

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>Chadron</u> State: <u>NE</u> ZIP: <u>69337</u> Country: <u>USA</u> Latitude: <u>41.99N</u> (dd:mm:ss N/S) Longitude: <u>97.44W</u> (ddd:mm:ss E/W) | Date/Time Date: <u>06/11/2013</u> Local Time: <u>06:45 am</u> <i>mm/dd/yyyy</i> Time Zone: <u>CDT</u> |
| Phase of Operation <input type="checkbox"/> Standing <input checked="" 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 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>Vans Kit</u> Model: <u>RV12</u> Serial Number: <u>120226</u> Registration Number: <u>N666BE</u> Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Max Gross Weight: <u>1,320</u> lbs Weight at Time of Accident/Incident: <u>1,153</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>93</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC) |

| | | | |
|---|---|--|--|
| Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown | Type of Airworthiness Certificate (Check all that apply) Standard <input 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 checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input checked="" type="checkbox"/> Light Sport | Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____ | Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input 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 checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____ | Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | Date Last Inspection: <u>06/03/2013</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>54</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident |
|---|--|---|

| | | |
|---|---|--|
| IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____ |
|---|---|--|

| | |
|--|---|
| 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>Could not read this info after accident.</u> Model/Series: <u>This is a new unit and has new batteries.</u> Serial Number: <u>Unit was turned off by pilot after exiting plane.</u> Battery Type: _____ Battery Exp. Date: _____ |
|--|---|

| | | |
|---|---|--|
| Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected | Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: <u>Warp Drive</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>3-Blade Ground Adjustable</u> |
|---|---|--|

| 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) <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 | Viking | 110 | JHMGE8G434AC038268 | 2013 | 110 | 54 | 54 | 54 |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

Description of Damage to Aircraft and Other Property *(use additional sheet if necessary)*

The airplane landed with the fuselage and the wings level. I had little flair and the impact caused the landing gear to collapse into the wings and engine cowling. The aircraft underside received serious damage due to the landing gear collapsing into the wings and engine cowling. The engine condition is unknown due to a prop blade strike.

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

Airport Identifier: CDR Distance From Airport Center: _____ SM
 Airport Name: Chadron Municipal Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 3,297 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)*

None PAR MLS Practice
 ADF/NDB Sidestep LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach *(Check all that apply)*

None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Runway Information

Runway ID: 02 (L/R/C) Length: 5,998 ft Width: 100 ft

Condition of Runway/Landing Surface *(Check all that apply)*

Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

Runway/Landing Surface *(Check all that apply)*

Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

FLIGHT ITINERARY INFORMATION

| | | | |
|--|--|---|--|
| Last Departure Point Airport ID: <u>CDR</u> City: <u>Chadron</u> State: <u>NE</u> Country: <u>USA</u> | Time of Departure Time: <u>06:45 am</u> Time Zone: <u>CDT</u> | Destination Airport ID: <u>CDR</u> City: <u>Chadron</u> State: <u>NE</u> Country: <u>USA</u> | Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|--|

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)*

18 Gallons

Fuel Type

80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

None

| | | | |
|---|---|--|---|
| EVACUATION OF AIRCRAFT | | | |
| Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Exit – Describe how the occupants exited and how many occupants evacuated each location The canopy was already in the full open position and I, the pilot, stepped out as usual. | | | |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE | | | |
| Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG | Source of Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input checked="" type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS) | 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 checked="" type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown | |
| Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Not Pertinent | Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported | Visibility _____ 10 miles | |
| Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered | Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown | Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown | |
| Lowest Cloud Condition Height _____ ft AGL | Ceiling Height _____ ft AGL | | |
| Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input checked="" type="checkbox"/> Variable | Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable | Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting | Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop |
| NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident None pertinent to this flight. | | | |
| Temperature: _____ (C) or _____ 65 (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F) | Icing Forecast Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed | Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle | |
| Icing Actual Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed | | Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy | |

