NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

DAGIL	INFORMA	TION								2-5-1		
Accident/Incident Location						Ac	Accident/Incident Date/Time Date: 07/20/2000 Local Time: 305					
Nearest City/Place: Blooming fon State: III ZIP: 47405 Country: U.S. 4					Da	te:	עיויע	Loca	n Time:	FOT		
Latitude: Longitude: Longitude:						MINE WAY	,,,,,	Tim	e Zone:	E 57	_	
Latitude:						-	ollision with C	ther Airc	raft: O	Midair	On-ground	None
(Enter in decimal degrees or degrees:minutes:seconds)					Co	ollision with C	Milet Aire					
AIRCE	RAFT INFO	RMATIO	V			2 74 0	7		** <u></u>			
Registration Number: 8193 A							☐ IFR-Equipp ☐ Commercia	ed and Cer I Space Flig	rtified ght			
Manufa	eturer:	(25	sna				□Unmanned	Aircraft		7 .2 .1		
Model:		170	В			M	laximum Gro	ss Weight	: _22	100	1850	lhs
	lumber:					l v	Joight at Tim	e of Accid	ent/Incid	ent:/	0 3	2
Year of	Manufacture:		952			N	umber of Sea	ts:		Flight Crev	w Seats:	7
Amateu	ır-Built: OYes		Kit/Plans Mal	ce:		C	abin Crew Seats	·		Passenger	ocais	
	No		Original Design				umber of En	gines:	Engine	Type (Sei	lect one)	
	ry of Aircraft	Type of A	irworthiness Ce	rtificate		Landing Gear (Check all that a	pply)			rocating	OLiquio	Rocket
Airpl OBallo		Standar					ractable		O Turbo		O Solid O Hybri	d Rocket
OBlim	o/Dirigible	■ Norma □ Aerob				Tricycle		ilwheel	O Turbo	Jet .	ONone	
OGlide OGyro		☐ Balloo	n Provisi	onal		Amphibian		gh Skid	O Turbo		OUnkn	OWII
OHelic	VI	☐ Comm				☐ Emergency F	□Sk	i				
O Powe O Rock		Utility	☐ Special	Light-Spo		Hull	□Ski/Wheel Fuel System Type (Reciprocating) OCarburetor ○Fuel-Injected					
OUltra	-			mental Ligh		Other Launc	aunch/Recovery System OCarburetor OTuer-Injector					
O Unkn	own	☐ Certificate	of Authorization	or Waiver Unknown	(COA)	☐ None	Unknown Total Time Since:					
							Date of Mfg.	Rated Pow Horse	er power or	Total Time	Inspection	Overhaul
rinc	Engine Manufa	cturer	Engine Model/Series			acturer's Number	mm/dd/yyyy	O lbs of	Thrust	(hours)	(hours)	(hours)
Engine Eng. 1			0.145	-				13	15		200000000000000000000000000000000000000	
		Ling. 1										
Eng. 2												
Eng. 2 Eng. 3												
Eng. 3 Eng. 4				Propello	er 1	●Fixed Pitc	h	Prop	seller 2		Fixed Pitch Controllable	Pitch
Eng. 3 Eng. 4 Last In	spection Type			Propello	er 1	OControllab	ole Pitch	Prop	eller 2	ō	Fixed Pitch Controllable Ground Adju	
Eng. 3 Eng. 4 Last In	our OCont	inuous Airwo	orthiness ction			OControllat OGround A	ole Pitch djustable			ō	Controllable Ground Adju	
Eng. 3 Eng. 4 Last In	our OCont	litional Inspe	orthiness etion	Manufac	turer:	OControllab	ole Pitch djustable	Man Mod	ufacturer:	00	Controllable Ground Adju	ıstable
Eng. 3 Eng. 4 Last In O100-He O AAIP Annua	our OCont	litional Inspe	etion	Manufac Model:	turer:	OControllal OGround A	ole Pitch djustable	Man Mod Additi	ufacturer: lel: ional Equ	00	Controllable Ground Adju	ıstable
Eng. 3 Eng. 4 Last In O100-H O AAIP Annua Date La	our OCont OCond al OUnkr	litional Inspensiown mm/dd/yy	yy	Manuface Model: _ ELT In If Yes:	stalled:	OControllal OGround A	ole Pitch djustable	Man Mod Additi	inufacturer: del: ional Equ OS-B rframe Par	nipment	Controllable Ground Adju	ıstable
