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

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

BASIC INFORMATI	ON			, yayaşı						
Accident/Incident Location					:/Time				9001	
Nearest City/Place: Hemet		State	CA	Date:	07/25/20	009 Loc	Local Time: 0800.			
ZIP: 92545 Cour	ntry: USA				mm/dd/yyy	• • • • • • • • • • • • • • • • • • • •		Т	ary in contract to	
Latitude: 33:44.04:N (dd:	mm:ss N/S) Longitude: 11	7:01.35W (ddd	:mm:ss E/W)			i ir	ie Zone			
Phase of Operation				Coll	ision with Ot	her Aircraft	Altitude of			
Standing Takeoff (in	nel. initial climb) 🔲 Cruis		Hover	ПΝ	4idair		Occurrence	:e		
☐ Taxi ☐ Climb	∐ Mane		Other Jnknown		n-ground Ione	***		fi	t MSL	
☐ Descent ☑ Landing	Appr	nara 🛅 /	JHMIU¥4H	RET ;				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
AIRCRAFT INFORMATION  Max Gross Weight: 1,320 lbs										
Manufacturer: American	Legend Aircraft							4 2-	16 the	
Model: AL-3						ne of Accident/In				
Serial Number: AL-1058			_	1	ocation of C	enter of Gravity 16.94 inches fr	at 1 ime 01 /	or Matur	eident:	
Registration Number: N	918ZZ	Amateur-built:	☐ Yes 🗹 N	Io	-or-		om ∟ nose Mean Aerody	namic Cord (S	% MAC)	
C	Type of Airworthiness (	Cortificate					ng Gear	Retract		
	Type of Alfworthiness ( (Check all that apply)	or mirate	1		s:	— Checl		al landing ge	ar	
□ Balloon     □	Standard Spec	ial	If Large Airc	craft, h	ow many seats		curation that a	pplies:		
	☐ Normal ☐ R	estricted	Flight C	rew:		_   🗖 🗆	icycle	🗹 Ta	ilwheel	
	Utility Li	mited ovisional				ΙПА	nphibian	☐Hi	gh Skid	
☐ Helicopter	Transport	cperimental	1			I LIE	nergency Floroat	at □Sk: □Sk		
Powered lift Ultralight		pecial Flight ght Sport	,	· · —					i/Wheel	
Unknown	<b>₩</b>	giit oport					nknown			
Type of Maintenance Pro	ogram	Last Tospect	ion Type			Date Last Inspe	ction:	1/24/2008		
☑ Annual	***	100-Hour	Continu	ious Ai	rworthiness		mm/dd/yyyy			
Conditional (Amateur-buil Manufacturer's Inspection	it only) Program	∐ AAIP ☑ Annuai	☐ AAIP ☐ Condition ☐ Annual ☐ Unknow		spection	Airframe Total	frame Total Time: 119 hrs			
Other Approved Inspection	n Program (AATP)	Manual Director			hours		ours measured at (check one)			
Continuous Airworthiness Other, specify:						☐ Last Inspe	ction 🔽 T	ime of Accide	ent/Incident	
IFR Equipped		Stall Warnin	tall Warning System Installed			Type of Fire Extinguishing System				
Yes No Unkno	own	☐ Yes ☑ No ☐ Unknown				None None				
<del>-</del> -						Specify	<u> </u>		<del></del>	
	T Activated	ELT Manufa		erican	King Corpor	ration				
☑ Yes ☐ No ☑	Yes No	Model/Series	:: <u>AK-450</u>							
ELT Aided in Locating	Accident/Incident	Serial Numb	er: <u>482137</u>					_	_	
☐ Yes ☐ No		Battery Type	e: <u>Unknown</u>			Batt	ery Exp. Da	ite: <u>03/201</u>	2	
Engine Type	Reciprocati	ng Fuel P	ropeller							
Reciprocating Turk					Manufaa	turer: Sensenich				
☐ Turbo Shaft ☐ Turb			Fixed Pitch Controllable	Pitch	Model 6	9CK044L			<del></del>	
☐ Turbo Prop ☐ Unk	HOWIL				(VICIGO), _	Engine Rated	T -			
						Power Measured		Time	Time	
	1				Date	as (check one)  ✓ Horsepower	Total or Time	Since Inspection	Since Overhaul	
Engine   Engine Manufactu	Engine Frer Model/Series		aufacturer's al Number		of Mfg.  mm/dd/yyyy	lbs of Thrust	(hours)	(hours)	(hours)	
Engine Engine Manufactu  Eng. I Continental	0200-A66B	25625			100		119	29		
Eng. 2								<u> </u>		
Hing. 3					<u> </u>			<del> </del>	<u> </u>	
Eng. 4									<u> </u>	

OWNER/OPERATOR IN	FURINA I IUI				
Registered Aircraft Owner			Owner Address		
Name: Denney R. Marsh		City: Perris			
Fractional Ownership Aircraft: [	☐ Yes 🔽 No	State: CA ZIP: 92570 Country: USA			
Operator of Aircraft	Same As Registered	d Owner	Operator Address	Same As Registered Owner	
Name:			City: Z		
Doing Business As:			State: Z	AP:	
Air Carrier/Operator Designator (		e):	Country:		
Regulation Flight Conducted Un	nder		Revenue Sightseeing F		
	FAR 91 Special			<b>W</b> 110	
_ = _	Non-US, Comm Non-US, Non-co	ercial	Air Medical Flight	□ Tar	
	Armed Forces	onine com	☐ Yes	☑ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select o	one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial C (Check all that apply)	Operating Certificate Held	
☐ Personal		Scheduled or Commuter	None		
Business		☐ Non-Scheduled or Air Taxi	Flag Carrier Operating	Certificate (121)	
Executive/Corporate			Supplemental Air Cargo		
☐ Other Work Use  ☐ Instructional		Domestic or International	Foreign Air Carriers (12		
Ferry		Domestic International	Commuter Air Carrier ( On-Demand Air Taxi (		
Positioning			Large Helicopter (127)		
Aerial Application Aerial Observation		Cargo Operation	1 -		
Air Drop		☐ Passenger/Cargo	Rotorcraft External Load (133)		
Air Race / Show		PassengerHow many?	Agricultural Aircraft (1	137)	
☐ Flight Test ☐ Public Use		Cargo lbs	Other Operator of Large Aircraft		
Unknown					
OTHER AIRCRAFT - CO	DLLISION (	fair or ground collision occurred, complete	this section for other airc	raft)	
