

**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

Accident/Incident Location Nearest City/Place: <u>Oshkosh</u> State: <u>WI</u> ZIP: <u>54902</u> Country: <u>USA</u> Latitude: <u>43:59:0N</u> (dd:mm:ss N/S) Longitude: <u>88:33:0W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>07/27/2010</u> Local Time: <u>Approx. 6:15 pm</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</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	Altitude of In-Flight Occurrence _____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Raytheon Aircraft Company</u> Model: <u>390</u> Serial Number: <u>RB-161</u> Registration Number: <u>N6JR</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>12,500</u> lbs Weight at Time of Accident/Incident: <u>11,380</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>295.4</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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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>8</u> IF Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: _____ Passengers: <u>6</u>	Landing Gear <input checked="" 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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Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input checked="" 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 type="checkbox"/> Annual <input type="checkbox"/> Unknown <u>200 Hour inspection</u>	Date Last Inspection: <u>02/16/2010</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>1,163</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>HALON</u>
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>406 Part No. 453-5000-99</u> Serial Number: <u>13896</u> Battery Type: <u>406</u> Battery Exp. Date: <u>02/16/2012</u>
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Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: _____ <input type="checkbox"/> Controllable Pitch 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 (check one)	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
					<input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust			
Eng. 1	Williams International	56,000 FJ 44-2A	105233	09/13/2006	23	1,255	92	
Eng. 2	Williams International	56,000 FJ 44-2A	1052232	09/13/2006	23	1,255	92	
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>Roush Fenway Racing LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>4500 Roush PL NW, Concord</u> State: <u>NC</u> ZIP: <u>28027</u> Country: <u>USA</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ 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 type="checkbox"/> Personal <input checked="" 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			

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
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? <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
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Substantial Airframe Damage

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

Airport Identifier: KOSH **Distance From Airport Center:** _____ SM
Airport Name: Wittman Field **Direction From Airport:** _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** _____ 805 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)		VFR Approach (Check all that apply)	
<input checked="" type="checkbox"/> None	<input type="checkbox"/> PAR	<input type="checkbox"/> None	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> Sidestep	<input checked="" type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> SDF	<input type="checkbox"/> ILS	<input type="checkbox"/> Straight-In	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> Localizer Only	<input type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Forced Landing
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Go Around	<input type="checkbox"/> Precautionary Landing
<input type="checkbox"/> TACAN	<input type="checkbox"/> RNAV	<input type="checkbox"/> Full Stop	<input type="checkbox"/> Unknown
<input type="checkbox"/> MLS	<input type="checkbox"/> Practice		
<input type="checkbox"/> LDA	<input type="checkbox"/> GPS		
<input type="checkbox"/> ASR	<input type="checkbox"/> Loran		
<input type="checkbox"/> Visual	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Contact			
<input type="checkbox"/> Circling			

Runway Information	Condition of Runway/Landing Surface (Check all that apply)
Runway ID: <u>18R</u> (L/R/C) Length: <u>8,002</u> ft Width: <u>150</u> ft	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm
Runway/Landing Surface (Check all that apply)	<input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy
<input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water	<input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown	<input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet
<input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	<input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown
	<input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KYIP</u>	Time: _____	Airport ID: <u>OSH</u>	<input type="checkbox"/> None <input type="checkbox"/> VFR/IFR
City: <u>Detroit</u>	Time Zone: <u>EST</u>	City: <u>Oshkosh</u>	<input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR
State: <u>Michigan</u>		State: <u>Wisconsin</u>	<input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown
Country: <u>USA</u>		Country: <u>USA</u>	<input type="checkbox"/> VFR
			Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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)	Fuel Type
_____ 431 Gallons	<input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify <u>w/ Prist</u>
	<input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4
	<input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5

Other Services, if Any, Prior to Departure

Oil was checked
 Hydraulic levels were checked
 Windscreen was cleaned

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
 Pilot and passenger exited through cabin door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KOSH</u> Observation Time: <u>6:19pm</u> Time Zone: <u>CDT</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information (Check all that apply) <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 checked="" type="checkbox"/> Internet <input type="checkbox"/> Unknown	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input checked="" 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 _____ 9 miles
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Sky/Lowest Cloud Condition <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	Ceiling <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	Restriction to Visibility (Check all that apply) <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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Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL	Wind Direction <input checked="" type="checkbox"/> Indicated: _____ 200 degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ 9 KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ 16 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"/> 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
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NOTAMs (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident
 Airventure Notam

Temperature: _____ 29 (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ 29.89 MB Density Altitude: _____ 2,975 ft Dew Point: _____ 23 (C) or _____ (F)	Icing Forecast Amount <input checked="" 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 (Check all that apply) <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 Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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PILOT "B" INFORMATION

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: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

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

Principal Occupation <input type="checkbox"/> Pilot <input 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 type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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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) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> <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	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <div style="float: right;"> <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div>
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Type Ratings

Student Endorsements (Include dates)

Flight Time <i>(enter appropriate number of hours in each box)</i>	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										

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

Pilot Name and Address		Degree of Injury
First Name: _____ City: _____	Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Last Name: _____ Country: _____		Seat Occupied
Pilot Certificate(s) (Check all that apply)		<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
<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	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: _____	Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Last Name: _____ Country: _____		Seat Occupied
Pilot Certificate(s) (Check all that apply)		<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
<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		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: _____	Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Last Name: _____ Country: _____		Seat Occupied
Pilot Certificate(s) (Check all that apply)		<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
<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		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		

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 Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Brenda</u> City: <u>Plymouth</u> Middle Initial: _____ State: <u>MI</u> ZIP: <u>48170</u> Last Name: <u>Strickin</u> Country: <u>USA</u>	Right	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
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, 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.

I left KOSH mid afternoon and flew back to the Detroit area to pick up a Beechcraft Premier. I departed KYIP at approximately 1829 local time on the return flight to KOSH in the Premier. I filed an IFR flight plan to KMKE because I could not obtain an IFR arrival slot into KOSH. While working with Chicago Center over Lake Michigan, I asked for a descent to a VFR altitude and indicated a change of destination to KOSH in order to comply with the Airventure NOTAM. Consistent with that NOTAM, I followed the Turbine/Warbird Arrival procedures, contacted the KOSH tower as directed, and was instructed to turn left base abeam the tower, which I did. The tower later cleared me to land. As I descended and approached the landing flare, a light aircraft appeared in my path. I was concerned about a midair collision, particularly with the airshow crowd to the right side of the runway. I added power to initiate a missed approach, and was almost immediately thereafter confronted with the stick shaker followed rapidly by the stick pusher and a stall.

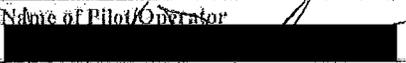
RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

Increase separation between low and high performance aircraft, particularly when on or over the runway.

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 <u>08/13/10</u> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>Jack Roush</u>
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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. <u>CEN10FA443</u>	Reviewed by NTSB Regional Office <u>WEST CHICAGO, IL</u>	Name of Investigator <u>Andrew Todd Fox</u>	Date Report Received <u>13 AUG 2010</u>
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