

# 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>Tehachapi</u> State: <u>CA</u> ZIP: <u>93561</u> Country: <u>United States</u> Latitude: <u>35:08:06 N</u> (dd mm:ss N/S) Longitude: <u>118:26:21 W</u> (ddd mm:ss E/W)		<b>Date/Time</b> Date: <u>12/07/2012</u> Local Time: <u>4:55</u> <u>mm/dd/yyyy</u> Time Zone: <u>pacific</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input checked="" type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	
		<b>Altitude of In-Flight Occurrence</b> _____ ft MSL	

## AIRCRAFT INFORMATION

<b>Manufacturer:</b> <u>Bellanca</u> <b>Model:</b> <u>Citabria 7eca</u> <b>Serial Number:</b> <u>1076-75</u> <b>Registration Number:</b> <u>N8595V</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Max Gross Weight:</b> <u>1,650</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>1,418</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> <u>13.65</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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<b>Category of Aircraft</b> <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input checked="" type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Light Sport</td> </tr> </table>	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Utility	<input type="checkbox"/> Limited	<input checked="" type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental		<input type="checkbox"/> Special Flight		<input type="checkbox"/> Light Sport	<b>Number of Seats:</b> <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input 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
Standard	Special																
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																
<input type="checkbox"/> Utility	<input type="checkbox"/> Limited																
<input checked="" type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional																
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																
	<input type="checkbox"/> Special Flight																
	<input type="checkbox"/> Light Sport																

<b>Type of Maintenance Program</b> <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: _____	<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> <u>08/01/2012</u> <u>mm/dd/yyyy</u> <b>Airframe Total Time:</b> <u>2,277</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify: _____
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<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>Emergency Beacon Corporation</u> <b>Model/Series:</b> <u>EBC-102A</u> <b>Serial Number:</b> <u>195402A</u> <b>Battery Type:</b> <u>Alkaline Pack</u> <b>Battery Exp. Date:</b> <u>08/31/2014</u>	
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<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>McCauley</u> Model: <u>1C90CLM72-46</u>
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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 <i>as (check one)</i> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng 1	Lycoming	O-235-C1	L-12059-15	11-08-1974	115	2,295	18	232
Eng 2								
Eng 3								
Eng 4								



<b>Description of Damage to Aircraft and Other Property</b> <i>(use additional sheet if necessary)</i> The aircraft bottomed out in a soft field and flipped over onto its wings and rolling onto its right side. The substantial damage was to the main landing gear which was folded back and underneath the propeller struck the ground bending the tips, the fiberglass engine cowls were broken into pieces, the engine hit next bending it to the side and bending the frame, the right wing struck next bending in the wing struts and folding underneath the fuselage were in came to rest on its right side. the split door and plexiglass windows and windshield were broken in the rollover.			
<b>AIRPORT INFORMATION</b> <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>TSP</u>		Distance From Airport Center: <u>2</u> SM	
Airport Name: <u>Tehachapi Municipal Airport</u>		Direction From Airport: <u>290</u> degrees MAG	
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: <u>4,001</u> ft. MSL	
<b>Approach Segment</b> <i>(Select one)</i> <input type="checkbox"/> On Instrument Approach <input 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 checked="" type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)			
<b>IFR Approach</b> <i>(Check all that apply)</i> <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"/> Sideslip <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		<b>VFR Approach</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley Terrain Following <input checked="" type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
<b>Runway Information</b> Runway ID: <u>290 C</u> (L/R/C) Length <u>4,031</u> ft Width <u>75</u> ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <input checked="" 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 checked="" type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input 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			
<b>FLIGHT ITINERARY INFORMATION</b>			
<b>Last Departure Point</b> Airport ID: <u>SZP</u> City: <u>Santa Paula</u> State: <u>CA</u> Country: <u>United States</u>		<b>Time of Departure</b> Time: <u>4 10</u> Time Zone: <u>pacific</u>	
<b>Destination</b> Airport ID: <u>TSP</u> City: <u>Tehachapi</u> State: <u>CA</u> Country: <u>United States</u>		<b>Type Flight Plan Filed</b> <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	
<b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
<b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i> <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 checked="" 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 checked="" type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
<b>Aircraft Load Description</b> <i>(Check all that apply)</i> <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			
<b>FUEL &amp; SERVICES INFORMATION</b>			
<b>Fuel on Board at Last Takeoff</b> <i>(convert from pounds, as necessary)</i> <u>22</u> Gallons		<b>Fuel Type</b> <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <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	
<b>Other Services, if Any, Prior to Departure</b>			