Aircraft Registration Number	Manufacturer:			Damage to Other Aircraft	
				Destroyed  Minor	
None	Model:				
	Model:			Destroyed Minor Substantial None	
None  Registered Owner of Other Airc First Name:	Model:			Destroyed Minor Substantial None	
None  Registered Owner of Other Airc First Name: Middle Initial:	Model:	City: State:	ZIP:	Destroyed Minor Substantial None	
None  Registered Owner of Other Airo First Name:  Middle Initial: Last Name:	Model:	City: State:		Destroyed Minor Substantial None	
None  Registered Owner of Other Airc First Name: Middle Initial: Last Name: Pilot of Other Aircraft	Model:	City: State: Country:	ZIP:	Destroyed Minor Substantial None	
None  Registered Owner of Other Airc First Name:  Middle Initial: Last Name:  Pilot of Other Aircraft First Name:	Model:	City:  State:  Country:	ZIP:	Destroyed Minor Substantial None	
None  Registered Owner of Other Airc First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial:	Model:	City: State: Country:	ZIP:	Destroyed Minor Substantial None	
None  Registered Owner of Other Airo First Name:	Model:	City:	ZIP:	Destroyed Minor Substantial None	
None  Registered Owner of Other Airc First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUN	Model:	City:	ZIP:	Destroyed Minor Substantial None	
None  Registered Owner of Other Airo First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Was there Mechanical Malfunc	Model: craft  ICTION/FAIL tion/Failure?	City:	ZIP:	Destroyed Minor Substantial None	
None  Registered Owner of Other Airc First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUN	Model: craft  ICTION/FAIL tion/Failure?	City:	ZIP:	Destroyed Minor Substantial None  Total Time/Cycles On Part	
None  Registered Owner of Other Airo First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Was there Mechanical Malfunc	Model: craft  ICTION/FAIL tion/Failure?	City:	ZIP:	Destroyed Minor Substantial None  Total Time/Cycles	
None  Registered Owner of Other Airo First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Was there Mechanical Malfunc	Model: craft  ICTION/FAIL tion/Failure?	City:	ZIP:	Destroyed Minor Substantial None  Total Time/Cycles On Part	
None  Registered Owner of Other Airo First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Was there Mechanical Malfunc	Model: craft  ICTION/FAIL tion/Failure?	City:	ZIP:	Destroyed Minor Substantial None  Total Time/Cycles On Part Hours Cycles	
None  Registered Owner of Other Airo First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Was there Mechanical Malfunc	Model: craft  ICTION/FAIL tion/Failure?	City:	ZIP:	Destroyed Minor Substantial None  Total Time/Cycles On Part Hours	
None  Registered Owner of Other Airo First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Was there Mechanical Malfunc	Model: craft  ICTION/FAIL tion/Failure?	City:	ZIP:	Destroyed Minor Substantial None  Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
None  Registered Owner of Other Airo First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Was there Mechanical Malfunc	Model: craft  ICTION/FAIL tion/Failure?	City:	ZIP:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part	
None  Registered Owner of Other Airo First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Was there Mechanical Malfunc	Model: craft  ICTION/FAIL tion/Failure?	City:	ZIP:	Destroyed Minor Substantial None  Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
Registered Owner of Other Airc First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, mann	Model:	City: State: Country:  City: State: Country:  Vex No Unknown Serial no., and describe the failure.)	ZIP:	Destroyed Minor Substantial None  Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
Registered Owner of Other Airc First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, manu	Model: craft  ICTION/FAII tion/Failure? efacturer, part no	City: State: Country:  City: State: State: Country:  LURE (If more space is needed, continue  Yes No Unknown serial no., and describe the failure.)	ZIP:	Destroyed Minor Substantial None  Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
Registered Owner of Other Airc First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, mann	Model:	City: State: Country:  City: State: State: Country:  LURE (If more space is needed, continue  Yes No Unknown serial no., and describe the failure.)	ZIP:  ZIP:  Aircraft Explosion  None	Destroyed Minor Substantial None  Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	

	Description of Damage to Aircraft and Other Property (use additional sheet if necessary)									
Aircraft nosed over onto top during landing. Prop strike, damaged engine cowling, windshield broken, wing top antenna broken off, top wing surfaces damaged, wing struts bent,wing fuel tanks caps damaged, rudder portion of tail crushed on top, fuselage lower passenger side main tube bent, halfway between door and tail.										
AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)										
Airport Identifier: HMT			Distance From Airport Cen	ter: 0 SM						
Airport Name: Hemet Ryan			Direction From Airport:							
Proximity to Airport    Off Airport/Airs	trip 🔲 On Airport 🔲 🤆	On Airstrip	Airport Elevation:	1,512 ft. MSL						
Approach Segment (Select one)				<del>_</del>						
☐ On Instrument Approach ☐ Landi ☐ Crosswind ☐ Down		e leg v Approach	☐ Final ☐ Aborted Landing (	Go Around						
IFR Approach (Check all that apply)	Wind El Don	Approacia	VFR Approach (Check all the							
✓ None		Practice	None	Stop and Go						
☐ ADF/NDB ☐ Sidestep ☐ ILS		GPS Loran	☐ Traffic Pattern ☐ Straight-In	☐ Touch and Go☐ Simulated Forced Landing						
☐ VOR/TVOR ☐ Localizer Only	☐ Visual ☐	Unknown	☐ Valley/Terrain Following	Forced Landing						
☐ VOR/DME ☐ LOC-back course ☐ TACAN ☐ RNAV	☐ Contact ☐ Circling		☐ Go Around ☑ Full Stop	☐ Precautionary Landing ☐ Unknown						
Runway Information	Local T - Local Management of the Contract of		Condition of Runway/Landi	ng Surface (Check all that apply)						
Runway ID: 23 (L/R/C) Length:	4,314 ft Width:	100 ft	✓ Dry ☐ Snow ☐ Holes ☐ Snow	-Compacted						
Runway/Landing Surface (Check all that	apply)		☐ Ice Covered ☐ Snow	-Dry Water-Glassy						
✓ Asphalt ☐ Grass/Turf ☐ Mac	cadam 🔲 Water	ļ	Rough Snow	-Wet ☐ Wet ☐ Unknown						
<u> </u>	zal/Wood ∏Unknown w	[	Slush Covered Veget							
FLIGHT ITINERARY INFORMA	TION									
FLIGHT ITINERARY INFORMA Last Departure Point	TION Time of Departure	Destination		Type Flight Plan Filed						
Last Departure Point Airport ID: HMT	Time of Departure	Airport ID: 1	HMT	✓ None						
Last Departure Point Airport ID: HMT City: Hemet	Time of Departure Time: 0750	Airport ID: <u> </u> City: <u>Heme</u>	HMT	✓ None						
Last Departure Point Airport ID: HMT City: Hemet State: CA	Time of Departure	Airport ID: 1 City: Heme State: CA	HMT	✓ None						
Last Departure Point  Airport ID: HMT  City: Hemet  State: CA  Country: USA	Time of Departure  Time: 0750  Time Zone: PDT	Airport ID: <u> </u> City: <u>Heme</u>	HMT	✓ None						
Last Departure Point Airport ID: HMT City: Hemet State: CA Country: USA Type of ATC Clearance/Service (Check of	Time of Departure  Time: 0750  Time Zone: PDT	Airport ID: 1 City: Heme State: CA Country: US	HMT it A	None						
Last Departure Point  Airport ID: HMT  City: Hemet  State: CA  Country: USA	Time of Departure  Time: 0750  Time Zone: PDT	Airport ID: 1 City: Heme State: CA Country: US	HMT	None						
Last Departure Point  Airport ID: HMT  City: Hemet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of VFR)  VFR Special VFR  Airspace where the accident/incident occ	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Special VFR Curred (Check all that apply)	Airport ID: H City: Heme State: CA Country: US. al IFR On Top	HMT  t  A  VFR Flight Followi  Traffic Advisory	None						
Last Departure Point  Airport ID: HMT  City: Hernet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of Information of Informat	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Specia  VFR Courred (Check all that apply)  Proh	Airport ID: H City: Heme State: CA Country: US.  af IFR On Top p(y) nibited Area	HMT  It  A  VFR Flight Followi  Traffic Advisory	None						
Last Departure Point  Airport ID: HMT  City: Hemet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of Information Informati	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Specia VFR Courred (Check all that apply)  Proh Rest Militian	Airport ID: H City: Heme State: CA Country: US  af IFR On Top  ply)  hibited Area tricted Area itary Operations	HMT  t  A  VFR Flight Followi  Traffic Advisory  Jet Training TRSA  A TRSA  A TRSA  FAR 93	None						
Last Departure Point  Airport ID: HMT  City: Hemet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of Information of Informati	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Specia VFR Courred (Check all that apply)  Rest Militia Airp	Airport ID: H City: Heme State: CA Country: US.  af IFR On Top ply) hibited Area tricted Area	HMT  t  A  VFR Flight Followi  Traffic Advisory  Jet Training TRSA  A TRSA  A TRSA  FAR 93	None						
