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**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: Palagouid State: AR  
 Nearest City/Place: Palagouid Date: 3/20/22 Local Time: 10:18 A.M.  
 ZIP: 72450 Country: Green USA Date: mm/dd/yyyy Time Zone: Central  
 Latitude: 36.06°N Longitude: 90.51°W  
(Enter in decimal degrees or degrees, minutes, seconds)

Collision with Other Aircraft: None  None

**AIRCRAFT INFORMATION**

Registration Number: N1953B IFR-Equipped and Certified   
 Manufacturer: Luscombe Commercial Space Flight   
 Model: 8A Unmanned Aircraft   
 Serial Number: 6380 Maximum Gross Weight: 12100 lbs  
 Year of Manufacture: 1948 Weight at Time of Accident/Incident: 997 lbs  
 Amateur-Built: Yes  Kit-Plan Make: \_\_\_\_\_ Number of Seats: 2 Flight Crew Seats: 1  
 Original Design  Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_  
 Number of Engines: 1

<b>Category of Aircraft</b> <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	<b>Type of Airworthiness Certificate</b> <small>(Check all that apply)</small> <b>Standard</b> <input checked="" type="radio"/> Normal <input type="radio"/> Restricted <input type="radio"/> Aerobatic <input type="radio"/> Limited <input type="radio"/> Balloon <input type="radio"/> Provisional <input type="radio"/> Commuter <input type="radio"/> Special Flight <input type="radio"/> Transport <input type="radio"/> Experimental <input checked="" type="radio"/> Utility <input type="radio"/> Special Light-Sport <input type="radio"/> Experimental Light-Sport Certificate of Authorization or Waiver (COA) <input type="radio"/> None <input type="radio"/> Unknown	<b>Landing Gear</b> <small>(Check all that apply)</small> <input type="radio"/> Retractable <input checked="" type="radio"/> Tricycle <input type="radio"/> Amphibian <input type="radio"/> Emergency Float <input type="radio"/> Float <input type="radio"/> Hull <input type="radio"/> Other Launch/Recovery System <input type="radio"/> None <input type="radio"/> Unknown	<b>Engine Type</b> <small>(Select one)</small> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Turbo Shaft <input type="radio"/> Turbo Prop <input type="radio"/> Turbo Jet <input type="radio"/> Turbo Fan <input type="radio"/> Electric <input type="radio"/> Liquid Rocket <input type="radio"/> Solid Rocket <input type="radio"/> Hybrid Rocket <input type="radio"/> None <input type="radio"/> Unknown <b>Fuel System Type</b> <small>(Reciprocating)</small> <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
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Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>A65</u>	<u>61555-8-8</u>	<u>01/31/1999</u>	<u>65 HP</u>	<u>2691</u>	<u>3.5</u>	<u>206.2</u>
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b> <input checked="" type="radio"/> 100-Hour <input type="radio"/> AAIP <input type="radio"/> Annual <input type="radio"/> Continuous Airworthiness <input type="radio"/> Conditional Inspection <input type="radio"/> Unknown Date Last Inspection: <u>3/7/22</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>2715</u> hrs <small>hours measured at (Select one)</small> <input checked="" type="radio"/> End Inspection <input type="radio"/> Time of Accident/Incident	<b>Propeller 1</b> <u>Fixed Pitch</u> <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>McCawley</u> Model: <u>B90</u>	<b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
<b>Type of Maintenance Program</b> <small>(Select one)</small> <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness Other, specify: _____	<b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <small>If Yes:</small> ELT Manufacturer: <u>ARTEX</u> Model or Part No.: <u>ELT 345</u> TSO No.: <u>C91 (121.5 MHz)</u> <u>C91a (121.5 MHz)</u> <u>C126 (406 MHz)</u> Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No <small>If activated:</small> Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>If not activated:</small> Indicate Reason: <u>Impact Damage</u> <input type="radio"/> Fire Damage <input type="radio"/> Battery Expired/Damaged <input type="radio"/> Unknown	<b>Additional Equipment</b> <small>(Check all that apply)</small> <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device Other, Specify: _____
<b>Description of Fire Extinguishing System</b> <input checked="" type="radio"/> None Specify: _____		

