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 INFORMATI	ION			THE PERSON				NEW YORK
Accident/Incident Locatio	on, . I A L	Α. Α.	Accident/Incident Date/Time					
Nearest City/Place: Cl	ntemial Airport	CO Da	= 4/2	6/2021 Lo	cal Time:	01:50	OPM	
ZIP:Coun	stry: USA		monida	1)333y	7	Mtn		
Latitude:	Longitude:					all France		
(Enter in decimal de	grees or degrees:minutes;se	conds)	Co	ollision with	Other Aircraft:	Midair	On-groun	nd None
AIRCRAFT INFORM	MATION				II SALUEVII IN INCID			
Registration Number:				The second secon	ped and Certified al Space Flight			
Model: PT-17	3				nss Weight: 32	00	Ibs	
Serial Number: 13			W	eight at Tim	e of Accident/Incident	dent- 2	The second secon	lbs
Year of Manufacture: /	936				nts: Z			
Amateur-Built: Yes		ke:		abin Crew Seat			r Seats:	
No	Original Design			umber of En		rassenge	r ocats.	
Category of Aircraft Amplane Ballinon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Landing Gear (Check all that of Ret Tricycle Amphibian Emergency Fl Float Hall	ractable Table Ideat Sk Sk Sk VRecovery Sys	illwheel Engine Turb Turb Turb Turb Turb id Elect ii iiWheel Fuel Sys	processing to Shall to Prop to Jet to Fan tric them Type uretor	Solial Hybr None Unkn	nown		
Engine Engine Manufactur Eng I Pratt + White Eng 2			lacturer's Number	Date of Mfg. nm dd yssy	Rated Power Horsepower or lbs of Tlanst	Total Time (hours)	Time Inspection (hours)	Since: Overhaul (hours)
Eng. 3								
Fing. 4								
AAIP Condition Unknown			Controllable Ground Ad Anillon S -30	e Pitch	Manufacturer: Model:		Fixed Pitch Controllable Ground Adju	stable
Airframe Total Time: 5345 hrs hours measured at (Select one) Last Inspection Time of Accident/Incident TSO No.: C91 (12)			(121.5 MHz) C9 (406 MHz) united in aircraft? unceted to antenna ? Yes No	Yes No	Electronic Fli Electronic Ma Electronic Pri Handheld GP Heads Up Dis Onboard Wes	nchute r ght Bag or ditifunction mary Fligh S splay ther king Device System ling Device	or Handheld De a Display ht Display	

OWNER/OPERATOR INFORMA	TION		
Registered Aircraft Owner		City: Denvar	
Name Wings over the R	ockies Museum	State CO ZIP:	
Fractional Ownership Aircraft: Yes (No	Country:	
Operator of Aircraft Same As Rep	gistered Owner	Same Address as Registered Owner	
Name:		City:	
Doing Business As:		State: ZIP:	
Air Carrier/Operator Designator (4 Characte	er Code):	Country:	
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)	
None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo	FAR 91 FAR 129 FAR FAR 103 FAR 133 FAR FAR 121 FAR 135 FAR FAR 125 FAR 137 FAR	431 Non-Scheduled or Air Taxi International 435 437	
Foteign Air Catriets (FAR 129) Rotorcraft External Load (FAR 133)	FAR 91 Special Flight	Passenger Cargo	
Commuter Air Caurier (FAR 135)	Non-US, Commercial	Mail Contract Only	
On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	Non-US, Non-commercial Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	
Pilot School (FAR 141) Certificate of Anthorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft	Armed Forces Federal State Local Unknown	Aerial Application Firefighting Unlose Aerial Observation Flight Test Air Deep Glider Tow Air Race/Show Instructional Banner Tow Other Work Use Business Personal Executive/Corporate Positioning	PRINTE
Revenue Sightseeing Flight	Air Medical Flight	External Load Skydiving Feary	
Yes (No)	Yes No		
		proach, landing, takeoff, departure, or within 3 miles of an airp	ort)
Airport Name: Centennial F	tirport	Distance From Airport Center:sm	
Airport Identifier: APA		Direction From Airport:degrees to	TOC .
Proximity to Airport: Off Airport/Airstrip	On Airport/Airstrip N/A	Airport Elevation:ft. msl	
Runway Information Runway ID: 28 (LR/C) Length	n Wath n	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm	
Runway/Landing Surface (Check all that a	pply) dam Water I/Wood	Tioles 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 Takeoff IFR Departure Proce Imitial Climb	odure/Clearance Landing	proach Downwind Low Approach Base Go Around Final Aborted Landing (after touchdown Unknown	a)
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
None		None	
ADF/NDB PAR SDF Sidestep WOR/TWOR ILS WOR/DME Localizer Only TACAN LOC-back course RNAV	MLS Practice LDA GPS ASR Visual Contact Circling Unknown	Teaffic Pattern Stop and Go Touch and Go Valley/Texain Following Go Around Full Stop Precautionary Landing Unknown	ME.