Last Departure Point  Airport ID: HMT  City: Hemet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of Information of Informati	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Specia VFR Courred (Check all that apply)  Rest Milit a Airp	Airport ID: H City: Heme State: CA Country: US.  af IFR On Top  ply)  nibited Area tricted Area tracted Area	HMT  t  A  VFR Flight Followi  Traffic Advisory  Jet Training TRSA  Area (MOA) FAR 93  rea	None						
Last Departure Point  Airport ID: HMT  City: Hemet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of Information Check	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Specia  VFR Courred (Check all that apply)  Rest  Milit a Airp  t apply)  er Parameter Water	Airport ID: H City: Heme State: CA Country: US, af IFR On Top ply) nibited Area tricted Area tricted Area trary Operations port Advisory A achutists ter	HMT  It  A  VFR Flight Followi Traffic Advisory  Jet Training TRSA FAR 93  rea  Livestock Unknown	None						
Last Departure Point  Airport ID: HMT  City: Hernet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of IFR) VFR Special VFR  Class A Class E  Class B Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that IFR)  None Towing Glide Passengers Towing Bann Cargo Other Externs	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Specia  VFR Courred (Check all that apply)  Rest Militia Airp  apply)  are Parader Wate all Cher	Airport ID: H City: Heme State: CA Country: US.  af IFR On Top  p(y)  nibited Area tricted Area trary Operations bort Advisory A	HMT  It  A  VFR Flight Followi Traffic Advisory  Jet Training TRSA FAR 93  rea  Livestock Unknown	None						
Last Departure Point  Airport ID: HMT  City: Hernet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of Check of Ch	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Special VFR Courred (Check all that apply)  Rest Militial Airp  t apply)  er   Paraser   Wates all Cher	Airport ID: H City: Heme State: CA Country: US, af IFR On Top ply) nibited Area tricted Area tricted Area trary Operations port Advisory A achutists ter	HMT  It  A  VFR Flight Followi Traffic Advisory  Jet Training TRSA FAR 93  rea  Livestock Unknown	None						
Last Departure Point  Airport ID: HMT  City: Hernet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of IFR) VFR Special VFR  Class A Class E  Class B Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that IFR)  None Towing Glide Passengers Towing Bann Cargo Other Externs	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Specia VFR Courred (Check all that apply) Rest Militia Airp  t apply)  a paply)  Time Zone: PDT  Specia Courred (Check all that apply)  To proh Rest Militia Airp  t apply)  The parameter Water  Tion  Fuel Type	Airport ID: H City: Heme State: CA Country: US, af IFR On Top ply) nibited Area tricted Area tricted Area trary Operations port Advisory A achutists ter	→ MT  It  A  VFR Flight Followi  Traffic Advisory  Jet Training  TRSA  FAR 93  Interest Core  Unknown  Seeds	None						
Last Departure Point  Airport ID: HMT  City: Hernet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of IFR)  VFR Special VFR  Class A Class E  Class B Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that IFR)  Airspace where the accident/incident occidents occidents and IFR  Aircraft Load Description (Check all that IFR)  None Towing Glide Passengers Towing Bann Cargo Other Externs  FUEL & SERVICES INFORMA*	Time of Departure  Time: 0750  Time Zone: PDT  all that apply)  Special VFR Courred (Check all that apply)    Proh   Rest   Milina   Airp   apply)    apply)    Fuel Type   80/87   100 Low Lead	Airport ID: h City: Heme State: CA Country: US.  al IFR On Top ply) nibited Area tricted Area tary Operations out Advisory A  achutists er mical/Fertilizer.	→ MT  It  A  VFR Flight Followi  Traffic Advisory  Jet Training  TRSA  FAR 93  Jrea  Livestock  Unknown  JP3  JP3  JP4  Othe	None						
