

FROM : DSCHWARZ C

FAX NO. :

Aug. 17 2010 07:03AM P1

*Attn. Norbert S.*

**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 INFORMATION**

<b>Accident/Incident Location</b> Nearest City/Place: <u>Nevada County Air Park- KGOO</u> State: <u>CA.</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>08/16/2010</u> Local Time: <u>1530</u> <i>mm/dd/yyyy</i> Time Zone: <u>pdt</u>	
<b>Phase of Operation</b> <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		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> _____ ft MSL

**AIRCRAFT INFORMATION**

Manufacturer: <u>Van's RV-6A</u> Model: <u>RV-6A</u> Serial Number: <u>24156</u> Registration Number: <u>N 677DS</u> Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Max Gross Weight: <u>1650</u> lbs Weight at Time of Accident/Incident: <u>1,450</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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<b>Category of Aircraft</b> <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	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	<b>Number of Seats:</b> <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <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
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<b>Type of Maintenance Program</b> <input type="checkbox"/> Annual <input checked="" 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: _____	<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> <u>05/05/2010</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>370</u> hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____
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<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> <u>03/2012</u>
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<b>Engine Type</b> <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	<b>Reciprocating Fuel System Type</b> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Lycoming	O-360	14348-88A		180			370
Eng. 2								
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**  
 Name: David J. Schwarz  
 Fractional Ownership Aircraft:  Yes  No

**Owner Address**  
 City: [REDACTED]  
 State: Ca. ZIP: 95959  
 Country: USA

**Operator of Aircraft**  Same As Registered Owner  
 Name: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

**Operator Address**  Same As Registered Owner  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Regulation Flight Conducted Under**  
 FAR 91  FAR 129  FAR 91 Special Flight  Public Use (select type)  
 FAR 103  FAR 133  Non-US, Commercial  Federal  State  Local  
 FAR 121  FAR 135  Non-US, Non-commercial  Unknown  
 FAR 125  FAR 137  Armed Forces

**Revenue Sightseeing Flight**  
 Yes  No

**Air Medical Flight**  
 Yes  No

**Purpose of Flight for FAR 91, 103, 133, 137 (Select one)**  
 Personal  
 Business  
 Executive/Corporate  
 Other Work Use  
 Instructional  
 Ferry  
 Positioning  
 Aerial Application  
 Aerial Observation  
 Air Drop  
 Air Race / Show  
 Flight Test  
 Public Use  
 Unknown

**Revenue Operation for FAR 121, 125, 129, 135 (Select one)**  
 Scheduled or Commuter  
 Non-Scheduled or Air Taxi  
**Domestic or International**  
 Domestic  International

**Cargo Operation**  
 Passenger/Cargo  
 Passenger \_\_\_\_\_ How many?  
 Cargo \_\_\_\_\_ lbs  
 Mail

**Type of Commercial Operating Certificate Held (Check all that apply)**  
 None  
 Flag Carrier Operating Certificate (121)  
 Supplemental  
 Air Cargo  
 Foreign Air Carriers (129)  
 Commuter Air Carrier (135)  
 On-Demand Air Taxi (135)  
 Large Helicopter (127)  
 Rotorcraft External Load (133)  
 - or -  
 Agricultural Aircraft (137)  
 Other Operator of Large Aircraft

**OTHER AIRCRAFT - COLLISION** If an air or ground collision occurred, complete this section for other aircraft.

**Aircraft Registration Number**  
N/A

**Manufacturer:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

**Damage to Other Aircraft**  
 Destroyed  Minor  
 Substantial  None

**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: \_\_\_\_\_

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

Was there Mechanical Malfunction/Failure?  Yes  No  Unknown  
 (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

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**  
 None  Substantial  
 Minor  Destroyed

**Aircraft Fire**  
 None  Both Ground and In-Flight  
 In-Flight  Unknown Origin  
 On-Ground

**Aircraft Explosion**  
 None  Both Ground and In-Flight  
 In-Flight  Unknown Origin  
 On-Ground

FROM : DSCHWARZC

FAX NO. :

Aug. 17 2010 07:07AM P1

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

Damaged Nosewheel, Wingtips (2), Elevator, Fuselage, Prop.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KGOO Distance From Airport Center: 0 SM
Airport Name: Nevada County Air Park Direction From Airport: degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 3,152 ft. MSL

Approach Segment (Select one)

On Instrument Approach Landing Basic leg Final
Crosswind Downwind Low Approach Aborted Landing (after touchdown) Go Around