"FLIGHT CREWMEME	BER 1" INF	ORMAT	ON		A CHARLE					
"Flight Crewmember 1" Res	pousibilities a	t the Time o	f Accident/In		-2.11	E171 E1				
Pilot Co-Pilot	Student Pilot	1	Instructor	Check Pilot	Flig	ht Engineer	Other	Flight Crew		
"Flight Crewmember 1" was	1 0 0	(Ves)	No							
"Flight Crewmember 1" Iden		11			r. cn	**	Engle	wood		
First Name: Nicholas	Howe	17			aly of Re	C CO	crigic	- 0000	1/3	
Middle Initial:	1			S	tate:	00		ZIP: YO	111)	
Last Name Howel		60			'ountry-					
Age at time of a	Accident/Incid		Date of Certificate Nu	90.00	G) m	m/dd/yyyy			
Degree of Injury	Seat Occup	pied		Res	traint T	ype			Inflatable l	Restraints
None Fatal	Left	Front	Unlos	20020	Availabl	e	Used			
Minor Unknown Serious	Center	Single			None		None Lap on	.	Not ins	
Pilot Certificate(s) (Check all	that apply)				Lap o		3-point		Not De	ployed
None Flight In		Commercial	US N	filitary	(poi		4-point 5-point		Deploys	
Private Recreati		Airline Trans		gn	5-poir Unkn		Unknow	100	Comment	
Student Sport		Flight Engine	er							
Principal Occupation M	Iedical Certifi	icate		Med	lical Cer	rtificate Va	lidity		Date of Las	st Medical
Pilot	None	Class 3				nitations/wai		nknown	2/29	1/2021
Other Unknown	Class 1 Class 2	Driver's Lie Unknown	cense (Sport Pile		occial Iss	dions/waiver	D N	//A	mm/dd/y	/2021
** * ** ** ** * **	170517		V10-							
Posess 9/4550	-s for	near	/intern	rediate	utsi	00				
PUSE S JINOSE			1							
Medical Certificate Special I	ssuance									
Date of Last Flight Review		Fligh	at Review Air	craft						
or Equivalent, Including	2/24/2	1000	= Air							
FAR 121/135 Checks:	2/27/2		A32	20						
Airplane Rating(s)	Other Aircra			nent Rating(s)		Instructo	r Rating(s)			
(Check all that apply)	(Check all that		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ill that apply)		(Check all i			-	
None	None		None			None		_ (Instrument /	
Smele-Emine Land	Airship Balloon		Airpl				Single-Engi Multi-Unga		Instrument l	Helicopter
Multieneine Land	Glider			ared Lift		Gyropla			Glider	
Multiengine Sea	Gyroplane				1	Powere			Sport	
	Helicopter Powered Life	fr								
Type Ratings						Student I	adorseme	nts (Include o	dates)	
B-73	37									
100	0									
A 324										
						_				
Flight Time (Enter appropriate	All	This Make	Alephase Single	Airplane		Basto	ument			Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	18725	60,5	2900	15695						
Pilot in Command (PIC)	14,600	60,5	2850			-				
Time as Instructor										
This Make Model				1					A CONTRACTOR OF THE PARTY OF TH	2 2 30 3
Last 90 Days	35.3	2.0	25	10						
Last 30 Days	30,0	-	30.0			-				
Last 24 Hours	2.0	2. D	2.0	_						

