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

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

		THE ACCOUNT OF THE PARTY	seu ioi repi	entration in address	CIVII	and public	<u> </u>	an Viuit (ain			
					4.87								
	nt/Incident Loc		_				Acc	cident/Incid				,	. .
Nearest (City/Place:	Vampo	4		_State: _	IV :	Date	e: <u>3/</u>	7/200	?2 Loc	cal Time: _	1532	2/_
	3686 c		U.SA					mm/da	Vyyyy	ra-	me Zone:	MN 5	T
Latitude:	43.58	1	Longitude:/	6.52	<u> 23 </u>					Tii	2.0ne: _	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	(Enter in decima	l degrees or d	legrees:minutes:sec			٠	Col	llision with	Other Air	craft: C) Midair	OOn-groun	d 5 None
								THE PARTY NAMED IN				Brown	~
AIRC	RAFT INFO	RMATIO	N .									ar .	
	ation Number:							☐ IFR-Equip					
	cturer: Pi		<u> </u>					Commerci		ght			
Model:	0 4		 			——— <u> </u>		Unmanned			= 00		
		- 144	ī <u>l</u>	***********				aximum Gr	_		5 <i>00</i>	lbs	
	iumber:\	107	<u> </u>					eight at Tin					
	Manufacture:		<u>J</u>				Nu	imber of Se	ats:	, 	Flight Cre	w Seats:	2
Amateu	ır-Built: OYes		Kit/Plans Mal	ce:				bin Crew Seat					
	7 No		Original Design	-			Nu	ımber of En	igines:				
Catego	ry of Aircraft		irworthiness Ce	rtificate		Landing Ger					Type (Se	lect one)	
Airpla		(Check all to	** */			(Check all that			-		procating		d Rocket
O Ballor O Blimr	on Dirigible	Standare Norma		ted		_	Ketr.	actable		OTurb OTurb	o Shaft	O Solid	Rocket id Rocket
O Glide	r	Aerob:	atic Limited	1		Tricycle		Z T	ailwheel	OTurb		ONone	;
O Gyrop	plane	Balloo				Amphibiar			igh Skid	OTurb		OUnkn	own
O Helica O Power		☐ Comm					y Fk	oat □Si □Si		OElect	curc		
ORocke	et	Utility	☐ Special	Light-Spor		Hull			ki/Wheel	Fuel Sve	stem Tvne	(Reciprocati	ng)
OUltral	ight	•		mental Ligh			nck	_		Carb		OFuel-	_
OUnkn	own	Certificate	of Authorization	or Waiver (COA)				السمر		J. 801-			
		□None		Unknown	1	None	—		Inknown	<u> </u>	Tot-1	751.	Siner:
	!		Engine		Manuf	ncturer's		Date of Mfg.	Rated Pow Horser		Total Time	Time Inspection	Since: Overhaul
Engine	Engine Manufa		Model/Series	اـــــــــــــــــــــــــــــــــــــ	Serial P	Number	4	mm/dd/yyyy	O lbs of	Thrust	(hours)	(hours)	(hours)
Eng. 1	Continen	tal	C90-8F	=	0.5	5008	\perp	19503	90	2	2603	34	748
Eng. 2							\dashv					ļ	
Eng. 3							4		ļ			ļ	
Eng. 4			L		L	Section 1 mm	ب		L		L	Cined Died	L
Last In	spection Type			Propelle	er 1	Fixed Pi	Pitch Propeller 2 OFixed Pitch ollable Pitch OControllable Pitch						
O100-H		inuous Airwo				OGround	Adi					Ground Adju	
OAAIP		ditional Inspec	ction		turer:	Weguky			Manu	ıfacturer: _			
Annua		,	6 1	Model: _	189	10/cm/-	\mathcal{L}	48	Mode	:l:			
Date L	ast Inspection:	05/01/ mm/dd/yy	12021	ELT Ins	talled:	Yes O	No				ipment (Check all that	t apply)
Airfran	ne Total Time:	304	(1) hrs	If Yes:				l	AD		alu-t		
	rs measured at (S			ELT Mai	nufactur	er: A WEV	1-	KING		frame Para zle of Atta	ichute ck Indicato	г	
Of art Inspection STime of Assident/Incident Model				Model or	Part No	∷ <u> </u>	4	<i>50</i> /	Aut	topilot		•	
TSO No.: QC						(121.5 MHz) O 5 (406 MHz)	,C91	на(≀∠≀.3 МН		a Recorde		Uandh-1J D	wice
Annu	al	_	•	W	-	. ,	**	W/v			ght Bag or a ultifunction	Handheld De Display	VICE
O Conditional (Amateur-built only) Was ELT still con					unted in aircrai	ut? me?	Wites ON	Ele	ctronic Pri	mary Fligh			
O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP)				Activate	? OYes	No		∐Han	idheld GPS				
O Continuous Airworthiness If activated:					• •			□Ont	ids Up Dis board Wea				
O Other, specify: Did ELT Aid in					ocating Aircrat	ft: (OYes X No	Sate	ellite Tracl	king Device	2		
	otion of Fire Ex	tinguishing	System	If not ac		-				ll Warning	System ling Device		
Ø None O Spec				Indicate l	Kerson:	☐ Impact Dan ☐ Fire Damas		e		er, Specify		•	
→ spec						Battery Exp		1/Damaged		,			
						Unknown							

