## 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 INFORMA	ATION						
Accident/Incident Loc			A	ccident/Incid	lent Date/Tim	e	
Nearest City/Place: St. A	nthony	State: I	D D	atc: 06/2	23/2020	Local Time:	21.00
ZIP: <u>83445</u>	Country: USA			CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	d/yyyy		
Latitude: 43-57-00 Longitude: 111-41-05						Time Zone: _	Mountain
(Enter in decimal degrees or degrees:minutes:seconds)				ollision with	Other Aircra	ft: O Midair	OOn-ground O None
AIRCRAFT INFO	RMATION						
Registration Number:	N338RW				ped and Certifi	ied	
Manufacturer: Chad	Lewis			Unmanned	al Space Flight Aircraft		
Model: Kitfox model 7			N	Maximum Gr	oss Weight: 1	550	lbs
Serial Number: KA09	119159					/Incident: 12	
Year of Manufacture:	2013		N	lumber of Se	ats: 2	Flight Cre	ew Seats: 2
Amateur-Built: OYes	If Yes: OKit/Plans Ma	ke: Kitfox		abin Crew Seat	The state of the s	Passenger	A STATE OF THE PARTY OF THE PAR
ONo	Original Design		N	lumber of En	gines: 1		
Category of Aircraft O Airplane O Balloon  Category of Aircraft (Check all that apply) Standard  Special			Landing Gear (Check all that a		0	ngine Type (See Reciprocating Turbo Shaft	O Liquid Rocket O Solid Rocket
OBlimp/Dirigible OGlider	□ Normal □ Restrice □ Aerobatic □ Limite	ricyclo			anwheel	Turbo Prop Turbo Jet	O Hybrid Rocket O None
O Gyroplane O Helicopter	Balloon Provisi		Amphibian		igh Skid C	Turbo Fan	OUnknown
O Powered Lift	☐ Transport ☐ Experi		☐ Emergency F	loat SI		Electric	
ORocket OUltralight		l Light-Sport mental Light-Sport	nt-Sport Hull Ski/		ki/Wheel Fuel System Type (Reciprocate		(Reciprocating)
OUnknown	Certificate of Authorization						O Fuel-Injected
		Unknown	None	U	nknown		
Engine Engine Manufa	Engine cturer Model/Series	Manufa Serial N	acturer's Number	of Mfg.	Rated Power  O Horsepowe  O lbs of Thrus		Time Since: Inspection Overhaul (hours) (hours)
Eng. 1 Rotax	912ULS	6779594	4		100	309	49
Eng. 2	23-7-14 20110000	400			programmer.	Garage C	The start less than the
Eng. 3							
Last Inspection Type	The sacration of the sa	Propeller 1	OFixed Pitch		Propeller	2 0	Fixed Pitch
	inuous Airworthiness		©Controllabl		Tropener	0	Controllable Pitch
OAAIP OCond	litional Inspection	Manufacturer:  \	OGround Ad	ljustable OGround Adjustable Manufacturer:			
O Annual O Unkn		Model: Medium			Model:		
Date Last Inspection:	02/26/2020 mm/dd/yyyy	ELT Installed:	⊙Yes ONo		_	Equipment ((	Check all that apply)
Airframe Total Time:		If Yes:			□ADS-B		meek un mui uppiy)
hours measured at (Se		ELT Manufacture	Charles a basel of the second		☐ Airframe	Parachute Attack Indicator	
	Time of Accident/Incident	Model or Part No. TSO No.: OC91 (	The state of the s	1a (121 5 MHz	Autopilo	t	The state of the state of
Type of Maintenance P	rogram (Select one)	The second secon	(406 MHz)	14 (121.5 WITE	Data Rec		Handheld Device
O Annual O Conditional (Amateur-be	uilt only)	Was ELT still mou	inted in aircraft?	OYes ONo	Electroni	c Multifunction	Display
O Manufacturer's Inspection	on Program	Was ELT still com Did ELT Activate?	nected to antenna	? OYcs ONo	☑ Electroni ☐ Handheld	c Primary Flight	Display
O Other Approved Inspecti O Continuous Airworthine		If activated:	GICS ONO		☐ Heads Up	p Display	
O Other, specify:	The sales of the co	Did ELT Aid in Lo	ocating Aircraft:	OYes ONo	Onboard	Weather Tracking Device	
Description of Fire Ext	inguishing System	If not activated:			Stall War	rning System	
O None O Specify:		Indicate Reason:	Impact Damage	e		ecording Device	
O Specific	The second secon		☐ Fire Damage ☐ Battery Expired	d/Damaged	Other, Sp	ectry.	
