

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
 Nearest City/Place: Osceola State: WI
 ZIP: 54020 Country: USA
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 7/17/2020 Local Time: 1115
mm/dd/yyyy Time Zone: CDT
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N1926N
Manufacturer: Cessna
Model: 120
Serial Number: _____
Year of Manufacture: 1947
Amateur-Built: Yes No *If Yes:* Kit/Plans Original Design Make: _____

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 1450 lbs
Weight at Time of Accident/Incident: 1350 lbs
Number of Seats: 2 Flight Crew Seats: 2
 Cabin Crew Seats: _____ Passenger Seats: _____
Number of Engines: 1

Category of Aircraft
 Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate
(Check all that apply)
Standard **Special**
 Normal Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport
 Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
(Check all that apply)
 Retractable
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type *(Select one)*
 Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric
Fuel System Type *(Reciprocating)*
 Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	C85						
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: July 2019
mm/dd/yyyy
Airframe Total Time: _____ hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

Propeller 2 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

Type of Maintenance Program *(Select one)*
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

ELT Installed: Yes No
If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT Activate? Yes No
If activated:
Did ELT Aid in Locating Aircraft? Yes No
If not activated:

Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment *(Check all that apply)*
 ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multifunction Display
 Electronic Primary Flight Display
 Handheld GPS
 Heads Up Display
 Onboard Weather
 Satellite Tracking Device
 Stall Warning System
 Video Recording Device
 Other, Specify: _____

Description of Fire Extinguishing System
 None
 Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Nordic Ventures LLCCity: BlaineFractional Ownership Aircraft: Yes NoState: MN ZIP: 55449Country: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered OwnerName: Kenneth ReilyCity: Minneapolis

Doing Business As: _____

State: MN ZIP: 55415

Air Carrier/Operator Designator (4 Character Code): _____

Country: USA**Operating Certificates Held***(Check all that apply)*

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 415
- FAR 103 FAR 133 FAR 431
- FAR 121 FAR 135 FAR 435
- FAR 125 FAR 137 FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft *(Select one)*
 - Armed Forces
 - Federal
 - State
 - Local
- Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*

- Scheduled or Commuter Domestic
- Non-Scheduled or Air Taxi International
- Passenger
- Cargo
- Mail Contract Only

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

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

Revenue Sightseeing Flight Yes No**Air Medical Flight** Yes No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: L O Simenstad MunicipalDistance From Airport Center: < 1000 ft smAirport Identifier: KOEO

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 906 ft. msl**Runway Information**Runway ID: 10 (L/R/C) Length: 5000 ft Width: 75 ft**Runway/Landing Surface (Check all that apply)**

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

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
- Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

- Taxi VFR Departure On Instrument Approach Downwind Low Approach
- Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
- Initial Climb Final Crosswind Aborted Landing (after touchdown) Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

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

“Flight Crewmember 2” was pilot flying Yes No

“Flight Crewmember 2” Identification

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

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <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	Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input type="radio"/> 3-point	<input type="radio"/> 3-point																
<input type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> Unknown																

Pilot Certificate(s) *(Check all that apply)*

<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

Medical Certificate Validity

<input type="radio"/> Without limitations/waivers	<input type="radio"/> Unknown
<input type="radio"/> With limitations/waivers	<input type="radio"/> N/A
<input type="radio"/> Special Issuance	

Date of Last Medical
 _____ mm/dd/yyyy

Principal Occupation

Pilot
 Other
 Unknown

Medical Certificate

None Class 3
 Class 1 Driver’s License (Sport Pilot only)
 Class 2 Unknown

Medical Certificate Validity

Without limitations/waivers Unknown
 With limitations/waivers N/A
 Special Issuance

Date of Last Medical
 _____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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

Flight Review Aircraft

Make: _____
Model: _____

Airplane Rating(s) *(Check all that apply)*

None
 Single-Engine Land
 Single-Engine Sea
 Multiengine Land
 Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*

None
 Airship
 Balloon
 Glider
 Gyroplane
 Helicopter
 Powered Lift

Instrument Rating(s) *(Check all that apply)*

None
 Airplane
 Helicopter
 Powered Lift

Instructor Rating(s) *(Check all that apply)*

<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 *(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 CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right	<input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	
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	
		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right	<input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	
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	
		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; 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	Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <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	Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <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	Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <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	Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Fire at Unknown Time
 On-Ground Unknown

Aircraft Explosion

- None Both Ground and In-Flight
 In-Flight Explosion at Unknown Time
 On-Ground Unknown

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

Ground damage to the propeller, bent / cracked cowling, bent left wing strut, localized damage to leading edge of left wing, and vertical stabilizer / rudder damage.

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

I asked Kurt to provide me with tailwheel refresher training as I have only 2 – 3 hours of (most likely unlogged) tailwheel time in 1996 or 1997 before our flight on July 17, 2020. Prior to our lesson I reviewed the tailwheel transition chapter of the airplane flying handbook. When we arrived at the airport, Kurt gave me a comprehensive overview of the airplane and its systems as well as a thorough review of the differences between tricycle and tailwheel operation. Among many other operational differences, Kurt emphasized the importance of not using the brakes in tailwheel aircraft.

We departed ANE and flew first to KRNH, where I made approximately 5 three-point full-stall landings on the grass, after which we flew to KOEO for another 3 landings on the grass. After minor adjustments on my first few landings at KRNH, I felt comfortable with the airplane and techniques, and we decided to take a break at KOEO. During our break Kurt said we would transition to wheel landings on the pavement. Kurt provided a thorough explanation of wheel landing technique: minimize the sink rate, push forward on the yoke once the mains touch down to keep them on the runway, throttle to idle, and transition to full back yoke as the tail settles on the ground.