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>JASON TRAYLER</u>		City: <u>Palagonid AR</u> State: <u>AR</u> ZIP: <u>72450</u> Country: <u>Greenland USA</u>
Fractional Ownership Aircraft: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Operator of Aircraft Name: <u>Same As Registered Owner</u>		City: _____ State: _____ ZIP: _____ Country: _____
Doing Business As: _____		City: _____ State: _____ ZIP: _____ Country: _____
Air Carrier/Operator Designator (4 Character Code): _____		City: _____ State: _____ ZIP: _____ Country: _____
<b>Operating Certificates Held</b> (Check all that apply)	<b>Regulation Flight Conducted Under</b>	<b>Revenue Operation for FAR 121, 125, 129, 135</b> (Select one for each group) <u>N/A</u>
<input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation <input type="checkbox"/> Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 415 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437  <input type="checkbox"/> FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial  <input type="checkbox"/> Public Aircraft (Select one) Armed Forces Federal State Local Unknown	Scheduled or Commuter Non-Scheduled or Air Taxi  Domestic International  Passenger Cargo Mail Contract Only
		<b>Purpose of Flight for FAR 91, 103, 133, 137</b> (Select one)
		<input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race/Show <input type="checkbox"/> Banner Tow <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> External Load <input type="checkbox"/> Ferry  <input type="checkbox"/> Firefighting <input type="checkbox"/> Flight Test <input type="checkbox"/> Glider Tow <input checked="" type="checkbox"/> Instructional <input type="checkbox"/> Other Work Load <input type="checkbox"/> Personal <input type="checkbox"/> Positioning <input type="checkbox"/> Skydiving  Unknown
<b>Revenue Sightseeing Flight</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Air Medical Flight</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>AIRPORT INFORMATION</b> (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)		
Airport Name: <u>Kirk Field Palagonid AR</u>		Distance From Airport Center: <u>0</u> mi
Airport Identifier: <u>PGR</u>		Direction From Airport: _____ degrees true
Proximity to Airport: Off Airport/Airstrip <input type="checkbox"/> On Airport/Airstrip <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		Airport Elevation: <u>290.2</u> ft. msl
<b>Runway Information</b>		<b>Condition of Runway/Landing Surface</b> (Check all that apply)
Runway ID: <u>22</u> (L/R/C) Length: <u>4500</u> ft Width: <u>75</u> ft		<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Rough <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Soft <input type="checkbox"/> Vegetation <input type="checkbox"/> Water-Calm <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Water-Glasy <input type="checkbox"/> Wet <input type="checkbox"/> Unknown
<b>Runway/Landing Surface</b> (Check all that apply)		
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Gravel <input type="checkbox"/> Ice <input type="checkbox"/> Macadam <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Snow <input type="checkbox"/> Water <input type="checkbox"/> Unknown		
<b>Approach/Departure Segment</b> (Select one)		
Taxi Takeoff Initial Climb		VFR Departure IFR Departure Procedure/Clearance  On Instrument Approach <input checked="" type="checkbox"/> Landing
		Downwind Base Final Circuit Low Approach Go Around Alerted Landing (after touchdown) Unknown
<b>IFR Approach</b> (Check all that apply)		<b>VFR Approach</b> (Check all that apply)
<input checked="" type="checkbox"/> None ADF/NDB SDF VOR/TVOR VOR/DME TACAN FAR Sideslip ILS Localizer Only LOC-back course RNAV MLS LDA ASR Visual Contact Circling Practice GPS Unknown		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Straight-In <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Go Around <input checked="" type="checkbox"/> Full Stop Stop and Go Touch and Go Simulated Forward Landing Forced Landing Procedural 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: JASON City of Residence: MARMADUKE  
 Middle Initial: B State: AR ZIP: 72443  
 Last Name: TRAYLER  USA  
 Age at time of Accident/Incident: 46 Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Unknown	<b>Seat Occupied</b> <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Single <input type="checkbox"/> Unknown	<b>Restraint Type</b> Available <input checked="" type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown		Used <input type="checkbox"/> None <input checked="" type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 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
		<b>Pilot Certificate(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/> Student <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> US Military <input type="checkbox"/> Foreign				
<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Unknown		<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Special Issuance		<b>Date of Last Medical</b> <u>8/18/21</u> mm/dd/yyyy	

**Medical Certificate Limitations**

*must wear corrective lenses*

**Medical Certificate Special Issuance**

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: \_\_\_\_\_  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_

<b>Airplane Rating(s)</b> (Check all that apply) <input checked="" 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> (Check all that apply) <input checked="" 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 checked="" 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 checked="" 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
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**Type Ratings**

*N/A*

**Student Endorsements** (Include dates)

*FAR PART 61.87(B)  
 all dates 61.87(C)  
 3/19/2022 61.87(D)  
 61.87(P)  
 61.87(I)*

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument				
						Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	30.7	30.7	30.7							
Pilot in Command (PIC)	1.3	1.3	1.3							
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**"FLIGHT CREWMEMBER 2" INFORMATION**

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident  
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification  
 First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

Degree of Injury		Seat Occupied			Restraint Type		Inflatable Restraints
None	Fatal	Left	Front	Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Minor	Unknown	Right	Rear		None	None	
Serious		Center	Single		Lap only	Lap only	

