

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public use aircraft accidents and incidents

Accident/Incident Location Nearest City/Place: <u>LINWOOD</u> State: <u>NJ</u> ZIP: <u>08234</u> Country: _____ Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)		Date/Time Date: <u>06/20/2011</u> Local Time: <u>4 PM</u> <small>mm/dd/yyyy</small> Time Zone: <u>EST</u>	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	
Weather Observation Facility Facility ID: <u>KACY</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) <input checked="" 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 type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Not Pertinent		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL	
Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input checked="" type="checkbox"/> Variable		Wind Speed Velocity: <u>10</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	
Wind Gusts Velocity: <u>12/14</u> KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting		Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident			
Temperature: _____ (C) or <u>80</u> (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: <u>1200</u> ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount Type <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed Icing Actual Amount Type <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	
Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		Altitude of In-Flight Occurrence <u>6</u> ft MSL	

Manufacturer: <u>BELLANCA</u> Model: <u>BGCBC</u> Serial Number: <u>52-74</u> Registration Number: <u>N97020</u>		Max Gross Weight: <u>2150</u> lbs Weight at Time of Accident: <u>1825</u> lbs Location of Center of Gravity at Time of Accident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)						
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate (Check all that apply) Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input 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					
Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____		Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown						
		Date Last Inspection: <u>2/3/2011</u> mm/dd/yyyy Airframe Total Time: <u>6350.82</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident						
IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ELT Manufacturer: <u>EBC</u> Model/Series: <u>102</u> Serial Number: _____ Battery Type: <u>LS-52 9VOLT ALKAL</u> Battery Exp. Date: <u>02-2013</u>						
ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected						
		Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>McLanney</u> Model: <u>1A200HFA8046</u>						
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>O-360</u>	<u>L-10679-36A</u>		<u>180</u>	<u>4165</u>	<u>100</u>	<u>460</u>
Eng. 2								
Eng. 3								
Eng. 4								
Registered Aircraft Owner Name: <u>Herbert DEGAN III</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Owner Address City: <u>Woodbine</u> State: <u>MD</u> ZIP: <u>08270</u> Country: <u>USA</u>			
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Herbert DEGAN III</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____			
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces					Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" 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
--	--	--

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
--	---	--

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 Identifier: <u>DNJB</u> Airport Name: <u>DIX FIELD</u> Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip	Distance From Airport Center: <u>0</u> SM Direction From Airport: _____ degrees MAG Airport Elevation: <u>6</u> ft. MSL
--	--

Approach Segment (Select one) <input type="checkbox"/> On Instrument Approach <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)			
--	--	--	--

IFR Approach (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling	VFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Unknown
---	--

Runway Information Runway ID: <u>E</u> (L/R/C) Length: <u>2950</u> ft Width: <u>100</u> ft	Condition of Runway/Landing Surface (Check all that apply) <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input checked="" type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation
--	--

Runway/Landing Surface (Check all that apply) <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	Last Departure Point Airport ID: <u>DNJB</u> City: <u>LINWOOD</u> State: <u>NS</u> Country: <u>USA</u>	Time of Departure Time: <u>0200</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>DNJB</u> City: <u>LINWOOD</u> State: <u>NS</u> Country: <u>USA</u>
---	---	--	--

Type of ATC Clearance/Service (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

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"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA
<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"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Special <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Unknown
Aircraft Load Description (Check all that apply)			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	
Fuel on Board at Last Takeoff (convert from pounds, as necessary) <u>40</u> Gallons		Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 <input type="checkbox"/> Other, specify _____	
Other Services, if Any, Prior to Departure <u>NONE</u>			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed		Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	
Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground			
Description of Damage to Aircraft and Other Property (use additional sheet if necessary) <u>Right wing STRUT BENT. NOSE SPINNER SCRATCHED, Bottom cowL CRACKED, WINDSHIELD CRACKED. Vertical STAB. BENT AT TOP, RUDDER TOP BENT, Propeller (1) TIP slightly bent FROM Recovery of ACFT,</u>			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location <u>I WAS INVERTED. I REMOVED SEATBELT + CLIMBED OUT OF WINDOW.</u>			