	ALCH .	
Registered Aircraft Owner	2	City: <u>BO136</u>
Name		State.
Fractional Ownership Aircraft: O Yes 💆		
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner
Name:		City:
Doing Business As:	C-1-).	State: ZIP:
Air Carrier/Operator Designator (4 Characte	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
□None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo □Foreign Air Carriers (FAR 129)	#FAR 91 OFAR 129 OFAR 0 OFAR 103 OFAR 133 OFAR 0 OFAR 121 OFAR 135 OFAR 0 OFAR 125 OFAR 137 OFAR 0	431 O Non-Scheduled or Air Taxi O International 437 O Passenger
☐Rotorcraft External Load (FAR 133) ☐Commuter Air Carrier (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial	O Cargo O Mail Contract Only
☐On-Demand Air Taxi (FAR 135) ☐Commercial Air Tour (FAR 136) ☐Agricultural Aircraft (FAR 137)	O Non-US, Non-commercial O Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
□ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License	O Armed Forces O Federal O State O Local	O Aerial Application O Firefighting O Unknown O Aerial Observation O Flight Test O Air Drop O Glider Tow O Air Race/Show O Instructional
Other Operator of Large Aircraft	O Unknown	Other Work Use Business Executive/Corporate OPositioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry
O Yes SNo	OYes 🥦 No	
AIRPORT INFORMATION (FILL IN	If accident/incident occurred on ap-	proach, landing, takeoff, departure, or within 3 miles of an airport)
	nicipal	Distance From Airport Center: 5 sm
Airport Identifier: MAN	<u> </u>	Direction From Airport: at midfield degrees true
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 2537 ft. msl
Runway Information		Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 11/29 (L/R/C) Length:	5000 R Width: 75 R	■ Dry Snow-Compacted Water-Calin □ Holes Snow-Crusted Water-Choppy
Runway/Landing Surface (Check all that a Brashalt Grass/Turf Maci Gravel Meta Dirt Glee Snow	adam Water	
Approach/Departure Segment (Select one	<u> </u>	
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Ap	proach OBase OFinal OCrosswind OCrosswind ODWnwind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown
IFR Approach (Check all that apply) □None	7,000	VFR Approach (Check all that apply) □None
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course	□MLS □Practice □LDA □GPS □ASR □Visual □Contact	Traffic Pattern Stop and Go Straight-In Valley/Terrain Following Go Around Full Stop Stop and Go Touch and Go Simulated Forced Landing Forced Landing Precautionary Landing
□RNAV	☐Circling ☐Unknown	□Unknown
L		