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: 25 (L/R/C) Length: 4,200 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point: Airport ID: KGOO, City: State: Country:
Time of Departure: Time: 1500, Time Zone: pdt
Destination: Airport ID: Local, City: State: Country:
Type Flight Plan Filed: None, VFR/IFR, Company VFR, IFR, Military VFR, Unknown, VFR
Activated? Yes No

Type of ATC Clearance/Service (Check all that apply)

None Special VFR Special IFR VFR Flight Following Cruise
VFR IFR VFR On Top Traffic Advisory Unknown/NA

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

Class A Class E Class F Prohibited Area Jet Training Area Special
Class B Class G Restricted Area TRSA Air Traffic Control Area
Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)

None Towing Glider Parachutists Livestock
Passengers Towing Banner Water Unknown
Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary): 25 Gallons
Fuel Type: 80/87 115/145 JP3 Other, specify
100 Low Lead Jet A JP4
100/130 Automotive JP5

Other Services, if Any, Prior to Departure

FROM : DSCHWARZ(C)

FAX NO. :

Aug. 17 2010 07:10AM P1

**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  
Through Broken Canopy

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: <u>AWOS</u> Observation Time: _____ Time Zone: <u>PDT</u> Distance from Accident Site: _____ 1 NM Direction from Accident Site: _____ 70 degrees MAG	<b>Source of Weather Information</b> <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	<b>Method of Briefing</b> <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	<b>Visibility</b> _____ 20 miles
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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<b>Lowest Cloud Condition Height</b> _____ ft AGL	<b>Ceiling Height</b> _____ ft AGL
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<b>Wind Direction</b> <input checked="" type="checkbox"/> Indicated: _____ 280 degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ KTS -or- <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ 10 KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident  
none

<b>Temperature:</b> _____ (C) or _____ 85 (F) <b>Altimeter Setting:</b> _____ 3006 in. HG or _____ MB <b>Density Altitude:</b> _____ 5,300 ft <b>Dew Point:</b> _____ (C)	<b>Icing Forecast</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
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**PILOT "A" INFORMATION**

**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: David   City: \_\_\_\_\_  
 Middle Initial: J   State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: Schwarz   Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy   Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Pilot Certificate(s) (Check all that apply)**  
 None    Student    Recreational    Commercial    Flight Engineer    Foreign  
 Private    Flight Instructor    Sport    Airline Transport    U.S. Military

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> <u>03/21/2010</u> mm/dd/yyyy
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**Medical Certificate Limitations**

**Medical Certificate Waivers**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>06/21/2009</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>Van's</u> Model: <u>RV-6A</u>
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<b>Airplane Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" 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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<b>Type Ratings</b> Pvt.	<b>Student Endorsements (Include dates)</b>
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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	1,400	100	1,400		40					
Pilot in Command (PIC)	1,350	95	1,350		40					
Time as Instructor										
This Make/Model										
Last 90 Days	7	5	7							

**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: N/A City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
*mm/dd/yyyy*

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Pilot Certificate(s)** (Check all that apply)  
 None  Student  Recreational  Commercial  Flight Engineer  Foreign  
 Private  Flight Instructor  Sport  Airline Transport  U.S. Military

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b>  <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**

**Medical Certificate Waivers**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>06/21/2009</u> <i>mm/dd/yyyy</i>	<b>Flight Review Aircraft</b> Make: <u>Van's</u> Model: <u>RV6A</u>
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<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input checked="" 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)

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	1,500	100	1,500		45		25			
Pilot in Command (PIC)	1,400	95	1,400		40		25			
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

FROM : DSCHWARZ(C)

FAX NO. :

Aug. 17 2010 07:13AM P1

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants. Complete the following information)																	
Pilot Name and Address						Degree of Injury											
First Name: N/A		City: _____		State: _____		ZIP: _____		Country: _____									
Middle Initial: _____		State: _____		ZIP: _____		Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious									
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
<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		Total Flight Time at the Time of this Accident/Incident: _____ hrs				<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"/> Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Pilot Name and Address						Degree of Injury											
First Name: _____		City: _____		State: _____		ZIP: _____		Country: _____									
Middle Initial: _____		State: _____		ZIP: _____		Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious									
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
<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		Total Flight Time at the Time of this Accident/Incident: _____ hrs				<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"/> Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Pilot Name and Address						Degree of Injury											
First Name: _____		City: _____		State: _____		ZIP: _____		Country: _____									
Middle Initial: _____		State: _____		ZIP: _____		Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious									
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
<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		Total Flight Time at the Time of this Accident/Incident: _____ hrs				<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"/> Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
PASSENGER(S) / OTHER PERSONNEL (include flight attendants; continue on separate sheets if necessary)																	
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
First Name: Linda		City: Copperopolis		State: CA		ZIP: _____		Country: _____		R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last Name: Silva		City: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____		City: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Last Name: _____		City: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____		City: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Last Name: _____		City: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____		City: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Last Name: _____		City: _____		State: _____		ZIP: _____		Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**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.

