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

BASI	C INFORMAT	ΓΙΟΝ													
Accide	nt/Incident Locat	tion					Date/Time								
	City/Place: Wayne						Date	e: _	06/21/20	01	14 Local Time: 5:30 pm				
ZIP: <u>68</u>	787 Co	untry: USA	Α						mm/dd/yyy			_			
Latitude	(decimal degr	ees N/S) Longit	ude:		(E/W)						Time	Zone: Cel	ntral	
	n with Other Air	_		n-ground	⊙ N										
AIRC	RAFT INFOR	MATIO	V												
Registr	ation Number: <u>N</u>	N996AZ]	Ma	aximum Gr	os	s Weigh	t: <u>1800</u>		lbs	
Manufacturer: Van's Aircraft Weight at Time of Accident/Incident: 1500										00	_ lbs				
Model:	RV6A			Number of S				mber of Se	ats: 2 Flight Crew Seats: 1						
Serial N	Number: <u>23673</u>						0	Cal	oin Crew Seat	s:	0		Passenger	Seats: 1	
	Manufacture: 1						1	Nu	mber of En	ıgi	ines: <u>1</u>				
					Make: R	Design	-								
Cata		T C	A *				1					•			
OGlider OGyrocraft OHelicopter OPowered lift OUtility OF Acrobatic Transport OF Comparison of the Comp			(Check all th			hat apply) Unkn Retra Tailw			encorac wh sh S	own ctable			ting) retor		
Engine				Manufacturer's				of Mfg.		(Rated Power Horsepower or		Total Time	Inspection	
Engine	Engine Manufact	urer	Model/Series		Serial Number			<i>mm/dd/yyyy</i> 1997			O lbs of T	Γhrust	(hours)	(hours)	(hours)
Eng. 1 Eng. 2	Lycombing		0360A1A	L34816-36A			1997		1	80		789	13	New	
Eng. 3								$^{+}$							
Eng. 4								†							
	enaction Type			ELT Ins	talled	EL.	ТАс	tiv	ated	1	Additio	nal Fau	inment (Chack all that	t annly)
Last Inspection Type O 100 Hour O Continuous Airworthiness O AAIP O Conditional Inspection O Annual O Unknown Date Last Inspection: 11/20/2013 mm/dd/yyyy Airframe Total Time: 789 hrs hours measured at (check one) O Last Inspection Time of Accident/Incident						No /Incident	-	Additional Equipment (Check all that apply) Airframe Parachute Angle of Attack Indicator Auto-Pilot Data Recorder Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display IFR Equipment Onboard Weather Stall Warning System							
Type of Maintenance Program Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify:				Propeller OFixed Pitch OControllable Pitch Manufacturer: Hartzel Model: PC10TCP920 Type of Fire Extinguishing System ONone OSpecify					-						

OWNER/OPERATOR INFORMATION											
Registered Aircraft Owner			Owner Address								
Name: Zach Propane Service, Inc.			City:								
Fractional Ownership Aircraft: O Yes O	No		State: NE ZIP: Country: USA	<u>68787</u>							
Operator of Aircraft ☐ Same As Re	gistered Owner		Operator Address ☑ Same As Registered O								
Doing Business As:			State: ZIP:								
Air Carrier/Operator Designator (4 Characte	er Code):	Country:									
Commercial Operating Certificate Held (Check all that apply)	Regulation Flight Conducted Un	der Revenue for FAR 12	venue Operation FAR 121, 125, 129, 135								
☑None □Flag Carrier Operating Certificate (121) □Supplemental □Air Cargo □Foreign Air Carriers (129) □Commuter Air Carrier (135) □On-Demand Air Taxi (135) □Large Helicopter (127)	OFAR 91 OFAR 129 OFAR 103 OFAR 133 OFAR 121 OFAR 135 OFAR 125 OFAR 137 OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	Cargo Ope OPassen OCargo	Scheduled or Air Taxi eration nger Contract Only								
☐ Rotorcraft External Load (133)	O Armed Forces	Purpose for FAR 9	of Flight D1, 103, 133, 137 (Select one)								
- or - ☐ Agricultural Aircraft (137)	OPublic Use (select type)	Person		<u> </u>							
Other Operator of Large Aircraft	○Federal ○State •Local		ss OGlider Tow ive/Corporate OSkydiving Work Use OFirefighting								
	OUnknown	OInstruc OAir Ra	ce/Show OAerial Appl	ication							
Revenue Sightseeing Flight OYes ONO	Air Medical Flight ○ Yes	OAir Dr OFlight		rvation							
AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)											