### Responsibilities at the Time of Accident/Incident ### Play CorPitor Once Play Once Play ### Responsibilities at the Time of Accident/Incident #### Responsibilities at the Time of Accident/Incident Property #### Responsibilities at the Time of Responsibilities at the T	"FLIGHT CREWMEMBER 1" INFORMATION										
Flight Crewmember 1" latentification First Name: 24550	"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident										
"Flight Crewmember 1" Identification First Name: Identification First Name: Identification Ide											
First Name MAX Middle Initial: E Last Name: L	"Flight Crewmember 1" was pilot flying Yes No										
Middle Initial: Last Name:											
Last Name: L 2.55.0 P. Age at time of Accident/Incident: 5 9 Date of Birth: Certificate Number: Used Name None Patal Office of Proxident Office of Office	First Name: WIQY 5 City of Residence: 13015e										
Description	Middle Initial:)			S	tate:	TU		ZIP: 8	3716	
Degree of Injury					<u>-</u>			5 A			
Degree of Injury											
None Final Oleft Front Oliknown Okayaba Ok											
Oklaron Okla		1 -		O Unknow			-	**- 4	- 1	iniistrole F	testraints
Serious Ocean Oc	O Minor O Unknown	O Right	6 Rear	00					1	□ Not Inst	talled
Private Pight Instructor Commercial US Military OS-point			O Single			O Lap o	nly	O Lap onl	y	☐ Installe	d
Private Private Repressional Altitus Transport Private Private Repressional Private Priv	1								[☐ Not Dep	ployed ed
Principal Occupation										Unknov	vn
O Pilot					"	O Unkn	own	O Unknov	vn		
Other Otlass Other Otlass Otherwise (Sport Pilot only) Owith limitations/waivers ON/A Otherwise (Sport Pilot only) Owith Imitations/waivers	Principal Occupation M	ledical Certifi	cate		Me	dical Ce	tificate Va	lidity	$\neg \uparrow$	Date of Las	t Medical
Olikonown Olikonown Olikonown Olikonown Olikonown Ospecial Issuance Issuance Issuance Ospecial Issuance Os										3/1/2	022
Medical Certificate Limitations NONE				ense (Sport Pilot				s ON	/A	mm/dd/y	vyy
Medical Certificate Special Issuance			O CHILLIAN II								
Medical Certificate Special Issuance MONE											
Medical Certificate Special Issuance MONE			,								
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	NONE										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: The point of Last Flight Review or Equivalent, Including FAR 121/135 Checks: The point of Last Flight Review or Equivalent, Including FAR 121/135 Checks: The point of Last Flight Review or Equivalent, Including FAR 121/135 Checks: The point of Last Flight Review or Equivalent, Including FAR 121/135 Checks all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Instrument Airplane The point of Last Instrument Airplane The powered Lift The pow	Medical Certificate Special I	ssuance									
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: The point of Last Flight Review or Equivalent, Including FAR 121/135 Checks: The point of Last Flight Review or Equivalent, Including FAR 121/135 Checks: The point of Last Flight Review or Equivalent, Including FAR 121/135 Checks: The point of Last Flight Review or Equivalent, Including FAR 121/135 Checks all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Rating(s) (Check all that apply) The point of Last Instructor Instrument Airplane The point of Last Instrument Airplane The powered Lift The pow	NONE										
or Equivalent, Including FAR 121/135 Checks: This Make Page Powered Lift Powered Lift			Fligh	t Davious Aire	ft						
Model: PA 2 9 - 15		מל געל די									
Airplane Rating(s) (Check all that apply) None	FAR 121/135 Checks:	1/19/20				<u>=1</u>					
Check all that apply Check all that apply Check all that apply Check all that apply Check all that apply Check								D 4 ()			
None None None Airplane Glider Powered Lift Powered Lift Type Ratings Type Ratings Student Endorsements (Include dates)					•	,					
Single-Engine Sea		`_	7777		· ····································		•			Instrument	Airplane
Multiengine Land											Helicopter
Multiengine Sca Gyroplane Helicopter Powered Lift Sport											
Type Ratings Student Endorsements (Include dates) NONE Flight Time (Enter appropriate number of hours in each box) Total Time 1606 823 1535 1535 1535 1535 1535 1535 1535 15		☐ Gyroplane		Litowa	W Lin						
Type Ratings None None Student Endorsements (Include dates)	,										
NONE Flight Time (Enter appropriate number of hours in each box) Flight Time 1606 823 1606 3 3 3 Filot in Command (PIC) 1535 813 1535 Time as Instructor This Make/Model Last 90 Days 6 6 6 6 Last 30 Days 6 6 6 6 6 Last 30 Days 6 6 6 6 6 Last 30 Days 6 6 6 6 6 6 Last 30 Days 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Type Ratings	- rowered Lil					Student F	Endorseme	nts (Include	dates)	
Flight Time (Enter appropriate number of hours in each box) All Airplane & Model Aircraft This Make & Model Airplane & Multiengine All Airplane & Multiengine Figure Multiengine Airplane & Multiengine Night Actual Simulated Rotorcraft Gilder Than Air Lighter Than Air Lighter Than Air Actual Simulated Rotorcraft All Actual Simulated Rotorcraft Coller Than Air Lighter Than Air Lighte	Type remains						51440	2.11.001.30 Miles	(1.10.11110		
Flight Time (Enter appropriate number of hours in each box) All Airplane & Model Airplane & Multiengine All Airplane & Multiengine Night Actual Simulated Rotorcraft Gilder Than Air Lighter Than Air In this Make Multiengine All Airplane & Multiengine Night Actual Simulated Rotorcraft Gilder Than Air I to C											
Flight Time (Enter appropriate number of hours in each box) All Airplane & Model Airplane & Multiengine All Airplane & Multiengine Night Actual Simulated Rotorcraft Gilder Than Air Lighter Than Air Total Time Pilot in Command (PIC) 1535 813 1535 Time as Instructor This Make/Model Last 90 Days - 6 - 6 - 6 Last 30 Days - 6 - 6 - 6 - 6 Last 30 Days - 6 - 6 - 6 - 6 - 6 Last 30 Days - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -											
Flight Time (Enter appropriate number of hours in each box) All Airplane & Model Airplane & Multiengine All Airplane & Multiengine Night Actual Simulated Rotorcraft Gilder Than Air Lighter Than Air Total Time Pilot in Command (PIC) 1535 813 1535 Time as Instructor This Make/Model Last 90 Days - 6 - 6 - 6 Last 30 Days - 6 - 6 - 6 - 6 Last 30 Days - 6 - 6 - 6 - 6 - 6 Last 30 Days - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -											
Flight Time (Enter appropriate number of hours in each box) Total Time 1606 823 1606 3 3 3 Pilot in Command (PIC) 1535 813 1535 Time as Instructor C C C C C This Make/Model Last 90 Days C C C C Last 30 Days C C C Last 30 Days C C C C Last 30 Days C C C C Last 30 Days C C Last 30 Days C C C Last 30 Days C	NONE										,
Number of hours in each box Atrenst	Flight Time (Enter appropriate	All	This Make		Airplane		Inst	rument			Lighter
Pilot in Command (PIC) 1535 813 1535 Time as Instructor © This Make/Model Last 90 Days . 6 . 6 . 6 Last 30 Days . 6 . 6 . 6		Aircraft	& Model	Engine				Simulated	Rotorcraft	Glider	
Time as Instructor	Total Time		24.2			13	3				
This Make/Model Last 90 Days			813	1535		-					
Last 90 Days		0								1	<u> </u>
Last 30 Days G			7								
						+				_	
	Last 24 Hours	0	0	0		 	+			 	



