

**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**

<b>Accident/Incident Location</b>		<b>Accident/Incident Date/Time</b>	
Nearest City/Place: <u>Evansville</u>	State: <u>IN</u>	Date: <u>04/08/2022</u>	Local Time: <u>225 PM</u>
ZIP: <u>47731</u>	Country: <u>United States</u>	<i>mm dd yyyy</i>	Time Zone: <u>Central</u>
Latitude: <u>38.05 N</u>	Longitude: <u>87.52 W</u>		
<i>(Enter in decimal degrees or degrees:minutes:seconds)</i>			
		<b>Collision with Other Aircraft:</b> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> <b>None</b> <input checked="" type="checkbox"/>	

**AIRCRAFT INFORMATION**

<b>Registration Number:</b> <u>N 1040F</u>	<b>IFR-Equipped and Certified</b>
<b>Manufacturer:</b> <u>Cessna</u>	<b>Commercial Space Flight</b>
<b>Model:</b> <u>185F</u>	<b>Unmanned Aircraft</b>
<b>Serial Number:</b> <u>18502697</u>	<b>Maximum Gross Weight:</b> <u>3350</u> lbs
<b>Year of Manufacture:</b> <u>1975</u>	<b>Weight at Time of Accident/Incident:</b> <u>2665</u> lbs
<b>Amateur-Built:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If Yes: Kit/Plans Make: _____ Original Design</i>	<b>Number of Seats:</b> <u>5</u> Flight Crew Seats: <u>1</u>
	Cabin Crew Seats: _____ Passenger Seats: <u>4</u>
	<b>Number of Engines:</b> <u>1</u>

<b>Category of Aircraft</b>	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i>	<b>Landing Gear</b> <i>(Check all that apply)</i>	<b>Engine Type</b> <i>(Select one)</i>
<input checked="" type="checkbox"/> Airplane	<b>Standard</b>	<input type="checkbox"/> Tricycle	<input checked="" type="checkbox"/> Reciprocating
<input type="checkbox"/> Balloon	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Retractable	<input type="checkbox"/> Turbo Shaft
<input type="checkbox"/> Blimp/Dirigible	<input type="checkbox"/> Aerobatic	<input checked="" type="checkbox"/> Tailwheel	<input type="checkbox"/> Turbo Prop
<input type="checkbox"/> Glider	<input type="checkbox"/> Balloon	<input type="checkbox"/> Amphibian	<input type="checkbox"/> Turbo Jet
<input type="checkbox"/> Gyroplane	<input type="checkbox"/> Commuter	<input type="checkbox"/> Emergency Float	<input type="checkbox"/> Turbo Fan
<input type="checkbox"/> Helicopter	<input type="checkbox"/> Transport	<input type="checkbox"/> Float	<input type="checkbox"/> Electric
<input type="checkbox"/> Powered Lift	<input type="checkbox"/> Utility	<input type="checkbox"/> Hull	<b>Fuel System Type</b> <i>(Reciprocating)</i>
<input type="checkbox"/> Rocket	<b>Special</b>	<input type="checkbox"/> Other Launch/Recovery System	<input type="checkbox"/> Carburetor
<input type="checkbox"/> Ultralight	<input type="checkbox"/> Restricted	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Fuel-Injected
<input type="checkbox"/> Unknown	<input type="checkbox"/> Limited	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Provisional		
	<input type="checkbox"/> Special Flight		
	<input type="checkbox"/> Experimental		
	<input type="checkbox"/> Special Light-Sport		
	<input type="checkbox"/> Experimental Light-Sport		
	<b>Certificate of Authorization or Waiver (COA)</b>		
	<input type="checkbox"/> None		
	<input type="checkbox"/> Unknown		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>10-550-D</u>	<u>284454-R</u>	<u>10/30/2008</u>	<u>300</u>	<u>1106.8</u>	<u>63.6</u>	<u>1106.8</u>
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b>	<b>Propeller 1</b>	<b>Propeller 2</b>
100-Hour <input type="checkbox"/>	<input checked="" type="checkbox"/> Fixed Pitch	<input type="checkbox"/> Fixed Pitch
Continuous Airworthiness <input type="checkbox"/>	<input checked="" type="checkbox"/> Controllable Pitch	<input type="checkbox"/> Controllable Pitch
AAIP <input type="checkbox"/>	<input type="checkbox"/> Ground Adjustable	<input type="checkbox"/> Ground Adjustable
Annual <input type="checkbox"/>	Unknown <input type="checkbox"/>	Unknown <input type="checkbox"/>
<b>Date Last Inspection:</b> <u>02/02/2022</u>	Manufacturer: <u>Hartzell</u>	Manufacturer: _____
<i>mm dd yyyy</i>	Model: <u>PHC-C34F-1RF</u>	Model: _____
<b>Airframe Total Time:</b> <u>5406.6</u> hrs	<b>ELT Installed:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Additional Equipment</b> <i>(Check all that apply)</i>
hours measured at <i>(Select one)</i>	<i>If Yes:</i>	<input checked="" type="checkbox"/> ALN-B
Last Inspection _____	<b>ELT Manufacturer:</b> <u>Arlex</u>	<input type="checkbox"/> Airframe Parachute
Time of Accident/Incident _____	<b>Model or Part No.:</b> <u>MC 406</u>	<input type="checkbox"/> Angle of Attack Indicator
	<b>TSO No.:</b> <u>C91 (121.5 MHz)</u> <u>C91a (121.5 MHz)</u>	<input checked="" type="checkbox"/> Autopilot
	<u>C126 (406 MHz)</u>	<input type="checkbox"/> Data Recorder
<b>Type of Maintenance Program</b> <i>(Select one)</i>	<b>Was ELT still mounted in aircraft?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electronic Flight Bag or Handheld Device
<input checked="" type="checkbox"/> Annual	<b>Was ELT still connected to antenna?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Electronic Multifunction Display
<input type="checkbox"/> Conditional (Amateur-built only)	<b>Did ELT Activate?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Electronic Primary Flight Display
<input type="checkbox"/> Manufacturer's Inspection Program	<i>If activated:</i>	<input type="checkbox"/> Handheld GPS
<input type="checkbox"/> Other Approved Inspection Program (AAIP)	<b>Did ELT Aid in Locating Aircraft?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Heads-Up Display
<input type="checkbox"/> Continuous Airworthiness	<i>If not activated:</i>	<input checked="" type="checkbox"/> Onboard Weather
<input type="checkbox"/> Other, specify: _____	<b>Indicate Reason:</b>	<input type="checkbox"/> Satellite Tracking Device
	Impact Damage <input type="checkbox"/>	<input type="checkbox"/> Stall Warning System
<b>Description of Fire Extinguishing System</b>	Fire Damage <input type="checkbox"/>	<input type="checkbox"/> Video Recording Device
<input checked="" type="checkbox"/> None	Battery Expired/Damaged <input type="checkbox"/>	Other, Specify: _____
Specify: _____	Unknown <input type="checkbox"/>	