| PILOT "B" INFORMATION | | | | | | | | | | | | |
|---|--|--|--|--|--|---|-------------------|--|---|--------|------------------|--|
| Pilot "B" Responsibilities at the Time of Accident/Incident <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 | | | | | | | | | | | | |
| Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____ <i>mm/dd/yyyy</i> | | | | | | | | | | | | |
| 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 | | | |
| Pilot Certificate(s) <i>(Check all that apply)</i> <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 | | | | | | | | | | | | |
| 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> | | | | |
| Medical Certificate Limitations | | | | | | | | | | | | |
| Medical Certificate Waivers | | | | | | | | | | | | |
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i> | | | | 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"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport | | | |
| Type Ratings | | | | | | Student Endorsements <i>(Include dates)</i> | | | | | | |
| 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 | |
| Total Time | | | | | | | Actual | Simulated | | | | |
| 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: _____ | | | | <input type="checkbox"/> None | | <input type="checkbox"/> Fatal | | | | | | | | | |
| Middle Initial: _____ | | State: _____ | | ZIP: _____ | | <input type="checkbox"/> Minor | | <input type="checkbox"/> Unknown | | | | | | | | | |
| Last Name: _____ | | Country: _____ | | | | <input type="checkbox"/> Serious | | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | | |
| <input type="checkbox"/> None | | <input type="checkbox"/> Student | | <input type="checkbox"/> Recreational | | <input type="checkbox"/> Commercial | | <input type="checkbox"/> Flight Engineer | | | | | | | | | |
| <input type="checkbox"/> 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 | | | | | | | | | | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | | | | |
| Pilot Name and Address | | | | | | Degree of Injury | | | | | | | | | | | |
| First Name: _____ | | City: _____ | | | | <input type="checkbox"/> None | | <input type="checkbox"/> Fatal | | | | | | | | | |
| Middle Initial: _____ | | State: _____ | | ZIP: _____ | | <input type="checkbox"/> Minor | | <input type="checkbox"/> Unknown | | | | | | | | | |
| Last Name: _____ | | Country: _____ | | | | <input type="checkbox"/> Serious | | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | | |
| <input type="checkbox"/> None | | <input type="checkbox"/> Student | | <input type="checkbox"/> Recreational | | <input type="checkbox"/> Commercial | | <input type="checkbox"/> Flight Engineer | | | | | | | | | |
| <input type="checkbox"/> 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 | | | | | | | | | | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | | | | |
| Pilot Name and Address | | | | | | Degree of Injury | | | | | | | | | | | |
| First Name: _____ | | City: _____ | | | | <input type="checkbox"/> None | | <input type="checkbox"/> Fatal | | | | | | | | | |
| Middle Initial: _____ | | State: _____ | | ZIP: _____ | | <input type="checkbox"/> Minor | | <input type="checkbox"/> Unknown | | | | | | | | | |
| Last Name: _____ | | Country: _____ | | | | <input type="checkbox"/> Serious | | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | | |
| <input type="checkbox"/> None | | <input type="checkbox"/> Student | | <input type="checkbox"/> Recreational | | <input type="checkbox"/> Commercial | | <input type="checkbox"/> Flight Engineer | | | | | | | | | |
| <input type="checkbox"/> 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 | | | | | | | | | | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | | | | |
| Pilot Name and Address | | | | | | Degree of Injury | | | | | | | | | | | |
| First Name: _____ | | City: _____ | | | | <input type="checkbox"/> None | | <input type="checkbox"/> Fatal | | | | | | | | | |
| Middle Initial: _____ | | State: _____ | | ZIP: _____ | | <input type="checkbox"/> Minor | | <input type="checkbox"/> Unknown | | | | | | | | | |
| Last Name: _____ | | Country: _____ | | | | <input type="checkbox"/> Serious | | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | | |
| <input type="checkbox"/> None | | <input type="checkbox"/> Student | | <input type="checkbox"/> Recreational | | <input type="checkbox"/> Commercial | | <input type="checkbox"/> Flight Engineer | | | | | | | | | |
| <input type="checkbox"/> 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 | | | | | | | | | | | | | | | | | |
| 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) | | | | | | 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: _____ | | | | | | | | | | | | | | | |
| First Name: _____ | | City: _____ | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | State: _____ | | ZIP: _____ | | | | | | | | | | | | | |
| Last Name: _____ | | Country: _____ | | | | | | | | | | | | | | | |
| First Name: _____ | | City: _____ | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | State: _____ | | ZIP: _____ | | | | | | | | | | | | | |
| Last Name: _____ | | Country: _____ | | | | | | | | | | | | | | | |
| First Name: _____ | | City: _____ | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | State: _____ | | ZIP: _____ | | | | | | | | | | | | | |
| Last Name: _____ | | Country: _____ | | | | | | | | | | | | | | | |
| First Name: _____ | | City: _____ | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | State: _____ | | ZIP: _____ | | | | | | | | | | | | | |
| Last Name: _____ | | Country: _____ | | | | | | | | | | | | | | | |