		No Secretary	Unknown				

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner		City: Ashton				
Name: Bushwhacked LLC.		State: ID				
Fractional Ownership Aircraft: • Yes	No	Country: USA				
Operator of Aircraft	gistered Owner	☐ Same Address as Registered Owner				
Name: David Wynn		City: Ashton				
Doing Business As:		State: <u>ID                                   </u>				
Air Carrier/Operator Designator (4 Character	er Code):	Country: USA				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	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) ☐ Rotorcraft External Load (FAR 133)	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight	431 O Non-Scheduled or Air Taxi O International				
☐ Commuter Air Carrier (FAR 135)	O Non-US, Commercial	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 □ Other Operator of Large Aircraft □ Cunknown		O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Aerial Operation O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning				
Revenue Sightseeing Flight  O Yes  O No	Air Medical Flight O Yes O No	O External Load O Skydiving O Ferry				
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Stanford Field		Distance From Airport Center: .1 sm				
Airport Identifier: U12		Direction From Airport: 250 degrees true				
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 4966 ft. msl				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)				
Runway ID: 22 (L/R/C) Length: 45  Runway/Landing Surface (Check all that a Asphalt Grass/Turf Maca Gravel Meta Dirt Gravel Snow	dam Water	□ Dry       □ Snow-Compacted       □ Water-Calm         □ Holes       □ Snow-Crusted       □ Water-Choppy         □ Ice Covered       □ Snow-Dry       □ Water-Glassy         □ Rough       □ Snow-Wet       □ Wet         □ Rubber Deposits       □ Soft         □ Slush-Covered       □ Vegetation       □ Unknown				
Approach/Departure Segment (Select one,						
OTaxi OVFR Departure OIFR Departure Proc OInitial Climb	OOn Instrument Appending OLanding	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown				
IFR Approach (Check all that apply)  □None		VFR Approach (Check all that apply)  None				
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	□ Traffic Pattern       □ Stop and Go         □ Straight-In       □ Touch and Go         □ Valley/Terrain Following       □ Simulated Forced Landing         □ Go Around       □ Forced Landing         □ Full Stop       □ Precautionary Landing         □ Unknown				
The state of the s	And the second s					

"Flight Crewmember 1" R	** *****		N							
Pilot O Co-Pilot	O Student Pilot	he Time of OFlight In		ident Check Pil	lot O Fligh	ht Engineer	O Other	Flight Crew		
"Flight Crewmember 1" w	as pilot flying	Yes N	o							
"Flight Crewmember 1" Io	dentification				City of Do	A	obton			
First Name: David						esidence: A				
Middle Initial: G					State: ID			ZIP: 8342	0	
Last Name: Wynn				_	Country:	USA				
Age at time of	of Accident/Inciden	it: 56	Date of B	irth:		m	m/dd/yyyy			
		Ce	ertificate Num	ber:						
Degree of Injury	Seat Occupi				Restraint Ty	vpe			Inflatable l	Restraints
O None O Fatal O Minor O Unknown O Serious	ne O Fatal O Left O Front O Unknown Right O Rear				Available Used O None O None O Lap only O Lap only			y	✓ Not Installed	
Pilot Certificate(s) (Check	all that apply)				⊙ 3-poir		O3-point		□ Not De	
□ None □ Flight □ Private □ Recre □ Student □ Sport	ational	ommercial irline Transpo light Engineer			O 4-poir O 5-poir O Unkn	nt	O 4-point O 5-point O Unknow	wn	□ Deploy □ Unknow	
Principal Occupation	Medical Certifica	ite			Medical Cer	rtificate Va	lidity		Date of La	st Medical
