

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

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

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: Greenwood State: IN  
 ZIP: 46142 Country: USA  
 Latitude: 39.6276 Longitude: -86.088  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 03/05/2021 Local Time: 4:00 pm  
*mm/dd/yyyy* Time Zone: \_\_\_\_\_  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N763LG  
**Manufacturer:** Post Thorp  
**Model:** T-18  
**Serial Number:** 460  
**Year of Manufacture:** 1979  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design **Make:** Thorp

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 1650 lbs  
**Weight at Time of Accident/Incident:** 1485 lbs  
**Number of Seats:** 2 Flight Crew Seats: 1  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 1  
**Number of Engines:** 1

**Category of Aircraft**  
 Airplane  
 Balloon  
 Blimp/Dirigible  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift  
 Rocket  
 Ultralight  
 Unknown

**Type of Airworthiness Certificate**  
*(Check all that apply)*  
**Standard**  
 Normal  
 Aerobatic  
 Balloon  
 Commuter  
 Transport  
 Utility  
 Certificate of Authorization or Waiver (COA)  
 None  
**Special**  
 Restricted  
 Limited  
 Provisional  
 Special Flight  
 Experimental  
 Special Light-Sport  
 Experimental Light-Sport  
 Unknown

**Landing Gear**  
*(Check all that apply)*  
 Retractable  
 Tricycle  
 Amphibian  
 Emergency Float  
 Float  
 Hull  
 None  
 Tailwheel  
 High Skid  
 Skid  
 Ski  
 Ski/Wheel  
 Unknown  
 Other Launch/Recovery System

**Engine Type** *(Select one)*  
 Reciprocating  
 Turbo Shaft  
 Turbo Prop  
 Turbo Jet  
 Turbo Fan  
 Electric  
 Liquid Rocket  
 Solid Rocket  
 Hybrid Rocket  
 None  
 Unknown  
**Fuel System Type** *(Reciprocating)*  
 Carburetor  Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	O-360 A1A	L15459-36A		180	1293	1293	
Eng. 2								
Eng. 3								
Eng. 4								

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

**Date Last Inspection:** 05/30/2020  
*mm/dd/yyyy*  
**Airframe Total Time:** 570.95 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Type of Maintenance Program** *(Select one)*  
 Annual  
 Conditional (Amateur-built only)  
 Manufacturer's Inspection Program  
 Other Approved Inspection Program (AAIP)  
 Continuous Airworthiness  
 Other, specify: \_\_\_\_\_

**Description of Fire Extinguishing System**  
 None  
 Specify: Handheld Fire Extinguisher

**Propeller 1**  
 Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: Whirlwind  
 Model: GA200L

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** Dorne & Margolin  
**Model or Part No.:** DM ELT 8.1  
**TSO No.:**  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (406 MHz)  
**Was ELT still mounted in aircraft?**  Yes  No  
**Was ELT still connected to antenna?**  Yes  No  
**Did ELT Activate?**  Yes  No  
*If activated:*  
**Did ELT Aid in Locating Aircraft?**  Yes  No  
*If not activated:*  
**Indicate Reason:**  Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown

**Propeller 2**  
 Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Additional Equipment** *(Check all that apply)*  
 ADS-B  
 Airframe Parachute  
 Angle of Attack Indicator  
 Autopilot  
 Data Recorder  
 Electronic Flight Bag or Handheld Device  
 Electronic Multifunction Display  
 Electronic Primary Flight Display  
 Handheld GPS  
 Heads Up Display  
 Onboard Weather  
 Satellite Tracking Device  
 Stall Warning System  
 Video Recording Device  
 Other, Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: Leslie Gardner

City: Mooresville

Fractional Ownership Aircraft:  Yes  No

State: IN ZIP: 46158

Country: USA

**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

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

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- FAR 91  FAR 129  FAR 415
- FAR 103  FAR 133  FAR 431
- FAR 121  FAR 135  FAR 435
- FAR 125  FAR 137  FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft (Select one)
  - Armed Forces
  - Federal
  - State
  - Local
- Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- Scheduled or Commuter  Domestic
- Non-Scheduled or Air Taxi  International
- Passenger
- Cargo
- Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