AWOS 5/15 kt. @280 on approach to Rwy 25. Prox 75k over numbers touch down prox 2000' est. temp 85 f. downslope Rwy 25. noticed sock @ 2500' dead calm. Decided ok rollout vs. go around, then applied heavy braking prox.3500 +/-, then estimated potential overrun & attempted left turnoff @ rwy end. Unable to negotiste 180 Degree turn to bāway & went over embankment, flipping aircraft on back. No fire or fuel spill. Exited A/C thru broken canopy after releasing 5 pt. harness. Shut off all switches before exiting passenger & pilot. Flight prox. 20 min. local.

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

Operator/Owner Safety Recommendation

Recommend slower approach even if 15 k. headwind. & if not down before 1500', abort ldg. & go around because of downhill sloping Rwy. 25. Or land uphill Rwy7.



FROM : DSCHWARZC

FAX NO. :

Aug. 17 2010 07:14AM P2

**ADDITIONAL INFORMATION** (Please type or print in ink)  
 Use this space if additional space is needed for any answers.

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

Date of this Report 0817/2010 mm/dd/yyyy	Signature and Name of Pilot/Operator Signature:  Type or Print Name: David J Schwarz
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Signature and Name of Person Filing Report if Other than Pilot/Operator  
 Signature: \_\_\_\_\_  
 Type or Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

FOR NTSB USE ONLY

NTSB Accident/incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
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<b>PILOT "A" INFORMATION</b>											
<b>Pilot "A" Responsibilities at the Time of Accident/Incident</b>											
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
<b>Pilot "A" Identification</b>											
First Name: <u>David</u>					City: _____						
Middle Initial: <u>J</u>					State: _____			ZIP: _____			
Last Name: <u>Schwarz</u>					Country: _____						
Age at time of Accident/Incident: _____				Date of Birth: _____			Certificate Number: _____				
<b>Degree of Injury</b>				<b>Seat Occupied</b>			<b>Seat Belt</b>			<b>Shoulder Harness</b>	
<input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious				<input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pilot Certificate(s) (Check all that apply)</b>											
<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 checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
<b>Principal Occupation</b>		<b>Medical Certificate</b>			<b>Medical Certificate Validity</b>			<b>Date of Last Medical</b>			
<input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input checked="" type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>03/21/2010</u> mm/dd/yyyy			
<b>Medical Certificate Limitations</b>											
<b>Medical Certificate Waivers</b>											
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b>				<b>Flight Review Aircraft</b>							
<u>06/21/2009</u> mm/dd/yyyy				Make: <u>Van's</u> Model: <u>RV-6A</u>							
<b>Airplane Rating(s)</b> <i>(Check all that apply)</i>		<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i>		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i>			<b>Instructor Rating(s)</b> <i>(Check all that apply)</i>				
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input checked="" 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				
<b>Type Ratings</b>						<b>Student Endorsements (Include dates)</b>					
Pvt.											
<b>Flight Time (enter appropriate number of hours in each box)</b>											
	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
						Actual	Simulated				
Total Time	1,400	100	1,400		40						
Pilot in Command (PIC)	1,350	95	1,350		40						
Time as Instructor											
This Make/Model											
Last 90 Days	7	5	7								
Last 30 Days	3	3	3								
Last 24 Hours	0	0	0								

**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.

AWOS 5/15 kt @280 on approach to Rwy 25. Prox 75k over numbers touch down prox 2000' est temp 85 f, downslope Rwy 25, noticed sock @ 2500' dead calm. Decided ok rollout vs. go around, then applied heavy braking prox.3500 +/-, then estimated potential overrun & attempted left turnoff @ rwy end. Unable to negotiate 180 Degree turn to taxiway & went over embankment, flipping aircraft on back. No fire or fuel spill. Exited A/C thru broken canopy after releasing 5 pt. harness. Shut off all switches before exiting passenger & pilot. Flight prox. 20 min. local.

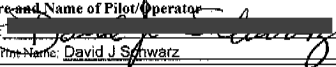
**RECOMMENDATION (How could this accident/incident have been prevented?)**

Operator/Owner Safety Recommendation  
 Recommend slower approach even if 15 k headwind, & if not down before 1500', abort ldg. & go around because of downhill sloping Rwy. 25. Or land uphill Rwy7.

**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 0817/2010 mm/dd/yyyy	Signature and Name of Pilot/Operator Signature:  Type or Print Name: David J Schwarz
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____	

**FOR NTSB USE ONLY**

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