

NATIONAL TRANSPORTATION SAFETY BOARD
NTSB Form 6120.1
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.ntsb.gov.

**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: OSHKOSH (KOSH) State: WI
 ZIP: 54902 Country: USA
 Latitude: 43.96701 Longitude: -88.55814
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 07/20/2023 Local Time: 18:45
mm/dd/yyyy Time Zone: CDT
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N917CM
Manufacturer: MICHAEL KARASZEWSKI
Model: VAW'S RV10
Serial Number: 41171
Year of Manufacture: 2022
Amateur-Built: Yes No *If Yes:* Kit/Plans Make: RV10
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 2700 lbs
Weight at Time of Accident/Incident: 2550 lbs
Number of Seats: 4 Flight Crew Seats: 1
 Cabin Crew Seats: _____ Passenger Seats: 3
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 Horsepower or lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	LYCOMING	T0540C4B5	L-6066-48		250 HP	4319	37.6	99.8
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: 03/07/2023
mm/dd/yyyy
Airframe Total Time: 109.4 hrs
 hours measured at (Select one)
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: MT PROPELLER
 Model: MTV-12-B

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: ARTEX
Model or Part No.: ELT345
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: MICHAEL KARASZEWSKICity: [REDACTED]State: FL ZIP: 32524Fractional Ownership Aircraft: Yes No Country: USA**Operator of Aircraft**Same As Registered OwnerName: MICHAEL KARASZEWSKISame Address as Registered Owner

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

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

- | | | |
|--|---------|---------|
| <input checked="" type="checkbox"/> 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)*

- | | |
|--|--|
| <input type="checkbox"/> Scheduled or Commuter | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Non-Scheduled or Air Taxi | <input type="checkbox"/> International |
| <input type="checkbox"/> Passenger | |
| <input type="checkbox"/> Cargo | |
| <input type="checkbox"/> Mail Contract Only | |

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

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Aerial Application | <input type="checkbox"/> Firefighting | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Aerial Observation | <input type="checkbox"/> Flight Test | |
| <input type="checkbox"/> Air Drop | <input type="checkbox"/> Glider Tow | |
| <input type="checkbox"/> Air Race/Show | <input type="checkbox"/> Instructional | |
| <input type="checkbox"/> Banner Tow | <input type="checkbox"/> Other Work Use | |
| <input type="checkbox"/> Business | <input checked="" type="checkbox"/> Personal | |
| <input type="checkbox"/> Executive/Corporate | <input type="checkbox"/> Positioning | |
| <input type="checkbox"/> External Load | <input type="checkbox"/> Skydiving | |
| <input type="checkbox"/> Ferry | | |

Revenue Sightseeing FlightYes 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: WITTMAN REGIONAL AIRPORT

Distance From Airport Center: _____ sm

Airport Identifier: KOSH

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 808 ft. msl**Runway Information**Runway ID: 27 (L/R/C) Length: 4171' ft Width: 150 ft**Condition of Runway/Landing Surface (Check all that apply)****Runway/Landing Surface (Check all that apply)**

- | | | | |
|---|-------------------------------------|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Asphalt | <input type="checkbox"/> Grass/Turf | <input type="checkbox"/> Macadam | <input type="checkbox"/> Water |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Gravel | <input type="checkbox"/> Metal/Wood | |
| <input type="checkbox"/> Dirt | <input type="checkbox"/> Ice | <input type="checkbox"/> Snow | <input type="checkbox"/> Unknown |

- | | | |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Dry | <input type="checkbox"/> Snow-Compacted | <input type="checkbox"/> Water-Calm |
| <input type="checkbox"/> Holes | <input type="checkbox"/> Snow-Crusted | <input type="checkbox"/> Water-Choppy |
| <input type="checkbox"/> Ice Covered | <input type="checkbox"/> Snow-Dry | <input type="checkbox"/> Water-Glassy |
| <input type="checkbox"/> Rough | <input type="checkbox"/> Snow-Wet | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Rubber Deposits | <input type="checkbox"/> Soft | |
| <input type="checkbox"/> Slush-Covered | <input type="checkbox"/> Vegetation | <input type="checkbox"/> Unknown |

Approach/Departure Segment (Select one)

- | | | | | |
|--|--|--|------------------------------------|--|
| <input type="checkbox"/> Taxi | <input type="checkbox"/> VFR Departure | <input checked="" type="checkbox"/> On Instrument Approach | <input type="checkbox"/> Downwind | <input type="checkbox"/> Low Approach |
| <input type="checkbox"/> Takeoff | <input type="checkbox"/> IFR Departure Procedure/Clearance | <input type="checkbox"/> Landing | <input type="checkbox"/> Base | <input type="checkbox"/> Go Around |
| <input type="checkbox"/> Initial Climb | | | <input type="checkbox"/> Final | <input type="checkbox"/> Aborted Landing (after touchdown) |
| | | | <input type="checkbox"/> Crosswind | <input type="checkbox"/> Unknown |

