

PILOT OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Emil Bragdon
 Fractional Ownership Aircraft: Yes No
 Operator of Aircraft: Same As Registered Owner
 Name: _____
 Doing Business As: _____
 Air Carrier Operator Designation (if Certified or Certificated): _____

Owner Address
 City: Coppell
 State: TX ZIP: 75019
 Country: USA

Operator Address Same As Registered Owner
 City: _____
 State: _____ ZIP: _____
 Country: _____

Regulations (Flight Category) Code:
 FAR 91 FAR 129 FAR 131 Special Flight Public Use (other than)
 FAR 103 FAR 133 Non-US Commercial Domestic State Local
 FAR 121 FAR 135 Non-US Non-commercial Outboard
 FAR 125 FAR 137 Special Flight

Revenue Sightseeing Flight
 Yes No

Air Medical Flight
 Yes No

Purpose of Flight for FAR 91, 103, 133, 135 (Select one)
 Personal
 Business
 Executive Aircraft
 Other (Specify) _____
 Instructional
 Training
 Positioning
 Aerial Application
 Aerial Observation
 Air Drop
 Air Base (Stow)
 Flight Test
 Public Use
 Unknown

Revenue Operations (See FAR 121, 125, 129, 135 - Select one)
 Scheduled or Contract
 Non-Scheduled or Air Taxi
 Charter (See Instructions)
 Domestic International

Charge Description
 Passenger (Large)
 Passenger _____ (No. seats)
 Cargo _____ lbs
 Mail

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

OTHER AIRCRAFT INFORMATION (If aircraft is not registered, complete this section for other aircraft)

Aircraft Registration Number: N171ST
 Manufacturer: Piper
 Model: PA 30
 Damage to Other Aircraft
 Destroyed Minor
 Substantial None

Registered Owner of Other Aircraft
 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Not of Other Aircraft
 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

WEAR PARTS MAINTENANCE RECORD (If wear parts are needed, continue on separate sheet)

Are there mechanical wear parts needed? Yes No Unknown
 If yes, list the name of the part, manufacturer, part no., size, and condition (see below)

Total Time/Cycles On Part	_____ Hours
_____ Cycles	
Time Since This Part Inspected/Overhauled	_____ Hours

DAMAGE TO AIRCRAFT FROM OTHER SOURCES

Aircraft Damage
 None Substantial
 Minor Destroyed

Aircraft Fire
 None In-Flight
 On-Ground

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

Description of Damage to Aircraft and Flight Path, etc. (see additional sheet if necessary)

- Both wings damaged
- Nose damaged
- Landing gear damaged
- Both engines had a prop strike

On or about _____, at _____, altitude _____, takeoff or within 3 miles of an airport, complete this section

Airport Identifier: AUS
 Airport Name: Austin Bergstrom
 Distance from Airport Center: 0 SM
 Direction from Airport: _____ degrees MAG
 Airport Elevation: _____ ft. MSL

Approach Segment: Visual
 Direct Standard Instrument Low approach
 Final Go Around
 Aborted Landing rather than touchdown

VR Approach (check all that apply)
 None Touch and Go Simulated Forced Landing
 Gentle Pattern Touch and Go
 Straight-in Simulated Forced Landing
 Valley Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Condition of Runway/Landing Surface (check all that apply)
 Dry Snow-Compacted Water-Calm
 Wet Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glossy
 Rough Snow-Wet Wet
 Puddles Soft Unknown
 Marsh Covered Vegetation

Last Departure Point: SHV Shreveport LA USA
 Time of Departure: 12:30 Central
 Destination: AUS Austin TX USA
 Type Flight Plan Filed:
 None VFR/IFR
 Company VFR IFR
 Military VFR Unknown
 VFR
 Activated? Yes No

Class of Flight:
 VFR IFR
 VFR/IFR
 Other: _____
 VFR Flight Following Cruise
 Traffic Advisory Unknown/NA
 Jet Training Area Special
 TRSA Air Traffic Control Area
 FAR 93 Unknown