# OWNER/OPERATOR INFORMATION

## Registered Aircraft Owner

Name: Matthew D Morris  
 Fractional Ownership Aircraft: Yes  No

City: Bentonville  
 State: AR ZIP: 72712  
 Country: United States

## Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner  
 Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_

## Operating Certificates Held

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

## Regulation Flight Conducted Under

- |         |         |         |
|---------|---------|---------|
| FAR 91  | FAR 129 | FAR 415 |
| FAR 105 | FAR 135 | FAR 431 |
| FAR 121 | FAR 135 | FAR 435 |
| FAR 125 | FAR 137 | FAR 437 |
- FAR 91 Special Flight  
 Non-US, Commercial  
 Non-US, Non-commercial
- Public Aircraft (Select one)  
 Armed Forces  
 Federal  
 State  
 Local  
 Unknown

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

- (Select one for each group)
- |                           |               |
|---------------------------|---------------|
| Scheduled or Commuter     | Domestic      |
| Non-Scheduled or AIR TAXI | International |
- Passenger  
 Cargo  
 Mail Contract Only

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

- (Select one)
- |                     |  |         |
|---------------------|--|---------|
| Aerial Application  | Firefighting                                 | Unknown |
| Aerial Observation  | Flight Test                                  |         |
| Air Drop            | Glider Tow                                   |         |
| Air Race/Show       | Instructional                                |         |
| Banner Tow          | Other Work Use                               |         |
| Business            | <input checked="" type="checkbox"/> Personal |         |
| Executive/Corporate | Positioning                                  |         |
| External Load       | Skydiving                                    |         |
| Ferry               |  |         |

## Revenue Sightseeing Flight

Yes  No

## Air Medical Flight

Yes  No

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

Airport Name: Evansville Regional  
 Airport Identifier: KEVV  
 Proximity to Airport: Off Airport/Airstrip  On Airport/Airstrip  N/A

Distance From Airport Center: \_\_\_\_\_ sm  
 Direction From Airport: \_\_\_\_\_ degrees true  
 Airport Elevation: 422 ft. msl