During the rollout from my first attempted wheel landing on runway 10 at KOEO, Kurt provided a forward yoke assist during the touchdown to help me experience the unnatural feeling of pushing forward on the yoke during landing roll. While we were both holding the yoke forward, the aircraft began to drift right of the runway centerline. I use “drift” instead of “swerve” here because it did not feel to me like a squirrely tailwheel CG issue that might lead to a ground loop. Rather, the airplane was moving in a straight line but with a slight angle to the right of the runway centerline.

At the time of the drift, the tail appeared to be settled and the aircraft was moving at what I perceived to be a normal taxi speed. I remember applying increasing left rudder to try and counteract the right drift, but the aircraft didn’t respond. I remember seeing the aircraft approaching the runway edge lights and feeling unable to correct the drift with increasing left rudder application.

The aircraft exited the paved runway approximately 1850 feet from the runway threshold. As the aircraft exited the runway, the left wheel caught, the nose pitched forward, and the prop embedded itself in the grass causing the airplane to flip forward onto its back. The aircraft came to rest approximately 2000 feet from the runway threshold.

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

Operator/Owner Safety Recommendation

Finish the landing. I'm used to flying aircraft that are much heavier and faster than the Cessna 120. Perhaps I perceived the landing to be "over" because I felt we were at taxi speed when the aircraft began to drift and exit the runway. What I perceive to be a normal taxi speed (we all know the phrase "brisk walk") in heavier, higher performance aircraft might be enough speed in the Cessna 120 to cause exaggerated control authority, or even create a small amount of lift?

Grass is OK. Most of my flight experience is in high-performance retractable gear aircraft, and in particular, aircraft with a rear-folding nose wheel. We are taught to avoid grass in these aircraft due to the prevalence of nose gear collapse, especially during runway excursions. If we can keep the aircraft on the runway, we greatly reduce the chance for serious damage. I spend several days each week in a service center that repairs aircraft after nose gear collapse, so this risk is "front of mind". I see several collapsed nosewheels come into the shop each year.

In addition, stories circulate in the pilot community (true or not) about pilots earning 709 rides, and careers being permanently affected, for damaging a runway edge light. Embarrassingly, I have a specific memory of thinking "Whatever you do, do not hit that runway light!" as the aircraft started to drift towards the runway edge and I saw the edge lights. This fear was reinforced by airport personnel after the event (one said, "Good thing you missed that light!"). Fear of hitting the edge light probably caused unnecessary panic in the moment and more extreme control pressure than was really needed. In retrospect, I would have much rather have bent the runway light than flipped my friend's aircraft, if I had the choice.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Unlikely.

**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)

20 _____ Gallons

Fuel Type

- 80/87 115/145 Jet B Other, specify _____
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

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

Opened the door.

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.

(lessons learned, cont'd)

Mind the brakes? Although this was my first tailwheel lesson in nearly 25 years, as an experienced pilot I know to avoid the brakes in tailwheel aircraft. In fact, I teach my customers in tricycle aircraft to lay off the brakes during a normal landing! I reviewed the tailwheel section of the Airplane Flying Handbook prior to this flight. I told Kurt to treat me like a new tailwheel student, and to his credit he also explicitly reviewed brake usage with me ("don't use them").

With all that being said, as stated above, in the moment I was more concerned about damaging the runway light and probably applied more control pressure than was really needed. I have no specific memory of hitting the brakes, nor feeling any need to, but perhaps in applying left rudder pressure my foot was not properly positioned and resulted in some brake application. In addition, I was only in my 2nd hour of flying this aircraft and I was still experimenting with foot positioning. I don't recall my specific foot positioning at the time of the accident, which is why I am uncertain if I could have applied brake pressure.

NTSB 830 Reporting. Although not directly related to the safety of flight, we earned a critique from the FAA for our interpretation of the NTSB 830 reporting requirements. I recommend that the NTSB improve this process by shifting the burden of interpreting NTSB 830, reporting the event, and scene management away from the victims wherever possible. I found this process to be difficult even though I was uninjured, and I imagine it to be all but impossible had I sustained any injuries.

Perhaps, for example, the NTSB could provide a consultation line staffed by an investigator or lawyer to help victims make the proper determination on reporting and next steps.

Both of us in the airplane are CFIs, and the airplane owner who arrived at the scene is an ATP. We teach NTSB 830 to our students regularly, and I keep a copy of the document on my iPad. Up until this point in my flying career, interpreting the language has largely been a hypothetical exercise. Having now had to put it into practice, shortly after being upside down in an airplane, I can attest to the difficulties in making the proper reporting determination and taking proper scene management actions in the fog immediately following an event.

In addition, I recommend clarifying the language of NTSB 830, especially around the definition of "substantial damage" and exceptions to substantial damage. The list of exceptions is separated solely by commas, and it was not clear to me if the exceptions were connected with "and" or "or". For example, if an aircraft has "bent fairings" *and* "ground damage to propeller blades", does it now qualify as substantial damage and trigger reporting? Or can an event cause both types of damage and still be excluded from the reporting requirement?

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>8/5/2020</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator: <u>Kenneth Reily</u>
	Signature: _____
	-- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

-- or -- Check here to electronically sign this document

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NTSB Accident/Incident No. CEN20CA317	Reviewed by NTSB Regional Office CEN	Name of Investigator J. Brannen	Date Report Received 8/5/2020
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