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

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

BASI	INFORMA	TION												
Accider	t/Incident Loca	ition					Accident/Incident Date/Time							
Nearest (	Tity Place: Fort V	Vorth			State: T	exas	Date:	6/1	6/2021	Lo	cal Time:	8:00 AM		
zip: 76	1790	ountry: Tarra	ant					mm/da	ליציצי					
Latitude.	32 Deg 55.52	N	Longitude: 97 De	eg 24.41°	w					1)	me Zone:	Central		
	(Enter in decimal degrees or degrees minutes seconds)						Colli	sion with	Other Air	craft: C	Midair	OOn-groun	d O None	
AIRCE	RAFT INFOR	RMATION	ı											
Registr	Registration Number: N878TD						☐ IFR-Equipped and Certified ☐ Commercial Space Flight							
	Manufacturer: Van Aircraft						Unmanned Aircraft							
Model:								imum Gr				_		
	dumber: 40669						Wei	ght at Tim	e of Accid	lent/Inci	dent: 🗷	1900	) lbs	
Year of	Manufacture:											ew Seats: 1		
Amateu	ır-Built: OYes		Kit/Plans Mal	e: vans R	/10			n Crew Seat			Passenger	Seats: 3		
	ONo		Original Design				_	nber of En	gines: 1					
	ry of Aircraft	Type of A	irworthiness Ce	rtificate		Landing Ge					Type (Se		d Dealer	
O Airpl O Ballo		(Check all ti				(Check all tha	Retract				procating o Shaft	OSolid	d Rocket Rocket	
OBlim	/Dirigible	☑ Norma	I ☐ Restric			☑ Tricycle	Cuiuc		ilwheel	O Turb	o Prop	OHybri	id Rocket	
O Glide O Gyro		☐ Aeroba						· ·		OTurb		ONone	10	
OHelic	opter	Comm				☐ Amphibiar ☐ Emergency							lown	
O Powered Lift				□Float		□Sk	i							
O Rock O Ultra		Utility		Light-Spor		Hull		□Sk	i/Wheel	Fuel Sys	stem Type	(Reciprocation)	ng)	
OUnknown Certificate of Authorization or					Other Lau	nch/Re	ecovery Sys	tem	O Carb	uretor	⊙ Fuel-	Injected		
		None		Unknown	(0011)	☐ None	Unknown							
			Engine						Rated Pow O Horsep		Total Time	Time Inspection	Since:	
Engine	Engine Manufa	cturer	Model/Series	Manufacturer's Serial Number				of Mfg.	O lbs of		(hours)	(hours)	(hours)	
Eng. 1	lycoming		0-540-A1D5		I-5555-40			260		4321		23	1026	
Eng. 2							_							
Eng. 3							+							
Eng. 4	2997 3000			Propelle	er 1	OFixed Pi	itch		Prone	ller 2	0	Fixed Pitch		
200	nspection Type			rropene		○ Controll	ontrollable Pitch O Controllable Pitch							
O100-H		inuous Airwo ditional Inspec		M6	h	OGround Adjustable							stable	
OAnnu			ation	Manufac		/R-1BFP/F80	con		Mode	facturer:	-			
Date L	ast Inspection:			ELT Ins							inment /	Check all that	t apply)	
Airfran	ne Total Time:	mm/dd/yy	yy hrs	If Yes:	, canca.	0.00			□ AD	S-B		Check all that	( apply)	
	rs measured at (S			ELT Mai			ACK TECHNOLOGIES Airframe Parachute							
- 500 <i>0</i>			ecident/Incident			.: E-04 ELT	ELT Angle of Attack Indicator							
Type of	Maintenance I	rogram (Se	lect one)	180 No.:		(121.5 MHz) (121.5 MHz)	JC91a	(121.5 MH	Dat	a Recorde				
Type of Maintenance Program (Select one) OC126 (406 MHz) O Annual					170		o			ght Bag or altifunction	Handheld De	vice		
O Conditional (Amateur-built only)  Was ELT still mounted in										mary Fligh				
O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP)  Was ELT still connected to Did ELT Activate? OYes							•	□Han	dheld GP		950 50			
O Conti	nuous Airworthine		, ,	If activa					□ Onl	ds Up Dis oard Wea				