"FLIGHT CREWMEM	BER 2" INFO	ORMATIO	N			1-14				
"Flight Crewmember 2" Re- Pilot Co-Pilot			Accident/Inci	dent Check Pilot	Flig	dat Engineer	Other1	Flight Crew		
"Flight Crewmember 2" wa	s pilot flying	Yes 3	No							
"Flight Crewmember 2", Ide	ntification									
First Name: No.				_ Ci	ty of Re	sidence:				
Middle Initial:					of or		Z	IP:		
Last Name:										
11-12/-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Accident/Incident									
Age at time of A	Accidentincident					- Hull				
D	6 10 1	-	ificate Numbe	-	traint T				inflatable I	Cestraints
Degree of Injury None Fatal	Seat Occupi	Front.	Unknow	_					Internation 1	DECEMBER OF THE PERSON NAMED IN COLUMN TO PE
Minor Unknown	Right	Rear	Canado	- '	Availabl None		None None		Not Inst	talled
Serious	Center	Single			Lap		Lap only		Installe	d
Pilot Certificate(s) (Check al	l that apply)				3-poi		3-point 4-point		Not Deploye	
		Commercial	US Mil		4-poi 5-poi		5-point		Unknow	
Private Recreat Student Sport		Airline Transpor Tight Engineer		1		10992	Unknow	120		
Space Space										
Principal Occupation	Medical Certifica	ite				rtificate Val			Date of Las	t Medical
Pilot		Class 3	m of Dist			nitations/waivers		aknown		
Other Unknown		Unknown	se (Sport Pilot o	27	pecial Iss		140	Δ .	mm (dd)yy	yy
Date of Last Flight Review or Equivalent, Including			Review Airer							
FAR 121/135 Checks:		Make: _								
	annidd)yyyy	Model:								
Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that ap		(Check all	nt Rating(s) that apply)		(Check all th	80.5			
None	None		None			None	E 1 E		Instrument A	
Single-Engine Land Single-Engine Sea	Airship Balloon		Airplan Helicop			Airplane	Single-Engine Multi-Engine		Instrument E Helicopter	sciscopies
Multiengine Land	Glider		Powere			Gyroplan	10		Glider	
Multiengine Sea	Gyroplane Helicopter					Powered	Lift		Sport	
	Powered Lift									
Type Ratings						Student Er	ndorsement	ls (Include d	atimi)	
	1		Airphor			Band	rument .			
Flight Time (Enter appropriate		This Make & Model	Single	Airplane Multiengine	Night		Simulated	Retercraft	Glider	Lighter Than Air
number of hours in each box) Total Time	Aircraft	er Model	Engine	Attituenguie	Anguit	Actual	Sameliated	Action Class	Ostates	I ment /All
Pilot in Command (PIC)										1
Time as Instructor										
This Make Model			1000	70 - 300		1		13.7		
Last 90 Days	1	1	7	William William P.		1		-	1	1
Last 30 Days										
Last 24 Hours										

