

**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>INDORANCE</u> State: <u>CA</u> ZIP: <u>90255</u> Country: <u>USA</u> Latitude: <u>34</u> (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)	<b>Date/Time</b> Date: <u>1-1-2011</u> Local Time: <u>21</u> mm/dd/yyyy Time Zone: <u>PAC</u>
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<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> <u>60900</u> ft MSL
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**WEATHER INFORMATION AT THE ACCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: <u>TDA</u> Observation Time: <u>1 PM</u> Time Zone: <u>PAC</u> Distance from Accident Site: <u>50</u> NM Direction from Accident Site: <u>360</u> degrees MAG	<b>Source of Weather Information</b> (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 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)	<b>Method of Briefing</b> (Check all that apply) <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"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent	<b>Light Condition</b> <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	<b>Visibility</b> <u>20</u> miles
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<b>Sky/Lowest Cloud Condition</b> <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	<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	<b>Restriction to Visibility</b> (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
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<b>Lowest Cloud Condition Height</b> _____ ft AGL	<b>Ceiling Height</b> _____ ft AGL	<b>Wind Direction</b> <input type="checkbox"/> Indicated: <u>36</u> degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: <u>36</u> KTS -or- <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (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 <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
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**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident**

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<b>Temperature:</b> _____ (C) or <u>72</u> (F) <b>Altimeter Setting:</b> <u>29.25</u> in. HG or _____ MB <b>Density Altitude:</b> <u>N/A</u> ft <b>Dew Point:</b> <u>N/A</u> (C) or _____ (F)	<b>Icing Forecast</b> Amount    Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light <b>Icing Actual</b> Amount    Type <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> (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 <b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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**AIRCRAFT INFORMATION**

Manufacturer: ANTHONY GIORGIO Max Gross Weight: 1650 lbs  
 Model: RV-4 Weight at Time of Accident: \_\_\_\_\_ lbs  
 Serial Number: #2 Location of Center of Gravity at Time of Accident:  
 Registration Number: N322RV Amateur-built:  Yes  No  
 -or- \_\_\_\_\_ inches from  nose or  datum  
 \_\_\_\_\_ Percent Mean Aerodynamic Cord (% MAC)

<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> (Check all that apply) <b>Standard</b> <input 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: <u>1</u>	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input checked="" 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 type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown <u>10-6-10</u>	<b>Date Last Inspection:</b> <u>10-6-10</u> mm/dd/yyyy <b>Airframe Total Time:</b> _____ hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident
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<b>IFR Equipped</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input type="checkbox"/> Specify _____
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**ELT Installed**  Yes  No **ELT Activated**  Yes  No  
**ELT Manufacturer:** ACR-Tech  
**Model/Series:** T80 C91A  
**Serial Number:** 196M2  
**ELT Aided in Locating Accident / Incident**  Yes  No  
**Battery Type:** dry cell duracell **Battery Exp. Date:** \_\_\_\_\_

<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: <u>Seneca</u> Model: <u>69-72</u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm dd yyyy	Engine Rated Power Measured as (check one) <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	<u>Lycoming</u>	<u>O320 E3D</u>	<u>G-57872-2TA</u>		<u>150</u>		<u>25</u>	<u>1958</u>
Eng. 2								
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION**

<b>Registered Aircraft Owner</b> Name: <u>Anthony J. Giorgio</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Owner Address</b> [REDACTED] City: <u>PAWS VILL EST</u> State: <u>CA</u> ZIP: <u>90270</u> Country: <u>USA</u>
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____

<b>Regulation Flight Conducted Under</b> <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	<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <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	<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <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) - or - <input type="checkbox"/> Agricultural Aircraft (137)  <input type="checkbox"/> Other Operator of Large Aircraft
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**OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other 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: \_\_\_\_\_

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

Airport Identifier: TOA Distance From Airport Center: \_\_\_\_\_ SM  
 Airport Name: Zamparelli Field Direction From Airport: \_\_\_\_\_ degrees MAG  
 Proximity to Airport     Off Airport/Airstrip     On Airport     On Airstrip    Airport Elevation: \_\_\_\_\_ 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)**

None     PAR     MLS     Practice  
 ADF/NDB     Sidestep     LDA     GPS  
 SDF     ILS     ASR     Loran  
 VOR/TVOR     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: 29-R (L/R/C) Length: 5100 ft Width: 150 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**

<b>Last Departure Point</b> Airport ID: <u>TOA</u> City: <u>TORRANCE</u> State: <u>CA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>12:30</u> Time Zone: <u>PAC</u>	<b>Destination</b> Airport ID: <u>LOCAL FLIGHT</u> City: _____ State: _____ Country: _____	<b>Type Flight Plan Filed</b> <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 checked="" type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 occurred** (Check all that apply)

