



**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Zach Propane Service, Inc.Fractional Ownership Aircraft:  Yes  No**Owner Address**City: [REDACTED]State: NE ZIP: 68787Country: USA**Operator of Aircraft** Same As Registered OwnerName: David Edward Zach

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

**Operator Address** Same As Registered Owner

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Commercial Operating Certificate Held***(Check all that apply)*

- 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)  
 Rotorcraft External Load (133)  
 - or -  
 Agricultural Aircraft (137)  
 Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- FAR 91       FAR 129  
 FAR 103       FAR 133  
 FAR 121       FAR 135  
 FAR 125       FAR 137  
 FAR 91 Special Flight  
 Non-US, Commercial  
 Non-US, Non-commercial  
 Armed Forces  
 Public Use (select type)  
      Federal  
      State  
      Local  
 Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

- Scheduled or Commuter       Domestic  
 Non-Scheduled or Air Taxi       International

**Cargo Operation**

- Passenger  
 Cargo  
 Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137 (Select one)**

- Personal       Banner Tow       Positioning  
 Business       Glider Tow       Public Use  
 Executive/Corporate       Skydiving  
 Other Work Use       Firefighting  
 Instructional       External Load       Unknown  
 Air Race/Show       Aerial Application  
 Air Drop       Aerial Observation  
 Flight Test       Ferry

**Revenue Sightseeing Flight** Yes  No**Air Medical Flight** Yes  No**AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)**Airport Name: Wayne MunicipalDistance From Airport Center: 1/2 SMAirport Identifier: LCGDirection From Airport: 0 degreesProximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  NAAirport Elevation: 1435 ft. MSL**Runway Information**Runway ID: 130 (L/R/C) Length: 3400 ft Width: 75 ft**Condition of Runway/Landing Surface (Check all that apply)****Runway/Landing Surface (Check all that apply)**

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

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

**Approach Segment (Select one)**

- On Instrument Approach       Landing       Base leg       Final       Go Around  
 Crosswind       Downwind       Low Approach       Aborted Landing (after touchdown)       Unknown

**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



## PILOT "B" INFORMATION

### Pilot "B" Responsibilities at the Time of Accident/Incident

Pilot  
  Co-Pilot  
  Student Pilot  
  Flight Instructor  
  Check Pilot  
  Flight Engineer  
  Other Flight Crew

### Pilot "B" Identification

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

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Available Restraint Type</b> <input type="radio"/> None <input type="radio"/> 4-point <input type="radio"/> Lap only <input type="radio"/> 5-point <input type="radio"/> 3-point <input type="radio"/> Unknown	<b>Restraint Used</b> <input type="radio"/> None <input type="radio"/> 4-point <input type="radio"/> Lap only <input type="radio"/> 5-point <input type="radio"/> 3-point <input type="radio"/> Unknown
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### Pilot Certificate(s) *(Check all that apply)*

None    Student    Recreational    Commercial    Flight Engineer    Foreign  
 Private    Flight Instructor    Sport    Airline Transport    U.S. Military

<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> With limitations/waivers <input type="radio"/> Unknown <input type="radio"/> Special Issuance <input type="radio"/> N/A	<b>Date of Last Medical</b> _____ <span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span>
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### Medical Certificate Limitations

### Medical Certificate Waivers

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_  
*mm/dd/yyyy*

### Flight Review Aircraft

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

<b>Airplane Rating(s)</b> <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	<b>Other Aircraft Rating(s)</b> <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	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input 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 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
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### Type Ratings

### Student Endorsements *(Include dates)*

Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

<b>Pilot Name and Address</b>		<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Unknown
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	

<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
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<b>Pilot Name and Address</b>		<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Unknown
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	

<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
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<b>Pilot Name and Address</b>		<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Unknown
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	

<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
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**PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)**

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>Y14</u> City: <u>Tea</u> State: <u>South Dakota</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>5:00 pm</u> Time Zone: <u>Central</u>	<b>Destination</b> Airport ID: <u>LCG</u> City: <u>Wayne</u> State: <u>NE</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input type="checkbox"/> None <input type="checkbox"/> Company VFR <input type="checkbox"/> Military VFR <input checked="" type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> VFR/IFR <input type="checkbox"/> IFR <input type="checkbox"/> Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

<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

**Airspace where the accident/incident occurred** (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" 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 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 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		

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Weather Information</b> (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees
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<b>Basic Conditions</b> <input type="checkbox"/> VMC <input type="checkbox"/> IMC	<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB
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<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	<b>Ceiling</b> <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	
<b>Lowest Cloud Condition Height</b> _____ ft AGL	<b>Ceiling Height</b> _____ ft AGL	

