

**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		Accident/Incident Date/Time	
Nearest City/Place: <u>Centennial Airport APA</u> State: <u>CO</u>		Date: <u>4/26/2021</u>	Local Time: <u>01:50 PM</u>
ZIP: _____ Country: <u>USA</u>		<small>mm/dd/yyyy</small>	Time Zone: <u>Mtn</u>
Latitude: _____ Longitude: _____		Collision with Other Aircraft: Midair On-ground <u>None</u>	
<small>(Enter in decimal degrees or degrees:minutes:seconds)</small>			

AIRCRAFT INFORMATION

Registration Number: <u>567</u>	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft
Manufacturer: <u>Boeing</u>	Maximum Gross Weight: <u>3200</u> lbs
Model: <u>PT-17</u>	Weight at Time of Accident/Incident: <u>2950</u> lbs
Serial Number: <u>13</u>	Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u>
Year of Manufacture: <u>1936</u>	Cabin Crew Seats: <u>0</u> Passenger Seats: <u>1</u>
Amateur-Built: Yes <input type="checkbox"/> If Yes: Kit/Plans Make: _____ <u>No</u> Original Design	Number of Engines: <u>1</u>

Category of Aircraft	Type of Airworthiness Certificate <small>(Check all that apply)</small>	Landing Gear <small>(Check all that apply)</small>	Engine Type <small>(Select one)</small>
<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	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	<input checked="" type="radio"/> Reciprocating <input type="radio"/> Turbo-Prop <input type="radio"/> Turbo Jet <input type="radio"/> Turbo Fan <input type="radio"/> Electric Liquid Rocket Solid Rocket Hybrid Rocket None Unknown Fuel System Type <small>(Reciprocating)</small> Carburetor Fuel-Injected
		Retractable Tricycle Amphibian Emergency Float Float Hull Other Launch/Recovery System None	<input checked="" type="radio"/> Tailwheel High Skid Skid Ski Ski/Wheel Unknown

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Pratt + Whitney	R985						
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour AAIP <u>Annual</u> Continuous Airworthiness Conditional Inspection Unknown Date Last Inspection: <u>3/3/2021</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>5345</u> hrs hours measured at <small>(Select one)</small> <u>Last Inspection</u> Time of Accident/Incident	Propeller 1 Fixed Pitch <u>Controllable Pitch</u> Ground Adjustable Manufacturer: <u>Hamilton Standard</u> Model: <u>2D-30</u>	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	
	ELT Installed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <u>C91 (121.5 MHz)</u> <u>C126 (406 MHz)</u> C91a (121.5 MHz) Was ELT still mounted in aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was ELT still connected to antenna? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did ELT Activate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If activated: Did ELT Aid in Locating Aircraft? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not activated: Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown	Additional Equipment <small>(Check all that apply)</small> <u>ADS-B</u> 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: _____	
Type of Maintenance Program <small>(Select one)</small> <u>Annual</u> Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	Description of Fire Extinguishing System None Specify: <u>Hand Held</u>		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Wings over the Rockies Museum

City: Denver

State: CO ZIP: _____

Fractional Ownership Aircraft: Yes No

Country: _____

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 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 415
- FAR 431
- FAR 435
- 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
- Aerial Observation
- Air Drop
- Air Race/Show
- Banner Tow
- Business
- Executive/Corporate
- External Load
- Ferry
- Firefighting
- Flight Test
- Glider Tow
- Instructional
- Other Work Use
- Personal
- Positioning
- Skydiving
- Unknown

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: Centennial Airport

Distance From Airport Center: _____ sm

Airport Identifier: APA

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: 28 (L/R/C) Length _____ ft Width _____ ft

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

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush-Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

Runway/Landing Surface (Check all that apply)

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary 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: Nicholas Howell City of Residence: Englewood
 Middle Initial: A State: CO ZIP: 80113
 Last Name: Howell Country: USA
 Age at time of Accident/Incident: 52 Date of Birth: 6/28 mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Seat Occupied <input type="radio"/> Left <input checked="" type="radio"/> Right <input checked="" type="radio"/> Center <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <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	Inflatable Restraints <input checked="" type="radio"/> Not Installed <input type="radio"/> Installed <input type="radio"/> Not Deployed <input type="radio"/> Deployed <input type="radio"/> Unknown

Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input checked="" type="radio"/> None <input type="radio"/> Class 1 <input type="radio"/> Class 2 <input type="radio"/> Class 3 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> Special Issuance <input type="radio"/> Unknown <input type="radio"/> N/A	Date of Last Medical <u>2/24/2021</u> mm/dd/yyyy
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Medical Certificate Limitations
possess glasses for near/intermediate vision