O Pilot O Other O Unknown	on Medical Certificate  O None O Class 3 O Class 1 O Driver's License (Sport Pilot only) O Class 2 O Unknown  Medical Certificate Validity  O Without limitations/waivers O Unknown O With limitations/waivers O N/A O Special Issuance					07/02/20 mm/dd/y				
Medical Certificate Limita										
must wear glassed	COMS									
Medical Certificate Specia	l Issuance									
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	08/02/2018	Make:	Review Airc	raft						
	mm/dd/yyyy	Model	M20F							
Airplane Rating(s)	Other Aircraft	Rating(s)	Instrum	ent Ratir	ng(s)	Instructo	r Rating(s)			
(Check all that apply)	(Check all that ap	ply)	(Check all	that apply	y)		that apply)			
<ul><li>□ None</li><li>☑ Single-Engine Land</li></ul>	☐ None ☐ Airship		None			☐ None			☐ Instrument	Airplane
☐ Single-Engine Sea	Balloon		☐ Airplan			✓ Airplane Single-Engine  Airplane Multi-Engine			☐ Instrument Helicopter	
☐ Multiengine Land	Glider		Power			☐ Gyropla			☐ Helicopter☐ Glider	
☐ Multiengine Sea	Gyroplane					Powere			Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings	La rowcica Ent	· ·				Student E	Endorseme	ata de la la		
								ats (menace	autes)	
	te All	This Make	Airplane Single	Airplan	ne	Insti	rument			Lighter
	te All Aircraft	This Make & Model	Airplane Single Engine	Airplan		Actual	rument Simulated	Rotorcraft	Glider	Lighter Than Air
number of hours in each box)			Single			Actual		Rotorcraft	Glider	
number of hours in each box) Total Time	Aircraft	& Model	Single Engine		ine Night	Actual	Simulated	Rotorcraft	Glider	
Fotal Time Pilot in Command (PIC)	Aircraft	& Model	Single Engine		ine Night	Actual	Simulated	Rotorcraft	Glider	
Flight Time (Enter appropria number of hours in each box)  Total Time  Pilot in Command (PIC)  Time as Instructor  This Make/Model	Aircraft	& Model	Single Engine		ine Night	Actual	Simulated	Rotorcraft	Glider	
Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Aircraft	& Model	Single Engine		ine Night	Actual	Simulated	Rotorcraft	Glider	
Total Time Pilot in Command (PIC) Time as Instructor	Aircraft 5,233	& Model 185	Single Engine		ine Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air

"FLIGHT CREWME	MBER 2" INFO	DRMATIC	NC							
"Flight Crewmember 2"										
OPilot OCo-Pilot	O Student Pilot	OFlight In	nstructor O	Check Pilot	OF	light Engineer	OOther	Flight Crew		
"Flight Crewmember 2"	was pilot flying	☐Yes ☐	No							
"Flight Crewmember 2"	Identification									
First Name:				_ (	City of R	Residence:				
Middle Initial:					State:			ZIP:		
Last Name:										
Age at time	of Accident/Incident		Date of Rive		Jounny.		CARLES CONTRACTOR			
Age at time (	or Accident/Incident						m/dd/yyyy			
Dograp of Injury		The second second	rtificate Number	er:						
O None O Fatal	Seat Occupio		•		straint	Туре			Inflatable	Restraints
O Minor O Unknown	ORight	OFront ORear	O Unknown	1	Availa	ble	Used			
O Serious	OCenter	OSingle			O No		O None		□Not In	stalled
Pilot Certificate(s) (Check	all that apply)				O Lap		O Lap on O 3-point		Install	
☐ None ☐ Fligh	nt Instructor	ommercial	☐ US Mili	tary	O 4-pe		O 4-point		□Not D □Deplo	
		irline Transpo	ort  Foreign		O 5-po		O 5-point		Unkno	
☐ Student ☐ Spor	t     F	ight Engineer			O Unl	known	O Unkno	wn		
Principal Occupation	Medical Certifica	te		Me	dical C	outiGents V			D	
O Pilot		Class 3				ertificate Valimitations/wai			Date of La	ast Medical
O Other	O Class 1 O1	Driver's Licen	nse (Sport Pilot or	nly)	With limi	itations/waiver	rs ON	Jnknown J/A		
O Unknown	O Class 2	Jnknown			Special Is	ssuance			mm/dd/y	vyyy
Medical Certificate Limit	ations						THE STATE OF			
Date of Last Flight Review or Equivalent, Including	Y	Flight	Review Aircra	ıft						
FAR 121/135 Checks:		THE RESERVE TO SHARE THE PARTY OF THE PARTY								
	mm/dd/yyyy	Model:								