Pilot Certificate(s) (Check all that apply)				Date of Last Medical
None	Flight Instructor	Commercial	US Military	
Private	Recreational	Airline Transport	Foreign	
Student	Sport	Flight Engineer		

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
Pilot	None	Without limitations/waivers	Unknown
Other	Class 1	With limitations/waivers	N/A
Unknown	Class 2	Special Issuance	mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	Flight Review Aircraft
mm/dd/yyyy	Make: _____ Model: _____

Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	None Airship Balloon Glider Gyroplane Helicopter Powered Lift	None Airplane Helicopter Powered Lift	None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Glider Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
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: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
<b>Pilot Certificate(s)</b> (Check all that apply)				<b>Restraint Type:</b>		<b>Inflatable Restraints</b>
None	Flight Instructor	Commercial	US Military	<b>Available</b>	<b>Used</b>	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs			
Yes	No					

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

**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: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
<b>Crew</b>	<b>Passenger</b>	<b>Other</b>						
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
<b>Crew</b>	<b>Passenger</b>	<b>Other</b>						
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
<b>Crew</b>	<b>Passenger</b>	<b>Other</b>						
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
<b>Crew</b>	<b>Passenger</b>	<b>Other</b>						



FLIGHT ITINERARY INFORMATION			
<b>Last Departure Point</b> Airport ID: <u>KAGR</u> City: <u>Paragould</u> State: <u>AR</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>9:20</u> Time Zone: <u>Central</u>	
<b>Destination</b> Airport ID: <u>KAGR</u> City: <u>Paragould</u> State: <u>AR</u> Country: <u>U.S.</u>		<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? Yes No Unknown	
<b>Type of ATC Clearance/Service</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
<b>Airspace where the accident/incident occurred</b> (Check all that apply) Class A <input type="checkbox"/> Class G <input checked="" type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> <b>Altitude of In-Flight Occurrence:</b> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> _____ ft msl 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 <input type="checkbox"/>			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
<b>Source of Pilot Weather Information</b> (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input checked="" type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Noise <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>KJBR</u> Observation Time: <u>1400 Z 0800 Local</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>21 km</u> nm Direction from Accident Site: <u>186</u> degrees true	
<b>Basic Conditions</b> <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown		<b>Light Condition</b> <input checked="" type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night	
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <b>Lowest Cloud Condition Height</b> <u>&gt; 10,000</u> ft agl		<b>Ceiling</b> <input type="checkbox"/> None (Clear) <input checked="" type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <b>Ceiling Height</b> <u>&gt; 10,000</u> ft agl	
<b>Temperature:</b> _____ (C) or <u>50</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB		<b>Temperature:</b> _____ (C) or <u>50</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB	
<b>Wind Direction</b> Variable Direction: <u>090</u> degrees true		<b>Wind Speed</b> Calm <input type="checkbox"/> Light and Variable <input type="checkbox"/> Speed: <u>5-10</u> kts	
<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting Speed: _____ kts		<b>Visibility</b> <u>&gt; 6</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> <u>290</u> ft	
<b>Intensity of Precipitation</b> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A <input type="checkbox"/> Unknown		<b>Type of Precipitation</b> (Check all that apply) <input checked="" 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) <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>Restriction to Visibility</b> (Check all that apply) <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> Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown Type: N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown		<b>Icing Actual</b> Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown Type: N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown	
<b>Turbulence</b> Type (Check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity: Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme		<b>Turbulence</b> Type (Check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity: Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	
<b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>  			

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

Damage to Verticle Stabilizer, Right Wing Strut engine, propeller, Engine Mount, Engine Cowling, Aircraft fuselage. Both Right and left 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.

On 3/20/22 while performing touch and go landings on my second solo flight, I experienced a bounce due to an impropely timed flare. With my focus on the bounce, I lost lateral control by allowing a slight crosswind from the east under the left wing resulting in a ground loop. The plane came to rest on its back on the centerline of the runway. This incident occurred in a 1948 Luscombe 8A (N1953B) at Palagould, AR. (KPGP) at 10:18 A.M. I had departed PGL at 9:20 A.M. and made 4 successful touch and go's and this incident occurred on my last attempt of a full stop landing on runway 22. It was a clear VFR day with light and variable winds.

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

Operator/Owner Safety Recommendation

NONE

**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)

8 Gallons

Fuel Type

80/87  
100 Low Lead  
100/130

115/145  
Jet A  
Jet A-1

Jet B  
JP8  
Automotive

Other, specify \_\_\_\_\_

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

1 - thru the door

**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: 4/19/22  
mm/dd/yyyy  
Name of Pilot/Operator: JASON TRAYLER  
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. CEN22LA174	Reviewed by NTSB Regional Office CEN	Name of Investigator LINK	Date Report Received 4/19/2022
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