Mayor Municipal											
Airport Identifier: LCG											
Proximity to Airport: O Off Airport/Airstrip		Direction From Airport:0degreeAirport Elevation:1435ft. MSI									
Runway Information Runway ID: 130 (L/R/C) Length: 340		Condition of Runway/Landing Surface (Check all that apply) ☑ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy									
Runway/Landing Surface (Check all that a Grass/Turf ☐ Maca☐ Concrete ☐ Gravel ☐ Metal	dam	☐ Ice Covered☐ Rough☐ Rubber Depo☐ Slush Covere		☐ Water-Glassy ☐ Wet							
☐ Dirt ☐ Ice ☐ Snow	Unknown	Siusii Covere	d	☐ Unknown							
Approach Segment (Select one) O On Instrument Approach O Crosswind O Downw		⊙ F	O Go Around Unknown								
IFR Approach (Check all that apply)	2 Low rapproach		borted Landing (after touchdown h (Check all that apply)	, Chanown							
□ None □ PAR □ ADF/NDB □ Sidestep □ SDF □ ILS □ VOR/TVOR □ Localizer Only □ VOR/DME □ LOC-back course □ TACAN □ RNAV	☐ MLS ☐ Practice ☐ LDA ☐ GPS ☐ ASR ☐ Loran ☐ Visual ☐ Unknown ☐ Contact ☐ Circling	None Traffic Patter Straight-In Valley/Terrai Go Around Full Stop	Str n	op and Go buch and Go mulated Forced Landing orced Landing ecautionary Landing nknown							

PILOT "A" INFORMATION												
Pilot "A" Responsibilities at the Time of Accident/Incident ● Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew												
Pilot "A" Identification												
First Name: David				Cit	_{y:} Wayne	9						
Middle Initial: E					State: NE ZIP: 68787							
Last Name: Zach	Last Name: Zach Country: USA											
Age at time of Accident/Incident:66 Date of Birth: Certificate Number:												
Degree of Injury	Av	Available Restraint Type Restraint Used										
O None O Fatal O Left O Front O Unknown O Minor O Unknown O Right O Rear					O None O 4-point			O None		1-point		
Minor O Unknown O Serious		Lap only B-point	⊙ 5-p ○ Un	known	O Lap only O 3-point		5-point Unknown					
O Serious O Center O Single O 3-point O Unknown O 3-point O Unknown Pilot Certificate(s) (Check all that apply)												
□ None □ Studen □ Private □ Flight	ıt	☐ Recre		☐ Commerc ☐ Airline Tr			Flight Engir U.S. Militar		☐ Foreign			
	edical Certific		·			ificate Val		-	ast Medica	al		
		Class 3				itations/waiv	•					
• Other	Class 1		ense (Sport Pilot	only)	Vith limitati	ions/waivers		$\frac{06/30/2}{mm/dd}$				
O Unknown	Class 2	Unknown			Jnknown Special Issu	ance		mm/aa,	УУУУУ			
				01	N/A							
Medical Certificate Limitation Wear corrective glasses	ns											
wear corrective glasses												
Medical Certificate Special Is	suance											
None												
D (CI (Ell I/D)												
Date of Last Flight Review or Equivalent, Including		_	t Review Airo									
FAR 121/135 Checks:	06/07/2013		RV6A/Van's	3								
	mm/dd/yyyy		ı: RV6A		. 1							
	Other Aircraf (Check all that a			ent Rating(s))		r Rating(s)					
□ None	☑ None	PP'V)	✓ None	i inui uppiy)	(Check all that apply) ☑ None ☐ Instrument Airplane							
	☐ Airship		☐ Airpla		☐ Airplane Single-Engine ☐ Instrument Helicopte							
	☐ Free Balloon☐ Glider		☐ Helico	1	☐ Airplane Multi-Engine ☐ Helicopter☐ Gyroplane ☐ Glider☐							
	Gyroplane					Powered			Sport			
	☐ Helicopter☐ Powered Lift	İ										
Type Ratings						Student E	ndorseme	nts (Include d	lates)			
Fixed wing single engine												
FILLATI'			Airplane			Instr	ument					
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air		
Total Time	910	789	910	0	60	†	16	0	(
Pilot in Command (PIC)	850	729	910	0	60	0	16	0	(0		
Time as Instructor	60	60	0	0	0	0	0	0	(0		
This Make/Model												
Last 90 Days	9	9	9	0	0	0	0	0	(0		
Last 30 Days	5	5	5	0			0	0	(_		
Last 24 Hours	1	1	1	0	0	0	0	0	(0		

PILOT "B" INFORMATION										
Pilot "B" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
