
AirCam Twin Engine Land & Water
Carbon Cub CCK1865
Cirrus SR-22T

Student Endorsements (Include dates)

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	6,075	503	4,665	1,410	459	650	110	0	0	0
Pilot in Command (PIC)	6,075	503	4,665	1,410	459	650	110	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	119	10	109	10	5	6	0	0	0	0
Last 30 Days	27	6	21	6	3	3	0	0	0	0
Last 24 Hours	2	2	0	2	0	0	0	0	0	0

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

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

Medical Certificate Special Issuance

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) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> 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		Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input checked="" type="radio"/> Single <input type="radio"/> Unknown	<input checked="" type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Restraint Type: Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: 0 _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Restraint Type: Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Kelly</u> City: <u>Cleveland</u> Middle Initial: <u>M</u> State: <u>TN</u> ZIP: <u>37311</u> Last Name: <u>Jolley</u> Country: <u>United States</u> <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input checked="" type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: <u>2</u>	<input checked="" type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KFGU</u> City: <u>Collegedale</u> State: <u>TN</u> Country: <u>United States</u>	Time of Departure Time: <u>6:00 pm</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>KFGU</u> City: <u>Collegedale</u> State: <u>TN</u> Country: <u>United States</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: <u>900</u> ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
<input type="checkbox"/> National Weather Service	Facility ID: <u>KCHA</u>
<input type="checkbox"/> Flight Service Station	Observation Time: <u>6:00 pm</u>
<input type="checkbox"/> TV/Radio	Time Zone: <u>Eastern</u>
<input type="checkbox"/> Automated Report	Distance from Accident Site: <u>10</u> nm
<input type="checkbox"/> Commercial Weather Service (DUATS)	Direction from Accident Site: <u>245</u> degrees true
<input checked="" type="checkbox"/> On-Board Weather	

Basic Conditions	Light Condition
<input checked="" type="radio"/> VMC	<input type="radio"/> Dawn
<input type="radio"/> IMC	<input type="radio"/> Dusk
<input type="radio"/> Unknown	<input type="radio"/> Dark Night
	<input type="radio"/> Unknown
	<input checked="" type="radio"/> Day
	<input type="radio"/> Night
	<input type="radio"/> Bright Night

Sky/Lowest Cloud Condition	Ceiling	Temperature: _____ (C) or <u>90</u> (F)
<input type="radio"/> Clear	<input type="radio"/> None (Clear)	Dew Point: _____ (C) or <u>85</u> (F)
<input checked="" type="radio"/> Few	<input type="radio"/> Broken	Altimeter Setting: <u>2992</u> in. Hg
<input type="radio"/> Partial Obscuration	<input type="radio"/> Overcast	or _____ MB
<input type="radio"/> Scattered	<input type="radio"/> Obscured	
<input type="radio"/> Thin Broken	<input type="radio"/> Indefinite	
<input type="radio"/> Thin Overcast	<input type="radio"/> Unknown	
<input type="radio"/> Unknown		
Lowest Cloud Condition Height <u>8000</u> ft agl	Ceiling Height <u>N/A</u> ft agl	

Wind Direction	Wind Speed	Wind Gusts	Visibility <u>10</u> miles
<input checked="" type="checkbox"/> Variable	<input type="checkbox"/> Calm	<input checked="" type="checkbox"/> Not Gusting	RVR: _____ feet
-or-	<input checked="" type="checkbox"/> Light and Variable	-or-	RVV: _____ miles
Direction: <u>NE</u> degrees true	Speed: <u>4-6</u> kts	Speed: _____ kts	Density Altitude: <u>2100</u> ft

Intensity of Precipitation	Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
<input type="radio"/> Light	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="radio"/> Moderate	<input type="checkbox"/> Rain	<input type="checkbox"/> Fog
<input type="radio"/> Heavy	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Blowing Dust
<input checked="" type="radio"/> N/A	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Ground Fog
<input type="radio"/> Unknown	<input type="checkbox"/> Snow	<input type="checkbox"/> Blowing Sand
	<input type="checkbox"/> Hail	<input type="checkbox"/> Haze
	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Blowing Snow
	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Fog
	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Smoke
	<input type="checkbox"/> Ice Crystals	<input type="checkbox"/> Blowing Spray
		<input type="checkbox"/> Dust
		<input type="checkbox"/> Unknown