IFR Approach (Check all that apply)

- | | | | |
|-----------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> None | | | |
| <input type="checkbox"/> ADF/NDB | <input type="checkbox"/> PAR | <input type="checkbox"/> MLS | <input type="checkbox"/> Practice |
| <input type="checkbox"/> SDF | <input type="checkbox"/> Sidestep | <input type="checkbox"/> LDA | <input type="checkbox"/> GPS |
| <input type="checkbox"/> VOR/TVOR | <input type="checkbox"/> ILS | <input type="checkbox"/> ASR | |
| <input type="checkbox"/> VOR/DME | <input type="checkbox"/> Localizer Only | <input type="checkbox"/> Visual | |
| <input type="checkbox"/> TACAN | <input type="checkbox"/> LOC-back course | <input type="checkbox"/> Contact | |
| | <input type="checkbox"/> RNAV | <input type="checkbox"/> Circling | |
| | | | <input type="checkbox"/> Unknown |

VFR Approach (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> None | |
| <input checked="" type="checkbox"/> Traffic Pattern | <input type="checkbox"/> Stop and Go |
| <input type="checkbox"/> Straight-In | <input type="checkbox"/> Touch and Go |
| <input type="checkbox"/> Valley/Terrain Following | <input type="checkbox"/> Simulated Forced Landing |
| <input type="checkbox"/> Go Around | <input type="checkbox"/> Forced Landing |
| <input type="checkbox"/> Full Stop | <input type="checkbox"/> Precautionary Landing |
| | <input type="checkbox"/> Unknown |

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: MICHAEL City of Residence: PENSACOLA
 Middle Initial: J State: FL ZIP: 32526
 Last Name: KARASZEWSKI Country: USA
 Age at time of Accident/Incident: 66 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None Fatal <input type="radio"/> Minor Unknown <input type="radio"/> Serious	Seat Occupied <input checked="" type="radio"/> Left Front Unknown <input type="radio"/> Right Rear <input type="radio"/> Center Single	Restraint Type Available None Lap only 3-point <input checked="" type="radio"/> 4-point 5-point Unknown Used None Lap only 3-point <input checked="" type="radio"/> 4-point 5-point Unknown	Inflatable Restraints <input checked="" type="radio"/> Not Installed <input type="radio"/> Installed <input type="radio"/> Not Deployed <input type="radio"/> Deployed <input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply) <input checked="" type="radio"/> None Flight Instructor Commercial US Military <input checked="" type="radio"/> Private Recreational Airline Transport Foreign <input type="radio"/> Student Sport Flight Engineer			
Principal Occupation <input checked="" type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate None <input checked="" type="radio"/> Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown <input checked="" type="radio"/> With limitations/waivers N/A Special Issuance	Date of Last Medical <u>01/05/2023</u> mm/dd/yyyy

Medical Certificate Limitations
ENGLISH PROFICIENT
MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/20/2023 mm/dd/yyyy
Flight Review Aircraft
 Make: PIPER
 Model: J3 CUB

Airplane Rating(s) (Check all that apply) <input checked="" type="radio"/> None <input checked="" type="radio"/> Single-Engine Land <input type="radio"/> Single-Engine Sea <input type="radio"/> Multiengine Land <input type="radio"/> 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) <input checked="" type="radio"/> None <input type="radio"/> Airplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Airplane Single-Engine <input type="radio"/> Airplane Multi-Engine <input type="radio"/> Gyroplane <input type="radio"/> Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings **Student Endorsements** (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	728	114	728		67					
Pilot in Command (PIC)	630	109	630		67					
Time as Instructor										
This Make/Model										
Last 90 Days *	30	30	30							
Last 30 Days *	8.4	8.4	8.4							
Last 24 Hours *	6.1	6.1	6.1							

As of July 20, 2023

"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 None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer							

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
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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: _____
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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) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings	Student Endorsements (Include dates)
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Flight Time (Enter appropriate number of hours in each box)	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: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	None	None	
Student	Sport	Flight Engineer		Lap Only	Lap Only	
				3-point	3-point	
				4-point	4-point	
				5-point	5-point	
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident:			
Yes	No		_____ hrs			

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	None	None	
Student	Sport	Flight Engineer		Lap Only	Lap Only	
				3-point	3-point	
				4-point	4-point	
				5-point	5-point	
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident:			
Yes	No		_____ hrs			

