

**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: Loveland Regional Airport State: CO  
 ZIP: 80538 Country: USA  
 Latitude: 105.01 W Longitude: 40.45 N  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 06/24/2021 Local Time: 16:40  
*mm/dd/yyyy*  
 Time Zone: MDT  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N9277J  
**Manufacturer:** Piper  
**Model:** PA-28-180  
**Serial Number:** 28-3356  
**Year of Manufacture:** 1966  
**Amateur-Built:**  Yes *If Yes:*  Kit/Plans  Make: \_\_\_\_\_  
 No  Original Design

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 2,400 lbs  
**Weight at Time of Accident/Incident:** 2003.0 lbs  
**Number of Seats:** 4 Flight Crew Seats: 2  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 2  
**Number of Engines:** 1

**Category of Aircraft**  
 Airplane  
 Balloon  
 Blimp/Dirigible  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift  
 Rocket  
 Ultralight  
 Unknown

**Type of Airworthiness Certificate**  
*(Check all that apply)*  
**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

**Landing Gear**  
*(Check all that apply)*  
 Retractable  
 Tricycle  
 Amphibian  
 Emergency Float  
 Float  
 Hull  
 Other Launch/Recovery System  
 None  
 Tailwheel  
 High Skid  
 Skid  
 Ski  
 Ski/Wheel  
 Unknown

**Engine Type (Select one)**  
 Reciprocating  
 Turbo Shaft  
 Turbo Prop  
 Turbo Jet  
 Turbo Fan  
 Electric  
 Liquid Rocket  
 Solid Rocket  
 Hybrid Rocket  
 None  
 Unknown  
**Fuel System Type (Reciprocating)**  
 Carburetor  
 Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	O-360-A3A	L9888-36A		180	4192.8	85.63	1374.5
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**  
 100-Hour  
 AAIP  
 Annual  
 Continuous Airworthiness  
 Conditional Inspection  
 Unknown  
**Date Last Inspection:** 04/10/2021  
*mm/dd/yyyy*  
**Airframe Total Time:** 4278.43 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  
 Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: Sensenich  
 Model: 76EM855-0-60

**Propeller 2**  
 Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Type of Maintenance Program (Select one)**  
 Annual  
 Conditional (Amateur-built only)  
 Manufacturer's Inspection Program  
 Other Approved Inspection Program (AAIP)  
 Continuous Airworthiness  
 Other, specify: \_\_\_\_\_

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** unavailable  
**Model or Part No.:** unavailable  
**TSO No.:**  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (406 MHz)  
**Was ELT still mounted in aircraft?**  Yes  No  
**Was ELT still connected to antenna?**  Yes  No  
**Did ELT Activate?**  Yes  No  
*If activated:*  
**Did ELT Aid in Locating Aircraft:**  Yes  No

**Additional Equipment (Check all that apply)**  
 ADS-B  
 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: \_\_\_\_\_

**Description of Fire Extinguishing System**  
 None  
 Specify: Cabin fire extinguishing canister

*If not activated:*  
**Indicate Reason:**  Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**  
 Name: Iron Sights Aviation City: Windsor  
 State: CO ZIP: 80528  
 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: \_\_\_\_\_

<p><b>Operating Certificates Held</b> (Check all that apply)</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<p><b>Regulation Flight Conducted Under</b></p> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437  <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US. Commercial <input type="radio"/> Non-US. Non-commercial  <input type="radio"/> Public Aircraft (Select one) <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	<p><b>Revenue Operation for FAR 121, 125, 129, 135</b> (Select one for each group)</p> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International  <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
<p><b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p><b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p><b>Purpose of Flight for FAR 91, 103, 133, 137</b> (Select one)</p> <input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown <input type="radio"/> Aerial Observation <input type="radio"/> Flight Test <input type="radio"/> Air Drop <input type="radio"/> Glider Tow <input type="radio"/> Air Race/Show <input checked="" type="radio"/> Instructional <input type="radio"/> Banner Tow <input type="radio"/> Other Work Use <input type="radio"/> Business <input type="radio"/> Personal <input type="radio"/> Executive/Corporate <input type="radio"/> Positioning <input type="radio"/> External Load <input type="radio"/> Skydiving <input type="radio"/> Ferry