Eng. 3 Eng. 4 Last In O100-H O AAIP Annua Date La	our OCont OConc al OUnkr ast Inspection:	litional Inspe- nown mm/dd/yy	yy	Manufac Model: _ ELT In: If Yes: ELT Ma	stalled:	OControllat OGround A Yes ON	ole Pitch djustable	Man Mod Additi AI AI AI AI AI	ional Equipose Barframe Paragle of Atta	lipment	Controllable Ground Adju	ıstable
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Eng. 3 Eng. 4 Last In O100-H O AAIP Annua Date La Airfram hour OLa	our OCont OConc al OUnkr ast Inspection: ne Total Time: s measured at (Sa ast Inspection	mm/dd/yy elect one) O Time of A	hrs	Manufac Model:	stalled: nufactur r Part No : OC91 OC120	OControllal OGround A Yes ON Yer: (121.5 MHz) OG (406 MHz)	ole Pitch djustable	Man Mod Additi Ali An	ional Equiposal	nipment (achute ack Indicater ight Bag of	Controllable Ground Adju (Check all the	at apply)
Eng. 3 Eng. 4 Last In O100-H O AAIP Annua Date La Airfram hour OL:	our OCont OConc al OUnkr ast Inspection: ne Total Time: s measured at (Se ast Inspection Maintenance F	mm/dd/yy elect one) OTime of A	hrs	Manufac Model:	stalled: nufactur r Part No : OC91 OC120	OControllal OGround A Yes ON Yer: (121.5 MHz) OC 5 (406 MHz)	ole Pitch djustable	Man Mod Additi AI Ai Ai Cal	ional Equiposal	achute ack Indicate er ight Bag of ultifunction mary Flig	Controllable Ground Adju (Check all the	at apply)
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Eng. 3 Eng. 4 Last In O100-H O AAIP Annua Date La Airfram hour O La Type of Annua O Condi O Manua	our OCont OConc al OUnkr ast Inspection: ne Total Time: s measured at (Se ast Inspection Maintenance F al tional (Amateur-b facturer's Inspecti Approved Inspecti	mm/dd/yy elect one) O Time of A Program (Se uilt only) on Program ion Program	hrs ccident/Incident	Manuface Model:	stalled: nufactur r Part No : OC91 OC120 T still mo T still co Activate	OControllat OGround A Yes ON Yes: (121.5 MHz) OC (406 MHz) Sounted in aircraft Innected to antenn Yes OYes ON	ole Pitch djustable	Man Mod Additi AI	ional Equiposal	achute ack Indicate er ight Bag or iultifunctio rimary Flig PS isplay	Controllable Ground Adju (Check all that or r Handheld D n Display ht Display	at apply)
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Eng. 3 Eng. 4 Last In O100-H O AAIP Annua Date La Airfram hour O L Type of Manua O Condii O Manua O Contir O Other	our OCont OConc al OUnkr ast Inspection: ne Total Time: s measured at (Se ast Inspection Maintenance F al tional (Amateur-b facturer's Inspecti Approved Inspect nuous Airworthine specify: tion of Fire Ext	mm/dd/yy elect one) OTime of A Program (Se uilt only) on Program ion Program	hrs ccident/Incident elect one)	Manuface Model:	stalled: nufactur r Part No : OC91 OC120 T still mo T still coi Activate ated: C Aid in I	OControllal OGround A Yes ON Yer: (121.5 MHz) OC (406 MHz) Ounted in aircraft nnected to antenne? OYes No Locating Aircraft	291a (121.5 MH	Man Mod Additi AI AI AI AI AI AI AI AI AI A	ional Equiposal	achute ack Indicate er ight Bag or iultifunctio rimary Flig es isplay eather cking Devic	Controllable Ground Adju (Check all the or r Handheld D n Display ht Display	at apply)

OWNER/OPERATOR INFORM	ATION	
Registered Aircraft Owner		
Name: David L. E	7115	City:
Fractional Ownership Aircraft: O Yes		State:
		Country: USA
Operator of Aircraft Same As R		☐ Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Charac	ter Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted	