- Aerial Application  Firefighting  Unknown
- Aerial Observation  Flight Test
- Air Drop  Glider Tow
- Air Race/Show  Instructional
- Banner Tow  Other Work Use
- Business  Personal
- Executive/Corporate  Positioning
- External Load  Skydiving
- Ferry

**Revenue Sightseeing Flight**

Yes  No

**Air Medical Flight**

Yes  No

**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: Indy South Greenwood

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: HFY

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/A

Airport Elevation: 822 ft. msl

**Runway Information**

Runway ID: 01 (L/R/C) Length: 5102 ft Width: 75 ft

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

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

- Asphalt  Grass/Turf  Macadam  Water
- Concrete  Gravel  Metal/Wood
- Dirt  Ice  Snow  Unknown

- 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)**

- Taxi  VFR Departure  On Instrument Approach  Downwind  Low Approach
- Takeoff  IFR Departure Procedure/Clearance  Landing  Base  Go Around
- Initial Climb  Final  Aborted Landing (after touchdown)
- Crosswind  Unknown

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

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

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

- None
- 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



**“FLIGHT CREWMEMBER 2” INFORMATION**

**“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident**

Pilot    Co-Pilot    Student Pilot    Flight Instructor    Check Pilot    Flight Engineer    Other Flight Crew

**“Flight Crewmember 2” was pilot flying**    Yes    No

**“Flight Crewmember 2” Identification**

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

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input type="radio"/> 3-point	<input type="radio"/> 3-point																
<input type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> Unknown																

**Pilot Certificate(s)** *(Check all that apply)*

<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

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

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**Medical Certificate Special Issuance**

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<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <i>mm/dd/yyyy</i>	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b>	<b>Student Endorsements</b> <i>(Include dates)</i>
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)**

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

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

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)**

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Dennis</u> City : <u>Mooreville</u> Middle Initial: _____ State: <u>JN</u> ZIP: <u>46158</u> Last Name: <u>Szalay</u> Country: <u>USA</u> <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input checked="" type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input checked="" type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>313</u> City: <u>Terre Haute</u> State: <u>Indiana</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>3:40</u> Time Zone: _____	<b>Destination</b> Airport ID: <u>HFY</u> City: <u>Greenwood</u> State: <u>Indiana</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
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**Type of ATC Clearance/Service** (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 checked="" type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>HFY</u> Observation Time: <u>3:55</u> Time Zone: _____ Distance from Accident Site: <u>12</u> nm Direction from Accident Site: <u>220</u> degrees true
<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet												
<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input type="checkbox"/> On-Board Weather													

<b>Basic Conditions</b> <input type="radio"/> VMC <input type="radio"/> IMC <input checked="" type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or <u>52</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> <u>30.28</u> in. Hg or _____ MB
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<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: <u>060</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: <u>9</u> kts	<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input 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) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
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<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	<b>Amount</b>	<b>Type</b>	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	<b>Amount</b>	<b>Type</b>	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Turbulence</b> <b>Type</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**

- None
- Minor
- Substantial
- Destroyed
- Unknown

**Aircraft Fire**

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Fire at Unknown Time
- Unknown

**Aircraft Explosion**

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Explosion at Unknown Time
- Unknown

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

Vertical tail, Canopy, Landing Gear, Fuselage side skins. No property damage

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

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

On landing , wind lifted right wing , ground loop in soft center median grass between runway and taxiway.

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

Operator/Owner Safety Recommendation

Got behind airplane/Quicker response possible.

**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)25 Gallons**Fuel Type**
 80/87                       115/145                       Jet B                       Other, specify \_\_\_\_\_  
 100 Low Lead               Jet A                       JP8  
 100/130                       Jet A-1                       Automotive
**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed?  Yes  No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

Exit through Canopy

**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

03/17/2021  
*mm/dd/yyyy*

Name of Pilot/Operator: Leslie Gardner

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.  
**CEN21LA157**

Reviewed by NTSB Regional Office  
**CENTRAL**

Name of Investigator  
**S. WILLIAMS**

Date Report Received  
**3/24/2021**