Class of Aircraft:
 Single-engine Multi-engine
 Piston Turbine
 Other: _____
 Livestock Unknown
 Other: _____

Altitude:
90 feet
 IFR Other specify _____
 VFR IFR
 Other specify _____

Remarks:

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

All out of Main exit

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input 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		Method of Briefing <i>(Check all that apply)</i> <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"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		Light Condition <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		Visibility _____ miles 10	
Sky/Lowest Cloud Condition <input 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		Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		Restriction to Visibility <i>(Check all that apply)</i> <input 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	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL			
Wind Direction <input type="checkbox"/> Indicated _____ degrees MAG <input type="checkbox"/> Variable		Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable		Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> No Gusting	
				Type of Turbulence <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light	

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

Temperature: _____ (C) or _____ (F)		Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed		Type of Precipitation <i>(Check all that apply)</i> <input 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	
Altimeter Setting: _____ in HG or _____ MB		Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed		Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
Density Altitude: _____ ft					
Dew Point: _____ (C) or _____ (F)					

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: Emil City: Coppell
Middle Initial: D State: TX ZIP: 75019
Last Name: Brydon Country: USA
Age at time of Accident/Incident: 35 Date of Birth: [REDACTED] Certificate Number: [REDACTED]

Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <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	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" 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

Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <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	Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>June 2014</u> <small>mm/dd/yyyy</small>
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Medical Certificate Limitations

None

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
 Airplane, Single-Engine
 Airplane, Multi-Engine
 Gyroplane
 Powered Lift

Instrument Airplane
 Instrument Helicopter
 Helicopter
 Glider
 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	130	40	90	70	15					
Pilot in Command (PIC)	50	20	30	20						
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

Pilot Name and Address N/A

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury
 None Fatal
 Minor Unknown
 Serious

Pilot Certificate(s) (Check all that apply)

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

Type Rating/Endorsement for Accident/Incident Aircraft? Yes No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Seat Occupied
 Left Front
 Right Rear
 Center Single
 Unknown

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury
 None Fatal
 Minor Unknown
 Serious

Pilot Certificate(s) (Check all that apply)

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

Type Rating/Endorsement for Accident/Incident Aircraft? Yes No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Seat Occupied
 Left Front
 Right Rear
 Center Single
 Unknown

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury
 None Fatal
 Minor Unknown
 Serious

Pilot Certificate(s) (Check all that apply)

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

Type Rating/Endorsement for Accident/Incident Aircraft? Yes No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Seat Occupied
 Left Front
 Right Rear
 Center Single
 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>Ryan</u> Middle Initial: _____ Last Name: <u>Witchell</u> City: <u>Dallas</u> State: <u>TX</u> ZIP: <u>75201</u> Country: <u>USA</u>	<u>Back</u>	<input type="checkbox"/>	<input checked="" 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: <u>Clayton</u> Middle Initial: _____ Last Name: <u>Wagner</u> City: <u>Ft. Worth</u> State: <u>TX</u> ZIP: <u>76102</u> Country: <u>USA</u>	<u>Front</u>	<input type="checkbox"/>	<input checked="" 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: _____ Middle Initial: _____ Last Name: _____ City: _____ 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ 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"/>	<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.

Came in for landing at AUS on 17L. winds were variable. Literally 1 second before gear touching runway we had a big wind gust from the left side which landed the plane crooked and facing the right. It quickly went to the right. I applied left rudder but at this point it was too late. We hit several signs before coming to a stop. There was a window of about 2 seconds when I should have applied full throttle and did a go around.

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

Operator/Owner Safety Recommendation

Once the aircraft touched the pavement, a go around would have avoided an incident.

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

4-26-11
(month/day/year)

Signature and Name of Pilot/Operator

Signature: 

Type or Print Name: Paul LeBaron

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.

CA111CA 988

Reviewed by NTSB Regional Office

CFN-A

Name of Investigator

LeBaron

Date Report Received

5/3/2011