#FLIGHT CREWNE	MEJER PRINCE	RMATIO	1								
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot O Student Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew											
"Flight Crewmember 2" w	"Flight Crewmember 2" was pilot flying □ Yes □ No										
"Flight Crewmember 2" I	dentification	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·								
First Name:					City of	Res	sidence:				
Middle Initial:									IP:		
Last Name:									лг		
Country											
Age at time of Accident/Incident: Date of Birth: mm/dd/yyyy Certificate Number:											
Degree of Injury	Seat Occupied				Restrain	t Tv	vne			Inflatable l	2 actrointe
O None O Fatal	OLeft	OFront	OUnkno	wn [Avail	-		Unnel		Imitacanic i	CCSLI ALBES
O Minor O Unknown O Serious	ORight	ORear		- 1	AVAII			Used O None		□Not Ins	talled
	O Center	OSingle			ŎL	ap o	nly	O Lap onl		☐ Installe	d
Pilot Certificate(s) (Check					O3- O4-			O 3-point O 4-point		☐ Not De ☐ Deploy	
☐ None ☐ Flight ☐ Private ☐ Recre		nmercial ine Transport	US M		0.5			O 5-point		Unknow	
Student Sport		ht Engineer	L totole	,,,	Oυ	nkne	own	O Unknow	vn .		
Principal Occupation	Medical Certificate		***************************************		Madical	Car	rtificate Va	Haity		Date of La	t Medical
O Pilot	O None O Cl						nitations/wai	•	Inknown	Date of La	it ivicuicai
O Other	O Class I O Dr	iver's License	(Sport Pilot	only)	Q With Ii	mita	tions/waiver				
O Unknown		nknown			O Special	Issu	nance			mm/dd/y	vyy
Medical Certificate Limita	tions										
Medical Certificate Specia	l Issuance										
:											
Date of Last Flight Review		Flight R	eview Airo	raft						,	
or Equivalent, Including FAR 121/135 Checks:		Make:									
	mm/dd/yyyy	Model: _									
Airplane Rating(s)	Other Aircraft R	ating(s)	Instrum	ent Rati	ng(s)		Instructor	Rating(s)			
(Check all that apply)	(Check all that apply	v)	(Check al.	l that appi	(y)		(Check all th	at apply)			
☐ None ☐ Single-Engine Land	☐ None ☐ Airship		None				None			Instrument A	
Single-Engine Sea	☐ Balloon		☐ Airpla ☐ Helico					Single-Engir Multi-Engire		Instrument H Helicopter	lelicopter
Multiengine Land	Glider		Power				Gyroplan			Glider	
☐ Multiengine Sea	☐ Gyroplane						☐ Powered			Sport	
	☐ Helicopter ☐ Powered Lift		ŀ			ı					
Type Ratings			<u></u>		-	+	Student Er	ndorsemen	s (Include d	ates)	
									,	,	
						1					
	Т	Г	Airplane	r		1.	T			r	Γ
Flight Time (Enter appropria	1	is Make	Single	Airpla				ument			Lighter
number of hours in each box) Total Time	Aircraft &	Model	Engine	Multien	gine Ni	ght	Actual	Simulated	Retercraft	Glider	Than Air
Pilot in Command (PIC)				 			-		<u> </u>	 	
Time as Instructor	++-			 			+			 	
This Make/Model				·				 			
Last 90 Days							†				
Last 30 Days				 	$\neg \vdash$		-				
Last 24 Hours							1				