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

**Airport Name:** Northern Colorado Regional Airport    **Distance From Airport Center:** <1 sm  
**Airport Identifier:** KFNL    **Direction From Airport:** \_\_\_\_\_ degrees true  
**Proximity to Airport:**  Off Airport/Airstrip     On Airport/Airstrip     N/A    **Airport Elevation:** 5016 ft. msl

<p><b>Runway Information</b> Runway ID: <u>15-33</u> (L/R/C) Length: <u>8,500</u> ft Width: <u>100</u> ft</p>	<p><b>Condition of Runway/Landing Surface</b> (Check all that apply)</p> <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
<p><b>Runway/Landing Surface</b> (Check all that apply)</p> <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)

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

<p><b>IFR Approach</b> (Check all that apply)</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown	<p><b>VFR Approach</b> (Check all that apply)</p> <input type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input checked="" type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> 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: Taylor City of Residence: Englewood  
 Middle Initial: A State: CO ZIP: 80111  
 Last Name: Habig Country: USA  
 Age at time of Accident/Incident: 33 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 type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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 checked="" type="radio"/> 3-point</td> <td><input checked="" type="radio"/> 3-point</td> </tr> <tr> <td><input 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 checked="" type="radio"/> 3-point	<input checked="" type="radio"/> 3-point	<input 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	<b>Inflatable Restraints</b> <input checked="" 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 checked="" type="radio"/> 3-point	<input checked="" type="radio"/> 3-point																
<input 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																
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input checked="" 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																	

<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input checked="" 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 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	<b>Date of Last Medical</b> <u>09/28/2018</u> mm/dd/yyyy
---	---	---	--

**Medical Certificate Limitations**  
 Must Wear Corrective Lenses

**Medical Certificate Special Issuance**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>03/19/2021</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>Piper</u> Model: <u>PA-28-180</u>
---	--

<b>Airplane Rating(s)</b> (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	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input checked="" 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	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" 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
---	--	--	---

<b>Type Ratings</b>	<b>Student Endorsements</b> (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	388.7	118.2	388.7		53.3	0.3	99.0			
Pilot in Command (PIC)	317.1	112.3	317.1		51.9	0.3	99.0			
Time as Instructor	36.9	34.7	36.9		1.9					
This Make/Model					4.5	0.1	0			
Last 90 Days	50.4	44.2			4.3	0.1	2.0			
Last 30 Days	17	13.1	17		4.3	0	2.0			
Last 24 Hours	0	0	0		0	0	0			



**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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input 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		<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <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 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	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input 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		<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <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 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	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <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 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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <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 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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <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 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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <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 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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KFNL</u> City: <u>Loveland</u> State: <u>CO</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>18:12</u> Time Zone: <u>MDT</u>	<b>Destination</b> Airport ID: <u>KFNL</u> City: <u>Loveland</u> State: <u>CO</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input checked="" type="radio"/> No <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 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 checked="" type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

**Altitude of In-Flight Occurrence:** 5016 ft msl

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Source of Pilot Weather Information</b> (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<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		<b>Weather Observation Facility</b> Facility ID: <u>KFNL AWOS</u> Observation Time: <u>18:40 Local</u> Time Zone: <u>MDT</u> Distance from Accident Site: <u>&lt;1</u> nm Direction from Accident Site: _____ degrees true
<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													

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

<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> <u>30.01</u> in. Hg or _____ MB
--	--	--

<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>220</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>20</u> kts	<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting -or- Speed: <u>variable</u> kts	<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> <u>7,000</u> ft
--	---	---	--

<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<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		<b>Restriction to Visibility</b> (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<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
<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																												
<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																												