	, specify:					ocating Aircra	it: O	Yes <b>O</b> No	Sate	llite Track	king Device	e		
	otion of Fire Ex	tinguishing	System	If not ac		п				Warning	System ing Device			
O None O Spec				Indicate	Keason:	☐ Impact Dar				er, Specif				
	0.50					☐ Battery Exp		Damaged			5			
						Unknown								

	TION					
OWNER/OPERATOR INFORMA	TION	City: Fort Worth				
Registered Aircraft Owner		State: Texas ZIP: 76179				
Name.		Country: USA				
Fractional Ownership Aircraft: O Yes ①		☑ Same Address as Registered Owner				
Operator of Aircraft  Same As Reg		City:				
Name:		State: ZIP:				
Daina Business As:		Country:				
Air Carrier/Operator Designator (4 Characte	r Code):					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Under	Opomestic				
☐ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental	OFAR 91 OFAR 129 OFAR 41 OFAR 103 OFAR 133 OFAR 43 OFAR 121 OFAR 135 OFAR 43 OFAR 125 OFAR 137 OFAR 43	Non-Scheduled or Air Taxi  O International				
☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotoccraft External Load (FAR 133)	OFAR 91 Special Flight ONon-US, Commercial	O Passenger O Cargo O Mail Contract Only				
Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	O Non-US, Non-commercial  O Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  O Eirofighting O Unknown				
□ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Armed Forces	O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Prefighting OFflight Test OGlider Tow OInstructional OOther Work Use OPersonal				
		O External Load O Skydiving				
Revenue Sightseeing Flight	Air Medical Flight	OFerry				
OYes O No	O Yes O No	uu a - llan of an airnort)				
AIRPORT INFORMATION (Fill in	if accident/incident occurred on appro	oach, landing, takeoff, departure, or within 3 miles of an airport)				
		Distance From Airport Center: 1sm				
Airport Identifier: T67		Direction From Airport: 60 degrees degrees true				
Proximity to Airport: Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation: 855 ft. msl				
Runway Information  Runway ID: 14 (L/R/C) Length: 37  Runway/Landing Surface (Check all that of the concrete Gravel Metal Concrete Snow	60 n Width: 60 n	Condition of Runway/Landing Surface (Check all that apply)  □ Dry □ Snow-Compacted □ Water-Calm □ Holes □ Snow-Crusted □ Water-Choppy □ Ice Covered □ Snow-Dry □ Water-Glassy □ Rough □ Snow-Wet □ Wet □ Rubber Deposits □ Soft □ Slush-Covered □ Vegetation □ Unknown				
Approach/Departure Segment (Select one		Oleva Assessab				
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Appr OLanding	roach ODownwind OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown				
IFR Approach (Check all that apply)	1	VFR Approach (Check all that apply)  □None				
□ ADF/NDB         □ PAR           □ SDF         □ Sidestep           □ VOR/TVOR         □ ILS           □ VOR/DME         □ Localizer Only           □ TACAN         □ LOC-back course	□LDA □GPS □ASR □Visual □Contact	□ Traffic Pattern       □ Stop and Go         □ Straight-In       □ Touch and Go         □ Valley/Terrain Following       □ Simulated Forced Landing         □ Go Around       □ Forced Landing         □ Full Stop       □ Precautionary Landing				