Pilot "B" Identification										
First Name: Middle Initial: Last Name:					City: State: Country: _	Z	IP:			
Age at time of Accident/Incident: Date of Birth: Certificate Number:										
Degree of Injury		Available F	Restraint Typ	ne	Restraint U	Jsed				
O None O Fatal O Minor O Unknown O Serious	O Right O	Front Rear Single	O Unknown	1 (None Lap only 3-point	O 4-pc O 5-pc O Unk	oint	O None O Lap only O 3-point	O 4- O 5-	point point nknown
Pilot Certificate(s) (Check all that apply)										
					nercial e Transport		Flight Engir U.S. Militar		☐ Foreign	
Principal Occupation	Medical Certificate			1	Medical Ce	ertificate Val	idity	Date of L	ast Medica	l
O Pilot O Other O Unknown	O Other O Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers									
Medical Certificate Limit	ations									
Medical Certificate Waivers										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	v		Review Airc							
FAR 121/135 CHECKS:	mm/dd/yyyy	_	Aake:							
Airplane Rating(s)	Other Aircraft Ra	ting(s)	Instrum	Instrument Rating(s) Instructor Rating(s)						
(Check all that apply)	(Check all that apply)					(Check all that apply)				
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	□ None □ None □ Single-Engine Land □ Airship □ Airplane □ Single-Engine Sea □ Free Balloon □ Helicopter □ Multiengine Land □ Glider □ Powered Lift				None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicop ☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport					
Type Ratings						Student En	dorsemen	ts (Include da	ites)	
Flight Time (enter appropriation number of hours in each box)		is Make Model	Airplane Single Engine	Airplar Multieng			Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days Last 24 Hours										
_300 = . 110 010	I	l l		1	L		L	1	L	L

ADDITIONAL FLIGHT CREW MEMBE	RS (Exclusive of ca	bin attendant	s, complete t	the following inform	ation)						
Pilot Name and Address First Name: Middle Initial: Last Name:	City: State: Country:	ZIP:			Degree of In O None O Minor O Serious	njury O Fatal O Unknown					
Pilot Certificate(s) (Check all that apply) □ None □ Student □ Recreation □ Private □ Flight Instructor □ Sport Type Rating/Endorsement for Accident/Incident Aircraft? □ Yes □	nal Commercial Airline Transp	□ Fl	ight Engineer S. Military ne Time	☐ Foreign	Seat Occup O Left O Right O Center	ied O Front O Rear O Single O Unknown					
Pilot Name and Address First Name: Middle Initial: Last Name:	City: State:	ZIP: _			Degree of In O None O Minor O Serious	njury O Fatal O Unknown					
Pilot Certificate(s) (Check all that apply) □ None □ Student □ Recreation □ Private □ Flight Instructor □ Sport Type Rating/Endorsement for Accident/Incident Aircraft? □ Yes □	nal Commercial Airline Transp Total Flis	□ Fl	ight Engineer S. Military ne Time	☐ Foreign	Seat Occup O Left O Right O Center	ied O Front O Rear O Single O Unknown					
Pilot Name and Address First Name: Middle Initial: Last Name:	State:	ZIP:			Degree of In O None O Minor O Serious	njury O Fatal O Unknown					
Pilot Certificate(s) (Check all that apply) □ None □ Student □ Recreation □ Private □ Flight Instructor □ Sport Type Rating/Endorsement for Accident/Incident Aircraft? □ Yes □	nal Commercial Airline Transp Total Flig	□ Fl	ight Engineer S. Military ne Time	☐ Foreign	Seat Occup O Left O Right O Center	O Front Rear Single Unknown					
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)											
TAGENGER(G), GITERT ERGGRA	EE (melade mgm att		tillue on sep	arate sheet ii neces	Inflatable						
Name and Address		Seat	Injury	Restraint Type	Restraints	Age					
Middle Initial: State:	ZIP:	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	□Not Installed □Installed □Not Deployed □Deployed □Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown					