<b>Icing Forecast</b> <table style="width:100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	<b>Amount</b>	<b>Type</b>	<input checked="" type="radio"/> None	<input checked="" type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Icing Actual</b> <table style="width:100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	<b>Amount</b>	<b>Type</b>	<input checked="" type="radio"/> None	<input checked="" type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Turbulence</b> <table style="width:100%;"> <tr> <td><b>Type</b> (Check all that apply)</td> <td><b>Severity</b></td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input checked="" type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input checked="" type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<b>Type</b> (Check all that apply)	<b>Severity</b>	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input checked="" type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
<b>Amount</b>	<b>Type</b>																																							
<input checked="" type="radio"/> None	<input checked="" type="radio"/> N/A																																							
<input type="radio"/> Trace	<input type="radio"/> Rime																																							
<input type="radio"/> Light	<input type="radio"/> Clear																																							
<input type="radio"/> Moderate	<input type="radio"/> Mixed																																							
<input type="radio"/> Severe	<input type="radio"/> Unknown																																							
<input type="radio"/> Unknown																																								
<b>Amount</b>	<b>Type</b>																																							
<input checked="" type="radio"/> None	<input checked="" type="radio"/> N/A																																							
<input type="radio"/> Trace	<input type="radio"/> Rime																																							
<input type="radio"/> Light	<input type="radio"/> Clear																																							
<input type="radio"/> Moderate	<input type="radio"/> Mixed																																							
<input type="radio"/> Severe	<input type="radio"/> Unknown																																							
<input type="radio"/> Unknown																																								
<b>Type</b> (Check all that apply)	<b>Severity</b>																																							
<input type="checkbox"/> None	<input type="checkbox"/> Light																																							
<input type="checkbox"/> Clear Air	<input checked="" type="checkbox"/> Moderate																																							
<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe																																							
<input checked="" type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																							

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**  
 Convective SIGMET

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

- None       Substantial  
 Minor       Destroyed  
                  Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Airplane Destroyed - engine totaled  
 Airfield - Ground scars from airplane to grass between runway and nearby taxiway