Last Departure Point  Airport ID: HMT  City: Hemet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of Check of Che	Time of Departure  Time: 0750  Time Zone: PDT   all that apply)  Specia VFR Courred (Check all that apply) Rest Milina Airp  t apply)  Time Zone: PDT  Specia Curred (Check all that apply)  Fuel Type S0/87  100 Low Lead 100/130	Airport ID: h City: Heme State: CA Country: US.  al IFR On Top ply) nibited Area tricted Area tr	→ MT  It  A  VFR Flight Followi  Traffic Advisory  Jet Training  TRSA  FAR 93  Jrea  Livestock  Unknown  JP3  JP3  JP4  Othe	None						
Last Departure Point  Airport ID: HMT  City: Hernet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of IFR)  VFR Special VFR  Class A Class E  Class B Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that IFR)  Airspace where the accident/incident occidents occidents and IFR  Aircraft Load Description (Check all that IFR)  None Towing Glide Passengers Towing Bann Cargo Other Externs  FUEL & SERVICES INFORMA*	Time of Departure  Time: 0750  Time Zone: PDT    Specia   VFR Courred (Check all that apply)   Proh   Rest   Milina   Airp     a	Airport ID: h City: Heme State: CA Country: US.  al IFR On Top ply) nibited Area tricted Area tary Operations out Advisory A  achutists er mical/Fertilizer.	→ MT  It  A  VFR Flight Followi  Traffic Advisory  Jet Training  TRSA  FAR 93  Jrea  Livestock  Unknown  JP3  JP3  JP4  Othe	None						
Last Departure Point  Airport ID: HMT  City: Hemet  State: CA  Country: USA  Type of ATC Clearance/Service (Check of Check of Che	Time of Departure  Time: 0750  Time Zone: PDT    Specia   VFR Courred (Check all that apply)   Proh   Rest   Milina   Airp     a	Airport ID: h City: Heme State: CA Country: US.  al IFR On Top ply) nibited Area tricted Area tary Operations out Advisory A  achutists er mical/Fertilizer.	→ MT  It  A  VFR Flight Followi  Traffic Advisory  Jet Training  TRSA  FAR 93  Jrea  Livestock  Unknown  JP3  JP3  JP4  Othe	None						

EVACUATION OF AIR	RCRAFT		3 (20) 2 (85) 2					
Was an emergency evacuation				✓ Yes 🔲				
Method of Exit - Describe ho								
Aircraft stopped upside down. 5	Student and flight in	structor or	pened	windows and door	's (Cub type) a	and cr	rawled out.	
					AITE :	an Marin		
WEATHER INFORMA		ACCII						35-4-3-6D-1-6-5
Weather Observation Facility		,		rce of Weather In ck all that apply)	iformation			Method of Briefing (Check all that apply)
Facility ID: HMT AWOS/Pres	COULTSS	!	□N	ational Weather Ser			Company	☐ In Person
Observation Time: 0700/0600		- !	P	light Service Station V/Radio			☐ Military ☐ Internet	☐ Teletype  ☑ Telephone/Computer
Time Zone: PDT	1 N	- I	ZA	utomated Report			Unknown	✓ Aircraft Radio
Distance from Accident Site:		1		ommercial Weather	Service (DUAT	TS)		☐ TV/Radio ☐ Unknown
Direction from Accident Site:  Briefing Type/Completeness		265 IVIAU	Lioh	t Condition				Visibility
Full	Abbreviate	ed	D		ısk	□ D	ark Night	•
Partial / Limited By Pilot	Unknown		<b>Z</b> D			ѾВ	right Night	10 miles
Partial / Limited By Briefer	☐ Not Pertine	<del> </del>	<u> </u>				ot Reported	- MI L - II short combal
Sky/Lowest Cloud Condition  Clear	I Thin Broken	Ceiling None	(clear)	Obs	enred	į.	triction to visibility None	(Check all that apply)
☐ Few	Thin Overcast	Broke	en	Inde	efinite	🗖 I	Blowing Dust	Ground Fog
☐ Partial Obscuration ☐ ☐ Scattered	] Unknown	Overc	cast Unknown		nown		Blowing Sand Blowing Snow	☐ Haze ☐ Ice Fog
Lowest Cloud Condition Hei	aht	Ceiling 1	Heigh				Blowing Spray	Smoke
Lunest Civan Condition 1203	_ ft AGL				ft AGL	D I	Oust	☐ Unknown
Wind Direction	Wind Speed	<del>L</del>		Wind Gusts			e of Turbulence (C	heck all that apply)
☐ Indicated:	Velocity:	0 <sub>KTS</sub>	1	Velocity:	0_KTS		None In Cl	
degrees MAG	-or-		1			ı —		ity of Thunderstorm
☐ Variable	☑ Calm ☐ Light and Varia	ahle	1	1 = 3			erity of Turbulence Extreme	· ·
☐ Agrigore	Tagitum van	IOIC	[ Not Otisting				erate Chop	
NOTAMs (D, L and FDC	. AIRMETs, S	GMETs	. PIR	EPs in effect at	the time of	the a	accident/incident	
None	· <b>,</b>	,	,					
