

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code North English, IA 52316	Local Time (24 HOUR CLOCK) 22 March 2003 1544	Zone Central	Elevation At Accident Site 875 Feet MSL
--	--	-----------------	--

If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information

Proximity To Airport

1. <input type="checkbox"/> On Airport	3. <input type="checkbox"/> Within _ Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles
2. <input checked="" type="checkbox"/> Within _ Mile	4. <input type="checkbox"/> Within _ Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input type="checkbox"/> Beyond 8 Miles

Airport Name White Pigeon	Airport Ident 7IA1	Runway Land Surface and Conditions 1. Direction: North 2. Length: 1100'	3. Width: 70' 4. Surface: Turf Condition: Good
------------------------------	-----------------------	---	--

Phase of Operations

1. <input type="checkbox"/> Standing	3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver
2. <input type="checkbox"/> Taxi	4. <input checked="" type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input checked="" type="checkbox"/> Altitude of In-Flight Occurrence 910 Feet MSL

Aircraft Information

Registration Mark N6211E	Aircraft Manufacturer Cessna	Aircraft Type/Model C-182R	Serial Number 18268352	Cert Max Gross WT 3110
-----------------------------	---------------------------------	-------------------------------	---------------------------	---------------------------

Type of Aircraft 1. <input checked="" type="checkbox"/> Airplane 2. <input type="checkbox"/> Helicopter 3. <input type="checkbox"/> Glider 4. <input type="checkbox"/> Balloon	5. <input type="checkbox"/> Blimp/Dirigible 6. <input type="checkbox"/> Ultralight 7. <input type="checkbox"/> Gyroplane 8. Specify _____	Type of Airworthiness Certificate 1. <input checked="" type="checkbox"/> Normal 2. <input type="checkbox"/> Utility 3. <input type="checkbox"/> Acrobatic 4. <input type="checkbox"/> Transport	5. <input type="checkbox"/> Restricted 6. <input type="checkbox"/> Limited 7. <input type="checkbox"/> Experimental 8. Specify _____	Amateur Built 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No
--	--	---	---	---

Landing Gear 1. <input checked="" type="checkbox"/> Tricycle - Fixed 2. <input type="checkbox"/> Tricycle - Retractable 3. <input type="checkbox"/> Tailwheel - Fixed	4. <input type="checkbox"/> Tailwheel - Retractable 5. <input type="checkbox"/> Tailwheel - Retractable Mains 6. <input type="checkbox"/> Amphibian	7. <input type="checkbox"/> Skid 8. <input type="checkbox"/> Ski/Wheel 9. Specify _____	No. of Seats Flight/Cabin Crew 2 Pax 2
--	---	---	---

Stall Warning System Installed 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	IFR Equipped 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Engine Type 1. <input checked="" type="checkbox"/> Reciprocating - Carburetor 2. <input type="checkbox"/> Reciprocating - Fuel Injected 3. <input type="checkbox"/> Turbo Prop 4. <input type="checkbox"/> Turbo Jet 5. <input type="checkbox"/> Turbo Fan 6. <input type="checkbox"/> Turbo Shaft
--	--	--

Engine Manufacturer Continental	Engine Model/Series O-470-U(17)	Engine Rated Power 1. Horsepower 235 2. Lbs. Thrust	Type of Fire Extinguishing System Used 1. None 2. Specify Foam on spilled fuel
------------------------------------	------------------------------------	---	--

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	11/12/94	467787	4219.9 Hours	71.4 Hours	1563.9 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type of Maintenance Program 1. <input checked="" type="checkbox"/> Annual 2. <input type="checkbox"/> Manufacturer's Inspection Program 3. <input type="checkbox"/> Other Approved Inspection Program (AAIP) 4. <input type="checkbox"/> Continuous Airworthiness 5. Specify _____	Type of Last Inspection 1. <input checked="" type="checkbox"/> Annual 2. <input type="checkbox"/> 100-Hour 3. <input type="checkbox"/> AAIP 4. <input type="checkbox"/> Continuous Airworthiness	Date Last Inspection Performed (M/D/Y) 9/25/2002 Time Since Last Inspection 71.4 Hours Airframe Total Time 4148.5 Hours
---	--	---

Emergency Locator Transmitter (ELT) Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Armed	ELT Manufacturer Dorne & Margolan - Installed 5 Mar 87	Model/Series Unknown	Serial Number Unknown	Battery Date (M/D/Y) 7/14/2001
Operated 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		

Registered Aircraft Owner Civil Air Patrol Inc.	Address 105 S Hansell Street, Maxwell, AL 36112
--	--

Operator of Aircraft 1. <input checked="" type="checkbox"/> Same As Registered Owner 2. Name _____ 3. DBA: _____	Address 1. <input checked="" type="checkbox"/> Same As Registered Owner 2. _____
---	--