**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 had a flight scheduled with a student on Thursday, June 24 2021 at 16:30 local time departing from KFNL. The flight was scheduled over a week in advance of the day the flight was to take place. The night before the flight I checked the Foreflight forecast using the TAF. The TAF for KFNL is derived from KBJC which is 33nm to the South West. The forecast indicated VMC. I check the TAF to get a general idea of what weather might do in the area, but in my experience is not a reliable predictor of weather at KFNL since KBJC is distant. The morning of the scheduled flight I saw a convective outlook which covered an area that included KFNL. I told the student I would monitor the weather as the day progressed. The drive to the airport takes me about an hour and 10 minutes on a typical day so I checked the weather conditions at KFNL a little after 15:00 local. There was a Convective SIGMET that included KFNL in the northeastern portion of the defined area. I looked at the reported weather for KFNL and surrounding airports including KGXY and KEIK. The METARs at all locations indicated VMC with lighter winds. I used the satellite imagery data from foreflight to visualize cell activity over the last hour and saw that there was the potential for some light convective activity to the west and southwest to develop. From the satellite imagery I saw that there were smaller cells that I would monitor to the southwest of KFNL. I also check the Foreflight weather tab for MOS for more situational awareness. The model output statistics offer a view of weather more local to KFNL than the TAF. The MOS indicated VMC and manageable winds up to the teens in the KFNL area. After briefing the student on the maneuvers we would practice, I decided the plan would be to takeoff and stay close to KFNL so that if storms began to develop we would quickly return for landing. If that was not an option we could divert to the east such as KGXY to stay away from the mountains where cells typically develop. The student and I completed our checklists and taxied out to the ramp. The ATIS indicated calm wind, skies clear, and 10+ miles visibility. The tower had just closed. From the ramp I pointed out to the student that the windsock was displaying headwind for runway 33 and was half erect. As I was explaining this to the student a Cessna called in on the CTAF 118.4 and indicated that they were at the runup end of runway 15 but were taxiing to runway 33 due to more favorable wind. I instructed the student to also taxi to runway 33 for our runup due to the windsock indication. We completed our checklists and went over once more that I would monitor the western slope for building storms. We took off on runway 33 and flew practice maneuvers within approximately 15nm of KFNL to the North. Not long into the flight I saw virga developing to the northwest of KFNL and also to the west of Boyd Lake. I could see KFNL clearly with no cell over the airport so I told the student I would take us back. I took controls and was sole manipulator from this moment onward. We had taken off on runway 33 because the windsock indicated that was the favorable runway so when we were approximately 10nm to the north/northeast I made a call on the CTAF 118.4 that I would be planning to fly a midfield downwind entry to land on runway 33. I flew southwest toward the airport and I was flying into a headwind component. When I was within 5nm of the airport I decided that ASOS reported winds favored RWY 15 and expected a crosswind component from the west. I made another radio call on 118.4 to indicate I was planning to fly straight in for a landing on runway 15. Once I was within approximately 3nm of the extended runway centerline I was experiencing strong westerly wind as indicated by our ground track. After establishing myself on extended runway centerline I crabbed into the westerly crosswind to maintain centerline. I planned for a crosswind landing using right ailerons into the wind and left rudder to align the with the runway. I used 10 degrees of flaps and planned for a faster than normal approach airspeed to account for gusty wind. I was established in the final approach and was holding wind corrections of right ailerons and left rudder as we crossed the runway threshold for runway 15. On final, the windsock indicated 20 knot winds out of the Southwest. I reduced power to round out. It was at the moment I reduced power that my wind corrections were overridden by a strong right to left wind. I saw the airplane drift suddenly off of runway centerline and said "go around" out loud as I quickly advanced to full throttle. In that moment I felt a left yawing moment. The airplane continued to drift off the left side of the runway and the left wing dipped towards the ground. The airplane's left wing struck the ground first, and we then cartwheeled off of the nose. Once the airplane came to a stop, I unlatched the door and asked the student if he was alright. He confirmed that he was as I quickly looked around the cabin for the general condition of the situation. I began to shutoff the fuel system with the cockpit controls. I told the student to get out of the airplane and we met behind it at the tail. I used my cellphone to call the Jet Center FBO which has 24/7 service but got voicemail on my two attempts. A police cruiser drove down taxiway Alpha within what felt like only a minute or two and the student and I walked toward it away from the airplane. I learned from an employee at the Jet Center named Rachel King that she saw our Cherokee flying the approach to landing and saw the airplane yaw to the left and was the one who called emergency services. I spoke with the airport manager and emergency personnel on the ground and neither myself, nor the student suffered any injuries. I contacted the NTSB and spoke with case manager Jason Aguilera and provided him with a verbal statement of the events. I asked him for the phone number of Recovery Operations Center and spoke with the representative there who then conference called in the Denver FSDO. I spoke with FSDO

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

## Operator/Owner Safety Recommendation

This could have been prevented had I made the decision to not fly based on the Convective Sigmet. Once airborne, I should have made the decision to divert when I noticed the winds were becoming unpredictable.

**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)*

39 \_\_\_\_\_ Gallons

**Fuel Type**

- 80/87                       115/145                       Jet B                       Other, specify \_\_\_\_\_  
 100 Low Lead               Jet A                           JP8  
 100/130                       Jet A-1                       Automotive

**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

Both front seat occupants unfastened seatbelts and exited through the cabin door after shutting down the fuel/engine systems.

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

**Aircraft Registration Number**

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

**Damage to Other Aircraft**

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

- 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.

The flight time table for my pilot information is not accepting data entry for the box uner Airplane Single Engine Past 90 Days, but the value is 50.4 hours.

The ELT manufacturer and serial number information is unavailable. I am also unable to find out if the ELT was activated. It was not used to locate the airplane.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

<b>Date of this Report</b> <u>06/30/2021</u> <small>mm/dd/yyyy</small>	<b>Name of Pilot/Operator:</b> <u>Taylor Habig</u> <b>Signature:</b>  <small>-- or --</small> <input checked="" type="checkbox"/> 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**

<b>NTSB Accident/Incident No.</b> CEN21LA291	<b>Reviewed by NTSB Regional Office</b> Central Region	<b>Name of Investigator</b> T. Sorensen	<b>Date Report Received</b> 30 June 2021
---	---	--	---