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) □ Op. Demond A. T. T. G. (FAR 135)	OFAR 103 OFAR 133 OFA OFAR 121 OFAR 135 OFA OFAR 125 OFAR 137 OFA OFAR 91 Special Flight ONon-US, Commercial	OFAR 415 OFAR 431 OFAR 435 OFAR 437
☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141)	O Non-US, Non-commercial O Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
□ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Armed Forces O Federal O State O Local O Unknown	O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Aerial Observation O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving
O Yes No	O Yes No	O Ferry
AIRPORT INFORMATION (FILL IN)	Facel Hand the Title of the Comment	
	accident incident occurred on a	approach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Monte Co	inty Bloom. hattor	
Proximity to Airport: O Off Airport/Airstrip		Direction From Airport:
Runway Information		Condition of Duran II and in Co. Co.
Runway ID:	ply) am Water	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Rubber Deposits Soft Slush-Covered Vegetation Unknown
Approach/Departure Segment (Select one)		
OTaxi OVFR Departure OTakeoff OIFR Departure Proced OInitial Climb	OOn Instrument Apure/Clearance Landing	Approach OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown
FR Approach (Check all that apply)		VFR Approach (Check all that apply)
None		□None
ADF/NDB	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling	☐ 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	□ Unknown

"FLIGHT CREWMEME	BER 1" INF	ORMATI	ON						John Waller	for entry
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident										
Student Pilot OFlight Instructor OCharles In Charles										
"Flight Crewmember 1" was	pilot flying	□Yes □?		- check I II	, O1118	gnt Enginee	Oun	ar Filgat Crev	V	
"Flight Crewmember 1" Iden	tification									
First Name:		. EH.	-							
Middle Initial:					City of R	esidence:				
	Lis				State:					
		7.		-	Countra	115	A			
Age at time of A	Accident/Incide	ent: 6/	Date of	f Birth			mm/dd/yyyy			
P		C	Certificate No	umber						
Degree of Injury None O Fatal	Seat Occup	ied		B	Restraint T	vpe			Inflatable	Restraints
None O Fatal O Minor O Unknown	O Right	O Front	O Unkı		Availabl		Used		Innatable	. Acstramits
O Serious	O Center	O Rear O Single			ONone		ONone		Not I	nstalled
Pilot Certificate(s) (Check all		O omgre			● Lap o		OLap or		☐ Instal	led
□ None ■ Flight In		Commercial		MOU	O 3-poi O 4-poi		O3-poin O4-poin		□ Not D	
Private Recreation		Airline Transp	oort For	Military	O 5-poi		O 5-poin		Unkn	
☐ Student ☐ Sport		Flight Engine	ег		O Unkn	lown	O Unkno	own		
Principal Occupation M	ledical Certific	nata								
0	- XY	O Class 3			ledical Cer				Date of La	ast Medical
Other C		Driver's Lice	ense (Sport Pi	lot only)	Without lin With limita	nitations/wa ations/waive	_	Unknown N/A	02/1	7/2020
	Class 2	Unknown			Special Iss				mm/dd/	vyvy
Medical Certificate Limitation	ons									
Medical Certificate Special I	SSUGNES									
Special V	SSUAIICC									
Date of Last Flight Review										
or Equivalent, Including	11.21		t Review Ai	reraft	01					
FAR 121/135 Checks:	04/08/20	19 Make		eechco						
	mm/dd/yyyy	Mode	1: K	E 55						
Airplane Rating(s) (Check all that apply)	Other Aircraf			ment Rating	(s)		or Rating(s))		
□ None	(Check all that a	ipp(y)		all that apply)		Contract of the Contract of th	that apply)			