Owner/Operator Information (cont.)										
Operator (Certificate Number)			Operator Designator (4 Letter Designator)							
Purpose of Flight and Type of Operation										
Regulation Flight Conducted Under 1. <input checked="" type="checkbox"/> FAR 91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR 91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137					Operator Authority FAR 121 FAR 133 1. <input type="checkbox"/> Domestic 6. <input type="checkbox"/> Rotorcraft 2. <input type="checkbox"/> Flag External Load 3. <input type="checkbox"/> Supplemental FAR 125 FAR 135 FAR 129 4. <input type="checkbox"/> On Demand 8. <input type="checkbox"/> Foreign 5. <input type="checkbox"/> Commuter			FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____		
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input checked="" type="checkbox"/> Instructional 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning										
Pilot Information										
Pilot Name Christie Maren Battle		Pilot Certificate No. [REDACTED]		Address [REDACTED]			Nationality USA			
Certificate(s) 1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input checked="" type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____										
Rating(s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane				Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			Instructor Ratings 1. <input type="checkbox"/> None 6. <input checked="" type="checkbox"/> Instrument Airplane 2. <input checked="" type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. Specify _____ 5. <input type="checkbox"/> Glider			
Type Ratings/Student Endorsements				Date of Biennial Flight Review or Equivalent (M/D/Y) 6/26/2002			BFR Aircraft 1. Make Cessna 2. Model 182R			
Medical Certificate 1. <input type="checkbox"/> None 3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3		Date of Last Medical (M/D/Y) 9/19/2002		Limitations Must Wear Corrective Lenses Waivers			Date of Birth (M/D/Y) [REDACTED]			
Degree of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		Seat Occupied 1. <input type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input checked="" type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		Person at Controls at Time of Accident 1. <input checked="" type="checkbox"/> Pilot In Command 3. <input type="checkbox"/> Both Pilots 5. <input type="checkbox"/> No One 2. <input type="checkbox"/> Second Pilot 4. <input type="checkbox"/> Non-Pilot			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operator's Estimate 5. Specify _____ 3. <input type="checkbox"/> FAA Records				
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time		1126.6		1055.5	46.6	62.6	32.7 174.7			
Pilot in Command (PIC)		908.1								
Instructor		181.9								
This Make/Model										
Last 90 Days		5.2								
Last 30 Days		1.3								
Last 24 Hours										
Second Pilot Information										
Second Pilot Responsibilities at the Time of Accident 1. <input type="checkbox"/> Co-Pilot N/A 2. <input checked="" type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)										
Pilot Name James Johnson		Pilot Certificate No. [REDACTED]		Address [REDACTED]			Nationality USA			
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____										

Owner/Operator Information (cont.)

Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea		6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane		Instrument Rating(s) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Ratings 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider			6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____	
---	--	---	--	--	--	--	--	--	---	--

Type Ratings/Student Endorsements		Date of Biennial Flight Review or Equivalent (M/D/Y) 3/30/2002		BFR Aircraft 1. Make <u>Cessna</u> 2. Model <u>172</u>	
--	--	--	--	---	--

Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input checked="" type="checkbox"/> Class 3		Date of Last Medical (M/D/Y) 7/15/2002		Limitations Holder shall possess glasses that correct for near vision Waivers		Date of Birth (M/D/Y) [REDACTED]	
--	--	--	--	---	--	--	--

Degree of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input checked="" type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Front			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	
---	--	--	--	--	--	--

Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operator's Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____		
---	--	---	--	--	--	---	--	--

Flight Time	N/A	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time		237.8	3.0	236.6		17.1	8.3		1.2	
Pilot in Command (PIC)		178.3								
Instructor										
This Make/Model										
Last 90 Days		1.6								
Last 30 Days										
Last 24 Hours										

Name	Seat	Address (City & State)	Crew	Passenger		Non-Occupant	FAA	Degree of Injury			
				Non-Revenue	Revenue			Fatal	Serious	Minor	None
1. Christie Battle	Right Front	Des Moines, IA 50314	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. James Johnson	Left Front	Oskaloosa, IA 52577	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<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"/>
4.			<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"/>
5.			<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"/>
6.			<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"/>

Flight Itinerary Information							
Last Departure Point 1. Airport ID <u>7IA1</u> 2. City/Place <u>North English</u> 3. State <u>Iowa</u>		Time of Departure 1. Time <u>1544</u> 2. Time Zone <u>Central</u>		Destination 1. Airport ID <u>KOTM</u> 2. City/Place <u>Ottumwa</u> 3. State <u>Iowa</u>		Flight Plan Filed 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)	

If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished

Weather not a factor, self briefed via computer at KIKV.

