

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

Accident/Incident Location Nearest City/Place: <u>MAYBEE</u> State: <u>MI</u> ZIP: <u>48159</u> Country: <u>USA</u> Latitude: <u>42 01.73</u> (dd:mm:ss N/S) Longitude: <u>083 34.004</u> (ddd:mm:ss E/W)				Date/Time Date: <u>04/03/2010</u> Local Time: <u>1:15 PM</u> <i>mm/dd/yyyy</i> Time Zone: <u>EDT</u>				
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown				Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None		Altitude of In-Flight Occurrence _____ ft MSL		
Manufacturer: <u>MAULE</u> Model: <u>MXT7-180</u> Serial Number: <u>14102C</u> Registration Number: <u>N125AB</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Max Gross Weight: <u>2,500</u> lbs Weight at Time of Accident/Incident: <u>2,100</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ 14 inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tail/wheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown		
Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____		Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: <u>08/21/2009</u> <i>mm/dd/yyyy</i>		Airframe Total Time: <u>822</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident		
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>HAND EXT</u>				
ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ELT Manufacturer: <u>EBC</u> Model/Series: <u>EBC502</u> Serial Number: _____ Battery Type: <u>DRY</u> Battery Exp. Date: <u>7/21/10</u>						
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No		Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: <u>HARTZELL</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>CH33988B</u>		
Engine Eng. 1 Eng. 2 Eng. 3 Eng. 4	Engine Manufacturer <u>LYCOMING</u> 	Engine Model/Series <u>O-360-C1F</u> 	Manufacturer's Serial Number <u>L37298-36A</u> 	Date of Mfg. <u>05/17/2000</u> <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust <u>180</u>	Total Time (hours) <u>822</u>	Time Since Inspection (hours) <u>88</u>	Time Since Overhaul (hours)

Registered Aircraft Owner Name: _____ Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: _____ State: _____ ZIP: _____ Country: _____	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft			

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

AIRCRAFT FLIPPED OVER ON LANDING DAMAGED RIGHT WING AND STRUTS, NOSE WHEEL, MOUNT, ENGINE AND PROP., WINDSHIELD, AND RUDDER TIP

Airport Identifier: _____

Distance From Airport Center: 30 SM

Airport Name: PRIVATE

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip

Airport Elevation: 610 ft. MSL

Approach Segment (Select one)☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)**IFR Approach** (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> PAR	<input type="checkbox"/> MLS	<input type="checkbox"/> Practice
<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> Sidestep	<input type="checkbox"/> LDA	<input type="checkbox"/> GPS
<input type="checkbox"/> SDF	<input type="checkbox"/> ILS	<input type="checkbox"/> ASR	<input type="checkbox"/> Loran
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> Localizer Only	<input type="checkbox"/> Visual	<input type="checkbox"/> Unknown
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Contact	
<input type="checkbox"/> TACAN	<input type="checkbox"/> RNAV	<input type="checkbox"/> Circling	

VFR Approach (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Stop and Go
<input checked="" type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> Straight-In	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Forced Landing
<input type="checkbox"/> Go Around	<input type="checkbox"/> Precautionary Landing
<input type="checkbox"/> Full Stop	<input type="checkbox"/> Unknown

Runway Information

Runway ID: 09/27 (L/R/C) Length: 1,475 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

<input type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> Grass/Turf	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water
<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Metal/Wood	<input type="checkbox"/> Unknown
<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	

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

<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Snow-Compacted	<input type="checkbox"/> Water-Calm
<input type="checkbox"/> Holes	<input type="checkbox"/> Snow-Crusted	<input type="checkbox"/> Water-Choppy
<input type="checkbox"/> Ice Covered	<input type="checkbox"/> Snow-Dry	<input type="checkbox"/> Water-Glassy
<input type="checkbox"/> Rough	<input type="checkbox"/> Snow-Wet	<input type="checkbox"/> Wet
<input type="checkbox"/> Rubber Deposits	<input type="checkbox"/> Soft	<input type="checkbox"/> Unknown
<input type="checkbox"/> Slush Covered	<input type="checkbox"/> Vegetation	

Last Departure PointAirport ID: PRIVATE
City: HILLSDALE COUNTY
State: MI
Country: USA**Time of Departure**Time: 12:30
Time Zone: EDT**Destination**Airport ID: PRIVATE
City: MAYBEE
State: MI
Country: USA**Type Flight Plan Filed**

<input type="checkbox"/> None	<input type="checkbox"/> VFR/IFR
<input type="checkbox"/> Company VFR	<input type="checkbox"/> IFR
<input type="checkbox"/> Military VFR	<input type="checkbox"/> Unknown
<input type="checkbox"/> VFR	

Activated? ☐ Yes ☐ No**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 E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		

Aircraft Load Description (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

40 Gallons

Fuel Type

<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145	<input type="checkbox"/> JP3	<input type="checkbox"/> Other, specify _____
<input checked="" type="checkbox"/> 100 Low Lead	<input type="checkbox"/> Jet A	<input type="checkbox"/> JP4	
<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive	<input type="checkbox"/> JP5	

Other Services, if Any, Prior to Departure

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
UNHOOKED SEATBELTS AND CRAWLED OUT DOORS