Single-Engine Land	☐ Airship		Non Airr			None Airplan	ne Single-Eng		Instrument	
Single-Engine Sea	□ Balloon		☐ Heli	copter			ie Singie-Eng		Instrument Helicopter	Helicopter
Multiengine Land Multiengine Sea	☐ Glider ☐ Gyroplane		☐ Pow	ered Lift		☐ Gyrop!			Glider	
	☐ Helicopter					Powere	ed Lift		Sport	
T D-4	☐ Powered Lift									
Type Ratings						Student I	Endorseme	nts (Include	dates)	
1										
Flight Time (Enter appropriate	T T		Airplane	1	T	Inst	rument			
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time					- 118111	rictual	Simpleted	Acoust and	Guder	I mad Air
Pilot in Command (PIC)					1					
Time as Instructor										
This Make/Model	10,000,000		the local se					The same	Situation	9 2 Harris 1
Last 90 Days								1		
Last 30 Days										
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OTT										
OPilot Oco-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Craw										
right Crewmember 2" was pilot flying Tyes Tho										
"Flight Crewmember 2" Ide	ntification									
First Name:										
First Name: City of Residence:										
Last Name:	Last Name: State: ZIP:									
Age at time of A	Accident/Incident:			_	Country:					
				rth:		mr	n/dd/yyyy			
Degree of Injury	Seat Occupied	Certifi	icate Numb							
O None O Fatal		Front	OUnknow		estraint ?	Гуре		1	Inflatable R	estraints
O Minor O Unknown	O Right C	Rear	Clikilov	vii	Availal		Used			
	O Center C	Single			O Nor O Lap		O None O Lap only	,	☐ Not Installed	. 2000 (0.000)
Pilot Certificate(s) (Check ali			_		O 3-pc	oint	O 3-point		Not Dep	
☐ Private ☐ Recreat		nercial e Transport	☐ US Mi ☐ Foreign		O 4-pc		O 4-point O 5-point		☐ Deploye ☐ Unknow	
☐ Student ☐ Sport	PA IN THE PROPERTY OF THE PARTY	Engineer	- r oreign		O Unk		O Unknow	'n	_ CHKHOW	11
Principal Occupation N	Medical Certificate				4 17					
	O None O Clas	e 3				ertificate Va			Date of Last	Medical
O Other	Class 1 O Driv	er's License	(Sport Pilot	only)	With limi	imitations/wai tations/waiver	vers O U	nknown /A		
	O Class 2 O Unk	nown			Special Is				mm/dd/yy)	vy
Medical Certificate Limitati	ons									
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight Re	eview Airc	raft						
or Equivalent, Including FAR 121/135 Checks:		100								
TAK 121/133 CHECKS.	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft Rat		Instrume	ent Rating	r(s)	Instructor	Rating(e)			
(Check all that apply)	(Check all that apply)	8(-)	(Check all	that apply)	,(3)	(Check all ti				
☐ None ☐ Single-Engine Land	□ None		None			□ None	A 200 A 200 A 200		Instrument Ai	rplane
☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplan ☐ Helico				Single-Engine Multi-Engine	20 <u>11 11 11 11 11 11 11 11 11 11 11 11 11</u>	Instrument He Helicopter	elicopter
☐ Multiengine Land	Glider		Power			☐ Gyroplan	ne		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powered	Lift		Sport	
	☐ Powered Lift									
Type Ratings		Today .	4950000 Feb.			Student E	ndorsement	s (Include d	ates)	
			Airplane			Inst	rument	T		
Flight Time (Enter appropriate number of hours in each box)	5.000	Make Model	Single Engine	Airplane Multiengi			Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model		Je (1986)	Commence of the		4				1268	
Last 90 Days										
Last 30 Days										
Last 24 Hours										