Last Name: Country:	ZIP:	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	□Not Installed □Installed □Not Deployed □Deployed □Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown					
Middle Initial: State: Country: Country: State: Country:	ZIP:	O Left O Center O Right O Unknown Row:	O None O Minor O Serious O Fatal O Unknown	O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	□Not Installed □Installed □Not Deployed □Deployed □Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown					
First Name: City: State: State:	ZIP:	O Left O Center O Right O Unknown Row:	O None O Minor O Serious O Fatal O Unknown	O None Lap Belt Shoulder Harness Inflatable Unknown	□Not Installed □Installed □Not Deployed □Deployed □Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown					
Middle Initial: State:	ZIP:	O Left O Center O Right O Unknown Row:	O None O Minor O Serious O Fatal O Unknown	O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	□Not Installed □Installed □Not Deployed □Deployed □Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown					
Middle Initial: State: Last Name: Country:	ZIP:	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	□Not Installed □Installed □Not Deployed □Deployed □Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown					

FLIGHT ITINERARY INFORMATION											
Last Departure Poin	ıt	7	Time of Depar	ture	Destination			Type Fligl	nt Plan Filed		
Airport ID: Y14			F: F:00 pm		Airport ID: LCG		_	None	☐ VFR/IFR		
City: Tea			Γime: <u>5:00 pm</u>		City: Wayne			☐ Compan			
State: South Dakota		7	Γime Zone: Cent	tral_	State: NE			✓ VFR	VIII GIIRIIOWII		
Country: USA					Country: USA			Activated?	Yes No		
Type of ATC Cleara	nce/Ser	vice (Check all i	that apply)								
✓ None ☐ VFR		Special VFR IFR			eial IFR COn Top		/FR Flight Following				
Airspace where the a	accident	/incident occu	rred (Check al	ll that a	pply)						
Class A	Class E		=	ohibited Area		☐ Jet Training Area ☐ Special					
☐ Class B ☐ Class C		Class G Demo Area		☐ Restricted Area ☐ Military Operations Area (MOA)			☐ TRSA ☐ Air Traffic Control ☐ FAR 93 ☐ Unknown				
Class D		Warning Area			rport Advisory Area	11)					
WEATHED INE		TION AT T	HE VCCID	ENIT	/INCIDENT SITE						
Source of Weather I			TIL ACCID		ther Observation Facility	v					
(Check all that apply)	mivi illät	1711			y ID:	•					
National Weather Se			Company		vation Time:						
☐ Flight Service Station☐ TV/Radio	n		Military Internet		Zone:						
☐ Automated Report			Unknown		ice from Accident Site:						
Commercial Weather	r Service ((DUATS)			ion from Accident Site:			s			
Basic Conditions	Light (Condition		211000					(C) or(F)		
□ VMC	Dawr		sk [☐ Dark	Night				(C) or(F)		
	Day		ght [Brig	ht Night Reported				in. Hg or MB		
Sky/Lowest Cloud C	Condition	n	Ceiling		<u> </u>						
Clear	=	Thin Broken	None (None (clear)							
Few Partial Obscuration	_	Thin Overcast Unknown	☐ Broker		☐ Indefinite ☐ Unknown						
Scattered	_	_ CHRIGWII		.50							
Lowest Cloud Cond	lition He	_	Ceiling I	_		İ					
		_ ft AGL			ft AGL						
Wind Direction		Wind Speed			Wind Gusts	'	Visibility		miles		
☐ Variable		Calm			Not Gusting		RVR:feet				
☐ Indicated:		Light and V	Variable		Gusting			:			
degr	ees	Velocity:	KTS		Velocity:KTS	$ $ $ $	Density Altitud		ft		
Intensity of Precipita	ation	Type of Prec	ipitation (Chec	ck all th	at apply)				Check all that apply)		
Light		None			☐ Freezing Rain		None	☐ Fog	** */		
Moderate		Rain	Ice Pe		Snow Shower		Blowing Dust		ound Fog		
□Heavy □N/A		Snow Hail	☐ Snow ☐ Snow				☐ Blowing Sand ☐ Blowing Snov				
		Rain Showe					Blowing Spra	y 🔲 Sm	oke		
T . D .							Dust	∐ Unl	known		
Icing Forecast Amount To	ype		Icing Ac		Туре	1	`urbulence Type (Check al	ll that apply)	Severity		
□ None □	Rime		☐ None	;	Rime		None	it intat approxy	Light		
