

**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: Marshall State: MI  
 ZIP: 49068 Country: USA  
 Latitude: 42.3452931 Longitude: -85.0020244  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 06/07/2020 Local Time: 1513  
*mm/dd/yyyy* Time Zone: Eastern

**Collision with Other Aircraft:** Midair On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N827WS  
**Manufacturer:** Team Mini-Max  
**Model:** 1600R  
**Serial Number:** 08162017CJS  
**Year of Manufacture:** 2017  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: Team Mini-Max

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

**Maximum Gross Weight:** 560 lbs  
**Weight at Time of Accident/Incident:** 500 lbs

**Number of Seats:** 1 Flight Crew Seats: 0  
 Cabin Crew Seats: 0 Passenger Seats: 0  
**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)*

<b>Standard</b>	<b>Special</b>
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport
	<input checked="" type="checkbox"/> 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
<input type="checkbox"/> Turbo Fan	Unknown
Electric	

**Fuel System Type** *(Reciprocating)*  
 Carburetor  Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="checkbox"/> Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	ROTAX	447	M5161595	Unknown				
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**  
 100-Hour Continuous Airworthiness  
 AAIP Conditional Inspection  
 Annual Unknown

**Date Last Inspection:** 06/07/2020  
*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: Warp Drive  
 Model: 60L2HPL

**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:** None  
**Model or Part No.:** None  
 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

**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: \_\_\_\_\_

*If not activated:*  
**Indicate Reason:**  Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Christopher Joseph StefflerCity: NashvilleFractional Ownership Aircraft:  Yes  NoState: MI ZIP: 49073Country: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered Owner

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

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

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

- |   |                |         |
|---|----------------|---------|
| <input type="checkbox"/> 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: Camp Turkeyville RV ResortDistance From Airport Center: .25 smAirport Identifier: N/ADirection From Airport: South West degrees trueProximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/AAirport Elevation: Unknown ft. msl**Runway Information**Runway ID: N/A (L/R/C) Length: N/A ft Width: N/A ft**Runway/Landing Surface (Check all that apply)**

- |                                   |  |                                     |                                  |
|-----------------------------------|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Asphalt  | <input checked="" 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 |

**Condition of Runway/Landing Surface (Check all that apply)**

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

**IFR Approach (Check all that apply)**

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

**VFR Approach (Check all that apply)**

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary Landing
- 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: Christopher    City of Residence: Nashville  
 Middle Initial: J    State: MI    ZIP: 49073  
 Last Name: Steffler    Country: USA  
 Age at time of Accident/Incident: 25    Date of Birth:                      mm/dd/yyyy  
 Certificate Number:                     

<b>Degree of Injury</b> <input checked="" type="checkbox"/> None    Fatal Minor    Unknown Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left    Front    Unknown Right    Rear Center    Single	<b>Restraint Type</b> <b>Available</b> <input type="checkbox"/> None Lap only 3-point 4-point 5-point Unknown <b>Used</b> <input type="checkbox"/> None Lap only 3-point 4-point 5-point Unknown	<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> 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 checked="" 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	

<b>Principal Occupation</b> <input type="checkbox"/> Pilot Other Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None    Class 3 Class 1    Driver's License (Sport Pilot only) Class 2    Unknown	<b>Medical Certificate Validity</b> <input checked="" type="checkbox"/> Without limitations/waivers    Unknown With limitations/waivers    N/A Special Issuance	<b>Date of Last Medical</b> <u>07/17/2017</u> mm/dd/yyyy
---	--	--	--

**Medical Certificate Limitations**

None

**Medical Certificate Special Issuance**

None

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

10/24/2019  
mm/dd/yyyy

**Flight Review Aircraft**

Make: Piper  
Model: PA28 Warrior

<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" 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> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
--	--	--	---

**Type Ratings**

Complex Airplane

**Student Endorsements** (Include dates)

Presolo Aeronautical Knowledge 61.87 (B) 3/24/17  
 Presolo Flight Training 61.87 (C) 8/24/17  
 Presolo Flight Training Night 61.87 (C) and (M) 10/18/19  
 Solo 61.87 (N) 9/15/19  
 Initial Solo XC Flight 61.93 (C) 9/25/17  
 Each Solo XC 61.93 (D) 9/25/17

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument				Lighter Aircraft
						Private Pilot	Student Pilot	Knowledge	Edge 540	
Total Time	62.2	5	62.2	0	7.6	0	3.7	0	0	0
Pilot in Command (PIC)	21.7	5	21.7	0	1.7	0	3.7	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	3.2	3.2	3.2	0	0	0	0	0	0	0
Last 30 Days	3.2	3.2	3.2	0	0	0	0	0	0	0
Last 24 Hours	2	2	2	0	0	0	0	0	0	0