HOLEFICH	T CREWMEMBE	RS (Exclusive o	t cabin crew,	complete til	BEIGHOVENIE		1	Intury
						Seat Occupied		
w Name and Addres		City of Residence	.,			O Left	O Front O Rear	O None O Minor
irst Name:		State:				O Center O Right	O Single	O Serious
Middle Initial:	_				_	O tagai	OUnknown	O Fatal O Unknown
ast Name:		Country:	100					
						Restraint Typ		Inflatable Restraints
ot Certificate(s) (Che	eck all that apply)		—	l'a-mi		Available O None	O None	□ Not Installed
	Flight Instructor	Commercial	US Mi			O Lap Only	O Lap Only	☐ Installed
Private Recreational Hairline Fransport Proteign				O 3-point	O 3-point O 4-point	Not Deployed		
Student	□ Sport					O 4-point O 5-point	O 5-point	☐ Deployed ☐ Unknown
ype Rating/Endorser	nent for	Total Fli	ght Time at th	ne Time	hre	O Unknown	O Unknown	
ccident/Incident Air		□ No of this A	ccident/Incide	ent:				
Coldens Incident						Seat Occupied	1	Injury
	2205	1800 B				OLeft	OFront	O None
Crew Name and Add		City of Residen	ce:			OCenter	O Rear O Single	O Minor O Serious
First Name:		State:	ZI	P:		ORight	OUnknown	O Fatal
	fiddle Initial:						NS.	O Unknown
Last Name:						Restraint Typ	ie:	Inflatable
Pilot Certificate(s)	Check all that apply)					Available O None	O None	Restraints Not Installed
	☐ Flight Instructor	☐ Commercial	US N			O Lap Only	O Lap Only	☐ Installed
☐ None	Recreational	☐ Airline Transp	Even reset	igii		O 3-point	O 3-point	Not Deploye
☐ Private	LI Received Botton	El riight Engine	er.				A-noint	
☐ Private ☐ Student	Sport	☐ Flight Engine		the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Deployed ☐ Unknown
Student	Sport Sport	Total F	light Time at		hrs	O 4-point O 5-point O Unknown	O 5-point O Unknown	☐ Deployed ☐ Unknown
Student	Sport Sport	Total F	light Time at		hrs	O 4-point O 5-point O Unknown	O 5-point O Unknown	Deployed Unknown
Student	Sport Sport	Total F	light Time at		parate she	O 4-point O 5-point O Unknown	O 5-point O Unknown	Deployed Unknown
Type Rating/Endors Accident/Incident A	Sport Sport	Total F	light Time at		Restraint	O 4-point O 5-point O Unknown of If necessary)	O 5-point O Unknown	Unknown Age
Student	Sport Sport	Total F	light Time at Accident/Incideable crew; co	ent: ntinue on se	Restraint	O 4-point O 5-point O Unknown at It necessary) Type Used O None	O 5-point O Unknown Inflatable Restraints	Unknown
Type Rating/Endors Accident/Incident A PASSENGER(S) Name and Address	Sport sement for ircraft?	□ No of this A	light Time at Accident/Incideabln.crew; co Seat OLeft	Injury O None	Restraint Available ONone OLap Only	O 4-point O 5-point O Unknown If necessary Type Used O None O Lap Only	O 5-point O Unknown Inflatable Restraints Not Installed	Age Under 5 years If Under 5,
Type Rating/Endors Accident/Incident A PASSENGER(S) Name and Address First Name:	Sport sement for ircraft?	□ No of this A	light Time at Accident/Incideabln.crew; co Seat OLeft OCenter	ntinue on se Injury O None O Minor O Serious	Restraint Available O None O Lap Only O 3-point	O 4-point O 5-point O Unknown at If necessary) Type Used O None O Lap Only O 3-point O 4-point	O 5-point O Unknown Inflatable Restraints Not Installed Installed Not Deployed	Age Under 5 year If Under 5, O Child Restra