Airplane Rating(s) (Check all that apply)	Other Aircraft   (Check all that app		Instrumen		)	Instructor	Rating(s)			
□ None	□ None	ty)	(Check all th	at apply)		(Check all th	hat apply)			
☐ Single-Engine Land	Airship		□ None □ Airplane			□ None	Single-Engir		Instrument A	
Single-Engine Sea	Balloon		Helicopte			☐ Airplane	Multi-Engine		Instrument I Helicopter	Helicopter
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		Powered	Lift		☐ Gyroplar	ne		Glider	
	Helicopter					☐ Powered	Lift		Sport	
T . D .:	☐ Powered Lift									
Type Ratings						Student Er	ndorsement	s (Include a	lates)	
Flight Time (Enter approprie	ate All	This Make	Airplane Single	Airplane		Inst	rument			Liebter
number of hours in each box)		& Model		Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model	The line				1633				100	
Last 90 Days										
Last 30 Days										
Last 24 Hours										

			Exclusive of cabin	crew, comple	ete the followi	ng information	1)		
Crew Name and Ad						Seat Occup	ied	Injury	
			Control of the Contro			OLeft	OFront	O None	
Middle Initial:						O Center O Right	O Rear O Single	O Minor	
Last Name: Country:							OUnknown	O Serious O Fatal O Unknown	
Pilot Certificate(s)	(Check all that apply)		16.			Restraint T	vpe:		
□ None □ Private	Flight Instructor			S Military		Available	Used	Inflatable Restraints	
☐ Private ☐ Student	Recreational Sport		ne Transport	DE			O None O None O Lap Only O Lap Only		
		L Filgi	t Engineer			O3-point	O 3-point	□ Not Installed □ Installed	
Type Rating/Endors			Total Flight Time :	at the Time		O4-point O5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed	
Accident/Incident A	ircraft? Yes		of this Accident/Inc		hrs	OUnknown		Unknown	
Crew Name and Add	dress					Seet O			
First Name:		City o	f Residence:			Seat Occupi OLeft	OFront	Injury	
Middle Initial:				ZIÞ-		O Center	ORear	O None O Minor	
Last Name:			ry:			ORight	O Single O Unknown	O Serious	
							Conknown	O Fatal O Unknown	
Pilot Certificate(s) (	Check all that apply)					Restraint Ty	pe:	Inflatable	
None	Flight Instructor	Comm		S Military		Available	Used	Restraints	
☐ Private ☐ Student	☐ Recreational ☐ Sport		☐ Airline Transport ☐ Foreign ☐ Flight Engineer				O None O None O Lap Only D Not Ins		
		Li Filgnt	Engineer			O3-point	O 3-point	☐ Installed	
Type Rating/Endorse		7	Total Flight Time a	t the Time		O 4-point O 5-point	O4-point	☐ Not Deployed ☐ Deployed	
Accident/Incident Ai		□No o	f this Accident/Inc	ident:	hrs	OHIL	O 5-point O Unknown	☐ Unknown	
DASSENGED/SI					III	Ociminoniii	OUMINOWII		
AUGENCO)	OTHER PERSO	NNEL (Inc	clude cabin crew; c	continue on s	eparate sheet	if necessary)	O Chanown		
Name and Address	OTHER PERSO	NNEL (Inc			eparate sheet	if necessary)	Inflatable		
Name and Address			Seat	Injury	eparate sheet	if necessary)		Age	
Name and Address First Name: Rod	City : St. Ant		Seat	Injury	Restraint T	if necessary) ype Used	Inflatable Restraints	Age	
Name and Address First Name: Rod	City : St. Ant	hony		Injury  O None	Restraint Ty  Available ONone OLap Only	ype Used O None O Lap Only	Inflatable Restraints  Not Installed	Age Under 5 years	
Name and Address  First Name: Rod  Middle Initial:	City : <u>St. Antt</u>	hony ZIP: <u>83445</u>	Seat  OLeft OCenter ORight	O None O Minor O Serious	Restraint Ty  Available ONone OLap Only  @3-point	ype Used O None O Lap Only O 3-point	Inflatable Restraints  ☑ Not Installed ☐ Installed ☐ Not Deployed	☐ Under 5 years	
First Name: Rod Middle Initial: Last Name: Willmore	City: St. Antt	hony ZIP: <u>83445</u>	Seat  OLeft OCenter ORight OUnknown	None OMinor OSerious OFatal	Restraint T  Available ONonc OLap Only  3-point O4-point	ype  Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints  ☑ Not Installed ☐ Installed ☐ Not Deployed	☐ Under 5 years  If Under 5,  ○ Child Restraint	