				N/A	L				
AUDITIONALIE	GET CHEVILLEN	aaka i	Exclusiv	of cabin or	eer, complete	the followin	g information)		
Crew Name and Ad							Seat Occupie	1	Injury
First Name:				nce:	ZIP:		O Left O Center O Right	O Front O Rear O Single	O None O Minor O Serious
Last Name:	· · · · · · · · · · · · · · · · · · ·	Cou	ntry:			-		OUnknown	O Fatal O Unknown
Pilot Certificate(s) None Private Student	(Check all that apply) Flight Instructor Recreational Sport	☐ Air	nmercial line Transp	ort 🗆 For	Military eign		Restraint Ty Available O None O Lap Only O 3-point	De: Used O None Lap Only O 3-point	Inflatable Restraints Not Installed Installed
Type Rating/Endor	Student Sport Flight Engineer Rating/Endorsement for Ident/Incident Aircraft? Sport No of this Accident/Incident:hrs						O 4-point O 5-point O Unknown	O 4-point O 5-point O Unknown	☐ Not Deployed ☐ Deployed ☐ Unknown
Crew Name and Ad	dress						Seat Occupie	d	Injury
Middle Initial:		State			ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) None Private Student Type Rating/Endor Accident/Incident A	☐ Flight Instructor ☐ Recreational ☐ Sport sement for directaft? ☐ Yes	□ Airl	of this A	ight Time a	t the Time	hrs	Restraint Tyj Available None Lap Only 3-point 4-point 5-point Unknown	Used O None C Lap Only S-point O 4-point O 5-point Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown
PASSENGER(S)	/OTHER PERSO	JNE4 1	include e	eletrosavo e	andique an e	garan da	elfnicessery)		
Name and Address				Seat	Injury	Restraint T	уре	Inflatable Restraints	Age
Middle Initial:	City: State: Country: OPassenger	ZIP:		OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available O None O Lap Only O3-point O 4-point O 5-point O Unknown	O 3-point O 4-point O 5-point	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restrai O Lap-Held O Unknown
Middle Initial:	City: State: Country: OPassenger	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	Under 5 years
First Name: Middle Initial: Last Name: OCrew		ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only 3-point 4-point 5-point Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	□Under 5 years
Middle Initial:	City: State: Country: OPassenger	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years