**“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: \_\_\_\_\_

<b>Degree of Injury</b> <input type="checkbox"/> None    Fatal Minor    Unknown Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left    Front    Unknown Right    Rear Center    Single	<b>Restraint Type</b> <b>Available</b> <input type="checkbox"/> None Lap only 3-point 4-point 5-point Unknown	<b>Used</b> <input type="checkbox"/> None Lap only 3-point 4-point 5-point Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> 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	

<b>Principal Occupation</b> <input type="checkbox"/> Pilot Other Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None    Class 3 Class 1    Driver’s License (Sport Pilot only) Class 2    Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers    Unknown With limitations/waivers    N/A Special Issuance	<b>Date of Last Medical</b> _____ <i>mm/dd/yyyy</i>
---	--	---	---

**Medical Certificate Limitations**

\_\_\_\_\_

**Medical Certificate Special Issuance**

\_\_\_\_\_

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <i>mm/dd/yyyy</i>	<b>Flight Review Aircraft</b> 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"/> 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"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
--	---	---	--

<b>Type Ratings</b> _____	<b>Student Endorsements</b> <i>(Include dates)</i> _____
------------------------------	---

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)**

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____	City of Residence: _____	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right  Front Rear Single Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<b>Available</b>	<b>Used</b>
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Lap Only	<input type="checkbox"/> Lap Only
<input type="checkbox"/> Commercial	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point
<input type="checkbox"/> US Military	<input type="checkbox"/> Foreign	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point
<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
<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	

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____	City of Residence: _____	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right  Front Rear Single Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<b>Available</b>	<b>Used</b>
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Lap Only	<input type="checkbox"/> Lap Only
<input type="checkbox"/> Commercial	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point
<input type="checkbox"/> US Military	<input type="checkbox"/> Foreign	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point
<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
<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	

**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="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 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="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 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="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 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="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 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="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>KAZO</u> City: <u>Kalamazoo</u> State: <u>MI</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1423</u> Time Zone: <u>Eastern</u>	<b>Destination</b> Airport ID: <u>N/A</u> City: <u>Marshall</u> State: <u>MI</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None      VFR/IFR <input type="checkbox"/> Company VFR      IFR <input type="checkbox"/> Military VFR      Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes   No   Unknown
---	--	--	---

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

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input checked="" 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 G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input 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	

**Altitude of In-Flight Occurrence:** 1400 ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input checked="" type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input checked="" type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input checked="" type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>KBTL</u> Observation Time: <u>1423</u> Time Zone: <u>Eastern</u> Distance from Accident Site: <u>12</u> nm Direction from Accident Site: <u>65</u> degrees true
<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input checked="" type="checkbox"/> Internet												
<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input checked="" type="checkbox"/> On-Board Weather													

<b>Basic Conditions</b> <input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	<b>Light Condition</b> <input type="checkbox"/> Dawn      Dusk <input type="checkbox"/> Day      Night      Dark Night      Unknown <input type="checkbox"/> Bright Night
---	--

<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered Thin Broken Thin Overcast Unknown <b>Lowest Cloud Condition Height</b> _____ ft agl	<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>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB
---	--	---

<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
--	--	--	---

<b>Intensity of Precipitation</b> Light Moderate Heavy N/A Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		<b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
<input type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain																											
<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower																											
<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower																											
<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle																											
<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals																												
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog																												
<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog																												
<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze																												
<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog																												
<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke																												
<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown																												

<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		<b>Turbulence</b> <b>Type</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" 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"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input checked="" type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input checked="" type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
Amount	Type																																					
None	N/A																																					
Trace	Rime																																					
Light	Clear																																					
Moderate	Mixed																																					
Severe	Unknown																																					
Unknown																																						
Amount	Type																																					
None	N/A																																					
Trace	Rime																																					
Light	Clear																																					
Moderate	Mixed																																					
Severe	Unknown																																					
Unknown																																						
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Light																																					
<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate																																					
<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe																																					
<input checked="" type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																					

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

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<b>Aircraft Damage</b>		<b>Aircraft Fire</b>		<b>Aircraft Explosion</b>	
<input type="checkbox"/> None	Substantial	<input checked="" type="checkbox"/> None	Both Ground and In-Flight	<input checked="" type="checkbox"/> None	Both Ground and In-Flight
<input type="checkbox"/> Minor	Destroyed	<input type="checkbox"/> In-Flight	Fire at Unknown Time	<input type="checkbox"/> In-Flight	Explosion at Unknown Time
	Unknown	<input type="checkbox"/> On-Ground	Unknown	<input type="checkbox"/> On-Ground	Unknown

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

The aircraft has substantial damage both to the "Undercarriage" as well as the "Fuselage". The Aircrafts condition is believed to be "unsalvageable" however, further conditional inspection must take place before reaching that conclusion. Wing struts were severely damaged as well. No damage to tail section. Minimal damage to wings.