## Runway Information

Runway ID: 27 (L/R/C) Length: 3497 ft width: 75 ft

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

- |  |   |                                       |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Dry  | <input type="checkbox"/> Snow-Compacted | <input type="checkbox"/> Water-Calm   |
| <input type="checkbox"/> Holes           | <input type="checkbox"/> Snow-Crusted   | <input type="checkbox"/> Water-Choppy |
| <input type="checkbox"/> Ice Covered     | <input type="checkbox"/> Snow-Dry       | <input type="checkbox"/> Water-Glassy |
| <input type="checkbox"/> Rough           | <input type="checkbox"/> Snow-Wet       | <input type="checkbox"/> Wet          |
| <input type="checkbox"/> Rubber Deposits | <input type="checkbox"/> Soft           |                                       |
| <input type="checkbox"/> Slush-Covered   | <input type="checkbox"/> Vegetation     | <input type="checkbox"/> Unknown      |

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

- |   |                                     |                                     |                                  |
|---|-------------------------------------|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Asphalt | <input type="checkbox"/> Grass/Turf | <input type="checkbox"/> Macadam    | <input type="checkbox"/> Water   |
| <input type="checkbox"/> Concrete           | <input type="checkbox"/> Gravel     | <input type="checkbox"/> Metal/Wood |                                  |
| <input type="checkbox"/> Dirt               | <input type="checkbox"/> Ice        | <input type="checkbox"/> Snow       | <input type="checkbox"/> Unknown |

## Approach/Departure Segment (Select one)

- |               |                                   |   |   |                                   |
|---------------|-----------------------------------|---|---|-----------------------------------|
| Taxi          | VFR Departure                     | On Instrument Approach                      | Downwind                                      | Low Approach                      |
| Takeoff       | IFR Departure Procedure/Clearance | <input checked="" type="checkbox"/> Landing | Base  | Go Around                         |
| Initial Climb |                                   |   | Final   | Aborted Landing (after touchdown) |
|               |                                   |   | <input checked="" type="checkbox"/> Crosswind | Unknown                           |

## IFR Approach (Check all that apply)

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

## VFR Approach (Check all that apply)

- None
- |   |                          |
|---|--------------------------|
| <input checked="" type="checkbox"/> Traffic Pattern | Stop and Go              |
| <input type="checkbox"/> Straight-In                | Touch and Go             |
| <input type="checkbox"/> Valley/Terrain Following   | Simulated Forced Landing |
| <input type="checkbox"/> Go Around                  | Forced Landing           |
| <input checked="" type="checkbox"/> Full Stop       | 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: Matthew    City of Residence: Bentonville  
 Middle Initial: A    State: AR    ZIP: 70712  
 Last Name: Moss    Country: United States  
 Age at time of Accident/Incident: 45    Date of Birth: [REDACTED]    mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input checked="" type="radio"/> Front <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Unknown		<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<b>Used</b> <input type="radio"/> None <input checked="" type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<b>Inflatable Restraints</b> <input checked="" type="radio"/> Not Installed <input type="radio"/> Installed <input type="radio"/> Not Deployed <input type="radio"/> Deployed <input type="radio"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="radio"/> None <input type="radio"/> Flight Instructor <input type="radio"/> Commercial <input type="radio"/> US Military <input type="radio"/> Private <input type="radio"/> Recreational <input type="radio"/> Airline Transport <input type="radio"/> Foreign <input type="radio"/> Student <input type="radio"/> Sport <input type="radio"/> Flight Engineer								
<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown		<b>Medical Certificate Validity</b> <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> With limitations/waivers <input type="radio"/> Unknown <input type="radio"/> Special Issuance <input type="radio"/> N/A		<b>Date of Last Medical</b> <u>12/17/2021</u> mm/dd/yyyy		

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 01/24/2022  
mm/dd/yyyy

**Flight Review Aircraft**

Make: Cessna  
Model: 172M

<b>Airplane Rating(s)</b> (Check all that apply) <input type="radio"/> None <input checked="" type="radio"/> Single-Engine Land <input type="radio"/> Single-Engine Sea <input type="radio"/> Multiengine Land <input type="radio"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (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	<b>Instrument Rating(s)</b> (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Airplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Airplane Single-Engine <input type="radio"/> Airplane Multi-Engine <input type="radio"/> Gyroplane <input type="radio"/> Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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**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	Flight	Instrument		Night	Other	Lighter Than Air
						Actual	Simulated			
Total Time	139	63.6	139		9.2		4.6			
Pilot in Command (PIC)	38.4	25.6	38.4		2.0					
Time as Instructor										
This Make/Model										
Last 90 Days	79.8	63.6	79.8		6.1		1.5			
Last 30 Days	14.1	14.1	14.1		2.0					
Last 24 Hours	2.2	2.2	2.2							