Icing Forecast	Icing Actual	Turbulence
Amount	Amount	Type (Check all that apply)
<input checked="" type="radio"/> None	<input checked="" type="radio"/> None	<input checked="" type="checkbox"/> None
<input type="radio"/> Trace	<input type="radio"/> Trace	<input type="checkbox"/> Clear Air
<input type="radio"/> Light	<input type="radio"/> Light	<input type="checkbox"/> Terrain-Induced
<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="checkbox"/> Convective Turbulence
<input type="radio"/> Severe	<input type="radio"/> Severe	
<input type="radio"/> Unknown	<input type="radio"/> Unknown	Severity
Type	Type	<input type="checkbox"/> Light
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="checkbox"/> Moderate
<input type="radio"/> Rime	<input type="radio"/> Rime	<input type="checkbox"/> Severe
<input type="radio"/> Clear	<input type="radio"/> Clear	<input type="checkbox"/> Extreme
<input type="radio"/> Mixed	<input type="radio"/> Mixed	
<input type="radio"/> Unknown	<input type="radio"/> Unknown	

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
None

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

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Aircraft damage as a result of the incident consisted of amphibious float strut damage and forward fuselage nose damage.

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.

Departed KFGU for a sightseeing trip over Lake Chickamauga and the Tennessee River. After flying to the lake, flying north and south on the lake and making several water touch & go's, we proceeded back to KFGU. Prior to KFGU, I decided to make one more water touch & go at a smaller lake near KFGU. I had made multiple landings at this lake in the past and was familiar with the location. Immediately before touch down, the plane "tipped" to the right and the right float touched down first and the aircraft proceeded to veer sharply to the right coming to rest on a nearby grass bank. I would characterize the veer to the right to be similar to a ground loop event on a tail dragger. Upon impact with the grass bank, damage occurred to the float struts and the forward fuselage nose. The pilot position and nose on the AirCam is high and extends forward of the floats. The slope of the bank was approximately 20-30 degrees and was covered in tall natural grasses. Upon coming to rest, the plane sat on the grass bank with the right wing lower than the left wing. Afterwards, I verified that my wife was not injured, I turned off the engines, all electronics and verified that the gear were in the "up" position for water landing, exited the aircraft and assisted my wife with exiting the aircraft. Several minutes afterwards a person came to check on us and offered us a ride to KFGU.

The next day, Sunday, 7/5/20, the weather report called for severe thunderstorms during the day with lightning, hail and high winds. I returned to the aircraft and solicited help from a friend who had a backhoe and asked if he would help place the plane on level ground and help with securing the aircraft and tying it down to prevent damage from the storms. With some difficulty, we were able to lift the aircraft from the bank and onto level ground and support the aircraft in a secure fashion. Shortly after securing the aircraft the storms hit with heavy rains and high winds and lasted several hours. During the move, the right float was punctured by a float support cross brace and the damaged float struts were further damaged as a result of the weight shifting and loading.

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

Operator/Owner Safety Recommendation

The incident occurred in such a short time frame that reaction time was limited. In hind sight and thinking of all the associated conditions, including density altitude, I should have carried a little more airspeed prior to touchdown. As part of the repairs, I intend on installing a new panel with an AOA system.

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)

24 _____ Gallons

Fuel Type

- 80/87 115/145 Jet B Other, specify _____
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

Other Services, if Any, Prior to Departure

None.

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

Both occupants unfastened their 4-point harness and exited the aircraft on right side.

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

Name: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____

Pilot of Other Aircraft

Name: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

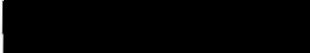
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

07/13/2020

mm/dd/yyyy

Name of Pilot/Operator: James H. Jolley

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.

ERA20CA254

Reviewed by NTSB Regional Office

ERA - VA

Name of Investigator

H. Kemner

Date Report Received

7/14/2020