<b>Wind Direction</b> <input type="checkbox"/> Variable <input type="checkbox"/> Indicated: _____ degrees	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Velocity: _____ KTS	<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting <input type="checkbox"/> Gusting Velocity: _____ KTS	<b>Visibility</b> _____ miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A	<b>Type of Precipitation</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	<b>Restriction to Visibility</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Amount</b></td> <td style="width: 50%;"><b>Type</b></td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td></td> </tr> </table>	<b>Amount</b>	<b>Type</b>	<input type="checkbox"/> None	<input type="checkbox"/> Rime	<input type="checkbox"/> Trace	<input type="checkbox"/> Clear	<input type="checkbox"/> Light	<input type="checkbox"/> Mixed	<input type="checkbox"/> Moderate		<input type="checkbox"/> Severe		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Amount</b></td> <td style="width: 50%;"><b>Type</b></td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td></td> </tr> </table>	<b>Amount</b>	<b>Type</b>	<input type="checkbox"/> None	<input type="checkbox"/> Rime	<input type="checkbox"/> Trace	<input type="checkbox"/> Clear	<input type="checkbox"/> Light	<input type="checkbox"/> Mixed	<input type="checkbox"/> Moderate		<input type="checkbox"/> Severe		<b>Turbulence</b> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Type</b> (Check all that apply)</td> <td style="width: 40%;"><b>Severity</b></td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> In Clouds</td> <td><input type="checkbox"/> Moderate Chop</td> </tr> <tr> <td><input type="checkbox"/> Vicinity of Thunderstorm</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<b>Type</b> (Check all that apply)	<b>Severity</b>	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> In Clouds	<input type="checkbox"/> Moderate Chop	<input type="checkbox"/> Vicinity of Thunderstorm	<input type="checkbox"/> Severe		<input type="checkbox"/> Extreme
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<input type="checkbox"/> In Clouds	<input type="checkbox"/> Moderate Chop																																					
<input type="checkbox"/> Vicinity of Thunderstorm	<input type="checkbox"/> Severe																																					
	<input type="checkbox"/> Extreme																																					

**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**

- None       Substantial  
 Minor       Destroyed

**Aircraft Fire**

- None       Both Ground and In-Flight  
 In-Flight       Unknown Origin  
 On-Ground

**Aircraft Explosion**

- None       Both Ground and In-Flight  
 In-Flight       Unknown Origin  
 On-Ground

**Phase of Operation**

- Standing       Takeoff (incl. initial climb)       Cruise       Hover  
 Taxi       Climb       Maneuvering       Other  
 Descent       Landing       Approach       Unknown

**Altitude of In-Flight Occurrence**

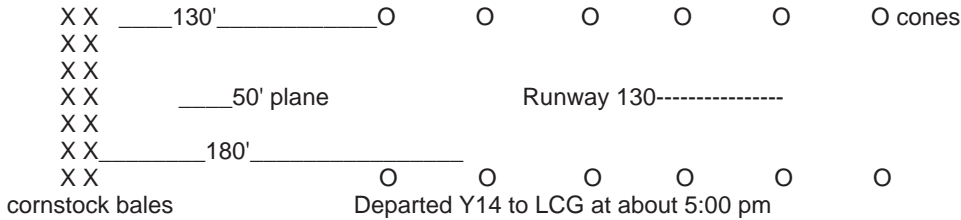
\_\_\_\_\_ ft MSL

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

**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.

Entered down wind for runway 130, turned base for 130, noticed 2 row of big round cornstalk bales off end of 130, got distracted and touched down short of grass runway, rolled about 50 ft on runway when nose gear hit hole in the grass and plane flipped over.



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

Operator/Owner Safety Recommendation

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

Operator/Owner Safety Recommendation

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**Was there Mechanical Malfunction/Failure?  Yes  No  Unknown  
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

\_\_\_\_\_ 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****EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed?  Yes  No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)****Aircraft Registration Number**

\_\_\_\_\_

**Manufacturer:** \_\_\_\_\_**Model:** \_\_\_\_\_**Damage to Other Aircraft** Destroyed Minor Substantial None**Registered Owner of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_



**ADDITIONAL INFORMATION** *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE****Date of this Report**

07/16/2014

*mm/dd/yyyy***Signature and Name of Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: David Edward Zach**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

CEN14CA348

**Reviewed by NTSB Regional Office**

DENVER, CO.

**Name of Investigator**

ARNOLD W. SCOTT

**Date Report Received**

07/09/14