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: <u>2/24/21</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Airbus</u> Model: <u>A320</u>
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Airplane Rating(s) (Check all that apply) <input checked="" type="radio"/> None <input checked="" type="radio"/> Single-Engine Land <input checked="" type="radio"/> Single-Engine Sea <input checked="" type="radio"/> Multiengine Land <input type="radio"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="radio"/> None <input type="radio"/> Airship <input type="radio"/> Balloon <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="radio"/> None <input checked="" type="radio"/> Airplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="radio"/> None <input checked="" type="radio"/> Airplane Single-Engine <input type="radio"/> Airplane Multi-Engine <input type="radio"/> Gyroplane <input type="radio"/> Powered Lift <input checked="" type="radio"/> Instrument Airplane <input type="radio"/> Instrument Helicopter <input type="radio"/> Helicopter <input type="radio"/> Glider <input type="radio"/> Sport
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Type Ratings <u>B-737</u> <u>A320</u>	Student Endorsements (Include dates)
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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	18725	60.5	2900	15695						
Pilot in Command (PIC)	14,600	60.5	2850							
Time as Instructor										
This Make/Model										
Last 90 Days	35.3	2.0	25	10						
Last 30 Days	30.0	—	30.0							
Last 24 Hours	2.0	2.0	2.0	—						

"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: None 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 Minor Unknown Serious	Left Front Unknown Right Rear Center Single	Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown

Pilot Certificate(s) (Check all that apply)	Medical Certificate Validity	Date of Last Medical
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer	Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	_____ mm/dd/yyyy

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
Pilot Other Unknown	None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Without limitations/waivers Unknown With limitations/waivers N/A 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 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)

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

Crew Name and Address			Seat Occupied		Injury	
First Name: _____	City of Residence: _____		Left	Front	None	
Middle Initial: _____	State: _____	ZIP: _____	Center	Rear	Minor	
Last Name: _____	Country: _____		Right	Single	Serious	
				Unknown	Fatal	
					Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
None	Flight Instructor	Commercial	US Military	Available	Used	None Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	None	None	
Student	Sport	Flight Engineer		Lap Only	Lap Only	
				3-point	3-point	
				4-point	4-point	
				5-point	5-point	
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ 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	Available	Used	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				
Crew	Passenger	Other						
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	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				
Crew	Passenger	Other						
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	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				
Crew	Passenger	Other						
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	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				
Crew	Passenger	Other						

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>GXY</u> City: <u>Greeley</u> State: <u>CO</u> Country: <u>USA</u>		Time of Departure Time: <u>13:15</u> Time Zone: <u>MTN</u>		Destination Airport ID: <u>APA</u> City: <u>Centennial</u> State: <u>CO</u> Country: <u>USA</u>
Type of ATC Clearance/Service (Check all that apply) <input checked="" type="checkbox"/> None VFR <input type="checkbox"/> Special VFR IFR <input type="checkbox"/> Special IFR VFR On Top <input type="checkbox"/> VFR Flight Following Traffic Advisory <input type="checkbox"/> Cruise Unknown / NA				Type Flight Plan Filed <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
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"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <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				
Source of Pilot Weather Information (Check all that apply) <input checked="" 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			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown		Light Condition <input checked="" type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Unknown		
Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		Ceiling <input checked="" type="checkbox"/> None (Clear) <input type="checkbox"/> Broken <input type="checkbox"/> Obscured <input type="checkbox"/> Overcast <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		Temperature: <u>17</u> (C) or _____ (F) Dew Point: _____ (C) or _____ (F)
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl		Altimeter Setting: _____ in. Hg or _____ MB
Wind Direction <input checked="" type="checkbox"/> Variable Direction: _____ degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable Speed: <u>7</u> kts	Wind Gusts <input type="checkbox"/> Not Gusting Speed: <u>20</u> kts	Visibility <u>50</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	Type of Precipitation (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		Restriction to Visibility (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	
Icing Forecast 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: <input type="checkbox"/> N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown	Icing Actual 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: <input type="checkbox"/> N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown		Turbulence Type (Check all that apply): <input type="checkbox"/> None <input checked="" type="checkbox"/> Clear Air <input checked="" type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity: <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	
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-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)

Substantial Damage to Wings, Tail, 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 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 aircraft was slowing to taxi speed, aircraft veered suddenly to the right, I corrected with left rudder and likely overcorrected. The aircraft then veered sharply left. I again tried to correct with right rudder and right brake 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 gust 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

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

Operator/Owner Safety Recommendation

It is difficult to find a specific recommendation 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 recommend continued education about the necessity to maintain absolute vigilance when landing, especially in tailwheel airplanes.

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.)

I don't know, it is possible there was a problem with the right brake that caused the deviation after touchdown.

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)

35 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

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

Pilot of Other Aircraft


Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

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 4/28/2021 Name of Pilot/Operator: Nicholas Howell
mm/dd/yyyy 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. CEN21LA202	Reviewed by NTSB Regional Office CEN	Name of Investigator LINK	Date Report Received 5/2/2021
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