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

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

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Other	acturer's Inspection Approved Inspecti	in Program on Program (A A IP)	Did ELT	Activate?	OYes ONo	If OYES ONO		held GPS		Display	
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KOWNER/OBERATORINEORM.	MION						
Registered Aircraft Owner	1 .	City: LAFAYette	-				
Name: Roger H W	Ussche	_ State: <u>IN</u> ZIP: <u>47909</u>					
Fractional Ownership Aircraft: O Yes)No	Country: USA	Country: USA				
Operator of Aircraft Zame As Re	gistered Owner	🗷 Same Address as Registered Owner					
		City:					
Doing Business As:		State: ZIP:					
Air Carrier/Operator Designator (4 Charact	er Code):	Country:					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Und	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)					
Selection 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)	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	431 O Non-Scheduled or Air Taxi O International 435 437 O Passenger O Cargo O Mail Contract Only					
□ 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	OPublic Aircraft (Select one) O Armed Forces O Federal O State O Local OUnknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application OFirefighting OUnknown O Aerial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow Other Work Use O Business Personal O Executive/Corporate OPositioning					
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry					
O Yes O No	O Yes 🔞 No						
AIRPORTINFORMATION (FIII in	f accident/incident occurred on and	proach, landing, takeoff, departure, or within 3 miles of an airport)					
		Distance From Airport Center:sm					
Airport Identifier:		Distance From Airport Center:sm Direction From Airport:degrees true					
Airport Identifier:	O O On Airport/Airstrip ON/A	Direction From Airport: degrees true					
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Filor O Co-Pilot	O Student P	ilot O Fligh	nt Instructor	O Check Pilo	t OF	ight Engine	er O Oth	er Flight Crev	v	
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"Flight Crewmember 1"		.4/1	1					^		
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Middle Initial:	- 1				State:	<u> </u>	- W	3 1 / C	(7 (2)	0
Last Name: Mo	usschi	3					USI	a ^{ZIP:} ーケ	190	7
Age at time	of Accident/Inc	cident: 6	O Date of	Rivth:	Country	: /				_
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☐ Student ☐ Sport	Li ·	Flight Engineer			<u> </u>	2011	-			
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Pilot Certificate(s	s) (Check all that apply)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	"11	Dostwolut 5	D	O Unknown
□ None	Flight Instructor	Псо	mmercia	, 6	CTCL & CTC.		Restraint Available		Inflatable
☐ Private	☐ Recreational		rline Trai		US Military Foreign		O None	O None	Restraints
☐ Student	□ Sport		ght Engi		oroign		O Lap On O3-point		☐ Not Installed ☐ Installed
Type Rating/End	Orsement for		Tetal	Total Program			O4-point		☐ Not Deploye
Accident/Incident		□ No	2		at the Time		O5-point OUnknow	O 5-point	☐ Deployed ☐ Unknown
×	Timerate.	□ No	OI THIS	S Accident/Ir	icident:	hrs	Ouknow	n O Unknown	- Chanown
Crew Name and A	Address						C		
First Name:		City	of Resid	lence:			Seat Occup	OFront	Injury
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		000	шу					OUnknown	O Fatal O Unknown
Pilot Certificate(s)	(Check all that apply)						Restraint T	vne:	
None	☐ Flight Instructor		nmercial	Πū	S Military		Available	Used	Inflatable Restraints
☐ Private☐ Student	Recreational		ine Trans	sport 🔲 F	oreign		O None O Lap Only	O None O Lap Only	□ Not Installed
- Student	☐ Sport	LI Fligi	ht Engin	eer			O Lap Only	O 3-point	Installed
Type Rating/Endo			Total 1	Flight Time	at the Time	-18	O 4-point	O4-point	☐ Not Deployed
Accident/Incident		□No	of this	Accident/Inc	rident.	hrs	O 5-point O Unknow	O 5-point O Unknown	☐ Deployed☐ Unknown
PASSENGER(S)/OTHER PERSON	VNEL (ii	nclude	cabin crew;	continue on	Senerato - k	0	· Contaiown	
						acharate 211661	an necessary	But Park (1930) - The Commence of the State of the	
Name and Address				1				Inflatable	
Name and Address	•			Seat	Injury	Restraint T	уре		Age
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		me of Departure	Destination	0n / Cu	1	Type Fligh	t Plan Filed
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City: LAFAYE He	Tim	ie: 4/3	City:			O Company	VFR O IFR
State: In	Tir	ne Zone: DE	1			O Military V O VFR	/FR O Unknown
Country: USA-			T .			_	OYes ONo OUnknown
Type of ATC Clearance/Se	rvice (Check all tha	t apply)					
□ VFR	☐ Special VFR ☐ IFR	□ VF	ecial IFR FR On Top		☐ VFR Flight Follo ☐ Traffic Advisory		☐ Cruise ☐ Unknown / NA
Airspace where the acciden							Altitude of In-Flight
	Class G Demo Area		litary Operations rport Advisory Ar		☐ Special ☐ Air Traffic Contr	1 A	Occurrence:
	☐ Warning Area		rport Advisory Ar Training Area		Unknown	ol Area	ft msl
☐ Class D	Prohibited Area	☐ TR	SA				
	Restricted Area	☐ FAI					
WEATHER INFORM		E ACCIDEN	TANGIDEN	T		S 10 40 CO. 15 (10 CO. 15 CO.	
Source of Pilot Weather In (Check all that apply)	formation				servation Facility		
☐ National Weather Service	☐ Coi	moanv			KLAF		
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TV/Radio Automated Report	☐ Inte		ļ		E151		
Commercial Weather Service				Distance from A	Accident Site:	6	_ nm
On-Board Weather	, mark			Direction from	Accident Site:	terth	_degrees true
Basic Conditions		Light Conditi	ion		T		
© VMC		ODawn	O Dusk	O Dark		known	
OIMC OUnknown		@ Day	ONight	O Brigh	it Night		
		1000	····	######################################	Т		
Sky/Lowest Cloud Condition O Clear	_	Ceiling		~ 1	Temperature:		
l a	O Thin Broken O Thin Overcast	None (Clear) O Broken		Obscured Indefinite	Dew Point:	(C)	or 33 (F)
O Partial Obscuration	O Unknown	O Overcast		Unknown	alm arrow		
O Scattered				Altimeter Setting: 30.15 in. Hg			in. Hg
Lowest Cloud Condition H	- <u></u>	Ceiling Heigh	it			OI	IVID
	ft agl			ft agl			
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles
Variable	☐ Calm		Not Gustin	ıg	RVR:		feet
	Light and Vari	iable	1				
-or- Direction:degrees true	-or- Speed:	kts	-or-	kts	RVV:		miles
Intensity of Precipitation			Speed:	Kto	Density Altitud		ft
. * *	:	tation (Check all to		50.00 I	Restriction to	Visibility (Ch	neck all that apply)
OLight OModerate	None Rain	☐ Drizzle ☐ Ice Pellets	☐ Freezing ☐ Snow Sh		Blowing Du		og round Fog
O Heavy	□ Snow	☐ Snow Pellet	ts 🔲 Ice Pelle		Blowing Sar	nd 🗖 Ha	aze
⊘ N/A	☐ Hail	☐ Snow Grain:	ns 🔲 Freezing	g Drizzle	☐ Blowing Sno		e Fog
O Unknown	☐ Rain Showers	☐ Ice Crystals			☐ Blowing Spr ☐ Dust		noke nknown
Icing Forecast		Icing Actual			Turbulence		
Amount Type		Amount	Type		Type (Check al.	l that apply)	Severity
NoneNoneN/ARime		None O Trace	O N/A O Rime		✓ None ☐ Clear Air		□Light □Moderate
O Light O Clear		OLight	O Clear		Terrain-Indu	ced	Severe
O Moderate O Mixed		O Moderate	O Mixed		☐Convective T	urbulence	☐ Extreme
O Severe O Unknown	wn	O Severe O Unknown	O Unkne	own			
NOTAMs (D and FDC),	AIRMETs, SIGI	METs, PIREPS	s in effect at t	the time of th	e accident/incid	ent:	
`							