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: <u>CHARLOTTE</u> City: <u>PENSACOLA</u> Middle Initial: <u>S</u> State: <u>FL</u> ZIP: <u>32524</u> Last Name: <u>PAUL</u> Country: <u>USA</u> Crew <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Left Center Right Unknown Row: <u>15T</u>	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KDKB</u> City: <u>DE KALB</u> State: <u>IL</u> Country: <u>USA</u>	Time of Departure Time: <u>1731</u> Time Zone: <u>CDT</u>	Destination Airport ID: <u>1K0SH</u> City: <u>OSHKOOSH</u> State: <u>WI</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR VFR/IFR IFR Unknown Activated? Yes No Unknown
---	--	--	--

Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> VFR	<input type="checkbox"/> Special VFR <input type="checkbox"/> IFR	<input type="checkbox"/> Special IFR <input type="checkbox"/> VFR On Top	<input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Cruise <input type="checkbox"/> Unknown / NA
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Airspace where the accident/incident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special Air Traffic Control Area	Altitude of In-Flight Occurrence: _____ ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area		
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" type="checkbox"/> On-Board Weather <input type="checkbox"/> Company Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Unknown
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Sky/Lowest Cloud Condition <input checked="" 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	Ceiling <input type="checkbox"/> None (Clear) <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or <u>77</u> (F) Dew Point: _____ (C) or <u>57</u> (F) Altimeter Setting: <u>29.90</u> in. Hg or _____ MB
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Wind Direction Variable -or- Direction: <u>310</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>14</u> kts	Wind Gusts Not Gusting -or- Speed: <u>20+</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" 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	Restriction to Visibility (Check all that apply) <input checked="" 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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Icing Forecast <table border="1"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	N/A	<input type="checkbox"/> Trace	Rime	<input type="checkbox"/> Light	Clear	<input type="checkbox"/> Moderate	Mixed	<input type="checkbox"/> Severe	Unknown	<input type="checkbox"/> Unknown		Icing Actual <table border="1"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	N/A	<input type="checkbox"/> Trace	Rime	<input type="checkbox"/> Light	Clear	<input type="checkbox"/> Moderate	Mixed	<input type="checkbox"/> Severe	Unknown	<input type="checkbox"/> Unknown		Turbulence <table border="1"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> Light</td> </tr> <tr> <td><input checked="" type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Light	<input checked="" type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																							

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

EAA AIRVENTURE OSHKOOSH 2023 NOTICE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

SUBSTANTIAL DAMAGE AS DETERMINED BY NTSB. MAIN GEAR DEFORMED CAUSING PUNCTURE IN LEFT FUEL CELL. 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.

THE INCIDENT OCCURRED ON JULY 20, 2023 AT APPROXIMATELY 1845 HRS CDT. I WAS FLYING FROM KDYB TO KOSH FOLLOWING PUBLISHED NOTAMS FOR KOSH ARRIVAL. WHEN I RATED CONTROLLERS OVER ~~K~~ FISK I WAS GIVEN THE OPTION TO LAND ON EITHER 36 OR 27 Rwy. LOOKING AT MY CO-BOARD SKM WEATHER, WINDS FAVORED Rwy 27 WITH A HEADWIND COMPONENT OF 10 KTS AND A CROSSWIND COMPONENT OF 9 KTS. WINDS WERE FROM 310°. ONCE I WAS DOWNWIND Rwy 27, THE TOWER CONTROLLER SUGGESTED I START MY DESCENT, TURN BASE AT THE NUMBERS, AIM AT THE ORANGE DOT AND LAND AT OR BEYOND THE GREEN DOT. I COMPLIED. WHEN I WAS OVER THE ORANGE DOT I ADDED POWER TO REACH THE GREEN DOT. WINDS WERE GUSTY BUT MANAGEABLE. AFTER REACHING THE GREEN DOT I REDUCED POWER EXPECTING TO GLIDE TO TOUCHDOWN. I WAS APPROXIMATELY 4-5 FEET ABOVE THE RUNWAY. MY PLANE IMMEDIATELY FLARED IMPACTING THE RUNWAY.

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

Operator/Owner Safety Recommendation

I SHOULD HAVE HAD MORE POWER GOING TO THE GREEN DOT. MY VISUAL PERSPECTIVE OF MY HEIGHT OVER THE RUNWAY WAS COMPROMISED BY MY ATTITUDE, FLYING SLIGHTLY ABOVE MY PLANE'S STALL SPEED. I BELIEVED I WAS LESS THAN ONE FOOT ABOVE THE RUNWAY WHEN I REDUCED POWER, WHEN IN REALITY I, WAS PROBABLY 4-5 FEET ABOVE THE RUNWAY.

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.)

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

_____ 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

STANDARD EXIT PROCEDURE EXPEDITED BECAUSE OF FUEL LEAK.

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____


Country: _____

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 <u>09/09/2023</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator: <u>MICHAEL KARASZEWSKI</u> Signature:  <small>-- or -- Check here to electronically sign this document</small>
--	---

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

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

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN23LA323	Reviewed by NTSB Regional Office Central Region	Name of Investigator J. Rodi	Date Report Received 8/8/23
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