Name and Address  First Name: Rod  Middle Initial:	City : St. Antt	hony ZIP: <u>83445</u>	Seat  OLeft OCenter ORight OUnknown	O None O Minor O Serious	Restraint Ty  Available ONone OLap Only  @3-point	ype Used O None O Lap Only O 3-point	Inflatable Restraints  Not Installed Installed	☐ Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held	
Name and Address  First Name: Rod  Middle Initial:  Last Name: Willmore  OCrew	City: St. Anth State: ID Country:  Passenger	hony ZIP: 83445 O Other	Seat  OLeft OCenter ORight OUnknown	None OMinor OSerious OFatal	Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	ype  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used	Inflatable Restraints  ☑ Not Installed ☐ Installed ☐ Not Deployed	☐ Under 5 years  If Under 5,  ○ Child Restraint	
First Name: Rod Middle Initial: Last Name: Willmore  OCrew  First Name:	City : <u>St. Antt</u> State: <u>ID</u> Country:  ● Passenger  City :	hony ZIP: 83445  O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft	O None O Minor O Serious O Fatal O Unknown	Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone	ype  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held	
Name and Address  First Name: Rod  Middle Initial: Last Name: Willmore  OCrew  First Name: Middle Initial: Last Name: Las	City: St. Anth State: ID Country: Passenger City: State:	hony ZIP: 83445 O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter	ONONE OMINOT OSETIOUS OFATAI OUNKNOWN ONONE OMINOT	Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	ype  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Rod  Middle Initial: Last Name: Willmore  OCrew  First Name: Middle Initial: Last Name: Las	City: St. Antt  State: ID :  Country:  Passenger  City:  State: 2	hony ZIP: 83445 O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint Ty  Available ONone OLap Only ③3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-point	ype  Used O None O Lap Only O 3-point O 4-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 4-point O 4-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Doployed Doployed Doployed Doployed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5,	
First Name: Rod Middle Initial: Last Name: Willmore	City: St. Anth State: ID Country: Passenger City: State:	hony ZIP: 83445 O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint Ty  Available ONone OLap Only ③3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point	ype  Used O None O Lap Only O 3-point O 5-point O Unknown  Used O None O Lap Only O 3-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: Rod  Middle Initial: Last Name: Willmore  OCrew  First Name: Middle Initial: Last Name:	City: St. Antt State: ID Country: Passenger  City: State: Country: OPassenger	hony ZIP: 83445 O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONonc OLap Only 03-point O4-point O5-point OUnknown Available ONonc OLap Only O3-point O4-point	ype  Used ONone OLap Only O3-point O4-point O5-point OUnknown  Used ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point OUnknown	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Rod  Middle Initial: Last Name: Willmore  OCrew  First Name: Last Name: Crew  OCrew  First Name: Crew	City: St. Antt State: ID Country: OPassenger City: State: Country: OPassenger City:	hony ZIP: 83445  O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONonc OLap Only Ø3-point O4-point O5-point OUnknown  Available ONonc OLap Only O3-point O4-point O5-point OUnknown  Available ONonc OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only	ype  Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Not Deployed Deployed Unknown  Not Installed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held	