Type Rating/Endors Accident/Incident A PASSENGER(S) Name and Address First Name: Middle Initial:	Sport sement for ircraft?	□ No of this A	light Time at Accident/Incideabln.crew; co Seat OLeft	Injury O None O Minor O Serious O Fatal	Restraint Available ONone OLap Only O3-point O4-point O5-point	O 4-point O 5-point O Unknown If necessary) Type Used O None O Lap Only O 3-point O 4-point O 5-point	O 5-point O Unknown Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Age Under 5 years If Under 5,
Type Rating/Endors Accident/Incident A PASSENGER(S) Name and Address First Name:	Sport sement for ircraft?	No Total F of this A	light Time at Accident/Incideabln crew; co Seat OLeft OCenter ORight	ntinue on se Injury O None O Minor O Serious	Restraint Available O None O Lap Only O 3-point O 4-point O 5-point O Unknow	O 4-point O 5-point O Unknown If necessary) Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	O 5-point O Unknown Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Age Under 5 year If Under 5, O Child Restro O Lap-Held O Unknown
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FLIGHT ITINERAR	YINFORMATIC	ONI							
Last Departure Point								TOTAL DE) " ·
Airport ID: 180		me of Departure	1			Type Fligh	t Plan F	iled	ACTION
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Country: USA			- State:			O VFR	/FR	O Unkno	Wn
Type of ATC Clearance/S	Service (Check all 4)		Country: _	USA		Activated?	OYes	ONo O	Unknown
- TONG	☐ Special VFR								
□ VFR	☐ IFR		pecial IFR FR On Top		☐ VFR Flight Follo	wing	☐ Cruis	-	
Airspace where the accid	ent/incident occurre	ed (Check all tha	t apply)		☐ Traffic Advisory		Unkn	nown / NA	
Class B	□Class G □Demo Area	☐ Mi	ilitary Operations	Area (MOA)	Special		Altitud	de of In-F	light
Class C	☐ Warning Area	☐ Air	rport Advisory A Training Area	rea	☐ Air Traffic Contro	ol Area	Occur	rence:	
Class D Class E	Prohibited Area	☐ TR	RSA		Unknown				ft msl
	Restricted Area	□ FA	.R 93						
WEATHER INFORM Source of Pilot Weather I	MATION AT TH	E ACCIDEN	T/INCIDEN					3 15	
(Check all that apply)	погшацод				servation Facility				
National Weather Service	☐ Con			Facility ID:		Dom			
☐ Flight Service Station☐ TV/Radio	☐ Mili	itary		Observation Tir	me:				
Automated Report	☐ Inter			Time Zone:		EST			
Commercial Weather Service	ce (DUATS) Unk			Distance from A	Accident Site:	05	nm		
Basic Conditions		1		Direction from	Accident Site:	170	degrees t	rue	
• VMC		Light Condition		9					
OIMC		ODawn ODay	ODusk ONight	ODark OBrigh		nown			
OUnknown			Ortigin	Obliga	t Night				
Sky/Lowest Cloud Conditi	DOM: NO.	Ceiling			Temperature:		"\ or		(E)
	O Thin Broken O Thin Overcast	O None (Clear)		Obscured				100	
O Partial Obscuration	O Unknown	O Broken O Overcast		ndefinite Jnknown	Dew Point:				(F)
O Scattered	= 00			/IIKIIO WII	Altimeter Settin	g:	in. H	g	10
Lowest Cloud Condition H		Ceiling Height				or	MB		
	ft agl			_ ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility				
Variable	☐ Calm		☐ Not Gusting	ri	-				
	Light and Variab	ble							
-or- Direction: degrees true	-or- Speed:	kts	-or-						
Intensity of Precipitation			Speed:	kts	Density Altitude	:		ft	
Light	Type of Precipitat				Restriction to Vi	sibility (Che	ck all tha	t apply)	
O Moderate	□ None Rain	☐ Drizzle☐ Ice Pellets	☐ Freezing I☐ Snow Sho		☐ None ☐ Blowing Dust	☐ Fog	g ound Fog		
O Heavy	□ Snow	☐ Snow Pellets	☐ Ice Pellets	Shower	☐ Blowing Sand	☐ Haz	ze		