PUDITIONE I LIGI	II CKEWMEN	ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Addres							Seat Occupie	- 1	Injury
First Name:		City	y of Reside	moe:			Left	Front	None
Middle Initial:			te:	7	IP:		Center	Rear Single	Minor Serious
	7		V				Right	Unknown	Fatal
Last Name: Country:								Unknown	
Pilot Certificate(s) (Che	ck all that apply)						Restraint Typ Available	Used	Inflatable Restraints
None	Flight Instructor	Cor	mmercial	US	Military		None	None	
Private						Lap Only	Lap Only	Not Installed Installed	
Student	Sport	Fla	ight Engine	er			3-point 4-point	3-point 4-point	Not Deployed
Type Rating/Endorsem	ent for		Total F	light Time at	the Time		5-point	5-point	Deployed Unknown
Accident/Incident Airci		No		Accident/Inci		hrs	Unknown	Unknown	Calculation
Crew Name and Addres	is						Seat Occupie		Injury
First Name:		City	y of Reside	BOE:			Left	Front Rear	None Minor
Middle Initial:		Stat	le:	Z	IP:		Center Right	Single	Serious
Last Name:		Cou	untry:				1051	Unknown	Fatal
									Unknown
Pilot Certificate(s) (Che	ck all that apply)						Restraint Typ		Inflatable
None	Flight Instructor	Co	emercial	US	Military		Available None	Used None	Restraints
Private	Recreational		rline Transp		cign		Lap Only	Lap Only	Not Installed
Student	Sport	Fli	ght Engine	er			3-point	3-point	Installed Not Deployed
Type Rating/Endorsem	ent for		Total F	light Time at	the Time		4-point 5-point	4-point 5-point	Deployed
Accident/Incident Airer		No	of this /	Accident/Incid	dent:	hrs	Unknown	Unknown	Unknown
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
PASSENGER(5) / O	THER PERSO	MINEL ((Include o	abin crew, co	entinue on se	eparate shee	t if necessary)		
PASSENGER(S) / O	THER PERSO	MNEL	(Include c	abin crew, ec	ontinue on s			Inflatable	
PASSENGER(S) / O Name and Address	THER PERSO	MNEL ((Include o	Seat	Injury	Restraint T		Inflatable Restraints	Age
Name and Address						Restraint T	ype Used	Restraints	Age
Name and Address First Name:	City:			Seat	Injury	Restraint T Available None	ype Used None	Restraints Not installed	Age Under 5 years
Name and Address First Name: Middle Initial:	City:	ZIP:		Seat Left Center	Injury	Restraint T	ype Used None	Restraints Not Installed Installed	Under 5 years
Name and Address First Name:	City:	ZIP:		Seat	None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point	Used None Lap Only 3-point 4-point	Not Installed Installed Not Deployed Deployed	Under 5 years If Under 5, Child Restraint
Name and Address First Name: Middle Initial:	City:	ZIP:		Seat Left Center Right	None Minor Serious	Restraint T Available None Lap Only 3-point	Vype Used None Lup Only 3-point 4-point 5-point	Not Installed Installed Not Deployed	Under 5 years If Under 5, Child Restraint Lap-Held
Name and Address First Name: Middle Initial: Last Name:	City: State: Country:	ZIP:		Seat Left Center Right Unknown	None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point	Vype Used None Lup Only 3-point 4-point 5-point	Not Installed Installed Not Deployed Deployed	Under 5 years If Under 5, Child Restraint
Name and Address First Name: Middle Initial: Last Name:	City: State: Country: Passenger	ZIP.	ther	Seat Left Center Right Unknown	None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None	Used None Lup Only 3-point 4-point 5-point Unknown Used None	Not Installed Installed Not Deployed Deployed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Name and Address First Name: Middle Initial: Last Name: Crew	City: State: Country: Passenger	ZIP:	ther	Seat Left Center Right Unknown Row: Left Center	Injury Name Mimor Serious Fatal Unknown Nome Minor	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only	Used None Lup Only 3-point 4-point 5-point Unknown Used None Lap Only	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City: State: Country: Passenger City:	ZIP:	ther	Seat Left Center Right Unknown Row: Left Center Right	Name Mimor Serious Fatal Unknown Name Minor Serious	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None	Used None Lup Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point	Not Installed Installed Unknown Not Installed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country: Passenger City: State: Country:	ZIP:	ther	Seat Left Center Right Unknown Row: Left Center Right Unknown	Injury Name Mimor Serious Fatal Unknown Nome Minor	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
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Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country: Passenger City: State: Country: Passenger	ZIP:	ther	Seat Left Center Right Unknown Row: Left Center Right Unknown	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point 4-point 5-point Unknown Available Available	Used None Lup Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used	Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Name and Address First Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew First Name:	City: State: Country: Passenger City: State: Country: Passenger City:	ZIP:	ther	Seat Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None None	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: Passenger City: State: Country: Passenger City: State: State:	ZIP:	ther	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Center	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only None Lap Only None Lap Only None	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None None	Not Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Installed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
Name and Address First Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew First Name:	City: State: Country: Passenger City: State: Country: Passenger City:	ZIP:	ther	Seat Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Fatal Fatal Fatal Fatal	Restraint T Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point Unknown Available Lap Only 3-point 4-point 4-point 4-point 4-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point Unknown Used None Lap Only 3-point 4-point 4-point 4-point	Not Installed Installed Installed Installed Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: Passenger City: State: Country: Passenger City: State: State:	ZIP:	ther	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point Unknown Available Lap Only 3-point Unknown	Used None Lup Only 3-point 4-point 5-point Unknown Used None Lup Only 3-point 4-point 5-point Unknown Used None Lup Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown	Umder 5 years If Under 5, Child Restraint Lap-Held Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew Crew	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger	ZIP:O	ther	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Unknown	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Fatal Fatal Fatal Fatal	Restraint T Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point Unknown Available Lap Only 3-point Unknown Available Available	Used None Lap Only 3-point 4-point 5-point Unknown Used	Not Installed Installed Installed Installed Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Lap-Held
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Crew First Name: Crew First Name: Crew First Name: Crew First Name:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: Country: City: Country: City:	ZIP:O	ther	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Available Nome	Used None Lup Only 3-point 4-point 5-point Unknown Used None Lup Only 3-point Unknown Used None	Not Installed In	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Lap-Held
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger	ZIP:O	ther	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available Nome Lap Only 3-point 4-point 5-point Unknown Available Nome Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point Unknown Available Lap Only 3-point Unknown Available Available	Used None Lup Only 3-point 4-point 5-point Unknown Used None Lup Only 3-point Unknown Used None	Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years Under 5 years Under 5, Unknown Under 5 years
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Crew First Name: Crew First Name: Crew First Name: Crew First Name:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: Country: City: Country: City:	ZIP:O	ther	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point 4-point 4-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 4-point 4-point 4-point 4-point 4-point 4-point	Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown
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[1982]	ATTACAMENT OF MINISTER PORTS	named a stay to a Child					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None Minor Substantial Destroyed Unknown Aircraft Fire