Name and Address  First Name: Rod  Middle Initial: Last Name: Middle Initial: Last Name:  O'Crew  First Name:  O'Crew  First Name:  Middle Initial:	City: St. Antt  State: ID	hony ZIP: 83445 O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONONE OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONone OLap Only Ø3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 3-point O 4-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown	☐ Under 5 years  If Under 5,    ○ Child Restraint    ○ Lap-Held    ○ Unknown  ☐ Under 5 years  If Under 5,    ○ Child Restraint    ○ Lap-Held    ○ Unknown  ☐ Under 5 years	
Name and Address  First Name: Rod  Middle Initial:	City: St. Antt  State: ID	hony ZIP: 83445 O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown COLeft OUnknown COLeft OUnknown COLeft OUnknown COLeft OUnknown	ONONE OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONonc OLap Only Ø3-point O4-point O5-point OUnknown  Available ONonc OLap Only O3-point O4-point O5-point OUnknown  Available ONonc OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only	ype  Used ONone OLap Only O 3-point O 4-point O 5-point O 4-point O 4-point O 4-point O 5-point O Unknown  Used O None OLap Only O 3-point O Unknown  Used O None OLap Only O 3-point O Unknown  Used O None OLap Only O 3-point O 4-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown  □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown  □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address  First Name: Rod  Middle Initial: Last Name: Middle Initial: Last Name:  O'Crew  First Name:  O'Crew  First Name:  Middle Initial:	City: St. Antt  State: ID	hony ZIP: 83445 O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Country Coun	ONONE OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONonc OLap Only Ø3-point O5-point OUnknown  Available ONonc OLap Only O3-point O4-point O5-point OUnknown  Available ONonc OLap Only O3-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 3-point O 4-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown  □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown  □ Under 5 years  If Under 5 years	
Name and Address  First Name: Rod  Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name:  OCrew  OCrew  OCrew	City: St. Antt State: ID Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger	hony ZIP: 83445  O Other ZIP: O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row: Row: Row:	ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONonc OLap Only Ø3-point O4-point O5-point OUnknown Available ONonc OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Deployed Unknown  Not Installed Deployed Unknown  Not Installed Installed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: Rod Middle Initial: Last Name: Willmore  OCrew  First Name: Last Name: Crew  Middle Initial: Last Name: Crew  First Name: Crew	City: St. Antt State: ID	hony ZIP: 83445  O Other ZIP: O Other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OUnknown OUnknown OUnknown OUnknown	ONONE OMinor OSerious OFatal OUnknown	Restraint Ty Available ONonc OLap Only Ø3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O5-point OUnknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not Deployed Installed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: Rod  Middle Initial: Last Name: Willmore  OCrew  First Name: Last Name: OCrew  First Name: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Middle I	City: St. Antt State: ID Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: State: Country: State: State: Country:	hony ZIP: 83445  O Other ZIP: O Other ZIP:	Seat  OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONonc OLap Only Ø3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Used ONone OLap Only O3-point OUnknown	Inflatable Restraints  Not Installed Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Deployed Unknown  Not Installed	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown  □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown  □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown  □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