- |   |                                       |   |  |   |
|---|---------------------------------------|---|--|---|
| <input type="checkbox"/> Class A            | <input 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 checked="" type="checkbox"/> Class D | <input type="checkbox"/> Warning Area | <input type="checkbox"/> Airport Advisory Area          |  |   |

**Aircraft Load Description** (Check all that apply)

- |  |   |  |                                    |
|--|---|--|------------------------------------|
| <input type="checkbox"/> None                  | <input type="checkbox"/> Towing Glider  | <input type="checkbox"/> Parachutists              | <input type="checkbox"/> Livestock |
| <input checked="" 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 & SERVICES INFORMATION**

<b>Fuel on Board at Last Takeoff</b> (convert from pounds, as necessary) <u>22</u> Gallons	<b>Fuel Type</b> <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> 100/130 <input type="checkbox"/> 115/145 <input type="checkbox"/> Jet A <input type="checkbox"/> Automotive <input type="checkbox"/> JP3 <input type="checkbox"/> JP4 <input type="checkbox"/> JP5 <input type="checkbox"/> Other, specify _____
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**Other Services, if Any, Prior to Departure**  
 oil, tire pressure ✓

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

<b>Was there Mechanical Malfunction/Failure?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)  ENGINE MOUNT for RV-4 PART # WD 422 JANS A/C	<b>Total Time/Cycles On Part</b> <u>117.5</u> Hours <u>~ 201</u> Cycles  <b>Time Since This Part Inspected/Overhauled</b> <u>9</u> Hours
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**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <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	<b>Aircraft Explosion</b> <input 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)  
 MOTOR MOUNT GEAR LEG  
 IS NOW SEPERATED  
 FIRE WALL dented no Penetration

**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  
 Normal via canopy opening

**PILOT "A" INFORMATION**

**Pilot "A" Responsibilities at the Time of Accident**

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

**Pilot "A" Identification**

First Name: ANTHONY J. GEORGI City: PHOENIX, ARIZONA  
 Middle Initial: J State: CA ZIP: 90274  
 Last Name: GEORGI Country: USA

Age at time of Accident: 80 Date of Birth: mm/dd/yyyy Certificate Number:                     

<b>Degree of Injury</b> <input checked="" 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 checked="" 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"/> <del>None</del> <input checked="" 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 checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> <u>4/22/10</u> mm/dd/yyyy
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**Medical Certificate Limitations**

*corrective lenses wear + PAK vision*

**Medical Certificate Waivers**

*— 0 —*

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 10-05-09   *mm. dd. yyyy*

**Flight Review Aircraft**  
 Make: CITABRIA   MECA  
 Model: N 86813

<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 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 type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" 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	1696.3		1696.3		30	34.9	220.2			
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	3.8	1.2	3.6							
Last 30 Days	1.2	7	1.2							
Last 24 Hours	.7	.7	.7							

**ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)**

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	

<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	

<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	

<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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

**PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)**

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>BREANT</u> City: <u>FAKUSFIELD</u> Middle Initial: _____      State: <u>CA</u> ZIP: _____ Last Name: <u>EDGSON</u> Country: <u>USA</u>	AFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
First Name: _____      City: _____ Middle Initial: _____      State: _____      ZIP: _____ Last Name: _____      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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____      City: _____ Middle Initial: _____      State: _____      ZIP: _____ Last Name: _____      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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____      City: _____ Middle Initial: _____      State: _____      ZIP: _____ Last Name: _____      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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____      City: _____ Middle Initial: _____      State: _____      ZIP: _____ Last Name: _____      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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____      City: _____ Middle Initial: _____      State: _____      ZIP: _____ Last Name: _____      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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____      City: _____ Middle Initial: _____      State: _____      ZIP: _____ Last Name: _____      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"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtain

STATEMENT BY ANTHONY J GIORGIO PILOT OF RV-4 ACCIDENT AT TOA 1/1/2011

On 1/1/2011 at TOA about 1 PM RV-4 N322RV upon landing (not hard), the left fixed gear leg collapsed causing a ground loop off the runway (29R). There were no personal injuries to either the pilot or passenger; respective weights 160 and 190 lbs. Fuel on board was 22 gallons take off weight was 1488 lbs 162 lbs below gross with CG well within the envelope..

Damage to the A/C was minor with a bent and seperated gear leg brace and motor mount( PN WN 422 Vans A/C). Cost \$1,100. There was also a dent in the firewall.

There was no prop strike, and exit was routine via swing open canopy.

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

Operator/Owner Safety Recommendation

Prevention of this accident might have been <sup>achieved</sup> ~~prevented~~ by the design of a more robust motor mount/ gear structure.

Failures of the RV4 mounts have in earlier RV 4 models included failures of the mount fuselage brackets following landings on dirt strips

**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

6/13/11  
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:   
Type or Print Name: ANTHONY J. GURGIO

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.

WPR11CA086

Reviewed by NTSB Regional Office  
Western Pacific Region

Name of Investigator  
Patrick H. Jones, ASI

Date Report Received