Nome Im-II hight On-Ground

Both Ground and In-Flight Fire at Unknown Time Unknown None None In-Pages 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)

Substantial Damage to Wings, Tall, and Propeller

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.

Day VFR Flight from GXY to APA. Flight was normal and uneventful, I accepted a landing clearance on Runway 28. Wind had been Reported from 290° to 050° Gusting as high as 20 KTS, on a 2 mile final Tower reported wind 290° / 7 KTS. Touch down on main landing gear was uneventful with no crosswind detected, as aincraft was slowing to taxi speed, aircraft neered sudenly to the right. I corrected with left rudder and likely overcorrected. The aircraft then seered sharply left. I again tried to correct with right rudder and right prake but was unable to maintain directional control. The aircraft departed the left Side of the runway and when it entered the dirt, the aircraft nosed over and came to rest inverted. I believe The likely cause of the accident was a sudden just of wind from the right which caused the sudden direction change. It is possible there was a problem with the right brake but I can not confirm this

Operator/Owner Safety Recommendation It is difficult to find a specific recomendation since I don't know what caused the sudden Change in direction I believe it was likely gusty wind creating mechanical turbulence around the hangars along the runway. I can only recoment continued Education about the necessity to maintain absolute uigilance when landing, especially in tailwheel amplanes, MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Total Time/Cycles Was there Mechanical Malfunction/Failure? Yes On Part (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) I don't know, it is possible there was a problem with the right brake that Cycles caused the deviation after touch down Time Since This Part Inspected/Overhauled Hours **FUEL & SERVICES INFORMATION** Fuel on Board at Last Takeoff Fuel Type 115/145 let R Other, specify 100 Low Lead Jet A Jet A-1 Automotive Other Services, if Any, Prior to Departure **EVACUATION OF AIRCRAFT** Was an emergency evacuation of the aircraft performed? Method of Exit - Describe how the occupants exited and how many occupants evacuated each location OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft) Damage to Other Aircraft Aircraft Registration Number | Manufacturer: Destroyed Minor Model: Substantial Registered Owner of Other Aircraft Pilot of Other Aircraft City: ZIP: ZIP: State: State: Country: Country:

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

ADDITIONAL INFORMATI	ON (Please type or print in ink)		
Use this space if additional space			
		PER AND ADDIDANT TO THE	
	HE ABOVE INFORMATION IS COMPL		BEST OF MY KNOWLEDGE
, -		owell	
4/28/2021 Signature			
mm/dd/yyyy - or -	Check here to electronically sign this	document	
If a Person Other than Pilot/Op	erator is Filing Report		
Name:		Title:	
Signature:			
Control of the contro	electronically sign this document		
		USE ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN21LA202	CEN	LINK	5/2/2021