First Name: Rod Middle Initial: Last Name: Willmore  OCrew  First Name: Last Name: Crew  First Name: Last Name	City: St. Antt State: ID Country: OPassenger  City: State: Country: OPassenger  City: State: Country: Country: Country: State: State: State: Country: State:	hony ZIP: 83445  O Other ZIP: O Other ZIP:	Seat  OLeft OCenter ORight OUnknown Row:	None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONonc OLap Only Ø3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used ONone OLap Only O3-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Installed Installed Deployed Unknown  Not Installed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	

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FLIGHT ITINERARY	INFORMATIO	N						
		Time of Departure Destination				Type Fligh	t Plan I	Filed
Airport ID: U12			Airport ID			None	t I lan I	O VFR/IFR
City: St. Anthony	Tim	e: 20:30		No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa		O Company	VFR	O IFR
State: ID	Tim	e Zone: MTS	City: St. Anthony			O Military	VFR	O Unknown
Country: USA	11111	e Zone. WTO	State: ID	10.1		O VFR		
			Country: L	JSA		Activated?	OYes	ONo OUnknown
Type of ATC Clearance/Se								
□ VFR □	Special VFR IFR	□ VF	ecial IFR FR On Top		☐ VFR Flight Follo ☐ Traffic Advisory		☐ Cruis	se nown/NA
☐ Class B☐ Class C☐ Class D☐ Class E☐	Class G Demo Area Warning Area Prohibited Area Restricted Area	Mil   Air   Jet   TR:   FA	litary Operations port Advisory A Training Area SA R 93	rea	□Special □Air Traffic Contr □Unknown	ol Area		de of In-Flight rence: ft msl
WEATHER INFORM		E ACCIDEN	T/INCIDEN	IT SITE				
Source of Pilot Weather In	formation			Weather Ol	oservation Facility			
(Check all that apply)  National Weather Service	Пс			Facility ID: F	RXE			
☐ Flight Service Station	☐ Con			Observation T	ime: 19:30			
☐TV/Radio	☐ Inter			Time Zone: _	THE RESERVE AND ADDRESS OF THE PARTY OF THE			
Automated Report	Non				Accident Site: 10	10.000	nm	
Commercial Weather Service	e (DUATS) Unk	nown			Accident Site: 230			
Basic Conditions		Light Conditi	ion	Direction from	Accident Site. 250		_ degrees	truc
<b>O</b> VMC		ODawn	<b>O</b> Dusk	ODar	k Night OUnl			
O IMC O Unknown		ODay	ONight		ght Night	CHOWII		
Sky/Lowest Cloud Condition	n	Ceiling			Temperature:	,	(C) or 7	75 (F)
	O Thin Broken	O None (Clear)	0	Obscured				
	O Thin Overcast	O Broken		Indefinite	Dew Point:	(C	) or _	(F)
O Partial Obscuration O Scattered	O Unknown	O Overcast	0	Unknown	Altimeter Setti	ng:	in. I	-le
Lowest Cloud Condition H	eight	Ceiling Heigh				or	МВ	\$200,000 \$10
<u> </u>	ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	+10	miles	
☑ Variable	□ Calm		☑ Not Gustin	10				
	☑ Light and Varia	able		-6	RVR:		feet	
-or-	-or-		-or-		RVV:	+10	miles	
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitud	e:		ft
Intensity of Precipitation	Type of Precipit		hat apply)		Restriction to V	isibility (C)	neck all th	nat apply)
OLight	None	Drizzle Drizzle	☐ Freezing		☑ None	□F		650 36 BEST 10
O Moderate O Heavy	□ Rain □ Snow	☐ Ice Pellets ☐ Snow Pellet	Snow S		☐ Blowing Dus ☐ Blowing San		round Fo	g
ON/A	☐ Hail	Snow Grain	s		Blowing Sno		e Fog	
OUnknown	Rain Showers	☐ Ice Crystals		8 211210	☐ Blowing Spr. ☐ Dust	ay S	moke	
Icing Forecast		Icing Actual		147,69	Turbulence			
Amount Type		Amount	Туре		Type (Check all	that apply)		erity