	Ic	ing Forec						on (Check all that apply)
Temperature:(C)		Amoun	nt _	Moderate	Type ☐ Rime		☑ None	Drizzle
or75_(F)		Amoun None Trace	nt 🔲 N	Moderate Severe	☐ Rime ☐ Clear		✓ None ☐ Rain ☐ Snow	Drizzle Ice Pellets Snow Pellets
Temperature: (C) or 75 (F)  Altimeter Setting: 29.93 i	in. HG	Amoun None	nt 🔲 N		Rime		✓ None ☐ Rain ☐ Snow ☐ Hail	Drizzle Ice Pellets Snow Pellets Snow Grains
Altimeter Setting:29.93 i	in. HG MB	Amoun None Trace Light	nt		Rime Clear Mixed		Mone Rain Snow Hail Rain Showers Freezing Rain	Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Ice Pellets Shower
Altimeter Setting: 29.93 i or Density Altitude:	in. HG MB 3,000 ft Ie	Amoun None Trace Light Actua Amoun	nt	Severe	Rime Clear Mixed		Mone Rain Snow Hail Rain Showers Freezing Rain	Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals
Altimeter Setting:29.93 i	in. HG MB 3,000 ft Ie	Amoun None Trace Light	nt		Rime Clear Mixed		Mone Rain Snow Hail Rain Showers Freezing Rain	Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Ice Pellets Shower Freezing Drizzle

PILOT "A" INFORMA										
Pilot "A" Responsibilities a ☐ Pilot ☐ Co-Pilot	t the Time of A  Student Pilot			Check Pilot	☐ Fligh	t Engineer	Other	Flight Crew		
Pilot "A" Identification										
First Name: Denney Middle Initial: R Last Name: Marsh				Sta Co	y: Perris te: <u>CA</u> untry: <u>US</u>		ZIP: <u>9257</u>	0		
Age at time of Accident/Incident: 66 Date of Birth: 1943 Certificate Number: ±  mm/dd/yyyy										
Degree of Injury	Seat Occu	pied		Sea	t Belt			Shoulder l	Harness	
None	Left Right Center	Front Rear Single	Unkno	1			□ No □ No	Used Available	Yes	□ No □ No
Pilot Certificate(s) (Check al							<u>.</u>			
☐ None ☑ Stuc ☐ Private ☐ Flig	lent ht Instructor	☐ Recr ☐ Spor		Commerc Airline Tr	ansport		Flight Engi U.S. Milita	у	☐ Foreign	
	Medical Certifi	_				tificate Va		Date of I	ast Medic	al
7 Other	Class 1	☐ Class 3 ☑ Driver's Lice☐ Unknown	ense (Sport Pilo	t only)   💆 🕻		aitations/wa tions/waive		mm/de	l/yyyy	
Medical Certificate Limitat California Drivers License: Correcti										
Medical Certificate Waiver	S		. A. 19 June 1997							
Date of Last Flight Review		Fligh	t Review Aire	craft			<u> </u>			
or Equivalent, Including FAR 121/135 Checks:		Make	:				•			
	mm/dd/yyyy	Mode	d:							
Airplane Rating(s) (Check all that apply)  None	Other Aircra (Check all that			ent Rating(s)	oly) (Check all that apply)  ✓ None					
☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Airship Free Balloon Glider Gyroplane Helicopter Powered Lift		☐ Airpla ☐ Helico ☐ Power	opter		Airplan Airplan Gyropla Powere	e Single-Eng e Multi-Engi ane d Lift	ne _	Instrument Helicopter Glider Sport	Helicopter
Type Ratings  Student Endorsements (Include dates) OK SOLO, Gobosh 700S LSA Expired 90 days from 03/10/2009										
Flight Time (enter appropriate		This Make	Airplane Single	Airplane			rument		GIV 3	Lighter
number of hours in each box)	Aircraft	& Model	Engine 67	Multiengine 0	Night 0	Actual 0	Simulated 0	Rotorcraft	Glider O	Than Air
Total Time	67	13 0	1	<del></del>	<del>                                     </del>	1	-	<del>                                     </del>		-
Pilot in Command (PIC) Time as Instructor	0	0	0							
This Make/Model						<b>†</b>				
Last 90 Days	23	13	23			1				
Last 30 Days	11	11	11			<u> </u>				
Last 24 Hours	1	1	1							

PILOT "B" INFORMATION											
Pilot "B" Responsibilities a ☐ Pilot ☐ Co-Pilot	at the Time of Acci	ident/Incid ✓ Flight I		Check Pilot	☐ Fligh	t Engineer	☐ Other	Flight Crew			
Pilot "B" Identification			•			,					
First Name: Edwin				Cit	y: <u>Heme</u>	ıt					
Middle Initial: L				Sta	te: CA		ZIP: <u>9254</u> :	3			
Last Name: Matthews Country: USA											
Age at time of Accident/Incident: 56 Date of Birth: 1952 Certificate Number mm/dd/yyyy											
Degree of Injury	Seat Occupied	1			t Belt			Shoulder I	larness		
✓ None ☐ Fatal		Front	Unknow	1			No	Used	<b>✓</b> Yes	□ No	
☐ Minor ☐ Unknown ☐ Serious	Right Center	<b>Z</b> Rear		Avai	ilable	☐ Yes [	⊒ No	Available	Yes Yes	☐ No	
	L=	0111814		I.							