	Clear Mixed		☐ Trace		☐ Clear ☐ Mixed		☐ Clear Air ☐ In Clouds		☐ Moderate ☐ Moderate Chop		
Moderate	_ wiiven		☐ Mode	erate	LI MIACU		☐ Vicinity of	Thunderstorm	Severe		
Severe			Seven						Extreme		
NOTAMs (D, L an	d FDC)), AIRMETs,	SIGMETs,	PIRE	Ps in effect at the time	e of th	e accident/in	icident:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY										
Aircraft Da	mage		craft Fire					Aircraft Explosion		
☐ None ☐ Minor	Substantial Destroyed	I	None n-Flight On-Ground		h Ground a known Orig	and In-Flight gin		☐ None ☐ In-Flight ☐ On-Ground	☐ Both Ground and In-Flight ☐ Unknown Origin	
Phase of Op	eration	•						Altitude of In-Fligh	t Occurrence	
Standing Taxi Descent	☐ Takeoff (incl. initial☐ Climb☐ Landing	climb)	☐ Cruise ☐ Maneuvering ☐ Approach	□c	Iover Other Inknown				ft MSL	
Description	of Damage to Aircraf	t and O	ther Property (use addit	tional sheet	t if necessary	")			
NARRATI	VE HISTORY OF F	LIGHT	· (Please type or	print in	ı ink)					
Describe w	hat occurred in chron	ological	order, including	circum	nstances 1				ent. Describe terrain and include lestination, and services obtained.	
Entered	d down wind for runwa	ay 130,	turned base for	r 130, n	oticed 2	row of big	round	cornstalk bales off	end of 130, got distracted and	
	own short of grass rui									
ХX	130'	0	0	0	0	0	Осо	nes		
XX		0	· ·	Ü	Ü	Ū	0 00			
ХX	50' plane		Runw	ay 130						
X X X X_	180'									
X X cornstock	bales	O Depar	O ted Y14 to LCG	O at abo	O out 5:00 p	O om	0			
-										
	IENDATION (How of which safety Recommendation		s accident/incid	ent hav	e been pr	revented?)				
Operator/O	wher safety Recommen	iuation								

RECOMMENDATION (How could this accident/incident have been prevented?)										
Operator/Owner Safety Recommendation										
İ										
MECHANICAL MALFUI	NCTION/I	FAILURE (If mo	re space is n	eeded, co	ontinue on se	parate sheet)				
Was there Mechanical Malfun (If yes, list the name of the part, man			_				Total Time/Cycles On Part			
(1) yes, tist the name of the part, man	ијастигег, раг	i no., seriai no., ana ae	escribe ine jaiiu	re.)			On rait			
							Hours			
							Cycles			
							Time Since This Part			
							Inspected/Overhauled			
							Hours			
FUEL & SERVICES INF	ORMATI	ı								
Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type ☐ 80/87	☐ 115/145		□ ЈРЗ	Other, specify	7			
(conversition pounds, as necessary)	C 11	100 Low Lead	☐ Jet A		☐ JP4	☐ Other, specify				
	Gallons	100/130	Automo	tive	☐ JP5					
Other Services, if Any, Prior to	Departure									
EVACUATION OF AIRC	RAFT									
		. C4 C 10		□ NI.						
Was an emergency evacuation				□ No	1 11 4					
Method of Exit – Describe how	the occupan	ts exited and how m	any occupant	s evacuate	ed each location	on				
OTHER AIRCRAFT - C	OLLISIO	N (If air or ground	collision occ	urred, co	mplete this s	ection for <i>other</i> air	craft)			
Aircraft Registration Number	Manufact	urer:					Damage to Other Aircraft			
							☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Registered Owner of Other Air					Other Aircra		Substantial None			
Name:				City:						
City:ZIP:				State:		ZIP:				
Country:										

		ATION (Please type or print in ink) is needed for any answers.							
	*	•							
I HEREBY CERTIFY	Y THAT TI	HE ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO T	HE BEST OF M	IY KNOWLEDGE				
Date of this Report		e and Name of Pilot/Operator							
07/16/2014		int Nama, David Edward Zach							
mm/dd/yyyy Signature and Name		int Name: David Edward Zach Filing Report if Other than Pilot/Operato	or						
		Thing Report it Other than Thou operato							
FOR NTSB USE ONLY									
NTSB Accident/Incid		Reviewed by NTSB Regional Office	Name of Investigator		Date Report Received				
CEN14CA	348	DENVER, CO.	ARNOLD W.	SCOTT	07/09/14				