Fuel On Board At Last Takeoff 74 Gallons or _____ Pounds		Fuel Type 1. <input type="checkbox"/> 80/88 2. <input checked="" type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____				
---	--	---	--	--	--	--

Other Services, If Any, Prior To Departure

Weather Information At The Accident Site					
Source Of Weather Information (Pilot/Operator, Weather Observation) Company NWS observations at three surrounding airports		Light Condition 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night		Visibility 6+ SM	Temp (°F) 59

Weather Information At The Accident Site							
Dew Point 32 (°F)	Altimeter Setting _29.96_inHg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured					
Wind Information 1. Direction <u>W to WNW</u> 2. Velocity <u>10KTS</u> 3. Gusts <u>None noticed</u> KTS	Restriction To Visibility None	Type Precipitation None	Intensity of Precipitation None				
Turbulence (Multiple entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clear Air 7. <input type="checkbox"/> In Clouds							
Damage To Aircraft And Other Property							
Degree of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input checked="" type="checkbox"/> Destroyed			Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No 4. <input type="checkbox"/> On Ground				
Description of Damage to Aircraft and Other Property Aircraft landed on right side, destroyed by impact.							
Mechanical Malfunction Failure							
1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Damage		Total Time <table border="1"> <thead> <tr> <th>On Part</th> <th>At Overhaul</th> </tr> </thead> <tbody> <tr> <td>Hours</td> <td>Hours</td> </tr> </tbody> </table>		On Part	At Overhaul	Hours	Hours
On Part	At Overhaul						
Hours	Hours						
Collision Accident							
If Collision Accident Occurred, Complete The Information For Other Aircraft							
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None				
Registered Aircraft Owner		Address					
Pilot Name	Address		Pilot Certificate No.				
Evacuation of Aircraft							
Assistance Received 1. <input checked="" type="checkbox"/> Outside Person(s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify _____							
Method of Exit (State Approximate Number of Persons Using Each of the Following) 1. Main Door <u>2</u> 2. Auxiliary Door _____ 3. Emergency Exit _____							
Recommendation (How Could This Accident Have Been Prevented)							
Operator/Owner Safety Recommendation (Optional Entry)							

Additional Flight Crew Members

For Each Additional Flight Crew Members, Exclusive of Cabin Attendants, Complete the Following Information:

Name	FAA Certificate No.	Address	Title
------	---------------------	---------	-------

Certificate(s)				
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input checked="" type="checkbox"/> Military	9. <input type="checkbox"/> None
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
----------------------	-------------------	---------------------------

Name	FAA Certificate No.	Address	Title
------	---------------------	---------	-------

Certificate(s)				
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military	9. <input type="checkbox"/> None
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
----------------------	-------------------	---------------------------

Name	FAA Certificate No.	Address	Title
------	---------------------	---------	-------

Certificate(s)				
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military	9. <input type="checkbox"/> None
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
----------------------	-------------------	---------------------------

--	--	--

Narrative History Of Flight

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

I e-mailed Christie about taking a flight. She called back on Friday to agree to fly on Saturday.

I e-mailed Wayne to check on operational status of airport. He said it was operational.

I arrived at KIKV, I knew was not PIC, so I did not schedule A/C. Christie said he should book the A/C. I call John Behrens and he logged in as me and booked aircraft. Called around to get CAP Flight Release. I called and filed a flight plan. I did preflight with Christie at the aircraft. Checked oil time, and quantity (should be recorded in book).

We taxied to end of runway, did runup at end of runway, I got instruction on engine leaning procedure on the ground, took off. Activated flight plan in the air. Headed to 7IA1 after turnout from KIKV. Found airport by dead reckoning and pilotage. GPS was turned off.

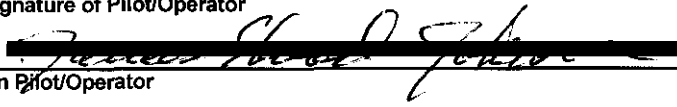
I crossed over the airport and used left pattern to land to the north. I learned to fly on a grass strip just west of Oskaloosa. We landed within 150 feet of the end of the runway. I advanced prop control forward on landing procedure. Kept aircraft rolling during turn around, put the flaps up and I did not recall putting the flaps down for takeoff. I only recalls putting the throttle full forward for takeoff, does not recall making any prop or mixture adjustments on takeoff.

On takeoff roll, I pulled up at about 65 KIAS, but aircraft was not climbing. My guess is that rotation was a little over half way...maybe around 600-650 feet. I felt her take control and something like "what are we going to do". Did not lose consciousness. Saw orange balls get closer, and then I remembers hanging in my seat belt. I remembers some noise from crashing.

One of the first persons on scene cut the seat belt and helped my out. I called my wife and called flight service to close the flight plan and reported the accident.

Some of the technical information on this form was provided with the cooperation of COL Michael Krenz, CAP, and Major George Cobley, CAP who were appointed members of the Civil Air Patrol accident investigation team.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date of This Report 4-4-2003	Signature of Pilot/Operator 
Signature of Person Filing Report Other Than Pilot/Operator	
1. Signature _____	
2. Type or Print Name _____	
3. Title _____	

For NTSB Use Only

NTSB Accident No. CHI03 FA088	Review By NTSB Office Located At WEST CHICAGO, IL	Name of Investigator 	Date Report Received 4/7/03
----------------------------------	--	--	--------------------------------