O N/A O Unknown	☐ Hail☐ Rain Showers	☐ Snow Grains☐ Ice Crystals	☐ Freezing	Drizzle	☐ Blowing Snow ☐ Blowing Spray				
Chanown	A Raili Silowers	La Ice Crystais			Dust		known		
cing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Туре		Type (Check all ti	hat apply)	Seve		
None O N/A O Trace O Rime	-	None O Trace	O N/A O Rime		☐ None ☐ Clear Air		□Li □M	ight loderate	
O Light O Clear		O Light	O Clear		☐ Terrain-Induce		0.00	evere	
O Moderate O Mixed		O Moderate	O Mixed		☐Convective Tur	bulence	□Ex	xtreme	
O Severe O Unknown O Unknown	1	O Severe O Unknown	O Unknow	m					
	IDMET- SIGME	T. DIDED.	CC4 -4 41	4'					
OTAMs (D and FDC), Al	RMETS, SIGME	Ts, PIREPs in	n effect at th	e time of the	accident/incidei	at:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY									
Aircraft Dan O None Minor	nage O Substantial O Destroyed O Unknown	Aircraft Fire None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None In-Flight 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)
L. Wing tip, L. Elevator, L. Wheel, Windshield

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.

Completed normal approach to runway 17. Upon completing landing all there wheels were on the ground. Wind came from right rear raising tail then right wing to come up. Plane did a 360° circle where left wing contacted ground. Plane never left the runway and I taxied back to hangar. No other damage or injuries occurred.

RECOMMENDATION (How o	ould this a	ccident/incident ha	ive been prev	ented?)				
Operator/Owner Safety Recommen	ndation	-						
								1
MECHANICAL MALFUN				eded, co	ntinue on separ	ate sheet)	Total Time	o/Cuples
Was there Mechanical Malfuncti (If yes, list the name of the part, manufo				-e.)			Total Time On Part	2/Cycles
								Hours
								Cycles
							Time Since	e This Part
								Overhauled
								Hours
THE 'S OFFINATOR INFO	DUATIO	NV.						
FUEL & SERVICES INFO	RWAIR	Fuel Type						
(Convert from pounds, as necessary)		O 80/87	O 115/145		O Jet B	O Other, specify		
36 0	Gallons	100 Low Lead100/130	O Jet A O Jet A-1		O JP8 O Automotive			
Other Services, if Any, Prior to I	Departure	3 100/150	0 300.70					
Other Services, It may, 2 1101 10								
								Green Land and
EVACUATION OF AIRCR			·		<u> </u>		27 to 5	
Was an emergency evacuation of				No No				
Method of Exit - Describe how the	ne occupants	s exited and how ma	any occupants	evacuate	d each location			
Taxied to	hang	ar						
OTHER AIRCRAFT - CO	LLISION	(If all or ground	collision occ	urred, cor	mplete this sect	ion for other airc	raft)	
		rer:				D	amage to Othe	
						-	Destroyed Substantial	☐ Minor ☐ None
Registered Owner of Other Airci					Other Aircraft			
Name:						ZIP:		
City:ZIP:				State:		_ZIP:		
Country:				Country:				

ADDITIONAL INFO	RMATIC	ON (Please type or print in link)		
		is needed for any answers.		
		3		
1				
LUEDEDY GERTIE	V THAT T	HE ABOVE INFORMATION IS COMPLE	TE AND ACCURATE TO THE BEST OF M	AY KNOWLEDGE
		Pilot/Operator: 1 David L		
Date of this Report				
mm/dd/yyyy	or	Check here to electronically sign this d	locument	
A CONTROL OF THE PARTY OF THE P		perator is Filing Report	Tiela	
		o electronically sign this document		
- or 🔟 C	песк пеге и			
FC)	b	FOR NTSB U		Data Parant Parahant
NTSB Accident/Incid		Reviewed by NTSB Regional Office Central	Name of Investigator Mitchell Galllo	Date Report Received 08/03/20