O Child Restrains
O Lap-Held
O Unknown

FLIGHT ITINERARY	INFORMATION	l		0.					
Last Departure Point		e of Departure	Destinatio	'n			t Plan Filed	l	
Airport ID: MAN	1	-	Airport ID:	MAN		None	0	VFR/IFR	
City: Nampa	Time	1521	City:	lampa		O Company O Military		IFR Unknown	
TD /	Time	Zone: MST	State:	ID!		O Military V	••• O	UIMIOMII	
State: i 1 \le \Lambda	, mae		Country:	USA		Activated?	OYes On	No OUnknown	
Country: USA	maior (C)		Country:			L			
	e rvice (Check all that a Special VFR IFR	☐ Spe	cial IFR R On Top		☐ VFR Flight Follo		Cruise Unknown	1/NA	
Airspace where the accide							Altitude	of In-Flight	
	□Class G	☐ Mili	itary Operations		Special		Occurren	-	
Class B	Demo Area		ort Advisory Ar		☐ Air Traffic Contr ☐ Unknown	roi Area		ft msl	
	☐ Warning Area ☐ Prohibited Area	☐ Jet T	Fraining Area		CHONOWII			10 11301	
	Restricted Area	□ FAF							
WEATHERINFORM		ACCIDENT	/iNCIDEN	TSITE				100	
Source of Pilot Weather In		and the second s		Weather Obs	servation Facility	7			
(Check all that apply)				Facility ID:	KMAN				
☐ National Weather Service	Com			Observation Ti-	me: 2215				
Flight Service Station	☐ Milit ☐ Inter			Time Zone:	WDT				
TV/Radio Automated Report	∐ Inter					. i			
Commercial Weather Service				Distance from A		190	nm	5	
On-Board Weather				Direction from	Accident Site:	, 10	_ degrees true	<u> </u>	
Basic Conditions		Light Conditi		. - ·	Nicola Circ	demo			
™ VMC		ODawn 1960ay	ODusk ONight	O Dark	: Night OU: ht Night	nknown			
OlMC		1 95 Day	ONight	OBUG	Tright				
OUnknown	t	Collin -			Tr		(C) ~ /	45 (F)	
Sky/Lowest Cloud Condit		Ceiling	_	Observed	Temperature	·	(C) OF		
Clear O Few	O Thin Broken O Thin Overcast	None (Clear) Obscured O Broken O Indefinite			Dew Point: _	<u>:</u> ((C) or	(F)	
O Pertial Obscuration	O Unknown	O Overcast		Unknown	Altimeter Setting: in Hg				
O Scattered		1_			Entered Field elevation				
Lowest Cloud Condition	-	Ceiling Heigh	t	. .	Entered Field el			tion	
	ft agl			ft agl	prior to	taleof			
Wind Direction	Wind Speed	<i>.</i>	Wind Gusts	<u> </u>	Visibility	unlta	miles		
☐ Variable	☐ Calm		Not Gustin	ag	рул	?:			
	☐ Light and Vari	able	7	-	l l				
-or-0.77 A	-or- ~~		-er-	_	1	/:	miles		
Direction: 020 degrees tru		kts	Speed:	kts	Density Altitu		ft		
Intensity of Precipitation	Type of Precipit				Restriction to	-		apply)	
OLight	None	Drizzle	☐ Freezin		None D Blowing D		Fog Ground Fog		
OModerate	Rain	☐ Ice Pellets ☐ Snow Pellet	Snow S	Shower lets Shower	☐ Blowing D ☐ Blowing Se		Ground rog Haze		
O Heavy O N/A	□ Snow □ Hail	☐ Snow Peller ☐ Snow Grain			☐ Blowing St	now 🔲	Ice Fog		
ON/A OUnknown	Rain Showers	☐ Ice Crystals			☐ Blowing S	pray 🔲	Smoke		
				<u> </u>	Dust		Unknown		
Icing Forecast		Icing Actual	-		Turbulence	n# +L-+ 1 '	Sever	itv	
Amount Type		Amount None	Type ON/A		Type (Check of	un inat apply)	Sever □Lig		
None O N/A O Trace O Rime		O Trace	O Rim		☐Clear Air		□Мо	derate	
O Light O Clear		O Light	O Clea	vr	☐ Terrain-Ind		Sev		
O Moderate O Mixe	:đ	O Moderate	OMix		Convective	Turbulence	□Ext	ueme	
O Severe O Unkn	nown	O Severe O Unknown	O Unk	THOMI	ł				
1		1			<u> </u>			<u></u>	
NOTAMs (D and FDC)	, AIRMETs, SIG	METs, PIREP	's in effect at	the time of t	ne accident/inc	ident:			
1									
1									
1									
1									
5									

Aircraft Dama	ge	Aircraft Fire		Aircraft Explosion	l
O None O Minor	Substantial O Destroyed O Unknown	None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)
prop Strike Nose Cowl Front wind screen and Rudder all exhibit damage.
Wing undamaged visually, however detailed inspection has not
occurred yet.