Pilot Certificate(s) (Check a  □ None □ Stu		□ Rect	eational	Commerci	i1	Г	Flight Engi	-00 <del>0</del>	☐ Foreign		
	ident ght Instructor	☐ Recre		Z Airline Tr			U.S. Militar	у			
Principal Occupation	Medical Certificat			1		tificate Va	-	Date of I	ast Medica	ıl	
BC I I IIO		Class 3	'⇔ + Fillor		Vithout lim	itations/wai	vers	06/16/2	008		
Other		Driver's Lice Unknown	ense (Sport Pilot		With limitat Juknown	ions/waiver	S	mm/dd/			
		Junio			Jimio						
Medical Certificate Limita											
Must have corrective lens for r	ear vision										
Medical Certificate Waiver	·									~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
	S										
None											
07 (872) [ (8)		و دوس	<b>* * *</b>							:	
Date of Last Flight Review or Equivalent, Including		1 -	t Review Airc	eraft						ŀ	
or Equivalent, Including FAR 121/135 Checks:	06/05/2009	1	Gobosh	· · · · · · · · · · · · · · · · · · ·							
	mm/dd/yyyy	-   Model	: 700S LSA								
Airplane Rating(s)	Other Aircraft l	0,,	Instrum	ent Rating(s)	1	nstructor	Rating(s)				
(Check all that apply)	(Check all that app	oly)	(Check all	ll that apply)		Check all th	Ų ( ,	-4-			
☐ None	None		☐ None			None			Instrument A		
☑ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Free Balloon		☑ Airpla ☐ Helico				Single-Engir Multi-Fnoin		Instrument H Helicopter	elicopter	
Multiengine Land	Glider		☐ Helico ☐ Power			Airplane Gyroplan	Multi-Engine		Glider	I	
Multiengine Land Multiengine Sea	Gyroplane		_	<b></b>	[ [	Powered	Lift		Sport	ļ	
	☐ Helicopter ☐ Powered Lift				1						
Type Ratings					S	tudent Er	dorsemen	ts (Include do	rtes)		
CE-500					1	/A		1	,	İ	
OE-000					[	,, ,				ļ	
					-						
					1						
					***************************************						
Flight Time (enter appropriat	,		Airplane		<u> </u>	Instr	ument				
Flight Time (enter appropriate number of hours in each box)		This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time	18,724	14	15,835	2,877	1,375	1	97	0	12	0	
Pilot in Command (PIC)	18,520	14	15,649	2,857	1,365		42		5		
Time as Instructor	12,036	13	10,720	500	59		322		0		
This Make/Model					0	<u> </u>	0				
Last 90 Days	50	14	50	0	3	0	0		0		
Last 30 Days	37	12	37	0	1		0		0		
					<u> </u>						

ADDITIONAL FLIGHT CRE	EW MEMBERS	(Exclusive of cabin a	ittendants, complete the	following	informat		
Pilot Name and Address						Degree of I	
First Name: None		City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:		State:	ZIP:			Serious	☐ Olikliowii
Last Name:		Country:				Seat Occup	riod
Pilot Certificate(s) (Check all that		П сi-	Eliaht Engineer	□ Eoro	ion	Left	Front
□ None       □ Student         □ Private       □ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer ☐ U.S. Military	☐ Fore	ngn	Right	Rear
Type Rating/Endorsement for	ориг		ime at the Time			☐ Center	Single
Accident/Incident Aircraft?	☐ Yes ☐ No		nt/Incident:	hrs			☐ Unknown
Pilot Name and Address						Degree of I	niurv
		City				None	☐ Fatal
First Name:Middle Initial:		State:	ZIP:			Minor	Unknown
Last Name:		Country:				Serious	
Pilot Certificate(s) (Check all that	t apply)					Seat Occup	
☐ None ☐ Student	Recreational	Commercial	Flight Engineer	☐ Fore	ign	Left Right	☐ Front ☐ Rear
Private Flight Instructor	Sport	Airline Transport	ime at the Time			Center	Single
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide		hrs			Unknown
ar egita ika ing ikang dikumbah atèng ika mga garahan ang kananggan salah di dikang dianggan kanan		prompted green the control of the second second	and the engineer of the state of the engineer			Degree of I	
Pilot Name and Address					VA	None	njury □ Fatal
First Name:		City:	ZIP:			Minor	Unknown
Middle Initial: Last Name:		Country:	ZIF:			Serious	
Pilot Certificate(s) (Check all that		<del></del>				Seat Occup	ied
□ None □ Student	Recreational	Commercial	Flight Engineer	☐ Fore	ign	Left	☐ Front
Private Flight Instructor		☐ Airline Transport	U.S. Military			Right Center	☐ Rear ☐ Single
Type Rating/Endorsement for			ime at the Time	f		Li Center	Unknown
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Assida	nt/lmaidant	hrs			
Actionalicidest ( in clair.		of this Accide	nt/Incident:				
PASSENGER(S) / OTHER					necessa	ry)	
					necessa	 	ss y jury own
PASSENGER(S) / OTHER				nte sheet if	necessa	evenue (Z — covenue (On- coupant AA	atal erious ujany ijany ujany o lujuny o lujuny
PASSENGER(S) / OTHER  Name and Address		(Include flight attenda	ints; continue on separa	nte sheet if	Crew Seat	Revenue Revenue Non-Occupant	Fatal Serious Injury Minor Minor No Injury Unknown
PASSENGER(S) / OTHER  Name and Address First Name: None		(Include flight attenda	ints; continue on separa	nte sheet if	Seat Crew	Revenue Non- Occupant FAA	
PASSENGER(S) / OTHER  Name and Address First Name: None Middle Initial:	PERSONNEL	(include flight attenda	ints; continue on separa	ate sheet if	Seat Crew	Revenue Non- Occupant FAA	Fatal   Serions   Injury   No Injury
Name and Address First Name: None Middle Initial: Last Name:	PERSONNEL	City: State: Country:	ents; continue on separa	ate sheet if	Seat Crew	Revenue Non- Occupant FAA	