O None O N/A O Trace O Rime		⊙ None	ON/A		☑ None ☐ Clear Air			Light
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Terrain-Induc	ed	STATE OF THE PARTY	Moderate Severe
O Moderate O Mixed		O Moderate	OMixe		☐Convective T			Extreme
O Severe O Unknow	vn	OSevere	O Unkn	iown				
OUnknown		OUnknown						
NOTAMs (D and FDC),	AIRMETs, SIGN	IETs, PIREPs	s in effect at	the time of t	he accident/incid	ent:		

DAMAGE	TO AIRCRAFT	AND OTHER PR	ROPERTY		
Aircraft Da	mage	Aircraft Fire		Aircraft Explosio	
O None O Minor	O Substantial O Destroyed O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description	of Damage to Aircra	aft and Other Property	(Use additional sheet if necessary)		
Aircraft wen	t through the airport		n into a gravel pit. The airplane h	nit pretty hard and dar	maged the aircraft beyond
NARRATIN	/E HISTORY OF	FLIGHT (Please type	or print in ink)		
wreckage di destination. We did a sto planted in th alfalfa made	stribution sketch if per Provide as much detand op and go on runwate infield of our airpost it impossible to cor	ertinent. Attach extra shoul as possible.  y 22. When we were a cort. I did not have any rect. We then went the	ng circumstances leading to and eets if needed. State departure time at aprox. 40 mph, the plane veer control of the plane because eit rough the airport boundery fence el which caused irrepairable dar	and and location, serviced a little to the right her my passenger from and fell/flew to the b	and got into the alfalfa that is

RECOMMENDATION (How	could this a	accident/incident ha	ve been prever	nted?)				
Operator/Owner Safety Recomm	nendation							
I should have corrected the air	rplane when	it started to drift to	the right side	on the	runway.			
I should have corrected the air	plane when	it started to drift to	the right side	on the	runway.			
MECHANICAL MALFUI	NCTION/F	FAILURE (If mor	e space is nee	eded, co	entinue on sepa	nrate sheet)		
Was there Mechanical Malfun							Total Time/Cycl	les
(If yes, list the name of the part, man			cribe the failure.	.)			On Part	
							н	lours
							C	Cycles
							Time Since This Inspected/Overh	
							Н	Hours
FUEL & SERVICES INF		ON						
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)  10	Gallons	Fuel Type O 80/87 O 100 Low Lead O 100/130	O 115/145 O Jet A O Jet A-1		O Jet B O JP8 O Automotive	O Other, specify _		
Other Services, if Any, Prior to								
<b>EVACUATION OF AIRC</b>	RAFT							
Was an emergency evacuation	of the aircra	aft performed?	□ Yes ☑	] No		No. of the last of		
Method of Exit - Describe how					d such logation			
We were upside down and on	ly had to un	buckle our belts. W	le exited the a	airplane	very quickly a	after the accident.		
OTHER AIRCRAFT - CO	OLLISION	I (If air or ground o	allision occur	red con	- lets this see	- Carlos Alexandra		
Aircraft Registration Number	Manufactu					CONTRACTOR OF THE PERSON NAMED IN COLUMN 1		-
		irer:					mage to Other Airca Destroyed	
Registered Owner of Other Air				Contract Contract			Substantial No	
Name:					Other Aircraft			
City:			N	lame:			Section 1	
State: ZIP:			S	tate:		ZIP:		
Country:				ountry:		_2		

ADDITIONAL INFORMATIO			
Use this space if additional space i	s needed for any answers.		
	PRES TO AN ASSESSMENT SERVICE		
I HEDERY CEPTIEV THAT TH	F ABOVE INFORMATION IS COMP	LETE AND ACCURATE TO THE BES	T OF MY KNOWLEDGE
	Pilot/Operator: David Wynn		
	Check here to electronically sign thi	s document	
- <i>0</i> r-		s document	
If a Person Other than Pilot/Ope			
Name:		Title:	
Signature:			
-or - ☐ Check here to	o electronically sign this document		
		USE ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
14 1 DD Accident Incident 140.	Actioned by 111 by 116	Eleazar Nepomuceno	7/24/2020