No Ruy lights or signage involved.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

On March 7th, 2022, I departed key 11 at the Nampa Municipal Airport. I was Flying alone in N968 Sow and departed for my first stop + go in the pattern. One other aircraft was also doing pattern work and had established 11 as the active runway. First landing was successful, using low wing and top rudder to keep the upwind main gear on the runway, and the aircraft on E. while the downwind (right) main contacted the runway the nose veeted left at a rate that precluded recovery. My control inputs at that point were stick back and braking. The nose of the aircraft cantacted the asphalt 1-2 how Rwy edge and as the nose slid into soft gravel, the aircraft flippedonto its back, though doing so with the nowing contact. Per Avvos winds were 020° ? Advect crosswind for 11, which I was aware of and wanted to practice such conditions. Initial departure 2 1515. Accident accurred approx 320 (1520) The same technique was used for both landings. Wind felt stoody From the North of final both times. On the accident landing the left main was firmly planted and as airs pood bled, the right wing lowered as expected, It was upon grar contact that the a/c began to veer left.

the stranger of the stranger o	EGYSTANS USANTELA	DENOMINATED BY THE PLANT OF THE	(Orthodiscolarisministration) + 1/10/10 + 1/10/10	terin kirin salah daran mendapat kendalan dari perangan berangan daran dari perangan daran dari perangan daran	N. C.	Who also one that
Operator/Owner Safety Recommer A hiatus in instructs products products a slow reversal tending I also suspect attempt.	mendation n Fl perha into an c	lying (ps, spec o to su accident wheel wo	10 + da ifically ch co preven is not i	s) deca x wind on ndifion ted. Firmly p	yed my operation s wou lanted	I tail wheel ons. Id likely have on second
			_			
MECHANICAL MALFU Was there Mechanical Malfun (If yes, list the name of the part, man	ction/Failur	e? 🛘 Yes 🗖 No		ed, conflicte on co	perata altae)	Total Time/Cycles On Part
(3),,	, , ,	- 110., 501 100 110., 11111 111.	serive me junure.			Oll Fair
						Hours
						Cycles
						Time Since This Part Inspected/Overhauled
						Hours
FUEL & SERVICES INF	ORMATI	ON				
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87 100 Low Lead O 100/130	O 115/145 O Jet A O Jet A-1	O Jet B O JP8 O Automotiv	O Other, spec	cify
Other Services, if Any, Prior to	Departure					
EVACUATION OF AIRC						
Was an emergency evacuation			🗆 Yes 🕍			
Method of Exit - Describe how Exited Right s Kenzes crawl.	the occupant ide H	ts exited and how ma	ny occupants ev Windou	in a n	nodified	l hands and
ATHER AIDCEALS	al Leve					
OTHER AIRCRAFT — C Aircraft Registration Number	Manufacti		solision occurr		etten for other	Ironalt) Damage to Other Aircraft Destroyed Minor
	Model:					Substantial None
Registered Owner of Other Air	eraft		Pi	ot of Other Aircra	ft	
Name: City:				me:		
State: ZIP:				y: te:	ZIP:	
Country:				untry:		

ADDITIONAL INF	ORMATI	ON (Please type or print in ink)		
Use this space if addi	itional space	e is needed for any answers.		
k:				
0				
	585i			
e e				
- 0				
I VEDERY CERTIE	VTUATE	TE & COLOR DE LICORES (TRANSPORTED	ETE AND ACCURATE TO THE BEST OF	MY KNOWI SPOK
Date of this Report			550 R	MI (MICHELLO)
Date of this report	Signatur		201-	1.01
mm/dd/yyyy	- or -	Check here to electronically sign this	document	
If a Dames Other th				
		perator is Filing Report	Title	
	100			
		o electronically sign this document	·····	
_			USE ONLY	
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investigator Eleazar Nepomuceno	Date Report Received
WPR22LA1	20	WPR	Lieazai Nepolitucello	3/17/2022