PASSENGER(S) / OTHER  Name and Address  First Name: None  Middle Initial: Last Name: First Name:	PERSONNEL	(include flight attendated fli	ents; continue on separa	ate sheet if	Seat Crew	Revenue Revenue Revenue Occupant	
Name and Address First Name: None Middle Initial: Last Name:	PERSONNEL	(include flight attendated fli	zip:	ate sheet if	Seat Crew	Revenue Revenue Revenue Occupant	
PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name:  First Name: Middle Initial: Last Name:	PERSONNEL	City: State: City: State: Country: City: State: Country: Country:	zip:	ate sheet if	Seat		00000
PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  Middle Initial:	PERSONNEL	City: State: Country: City: State: Country: City: State: Country:	ZIP:	ate sheet if	Seat		
PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name:	PERSONNEL	City: State: Country: City: State: Country: City: State: Country:	zip:	ate sheet if	Seat		00000
PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name:  First Name:  First Name:  Middle Initial: Last Name:  First Name:	PERSONNEL	City: State: Country: State: Country: State: Country: City: State: Country:	ziP:	ate sheet if	Seat Crew		
PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  Middle Initial: Last Name:	PERSONNEL	City: State: Country: State: Country:	zip:	ate sheet if	Seat Crew		00000
PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name:  First Name:  First Name:  Middle Initial: Last Name:  First Name:	PERSONNEL	City: State: Country: State: Country:	ziP:	ate sheet if	Seat Crew		
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PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:	PERSONNEL	City: State: Country:	ziP:	ate sheet if	Seat Crew		
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PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:	PERSONNEL	City: State: Country:	ZIP:	ate sheet if	Seat		
PASSENGER(S) / OTHER  Name and Address  First Name:   None   Middle Initial:   Last Name:   First Name:   Fir	PERSONNEL	City: State: Country: City: City: State: Country: City:	ZIP:	ate sheet if	Seat Crew		
PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	PERSONNEL	City: State: Country: City: City: State: Country: City:	ZIP:	ate sheet if	Seat Crew		
PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:	PERSONNEL	City: State: Country:	ZIP:	ate sheet if	Seat		
PASSENGER(S) / OTHER  Name and Address  First Name: None Middle Initial: Last Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	PERSONNEL	City: State: Country: City: City: State: Country:	ZIP:	ate sheet if	Seat		

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 time and point of departure, intended destination, and services obtained.
This was a training flight that departed HMT at approx. 0750 PDT. The purpose of the flight was to practice landing and to introduce wheel landings. I obtained an abbreviated briefing from Prescott flight service. There were no adverse conditions, no NOTAMS, winds were calm.
The first landing was a full stop wheel landing, demonstrated by the flight instructor.
The second wheel landing was a touch and go landing conducted by the student. The accident occurred on the third landing. On touchdown the aircraft was straight, no bounce. As the aircraft slowed tail up it veered slightly left. The student incorrectly applied left rudder which caused the aircraft to swerve sharply left. The student then applied full braking with the tail still up causing the tail to rise even further until the aircraft eventually flipped tail over its nose. The aircraft came to a stop inverted just off the left side of Runway 23. Departure was from Runway 23 approx. 10 minutes prior to the accident.
RECOMMENDATION (How could this accident/incident have been prevented?)
RECOMMENDA HON (How could this accidentificident have been prevented 1)
Operator/Owner Safety Recommendation
Operator/Owner Safety Recommendation  The student needs a greater emphasis and constant reminder in flight and before touchdown, "do not use brakes for directional control" especially during tail
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		ATION (Please type				
Use this space if add	itional spac	e is needed for any answ	vers.			
HEREBY CERTIF	CHEST STATE STATE OF THE STATE	ويواعد المعاومة والمذاب والمعاوية المتارية المتارية والمتارية والمتارية والمتارية والمتارية والمتارية	to entreme me despet to the contract of the contract of the	ETE AND ACCURATE TO THE B	EST OF N	NY KNOWLEDGE
Date of this Report	Signature	e aṇd/Name of Pilot/Op			Ω.	
07/25/2009		rung?	Vius		Prco	<u>71</u>
mm/dd/yyyy	Type or Pri		_ /- /- /V\	ARIH		
Signature and Nasan Signature:	r terson	Filing Report if Other	than Pilot/Operato	F		
	EDW	IN TAMES	S MATTH	EWS		· · · · · · · · · · · · · · · · · · ·
		EVCTOR - PIL	OT IN COM!	MAND		
			FOR NTSB (	USE ONLY		
NTSB Accident/Incid	ient No.	Reviewed by NTSB F	Regional Office	Name of Investigator		Date Report Received
WPRO9CA:	165 '	WPR-SO	07-418-	HOGENSON	1	8/3/2009