□RNAV	☐Circling ☐Unknown	Unknown				

"FLIGHT CREWMEME											
"Flight Crewmember 1" Res  O Pilot O Co-Pilot	ponsibilities at O Student Pilot	the Time of O Flight Ir	Accident structor	nt/Incld	ent heck Pilot	O Flight	Engineer	O Other F	light Crew		
"Flight Crewmember 1" was	pilot flying	□Yes □ N	o								
"Flight Crewmember 1" Ide											
First Name: Tony					Cit	y of Res	idence: Fo	rth Worth			
Middle Initial: S					Sta	te: Tex	as	2	IP: 76179		
Last Name: Dubeansky							Tarrant				
	Accident/Incide	nt: 67	Date	e of Birt	70	unuy		n/dd/yyyy			
Age at time of	Accidentificac		ertificate					****			
Decree of Indone	I Sant Occum		ennicate	Numbe		aint Ty				nflatable R	ostroints
Degree of Injury  None O Fatal  Seat Occupied  Left O Front O Unknown								•••	1.	ппасати к	estraints
O Minor O Unknown	O Right O Center	O Rear O Single	0.		^	vailable O None O Lap on		O None O Lap only	,	☑ Not Inst	
Pilot Certificate(s) (Check all	that apply)				7.0	O 3-poin	ľ	O <sup>3</sup> -point		☐ Not Dep	loyed
□ None □ Flight Is		Commercial		US Milit		O 4-poin		O 4-point O 5-point		☐ Deploye ☐ Unknow	
☐ Private ☐ Recreat		Airline Transp		Foreign	- 1	O 5-point O Unkno		O Unknow	'n	- Olikilow	"
☐ Student ☐ Sport		Flight Enginee	r			J JIMIN	100				
Principal Occupation M	1edical Certific	cate			Medi	ical Cert	ificate Val	idity	1	Date of Las	t Medical
The state of the s		Class 3					itations/waiv	ers OU	nknown	01/13/202	01
		Driver's Lice	ense (Spor	rt Pilot or		ith limitat ecial Issu	ions/waivers	ОN	/A   .	mm/dd/yy	
Medical Certificate Limitati		Unknown			Озр	cciai issu	ance				
Must wear corrective lensesThi		medical certif	finate								
	a olavo alimon	mountai certii	iodio								
Medical Certificate Special	Issuance										
Third class airman medical cer	tificate as provid	led forin Title	14 of the	CFRs,S	Section 67.40	11					
Date of Last Flight Review		Fligh	t Review	v Airer	aft						
or Equivalent, Including	2014 5 12000		: cessn								
FAR 121/135 Checks:	09/15/2020 mm/dd/yyyy	200,000	l: 150								
Airplane Rating(s)	Other Aircra			strumer	nt Rating(s)		Instructor	Rating(s)			
(Check all that apply)	(Check all that				that apply)		(Check all to				
☐ None	☑ None			None		- 1	☑ None			Instrument A	
Single-Engine Land	☐ Airship☐ Balloon			Airpland Helicopt		- 1		Single-Engi	-	Instrument I	Helicopter
☐ Single-Engine Sea☐ Multiengine Land	Glider			Powered		- 1	Gyropla	: Multi-Engir ne		Helicopter Glider	
☐ Multiengine Sea	Gyroplane					- 1	☐ Powered	Lift		Sport	
	☐ Helicopter☐ Powered Life	f									
Type Ratings							Student E	ndorsemer	its (Include a	lates)	
L =						-					
						- 1					
			Airpl	ane T							
Flight Time (Enter appropriate		This Make	Sing	gle	Airplane			ument			Lighter
number of hours in each box)	Aircraft	& Model	Engl		Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	465 454	23 9	-	465 454			5				
Pilot in Command (PIC)	454	9		454			-				-
Time as Instructor	1826-1835	10, 469.461c	See line				-		And A	Name (Sept.	THE STATE OF THE S
This Make/Model	de west of gentle	Sept. 17512	September 1	W. Linday	2 V 19 11 11 11		-			and the same	1.00
Last 90 Days	9	9				-	_				