<b>EVACUATION OF AIRCRAFT</b>			
Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location Aircraft came to rest on its right side. I was the only passenger. I climbed out of the broken plexiglass sunroof.			
<b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>			
<b>Weather Observation Facility</b> Facility ID: <u>Aviationweather.gov</u> Observation Time: <u>3:00 p.m.</u> Time Zone: <u>pacific</u> Distance from Accident Site: _____ 1 NM Direction from Accident Site: _____ 290 degrees MAG		<b>Source of Weather Information</b> <i>(Check all that apply)</i> <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 checked="" type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	
<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 Briefing <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input checked="" type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" 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	
<b>Lowest Cloud Condition Height</b> _____ 0 ft AGL		<b>Ceiling Height</b> _____ 500 ft AGL	
<b>Wind Direction</b> <input checked="" type="checkbox"/> Indicated _____ 310 degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity _____ 8 KTS -or- <input 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> <i>(Check all that apply)</i> <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
<b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b>    			
<b>Temperature:</b> _____ 8 (C) or _____ (F) <b>Altimeter Setting:</b> <u>30.08</u> in HG or _____ MB <b>Density Altitude:</b> _____ 4,001 ft <b>Dew Point:</b> _____ 7 (C) or _____ (F)		<b>Icing Forecast</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <b>Icing Actual</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	
		<b>Type of Precipitation</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> 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	

PILOT "A" INFORMATION																																																																																																				
<b>Pilot "A" Responsibilities at the Time of Accident/Incident</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
<b>Pilot "A" Identification</b> First Name: <u>Michael Hanson</u> City: <u>Santa Paula</u> Middle Initial: <u>S</u> State: <u>CA</u> ZIP: <u>93060</u> Last Name: <u>Hanson</u> Country: <u>United States</u> Age at time of Accident/Incident: <u>31</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																																				
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <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>06/11/2010</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																												
<b>Medical Certificate Limitations</b>																																																																																																				
<b>Medical Certificate Waivers</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>07/15/2011</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>				<b>Flight Review Aircraft</b> Make: <u>Bellanca</u> Model: <u>Citabria 7eca</u>																																																																																																
<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport																																																																																														
<b>Type Ratings</b>						<b>Student Endorsements</b> <i>(Include dates)</i> Student solo 07/15/2010 Student cross country 09/06/2010																																																																																														
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<b>PILOT "B" INFORMATION</b>																																																																																																			
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																			
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<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (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)</b> (Check all that apply)						<b>Seat Occupied</b>										
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer								
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military								
<input type="checkbox"/> Foreign																
<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												
<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)</b> (Check all that apply)						<b>Seat Occupied</b>										
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First Name _____			City _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal								
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<input type="checkbox"/> Foreign																
<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												
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address																
First Name _____			City _____													
Middle Initial _____			State _____ ZIP _____													
Last Name _____			Country _____													
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## 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.

On 12/07/2012 I planned to fly from SZP to TSP a frequent weekend trip for me. The night before was a usual 8 hours of sleep. I woke up around 5 a.m. and went to work on that Friday the 7th and arrived back at my house around 3 p.m. I felt good and confident about my trip to TSP. At that time I checked the weather for TSP on aviationweather.gov where it called for patchy fog. It was nice and clear in SZP so I decided to proceed with the flight knowing that I might not be landing at TSP due to weather. My alternate airport would be L71 and either call my ride or wait out the weather.