•		ANDIONHERS	KONERTY.		
Aircraft Da O None O Minor	Mage Substantial Destroyed Unknown	Aircraft Fire None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosic None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Decemination	of Domeses to Alexander				

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

Rutor System

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

Just going to Hover WARMED UP GAUGES GOOD Picked UP and Didnot Remain still Moved Sideways Trying to Sit Down Skin Cought and Flipped on side

RECOMMENDATION(Ho	y could this accident/incldent have been	rprevented?)	
Operator/Owner Safety Recomn	nendation		·
Take mor	e time to	Ackup	
AIRCULFT	Been 2 month ore Frequent	hs since IF/	ew This
need mo	ite tredinen i		
MECHANICAL MALFUI	NCTION/FAILURE (If more space	lis needed continue on separate sheet)	
Was there Mechanical Malfun	action/Failure?		Total Time/Cycles On Part
			Hours
			Cycles
			Time Since This Part Inspected/Overhauled
			_
			Hours
FUEL & SERVICES INF	ORMATION		
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	O 80/87 O 115 © 100 Low Lead O Jet	A O JP8	ify
Other Services, if Any, Prior to	O 100/130 O Jet /	A-1 O Automotive	
	Departure		~
EVACUATION OF AIRC	RAFT		
Was an emergency evacuation	of the aircraft performed?	≝ No	
Method of Exit – Describe how	the occupants exited and how many occup	pants evacuated each location	
OTHERVAIR OR VARIET CO	OLLISION (If air or ground collision	occurred, complete this section for other a	V.L.
Aircraft Registration Number	Manufacturer:		Damage to Other Aircraft ☐ Destroyed ☐ Minor
Registered Owner of Other Air		Pilot of Other Aircraft	☐ Substantial ☐ None
Name:		Name:	
City:		City:	
State:ZIP: Country:		State: ZIP:	

ADDITIONALIN	FORMA	TION (Please type or print in ink)		emielo de la companya de la company
Use this space if ad	ditional sp	ace is needed for any answers.		
		,		
		-		
HEREBY CERTIFY	THATT	HE ABOVE INCORMATION IS COMPL		
Date of this Report	Nama of	Pilot/Operator: Rose R	ENE AND ACCURATE TO THE	BEST OF MY KNOWLEDGE
1/21/21			Musscher	
mm/dd/vvvv	Signatur	e:		
	or	Check here to electronically sign this	document	
f a Person Other than	n Pilot/Op	erator is Filing Report		
Name:	•	,		
Signature:				
- or - □Ch	eck here to	electronically sign this document		
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TSB Accident/Incide		Reviewed by NTSB Regional Office		
CEN21LA124	,	Central Region	Name of Investigator Andrew Todd Fox	Date Report Received 25 FEB 2021
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