Last 30 Days Last 24 Hours	1	1									
	1000	680								1	

"FLIGHT CREWMEME											
"Flight Crewmember 2" Res OPilot OCo-Pilot	ponsibilities at O Student Pilot	the Time of Offight In	Accide:	nt/Incid OC	lent Theck Pilot	OFlip	ght Engineer	O Other I	light Crew		
"Flight Crewmember 2" was	pilot flying	□Yes □	No								
"Flight Crewmember 2" Idea	ntification										
First Name:					_ Ci	ty of Re	esidence:				
Middle Initial:									IP:		
Last Name:											
Age at time of A											
Age at time of A	cedeno meiden			Number							
Degree of Injury	Seat Occup		Hincate	Number		traint T	Type			Inflatable D	
O None O Fatal	OLeft	OFront	O	Unknown					- 1	Inflatable R	estraints
O Minor O Unknown O Right O Rear O Serious O Center O Single						Available Used O None O None					
Pilot Certificate(s) (Check all	that apply)					O Lap O 3-po		O Lap only O 3-point		☐ Installed ☐ Not Dep	
□ None □ Flight Ir		Commercial		US Milit	tary	O 4-po	int	O 4-point		Deploye	
Private Recreati		Airline Transp	_	Foreign		O 5-po O Unki		O 5-point O Unknow	'n	Unknow	/n
☐ Student ☐ Sport		Flight Enginee	er			Ocinc	nown	O Chillion	"		
Principal Occupation N	ledical Certific	ate			Med	lical Ce	rtificate Va	lidity		Date of Las	t Medical
	) None C	Class 3					mitations/waiv		nknown		
O Other O Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers O N/A				/A	mm/dd/yy	N7V					
O Unknown C Medical Certificate Limitati		) Unknown			05	peciai is	suance				,,
Medical Certificate Special	Issuance										
Date of Last Flight Review		Fligh	t Revie	w Airer	aft						
or Equivalent, Including											
FAR 121/135 Checks:	mm/dd/yyyy	— Mode									
Almalana Padinada	Other Aircra	2/30/30/00			nt Datings		1	D-41(-)			
Airplane Rating(s) (Check all that apply)	(Check all that a				nt Rating(s) that apply)	,	Instructor (Check all th	***			
□ None	☐ None	11.57		None			□ None	ш црргуу		Instrument A	imlane
☐ Single-Engine Land	Airship			Airpland			☐ Airplane	Single-Engin	e 🗆	Instrument H	clicopter
☐ Single-Engine Sea☐ Multiengine Land	☐ Balloon ☐ Glider			Helicopi Powered			☐ Airplane ☐ Gyroplan	Multi-Engine		Helicopter Glider	
☐ Multiengine Sea	☐ Gyroplane		-	a i owered	u Liii	=	Powered			Sport	
20	☐ Helicopter☐ Powered Life										
Type Ratings	LI Powered Lin					_	Student Er	idorsement	S (Include d	lates)	
Type Ratings							Student Li	idoi semeni	3 (Include a	ares)	
Flight Time (Enter appropriate	e All	This Make	Airp		Airplane		Inst	rument			
number of hours in each box)	Aircraft	& Model	Sin: Eng		Multiengine	Nigh	t Actual	Simulated	Retorcraft	Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model		A CONTRACT	\$12.5h		in the second	8				- V	
Last 90 Days											
Last 30 Days											
Last 24 Hours											

ADDITIONAL FLIC	GHT CREWMEM	BERS_	xclusive of cabin cre	w. complete	the following	g information)			
						Seat Occupied	1	Injury	
Crew Name and Add		City	of Residence:			O1.eft	OFront	O None	
			Z.			O Center O Right	O Rear O Single	O Minor O Serious	
Middle Initial:		100			- 1	Okigni	OUnknown	O Fatal	
Last Name:		Cou	lry					O Unknown	
Pilot Certificate(s) /	(heck all that apply)		_			Restraint Typ Available	Used	Inflatable Restraints	