I arrived at SZP around 3:30 and got the plane out for a preflight. A Citabria 7eca that I have owned for 2.5 years N8595V. I added a quart of oil. Everything looked good. I had 22 gallons of fuel, enough for 3.5 hours of flight. The flight to TSP was usually 45 minutes so I had plenty of fuel if I decided to divert to L71, 20 minutes away. I departed SZP at 4:10 p.m. and began my usual route to TSP which took me up to 7500 feet msl and cruise at that altitude until time to descend to pattern altitude of 5001 feet msl. 30 minutes into the flight I could see into the Bakersfield area and see the low fog start to creep over the mountains. I tuned into the awos frequency 120.025 and received a static filled recording where I did get an altimeter setting of 30.08 but that was it so I changed back to 123.0 the ctaf. I continued on watching the fog creep into the Tehachapi valley while I was eastbound getting close to my destination 40 minutes into the flight the fog was moving southeast from Bakersfield starting to move into the town of Tehachapi and the surrounding south mountain ridge line. At that point I got a visual on the airport and had already started a descent to pattern altitude 5001 feet msl. I was east bound and turned back around for a 3 mile straight in final approach on runway 29, everything seemed to be VFR so no diversion necessary. I kept descending at a slow speed and descent rate of 70 mph and 200 feet per minute with varied power adjustments to control altitude for about a half mile. It was at that time that the fog still kept creeping in and my visibility was getting a bit worse but I made the unfortunate and wrong choice to stay on my straight in approach instead of diverting since I still had the airport in site. I had dropped below the ceiling of oncoming fog with the airport still in site when the conditions went immediately IFR. I believe the fog from the south mountain ridge line came in from my left as I was still focused on my straight in approach, now around 500 feet agl. I completely lost all visual reference and was trying to see where I was. When I realized I was in trouble and should initiate a go around and get back above the fog it was too late. My wheels touched down in the field. It all happened VERY fast. The time frame from my choice to keep my approach to IFR conditions to touchdown about 30 seconds. It was then about 4:55p.m.

The field that I came into was a freshly plowed potato field. As I came into the field the impact did not feel too abrupt. I believe the softness of the field is what grabbed the main wheels folding the gear back and caused the plane to flip forward. It was then the impact got violent. After the gear buckled the propeller struck digging into the soft dirt and folded the engine over to the left. The momentum carried the tail over the top with the right wing low. The right wing then impacted and buckled and the fuselage folded over and came to rest on its right side with the left wing in the air. In the process the windshield and sunroof were broken filling the cockpit with dirt. I was stunned at what had just happened but amazingly conscious, unhurt and extremely lucky! My first reactions were to shut off fuel, master and mag switches. I then undid my 5 point harness and looked for a way out. The plane was laying on the right side of the fuselage which is where I usually enter and exit. The plexiglass sunroof had busted so I climbed out and walked away from the plane.

I called and told my ride I wasn't at the airport and how to get to me. It was when I got back to a friend's house that I started making the calls. I called the AOPA who gave me the number to the FAA at LAX and I reported the incident to the NTSB. I also notified the local police department. I called my insurance company to get a claim going. In the morning (12/08/2012) I went back out to the site and met with a Deputy from the Kern County Sheriff's Department and filed a report. He told me that the FAA or NTSB did not need to come out and to proceed in removing the aircraft from the field. I got a hold of Kern Helge who disassembled the aircraft and towed it back to his hangar.

I feel so lucky to have no injuries and to have survived this incident! It was extremely hard on myself, my friends and family. The hardest part is that it was my avoidable actions that caused it. It has taught me a lot about the choices I make from now on in my life.

Michael S. Hanson 12/11/12

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

### Operator/Owner Safety Recommendation

A few things could have been done to prevent this from happening:

-When I first found out that the weather was getting bad at my destination I could have made the choice to drive instead. Although it's not as fun and efficient and it takes longer I would have likely arrived in a better state than I did in the plane.

-Upon first glance that the fog was moving in I should have put my diversion plan into place.

-As I was setting up on my straight in approach and the visibility changed I should have put the power in and climbed to a safe altitude to go to my alternate airport.

Conclusion: I didn't choose to drive, I proceeded into increasingly worse conditions, I stayed committed to an approach in bad weather exceeding vfr minimums. If I had executed any of the three alternate solutions above I would most likely still have a functional airplane and not had to put myself, my friends and family, the FAA, NTSB and local law enforcement, or the owner of that field through this painful process. I have learned a lot from this and hope others learn from my mistakes.

Michael S. Hanson 12/11/2012



**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**

<b>Date of this Report</b> 12/11/2012 <i>mm/dd/yyyy</i>	<b>Signature and Name of Pilot/Operator</b> Signature: <u>Michael S. Hanson</u> Type or Print Name: <u>Michael S. Hanson</u> <small>Digitally signed by Michael S. Hanson DN: cn=Michael S. Hanson, c=US Date: 2012.12.11 15:35:31 -0800</small>		
<b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b> Signature: _____ Type or Print Name: _____ Title: _____			
<b>FOR NTSB USE ONLY</b>			
<b>NTSB Accident/Incident No.</b> WPR13CA065	<b>Reviewed by NTSB Regional Office</b> WPR-Gardena	<b>Name of Investigator</b> Simpson, E	<b>Date Report Received</b> 12/11/12