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.

Due to the near perfect weather conditions, I planned to do some touch-n-go landings before continuing on a VFR trip west bound. I conducted a thorough exterior and interior inspection using written checklists. The sky was clear with only very light wind, and due to the early hour of take-off (06:45am or so), there was no traffic. I proceeded to RWY 02 and did the final pre-takeoff check and did a 360 turn on the ground to visually look for traffic. Seeing no traffic I taxied to the runway center line and applied full throttle, approximately 5000 rpm. The plane quickly accelerated through 47 mph stall speed and I held the plane to approximately 65-70 mph before lift-off and heading toward 80 mph, my preferred climb speed. Immediately upon rotation the canopy opened about 3" or so, as measured from the rear horizontal edge of the canopy and the top of the cockpit area of the fuselage. Having used less than 1000' of the runway, I immediately set up to land. I had already accelerated to 80 mph, but was only 50-100' AGL. I simultaneously reduce the power, reduced back pressure on the stick and leveled the angle of attack, but as I did, the canopy opened into a full vertical position and the nose went downward. I tried to stop the nosing over with applied back pressure on the stick but I was too close to the ground to completely arrest the descent. I managed to land with the fuselage and the wings level. I had little flair and the impact caused the landing gear to collapse into the wings and engine cowling. The aircraft underside received serious damage due to the landing gear collapsing into the wings and engine cowling. The engine condition is unknown due to prop strike.

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

The accident would not have occurred had the canopy not opened in flight.

By whatever means, it is obvious that the canopy became unlatched. The canopy latch is designed to provide secure latching by the use of pressure of the latch arm (mounted to the canopy frame) against the latch slot (fixed to the aircraft). It requires the pilot to turn approximately 90 degrees to the right to apply pressure to the latch handle and visually see the proper alignment of the latch arm and the latch slot. The design also, unintentionally, allows the latch arm to be miss-guided to a position under the fixed latch mechanism and slot. The bottom edge of the latch body has a tapered edge that the latch arm can inadvertently ride upon, allowing the latch handle to have similar resistance pressure as when properly latched and a 90 degree handle position as when properly latched, although not properly resting in the latching slot.


The present design has provided latching service for many years. The following items could be considered in modification of the latch body. (1) Remove the tapered bottom edge and use a blunt design or reverse the existing taper, helping align the arm with the slot, instead of guiding it under the latch body as it currently does. (2) Provide a small vertical tip at the bottom of the entrance to the latching slot. This would require a slight up pressure, or tipping of the latch handle, to release the latch. This would prevent any inadvertent disengagement of the latch and would also give the pilot a manual feel of correct latching. (3) As an added precaution, it would be a great feature if there was a caution light on the panel identifying an unlatched canopy. This would be similar to the existing light for improper wing pin installation.

In no way do I imply a poor design. The Van's team provide a good product that I would recommend and buy again if I have a chance. I also know that the smallest changes for an individual's plane becomes a huge and expensive process as a manufacturer.

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

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|---|--|
| Date of this Report 06/17/2013 <i>mm/dd/yyyy</i> | Signature and Name of Pilot/Operator Signature:  Type or Print Name: William G. Earl |
| Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____ | |

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| NTSB Accident/Incident No. CEN13CA340 | Reviewed by NTSB Regional Office CEN-TX | Name of Investigator Leah Yeager | Date Report Received 6/19/2013 |
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