□ None	☐ Flight Instructor			Military		O None	O None O Lap Only	☐ Not Installed	
Private	Recreational		ne Transport	ign		O Lap Only O 3-point	O 3-point	Installed	
☐ Student	□ Sport	C 1111)	n Engineer			O4-point	O 4-point	☐ Not Deployed ☐ Deployed	
Type Rating/Endors	ement for		<b>Total Flight Time at</b>			O 5-point O Unknown	O 5-point O Unknown	Unknown	
Accident/Incident Ai	ircraft? Yes	□ No	of this Accident/Incid	dent:	hrs	O tomano un			
Crew Name and Add	Iress					Seat Occupie	1	Injury	
	itess	City	of Residence:			OLeft	OFront	O None	
			: Z			OCenter	O Rear O Single	O Minor O Serious	
Middle Initial:						ORight	OUnknown	O Fatal	
Last Name:		Col	ntry:		_			O Unknown	
Pilot Certificate(s)	Check all that apply)					Restraint Typ	e: Used	Inflatable	
None	☐ Flight Instructor	□ Co	nmercial US	Military		Available O None	O None	Restraints	
☐ Private	☐ Recreational		ine Transport	reign		O Lap Only	O Lap Only	☐ Not Installed☐ Installed☐	
☐ Student	☐ Sport	□ FI	tht Engineer			O 3-point O 4-point	O 3-point O 4-point	■ Not Deployed	
Type Rating/Endors	Total Flight Time at	t the Time		O 5-point	O 5-point	☐ Deployed ☐ Unknown			
Accident/Incident A		□ No	of this Accident/Inci		hrs	OUnknown	O Unknown	- Children	
PASSENGER(S)	/ OTHER PERS	ONNEL	Include cabin crew; c	ontinue on s	eparate shee	et if necessary)			
				Injury	Restraint T	Type	Inflatable Restraints	Age	
Name and Address			Seat	Injury	Available	Used	Tivin and	-	
First Name:	City :		OLeft .	ONone	ONone	ONone	☐ Not Installed	☐ Under 5 years	
Middle Initial:			OLCII	OMinor	OLap Only	y O Lap Only O 3-point	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Last Name:			ORight	OSerious	O3-point O4-point	O 4-point		O Child Restraint	
Last Hame:			Cinano	O Fatal O Unknown	O5-point	O 5-point		O Lap-Held	
OCrew	OPassenger	0	ther Row:		OUnknown			OUnknown	
First Name:	City :			0	Available ONone	O None	□ Not Installed	☐ Under 5 years	
Construction of the constr		ZIP:	OLeft OCenter	O None O Minor	O Lap Only	O Lap Only	Installed		
Middle Initial:			ORight	OSerious	O3-point O4-point	O 3-point O 4-point	☐ Not Deploye		
Last Name:	Country: _		OUnknown	O Fatal O Unknown	06	O 5-point	☐ Deployed ☐ Unknown	O Child Restraint O Lap-Held	
OCrew	<b>O</b> Passenger	0	ther Row:	- Chancan	OUnknow	n O Unknown		OUnknown	
e	Ciny		1200 000		Available ONone	Used O None	DN-15		
First Name:				O None O Minor	O Lap Onl	y O Lap Only	☐ Not Installed		
Middle Initial:			( )Right	OSerious	O3-point	O 3-point	☐ Not Deploye	A STATE OF THE PARTY OF THE PAR	
Last Name:	Country: _		OUnknown	O Fatal O Unknown	O4-point O5-point	O 4-point O 5-point	☐ Deployed ☐ Unknown	O Child Restraint O Lap-Held	
OCrew	OPassenger	0	ther Row:	- Chkhown	OUnknow	n O Unknown		O Unknown	
First Name:	City:		01-0	ONone	Available O None	O None	□ Not Installed	Under 5 years	
	State:			OMinor	O Lap Onl		☐ Installed		
Middle Initial:				O Serious	O3-point	O 3-point	☐ Not Deploye	ed If Under 5,	
			I C) Right	0- 1	O4-point	O 4-point	☐ Deployed		
Middle Initial:			I C) Right	0- 1	Of point	O 5-point	☐ Deployed ☐ Unknown	O Child Restraint O Lap-Held O Unknown	

FLIGHT ITINERARY	CINEORMATIO	v.						