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

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

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

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

Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>David</u>	City: <u>Bentonville</u>	Left Center <u>Right</u> Unknown Row: <u>1</u>	<u>None</u> Minor Serious Fatal Unknown	Available	Used	<u>Not Installed</u> Installed Not Deployed Deployed Unknown	<u>43</u> Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: <u>J</u>	State: <u>AR</u> ZIP: <u>72712</u>			None	None		
Last Name: <u>Morris</u>	Country: <u>United States</u>			<u>Lap Only</u>	<u>Lap Only</u>		
Crew	<u>Passenger</u>	Other	Unknown	3-point	3-point	Unknown	Unknown
First Name: <u>Jennifer</u>	City: <u>Bentonville</u>	Left Center <u>Right</u> Unknown Row: <u>2</u>	<u>None</u> Minor Serious Fatal Unknown	Available	Used	<u>Not Installed</u> Installed Not Deployed Deployed Unknown	<u>43</u> Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: <u>Dee</u>	State: <u>AR</u> ZIP: <u>72712</u>			None	None		
Last Name: <u>Morris</u>	Country: <u>United States</u>			<u>Lap Only</u>	<u>Lap Only</u>		
Crew	<u>Passenger</u>	Other	Unknown	3-point	3-point	Unknown	Unknown
First Name: <u>Benjamin</u>	City: <u>Bentonville</u>	<u>Left</u> Center Right Unknown Row: <u>2</u>	<u>None</u> Minor Serious Fatal Unknown	Available	Used	<u>Not Installed</u> Installed Not Deployed Deployed Unknown	<u>11</u> Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: <u>William</u>	State: <u>AR</u> ZIP: <u>72712</u>			None	None		
Last Name: <u>Morris</u>	Country: <u>United States</u>			<u>Lap Only</u>	<u>Lap Only</u>		
Crew	<u>Passenger</u>	Other	Unknown	3-point	3-point	Unknown	Unknown
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 <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew	Passenger	Other	Unknown	3-point	3-point	Unknown	Unknown
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		

# FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>KROG</u> City: <u>Rogers</u> State: <u>Arkansas</u> Country: <u>United States</u>	<b>Time of Departure</b> Time: <u>12:08</u> Time Zone: <u>Central</u>	<b>Destination</b> Airport ID: <u>KEVV</u> City: <u>Evansville</u> State: <u>Indiana</u> Country: <u>United States</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Company VFR <input type="checkbox"/> Military VFR <input type="checkbox"/> VFR Activated? Yes No Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> VFR	<input type="checkbox"/> Special VFR <input type="checkbox"/> IFR	<input type="checkbox"/> Special IFR <input type="checkbox"/> VFR On Top	<input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Cruise <input type="checkbox"/> Unknown / NA
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**Airspace where the accident/incident occurred** (Check all that apply)

<input checked="" type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	<b>Altitude of In-Flight Occurrence:</b> <u>ground</u> ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input checked="" 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		

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Flight Service Station <input checked="" 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 checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ mi Direction from Accident Site: _____ degrees true
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<b>Basic Conditions</b> <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" 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
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<b>Sky/Lowest Cloud Condition</b> Clear Few Partial Obscuration Scattered <input checked="" type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	<b>Ceiling</b> None (Clear) Broken <input checked="" type="checkbox"/> Overcast Obscured Indefinite Unknown	<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB
<b>Lowest Cloud Condition Height</b> <u>2500</u> ft agl	<b>Ceiling Height</b> <u>8100</u> ft agl	

<b>Wind Direction</b> Variable -or- <u>300</u> degrees true	<b>Wind Speed</b> Calm Light and Variable -or- <u>14</u> kts	<b>Wind Gusts</b> Not Gusting -or- <u>28</u> kts	<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> Light Moderate Heavy <input checked="" type="checkbox"/> N/A Unknown	<b>Type of Precipitation</b> (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	<b>Restriction to Visibility</b> (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
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<b>Icing Forecast</b> 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 N/A Rime Clear Mixed Unknown	<b>Icing Actual</b> 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 N/A Rime Clear Mixed Unknown	<b>Turbulence</b> Type (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Clear Air <input 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
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**NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:**

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

None  
Minor  
Substantial  
Destroyed  
Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Damage to Left Wingtip and Left Wheel

**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.

Normal flight VFR flew in to land on 27 touched down rolling and slowing down as soon as tail came down the plane spun to the right and came to a stop.

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

Operator/Owner Safety Recommendation

*I should have used more left brake before the ground loop started*

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**
 Was there Mechanical Malfunction/Failure? Yes  No   
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

57 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

*We opened the doors and got out of plane*

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

Aircraft Registration Number

N/A

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft

Destroyed  
SubstantialMinor  
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 04/15/2022 Name of Pilot Matthew David Morris  
*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. CEN22LA172	Reviewed by NTSB Regional Office Central	Name of Investigator Folkerts	Date Report Received 4/19/2022
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