**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.

At shortly after 1300 local time (EST) on June 7th, 2020 I (Christopher J Steffler) departed from Niles, Michigan for a private flight. I departed from 3TR (Jerry Tyler Memorial) airport. Winds were light and variable (as I recall) at the time of departure, however, favored runway 15 so I used runway 15 as my departure runway. This leg of my journey would be from 3TR to AZO in Kalamazoo, MI. This leg of the flight went smoothly and was without incident. I received my landing clearance for runway 05 at approximately 1357 into AZO. Landing went smoothly and without incident. After receiving taxi instructions to the local FBO (Duncan Aviation) I was marshaled and parked in front of the lobby. After speaking with line staff (friends), I was granted access to return to the ramp where I began my preflight inspection of the aircraft. Due to the aircrafts lightweight, I decided to switch fuel system from wing tanks to primary (forward fuselage) tank before taking off. This was done by simply turning off the Electronic fuel pump that pulls fuel from the wings. I requested a departure clearance from AZO VFR non stage. Winds remained light and requested and received a taxi clearance to runway 05 for departure. After departure I proceeded on course VFR to my intended destination (Camp Turkeyville RV Resort). My cruising altitude was between 3500 MSL and 4000 MSL. I remained above 3500 so that I would remain clear of KBTL airspace while transitioning over the area, however, maintained contact with the KBTL tower while on top of their airspace. I informed them when I was clear of their departure corridor. At approximately 1445 (3nm from my intended landing point) I noticed a slight engine stumble. I immediately switched the fuel system from the primary tank back to the wing tanks by turning on the fuel pump and the roughness disappeared and the aircraft responded normally. Engine power was not lost at this time. After circling the intended landing point I decided it was safe to land and did so without incident. The landing at Camp Turkeyville Rv Resort took place at 1452. After talking with friends who were watching the landing for a few minutes, I proceeded to inspect the aircraft (particularly the aircrafts fuel system because it was my belief that is what caused the engine stumble/hesitation while beginning my decent). No issues were found with the fuel system. I decided that it was likely caused by an air pocket in the fuel system that had worked its way out. After preflighting the aircraft again I had decided I was going to do a "lap" around the area to familiarize myself with the area due to the fact I would be keeping the plane there in the future. I had decided that even though I did not find any issues with the fuel system I would keep the fuel system on the wing tanks (keep the fuel pump on) because that seemed to take care of the engine hesitation before and I had plenty of fuel in both wing tanks to do so (about 2.5-3 gallons per tank). Prior to takeoff I verified I had full controlled movement of control surfaces and while holding the brakes, ran the aircraft up to 5K RPM and then returned to idle twice. This test was completed without incident. On my takeoff roll there was no engine hesitation. Everything sounded good and my temperatures were great The initial portion of the takeoff went smoothly. Once at approximately 200 feet AGL the engine stumbled and quit. I immediately decided that I did not have enough altitude to attempt to switch fuel systems nor did I have adequate time to attempt to restart the engine. I was losing airspeed quickly so I applied down elevator as quickly as I could to begin building airspeed. Once between 30-50 feet from the ground I applied full up elevator but did not have enough altitude to return the aircraft to a level plane, and did not have enough airspeed to induce responsive controls. The aircraft impacted the ground at a negative angle of roughly 20-30 degrees at between 50-60 MPH. I was uninjured during this accident. Upon exiting the aircraft, local law enforcement as well as local fire department were already enroute. Important Note: EGT temp was never more than 1200. (Standard Operating Temp.) //-----

NOTHING FOLLOWS-----

-----//



DU

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

Operator/Owner Safety Recommendation

Find a way to prevent vapor lock in the fuel lines.

**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 INFORMATION****Fuel on Board at Last Takeoff**  
(Convert from pounds, as necessary)10 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**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**

06/20/2020  
*mm/dd/yyyy*

**Name of Pilot/Operator:** Christopher J Steffler

**Signature:** 

-- or --  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

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**  
CEN20LA216

**Reviewed by NTSB Regional Office**  
Central

**Name of Investigator**  
Folkerts

**Date Report Received**  
6/30/2020