	1 PAPOR SOCIO	and Despite Thirty	Descharts	**		Type Fligh	of Plan Filed	
Less Departure Point			August 259			(i) Name	OVER	
August ID 767	Pane?	8 (10 MH)	the Feet			O Military		
Coy Fort Worth	- Property	Pone contral	tune Tex			OAKE		100.00
Num Texas		Lynn Carre	County U			Activated?	OYM ONE	Otliskaowa
Country USA			4 Strains I	The same of				
Tage of ATL Cherryton S		argiditi			O ver requeron	ing ing	Courses.	
	C) Special STA	& J. Cheer	HAD DAYS		D Tracillo Advisors		O Loskinson / St	A
D nas	O ne	-	The second second second				Altitude of In	- B'Slocker
Alexandra where the models		1 /2 horst oil that i	nggalai mary Operations	Acres (NEC) A.V.	C Special		Occurrence:	- P ingles
D Chen A	Chone Area		unt Advestry A		No Traffic Cont	pol Area.		A mel
O Class B	Chamine was	D ten 1	Fraining Area		☐ Unknown		1000	The states
Cirles D	Problems fores	D 783						
Class I	O Kessenand Area	Divi						
WEATHER INFORM	HT TA MOITAN	ACCIDENT	MINCIDEN					
Nourse of Pilot Weather I	Information			Weather Of	hservation Facility			
is South all than apply?				Facility ID: _		-		
Diversional Woother Service	Con Con			Observation T	lime:			
Cirtigity Nervice Station CITS Realist	☐ Male			Time Zone				
C Sunomisol Kerson	☐ Non				Accident Site:			
Commercial Weather Servi	ice (DUATS) Unk	nown		9	n Accident Site			
23. in Sound Weather		Trans.		1				
Basic Conditions		Light Conditi	O Dusk	ODe	A Night Otle	known		
© VMC O MC		ODaws ODay	Ohight		ght Night			
Ot ransown		0,						
Sto Lowest Cloud Condition	tion	Ceiling			Temperature:		(C) or	(F)
© Clear	O Thin Broken	None (Clear)		Obscured			) or	
Otre	O Thin Overcast	O Broken		Indefinite				
O hurtul Obscuration	O Unknown	O Overcast	0	Unknown	Altimeter Sett	ing:	in. Hg	
C Seattered  Lewest Cloud Condition	Height	Ceiling Heigh	t			of	МВ	
Lenen Caude Condition	ft agt			ft agf				
Wind Direction	Wind Speed		Wind Gusts	•	Visibility	6	miles	
☐ Variable	☐ Calm		☑ Not Gusta	ng	RVR		feet	
	Light and Varie	able			RVV	-	miles	
-00-	ue Speed 0	kts	Speed 0	krs	The same of the sa			
Direction 14 degrees tri					Density Altitu		heck all that apply	
intensity of Precipitation	Type of Precipit	The second secon			None		леск ан тагаррг) Год	,
O'Light	□ None	☐ Deizzle ☐ Ice Pellets	☐ Freezin		Blowing Do		Ground Fog	
O Moderate O times	Ram Snow	Snow Pellets		lets Shower	☐ Blowing Sa	nd 🔲 i	Haze	
ONA	D Hail	Snow Grain	Freezing	ng Drizzle	Blowing Sn		lce Fog	
Ottoknows	Rain Showers	☐ Ice Crystals			☐ Blowing Sp ☐ Dust		Smoke Unknown	
					Turbulence			
long Forecast		Icing Actual	Type		Type (Check a	II that anniv)	Severity	
Amount Type  © None O N A		⊙ None	ONA		None	ar mar appropr	Light	
Oliver Okine	i	O Trace	O Rime		Clear Air		☐ Moderate	2
O Light O Clear		O Light	O Clea		Convective		☐ Severe ☐ Extreme	
O Moderate O Mose O Severe O Union		O Moderate O Severe	O Unk			roroughe	Careme	
O Linkstown	A1961	Othknown						
		ATT DIDER	in West of	tha time of	the accident/inci	dant.	-	
NOTAMs (D and FDC),	, AIRMETS, SIGN	iets, pireps	in effect at	the time of	the accident/inci	dent:		

DAMAGE	TO AIRCRAFT A	ND OTHER PR	OPERTY	Aircraft Explosion	
O None O Minor	o Substantial O Destroyed O Unknown	Aircraft Fire  None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description of	Damage to Aircraft	and Other Property	(Use additional sheet if necessary)		
Damaged ele	ctrical wires, engine	damage, landing ge	ear, fuselage. airplane is a total no	one repairable.	
