

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: <u>Osceola</u> State: <u>WI</u> ZIP: <u>54020</u> Country: <u>USA</u> Latitude: <u>45.31°N</u> Longitude: <u>92.69°W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>08/09/2021</u> Local Time: <u>18:00</u> <i>mm/dd/yyyy</i> Time Zone: <u>CST</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None
---	--

AIRCRAFT INFORMATION

Registration Number: <u>N997EM</u> Manufacturer: <u>ELDEN A. LORAH</u> Model: <u>PULSAR SPORT 150</u> Serial Number: <u>603</u> Year of Manufacture: <u>5-25-14</u> Amateur-Built: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: <input checked="" type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: <u>KISTR1</u>	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>1400</u> lbs Weight at Time of Accident/Incident: <u>1242</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>
---	--

Category of Aircraft <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	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	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	CONTINENTAL	O-200A	2081-0-A		100	?	82.9	238.2
Eng. 2							155.3	
Eng. 3								
Eng. 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>10/22/2020</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>238.2</u> hrs hours measured at (Select one) <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	Propeller 1 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input checked="" type="radio"/> Ground Adjustable Manufacturer: <u>Whirlwind</u> Model: <u>6A 200 CN</u> Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) <input type="radio"/> Annual <input checked="" type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-04</u> TSO No.: <input type="checkbox"/> OC91 (121.5 MHz) <input type="checkbox"/> OC91a (121.5 MHz) <input checked="" type="checkbox"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____	Additional Equipment (Check all that apply) <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input checked="" type="checkbox"/> Electronic Multifunction Display <input checked="" type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: JOHN STONTZ

City: TRAVERSE CITY

State: MI ZIP: 49685

Fractional Ownership Aircraft: Yes No

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 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
 - Non-Scheduled or Air Taxi
 - Domestic
 - 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: LO Simenstad Municipal
 Airport Identifier: KOEO
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A
1/2 mile

Distance From Airport Center: 1/2 sm
 Direction From Airport: 120 degrees true
 Airport Elevation: 906 ft. msl

Runway Information
 Runway ID: 10 (L/R/C) Length: 5006 ft Width: 75 ft

- Runway/Landing Surface** (Check all that apply)
- Asphalt
 - Concrete
 - Dirt
 - Grass/Turf
 - Gravel
 - Ice
 - Macadam
 - Metal/Wood
 - Snow
 - Water
 - Unknown

- 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

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
 - Practice
 - GPS
 - 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: JOHN

City of Residence: BLAINE

Middle Initial: J

State: MN ZIP: 55434

Last Name: STONTZ

Country: USA

Age at time of Accident/Incident: 68 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input checked="" type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input checked="" 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	Restraint Type <table> <tr> <th>Available</th> <th>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 checked="" 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 checked="" 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	Inflatable Restraints <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 checked="" 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 checked="" 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		Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance															
Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown	Date of Last Medical <u>10/28/2019</u> mm/dd/yyyy															

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 11/05/2019
mm/dd/yyyy

Flight Review Aircraft
 Make: KISTR1
 Model: PULSAR SPORT 150

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <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	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
--	--	---	--

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	470.3	157	470.3		28.1	15.6	55.6			
Pilot in Command (PIC)	398.4	157	398.4		28.1	15.6	55.6			
Time as Instructor										
This Make/Model										
Last 90 Days	16.4	16.4	16.4							
Last 30 Days	11.3	11.3	11.3							
Last 24 Hours	1.1	1.1	1.1							

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KOEO</u> City: <u>OSCEOLA</u> State: <u>WI</u> Country: <u>USA</u>	Time of Departure Time: <u>18:00</u> Time Zone: <u>CST</u>	Destination Airport ID: <u>KOEO</u> City: <u>OSCEOLA</u> State: <u>WI</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown
---	---	--	--

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 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 checked="" 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 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: 1200? ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: <u>KOEO</u> Observation Time: <u>12:13:14:16:17:45</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>.5</u> nm Direction from Accident Site: <u>110</u> degrees true
---	--

Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
---	--

Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	Temperature: _____ (C) or <u>80</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in Hg ? or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>110</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>6-8</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>2200?</u> ft
--	--	--	--

Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
---	---	---

Icing Forecast Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Icing Actual Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input 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:
Runway taxi lights out of service

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)

Hit soybean field with right wing, sheared off rt. wing. Pivoted nose down. Hit propeller, kept rotation and sheared off left wing and landing gear.

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.

I went to KOEO to practice; landings & takeoffs power on & power off stalls. I cleaned my airplane and put everything in my car. I listened to the AWOS on 119,925. Conditions were great for what I wanted to do. I flew for .8 hr and took a break. I put 11.6 gal. of 100LL into N997EM, I had 12 gal. left and 12 gal. right. I took a break for around 2 hours. I departed ^{Runway} 10 at 18:00 CST ^{after AWOS report}. I radioed traffic and communicated my intent to stay in the pattern. I did one touch & go and after climbing at full throttle I felt the plane lose power, hesitate a fraction of a second and then completely die. No rotating prop. I was 2-400' AGL. I put the nose down and looked for the best place to land. I chose a soybean field off my right wing and ahead. I flew around 80 mph, attempting to stay above stall speed and get the distance I needed to land safely. I had turned 10° or less to the right & flew straight & level. I picked a point ^{in the distance} to use as a reference point. The point happened to be a powerline pole. It stayed the same, indicating to me that I was going to hit it. I had to turn to avoid hitting the pole. I turned right. I missed the pole and the power line, but immediately stalled. My right wing hit the ground. The plane pivoted counter clockwise. The nose impacted, the prop hit the ground, the left wing hit as it continued to rotate. I shut all electrical off. I got out & wanted to see if there would be a fire. I went back to the plane and grabbed my phone, wallet and other stuff. I called 911.

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

Operator/Owner Safety Recommendation

I could have gone under the power lines by putting the nose down, increasing speed & then hope to bleed off speed, land as slow as possible & keep nose high when landing in rough field.

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.)

The engine quit running. Why?

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)

24 Gallons

Fuel Type

- 80/87 115/145 Jet B
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

Other, specify 12 gal. Left
 12 gal. Right

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

I got out through the left gull-wing door.

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number
 N997EM

Manufacturer: Eldon Lurah
 Model: PULSAR SPORT 150

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

08/20/2021
m/m/dd/yyyy

Name of Pilot/Operator: JOHN STUNTZ

Signature: [Redacted]

- 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.

CEN21LA367

Reviewed by NTSB Regional Office

Denver, CO

Name of Investigator

Craig Hatch

Date Report Received

8/23/2021