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: Herbert

 City: Woodbine

 Middle Initial: M

 State: NJ ZIP: 08270

 Last Name: GERAN III

 Country: USA

 Age at time of Accident: 41

 Date of Birth: [REDACTED]

 Certificate Number: [REDACTED]
Degree of Injury
☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

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

Seat Belt

 Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Shoulder Harness

 Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)
☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation
☐ Pilot
☒ Other
☐ Unknown

Medical Certificate
☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☒ Class 2 ☐ Unknown

Medical Certificate Validity
☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical
10/14/2010
 mm/dd/yyyy

Medical Certificate Limitations

MUST wear corrective lenses.

Medical Certificate Waivers

 Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 09/19/2009
 mm/dd/yyyy

Flight Review Aircraft

 Make: PIPER
 Model: PAKER PA 20
**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	853	67	853		57		21			
Pilot in Command (PIC)	686	67	686							
Time as Instructor										
This Make/Model										
Last 90 Days	82	67	82		2					
Last 30 Days	38	32	38							
Last 24 Hours	6	6	6							

Pilot "B" Responsibilities at the Time of Accident

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

Pilot "B" Identification

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

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

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

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

Seat Belt

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers**

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

Flight Review Aircraft

Make: _____
Model: _____

**Airplane Rating(s)
(Check all that apply)**

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

**Other Aircraft Rating(s)
(Check all that apply)**

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

**Instrument Rating(s)
(Check all that apply)**

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

**Instructor Rating(s)
(Check all that apply)**

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings**Student Endorsements (Include dates)**

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal	
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown	
Last Name: _____	Country: _____	<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		<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		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal	
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown	
Last Name: _____	Country: _____	<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		<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		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal	
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown	
Last Name: _____	Country: _____	<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		<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		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____	_____	□	□	□	□	□	□	□	□	□	□
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	□	□	□	□	□	□	□	□	□	□
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	□	□	□	□	□	□	□	□	□	□
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	□	□	□	□	□	□	□	□	□	□
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	□	□	□	□	□	□	□	□	□	□
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	□	□	□	□	□	□	□	□	□	□
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	□	□	□	□	□	□	□	□	□	□
Middle Initial: _____											
Last Name: _____											

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

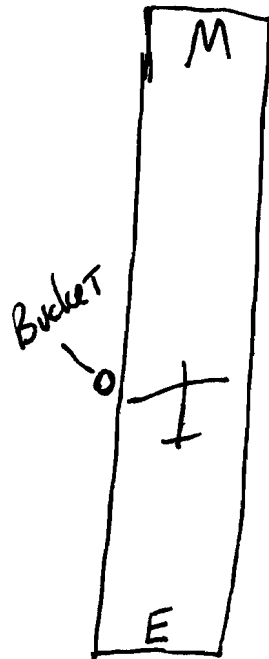
LANDING NEBOUND AT ØNJB. I SET ACFT UP FOR SHORT FIELD LANDING. I TOUCHED DOWN IN 3 POINT CONFIG. APPLIED BRAKES + PULLED MIXTURE KNOB. I WAS STOPPING THE ACFT TO PICK UP A 5 GAL bucket THAT WAS MID FIELD OFF THE RUNWAY SIDE. THE ACFT SUDDENLY STOPPED. WENT UP ON ITS NOSE AND ON ITS BACK. I EXITED THE ACFT + ~~got~~^{called for} help. I WAS NOT INJURED.

Operator/Owner Safety Recommendation

I SHOULD HAVE NOT TRIED TO STOP ACFT IN A SHORT DISTANCE. THE GRASS STRIP HAS MANY BUMPS, HILLS, + IMPERFECTIONS THAT ARE NOT EASILY VISIBLE. SHOULD ALWAYS USE CAUTION WITH GRASS FIELDS.

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

ØN56



Date of this Report

06/29/2011
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Herbert Deaton III

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

NTSB Accident/Incident No.

ERA11CA358

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

L. SCHIADA

Date Report Received

7/11/11