NADDATIV	HISTORY OF FL	IGHT (Please type	or print in ink)		
Describe what	nt occurred in chrono tribution sketch if pert	logical order, includi inent. Attach extra she	ing circumstances leading to and na eets if needed. State departure time an	ture of accident/incide ad and location, service	nt. Describe terrain and include s obtained, and intended
destination. P	rovide as much detail	as possible.			
	on Bonds Ranch Rd out 50 yards into a tre		et agl, the engine started to backfir re which diminished any speed and lane 45 degrees. The engine was		

RECOMMENDATION (How co	ould this ac	cident/incident has	e been preve	nted?)				
Operator/Owner Safety Recommend								
not sure								
MECHANICAL MALFUNC	CTION/F	AILURE (If mor	e space is ne	eded, co	ntinue on separ.	ate sheet)	Tatal Ti IC	velee
Was there Mechanical Malfuncti			orika the Call	ā			Total Time/Cy On Part	ycies
(If yes, list the name of the part, manufa	acturer, part	no., seriai no., and des	crive ine failure	,				Hours
not sure								Cycles
							Time Since This Part Inspected/Overhauled	
							Inspected/OV	
								_ Hours
FUEL & SERVICES INFO	DRMATIC				SVAT F			
Fuel on Board at Last Takeoff		Fuel Type	0.115/145		O Jet B	O Other, specify _		
(Convert from pounds, as necessary)	2-11-	O 80/87 ⊙ 100 Low Lead	O 115/145 O Jet A		O JP8	Comer, spectry_		
	Gallons	O 100/130	O Jet A-I		O Automotive			
Other Services, if Any, Prior to I	Departure			*				
none								
X 17								
EVACUATION OF AIRCF	RAFT			111	Park Town			
Was an emergency evacuation of	f the aircra	ift performed?		☑ No				
Method of Exit - Describe how th	he occupant	s exited and how ma	any occupants	evacuate	ed each location			
1 door								
3 - 3 - 3 - 1 - 1								
OTHER AIRCRAFT - CO	LLISION	(If air or ground	collision occi	urred, co	mplete this sec	tion for other airc	raft)	
		ırer:				D	amage to Other A	Aircraft Minor
						-		None None
Registered Owner of Other Airc	raft			Pilot of	Other Aircraft			
Name:								
City:ZIP:				City: State:		_ZIP:		
State: ZIP: Country:					y:			_
Country.			1997	100				

ADDITIONAL INFO	RMATIO	N (Please type or print in int)		
		a needed for any answers.		
I HEREBY CERTIF			ETE AND ACCURATE TO THE BEST OF M	IY KNOWLEDGE
Date of this Report		Pilot/Operator: Tony Dubeansky		
06/24/2021 mm.dd ymy	Signatur			
	or	Check here to electronically sign this of	docament	
		erator is Filing Report		
			Title:	
		The state of the s		
or C	heck here t	electronically sign this document		
		FOR NTSB		Data Darret Herstont
NTSB Accident/Incid		Reviewed by NTSB Regional Office Denver, CO	Name of Investigator Craig Hatch	Date Report Received