Weather Observation Facility

Facility ID: KTTF

Observation Time: 1:00

Time Zone: EDT

Distance from Accident Site: 20 NM

Direction from Accident Site: 110 degrees MAG

Source of Weather Information

(Check all that apply)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National Weather Service | <input type="checkbox"/> Company |
| <input type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military |
| <input checked="" type="checkbox"/> TV/Radio | <input type="checkbox"/> Internet |
| <input checked="" type="checkbox"/> Automated Report | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|---|
| <input type="checkbox"/> In Person |
| <input type="checkbox"/> Teletype |
| <input type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio |
| <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Unknown |

Briefing Type/Completeness

- | | |
|---|--|
| <input type="checkbox"/> Full | <input type="checkbox"/> Abbreviated |
| <input type="checkbox"/> Partial / Limited By Pilot | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dusk | <input type="checkbox"/> Dark Night |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| | | <input type="checkbox"/> Not Reported |

Visibility

10 miles

Sky/Lowest Cloud Condition

- | | |
|--|--|
| <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Thin Broken |
| <input type="checkbox"/> Few | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Scattered | |

Ceiling

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Indefinite |
| <input checked="" type="checkbox"/> Overcast | <input type="checkbox"/> Unknown |

Restriction to Visibility

- (Check all that apply)
- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog |
| <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze |
| <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog |
| <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction

☐ Indicated:
210 degrees MAG

☐ Variable

Wind Speed

Velocity: 20 KTS

-or-

- | |
|---|
| <input type="checkbox"/> Calm |
| <input type="checkbox"/> Light and Variable |

Wind Gusts

Velocity: 30 KTS

- | |
|---|
| <input checked="" type="checkbox"/> Gusting |
| <input type="checkbox"/> Not Gusting |

Type of Turbulence

- (Check all that apply)
- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds |
| <input type="checkbox"/> Clear Air | <input type="checkbox"/> Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate Chop | |

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

ITS NOT UNUSUAL THAT THE WIND AT MY STRIP BE 30 DEG DIFFERENCE FROM KTTF ATIS I ALWAYS WATCH MY WIND SOCK

Temperature: (C)
or 67 (F)

Altimeter Setting: 29.70 in. HG
or MB

Density Altitude: ft

Dew Point: (C)
or (F)

Icing Forecast

Amount

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Icing Actual

Amount

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Type of Precipitation

(Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains |
| <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |
| <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: RANDALL

Middle Initial: L

Last Name: HOMRICH

City: [REDACTED]

State: [REDACTED]

ZIP: [REDACTED]

Country: [REDACTED]

Age at time of Accident/Incident: 59

Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

mm/dd/yyyy

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☒ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

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
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

08/14/09

mm/dd/yyyy

Medical Certificate Limitations

MUST HAVE AVAILABLE GLASSES FOR NEARVISION

Medical Certificate Waivers

**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

07/15/08

mm/dd/yyyy

Flight Review Aircraft

Make: MAULE

Model: MXT7 180

**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
☐ Free 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**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	735	662	735		55	21	81			
Pilot in Command (PIC)	735	662	735		55	2,181	81			
Time as Instructor										
This Make/Model										
Last 90 Days	4	4	4							
Last 30 Days	4	4	4							
Last 24 Hours	1	1	1							

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____

Certificate Number: _____

mm/dd/yyyy

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

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
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

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
☐ Free 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**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		Rotocraft	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										

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> <input type="checkbox"/> Unknown
Total Flight Time at the Time of this Accident/Incident: _____ hrs		

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> <input type="checkbox"/> Unknown
Total Flight Time at the Time of this Accident/Incident: _____ hrs		

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> <input type="checkbox"/> Unknown
Total Flight Time at the Time of this Accident/Incident: _____ hrs		

Name and Address	Seat	Crew	Not- Revenue	Revenue	Not- Occupant	FAA	Pilot	Serious Injury	Minor Injury	No Injury	Unknown
First Name: THOMAS Middle Initial: _____ Last Name: VERES VERES	R	□	□	□	□	□	□	□	□	□	□
		□	□	□	□	□	□	□	□	□	□
		□	□	□	□	□	□	□	□	□	□
		□	□	□	□	□	□	□	□	□	□
		□	□	□	□	□	□	□	□	□	□
		□	□	□	□	□	□	□	□	□	□
		□	□	□	□	□	□	□	□	□	□
		□	□	□	□	□	□	□	□	□	□
		□	□	□	□	□	□	□	□	□	□

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.

WATCHED WINDSOCK ON DOWNWIND SHOWING 240 WIND ON FINAL SET UP CRAB HELD CENTER OF RUNWAY FELT SMOOTH HELD LEFT WING LOW AT TOUCHDOWN RIGHT RUDDER RUDDER STRAIGHTEN CRAB STILL CENTERED ON RUNWAY LEFT WING RISED RIGHT WING HIT GROUND AND FLIPPED OVER SO FAST HAD NO TIME TO REACT AIRCRAFT RESTED UPSIDE DOWN IN RUNWAY IT STAYED INTACT NO FIRE NO INJURY'S FLIGHT WAS DEPARTED FROM A PRIVATE STRIP IN HILLSDALE COUNTY 44 NM WEST 30 MIN. BEFORE ACCIDENT

Operator/Owner Safety Recommendation

I GESS STAY WHERE I WAS AT

ADDITIONAL INFORMATION *(Please type or print in ink)*

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

Date of this Report

04/06/2010

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: RANDALL HOMRICH**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

NTSB Accident/Incident No.**Reviewed by NTSB Regional Office****Name of Investigator****Date Report Received**