

CEN 22 4226

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>Wainer</u> State: <u>Ar</u> ZIP: <u>72479</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i> | Accident/Incident Date/Time Date: <u>05/27/2022</u> Local Time: <u>7:30 A.M</u> <small>mm/dd/yyyy</small> Time Zone: <u>Central</u> |
| Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None | |

AIRCRAFT INFORMATION

| | |
|--|--|
| Registration Number: <u>N579LA</u> Manufacturer: <u>AIR TRACTOR</u> Model: <u>802</u> Serial Number: <u>579</u> Year of Manufacture: <u>2014</u> Amateur-Built: <input type="radio"/> Yes <input type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design | <input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>16,000</u> lbs Weight at Time of Accident/Incident: <u>9,200</u> lbs Number of Seats: <u>1</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ 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 checked="" 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 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 checked="" 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 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 type="checkbox"/> Tricycle <input type="checkbox"/> Amphibian <input type="checkbox"/> Emergency Float <input type="checkbox"/> Float <input type="checkbox"/> Hull <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None | Engine Type (Select one) <input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input checked="" 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 type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
|--|--|----------|---------|---------------------------------|--|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|--|--|---|--|---|
| Standard | Special | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Normal | <input checked="" 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 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. <small>mm dd yyyy</small> | 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 | <u>Pratt/Whitney</u> | <u>PT6</u> | <u>PCE-PN0225</u> | | <u>1295</u> | <u>3130</u> | | |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

| | |
|---|---|
| Last Inspection Type <input checked="" type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>05/10/2022</u> <small>mm/dd/yyyy</small> Airframe Total Time: _____ hrs hours measured at <i>(Select one)</i> <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident | Propeller 1 <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Hartzell</u> Model: _____ 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 checked="" type="radio"/> Annual <input 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 type="radio"/> Yes <input checked="" type="radio"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz) <input type="radio"/> OC126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input 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 type="radio"/> None <input type="radio"/> Specify: _____ | Additional Equipment (Check all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input checked="" 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 type="checkbox"/> Electronic Multifunction Display <input 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 checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____ |

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: J + J Air Service City: Weiner
 State: AR ZIP: 72474
 Fractional Ownership Aircraft: Yes No Country: United States

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner
 Name: Trampas Johnson City: _____
 Doing Business As: Aerial Applicator 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 129 FAR 415
 - FAR 103 FAR 133 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 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: Sally Wofford Air Field Distance From Airport Center: 1/4 mile sm
 Airport Identifier: 8M2 Direction From Airport: 90° degrees true
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A Airport Elevation: 235 ft. msl

Runway Information
 Runway ID: 8M2 (L/R/C) Length: 2330 ft Width: 160 ft

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

- Condition of Runway/Landing Surface** (Check all that apply)
- Dry Snow-Compacted Water-Calm
 - Holes Snow-Crusted Water-Choppy
 - Ice Covered Snow-Dry Water-Glassy
 - Rough Snow-Wet Wet
 - Rubber Deposits Soft
 - Slush-Covered Vegetation Unknown

- Approach/Departure Segment** (Select one)
- Taxi VFR Departure On Instrument Approach Downwind Low Approach
 - Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
 - Initial Climb Final Crosswind Unknown

- IFR Approach** (Check all that apply)
- None
 - ADF/NDB PAR MLS 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
 - Traffic Pattern Stop and Go
 - Straight-In Touch and Go
 - Valley/Terrain Following Simulated Forced Landing
 - Go Around Forced Landing
 - 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: Trameas City of Residence: Jonesboro
 Middle Initial: M State: AR ZIP: 72404
 Last Name: Johnson United States
 Age at time of Accident/Incident: 57 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 type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input checked="" type="radio"/> Single | Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input checked="" type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input checked="" type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| Pilot Certificate(s) (Check all that apply) <input checked="" type="checkbox"/> None <input 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 | | | |

| | | | |
|---|---|---|--|
| Principal Occupation <input checked="" type="radio"/> Pilot <input 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 | 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 | Date of Last Medical <u>12/20/2021</u> mm/dd/yyyy |
|---|---|---|--|

Medical Certificate Limitations
 Must have available glasses for near vision. Not valid for night flying or by color signal control

Medical Certificate Special Issuance

| | |
|---|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/12/2022</u> mm/dd/yyyy | Flight Review Aircraft Make: <u>American Champion</u> Model: <u>8K6ab</u> |
|---|--|

| | | | |
|--|---|---|--|
| 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 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 | Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input 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 <u>A</u> | 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 | 16,000+ | 4,000 | 16,000+ | 0 | 50 | 0 | 15 | 0 | 0 | 0 |
| Pilot in Command (PIC) | | 4,000 | 15,500 | 0 | 40 | 0 | 15 | 0 | 0 | 0 |
| Time as Instructor | - | - | - | - | - | - | - | - | - | - |
| This Make/Model | | | | | 0 | 0 | 0 | | | |
| Last 90 Days | | 150 | | | | | | | | |
| Last 30 Days | | 70 | | | | | | | | |
| Last 24 Hours | | 0 | | | | | | | | |

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

| | | | | |
|---|---|--|---|--|
| Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious | Seat Occupied <input 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 | | 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 <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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 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 | | | | |

| | | | |
|--|--|--|---|
| Principal Occupation <input type="radio"/> Pilot <input 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 type="radio"/> Class 2 <input type="radio"/> Unknown | Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance | Date of Last Medical _____ mm/dd/yyyy |
|--|--|--|---|

Medical Certificate Limitations

Medical Certificate Special Issuance

| | |
|--|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy | Flight Review Aircraft Make: _____ Model: _____ |
|--|--|

| | | | |
|---|--|--|---|
| Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input 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 type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instructor Rating(s) (Check all that apply) <input 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 | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

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

| | | | | |
|---|--|---|--------------------------------------|--|
| Crew Name and Address | | Seat Occupied | | Injury |
| First Name: _____ | City of Residence: _____ | <input type="radio"/> Left | <input type="radio"/> Front | <input type="radio"/> None |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="radio"/> Center | <input type="radio"/> Rear | <input type="radio"/> Minor |
| Last Name: _____ | Country: _____ | <input type="radio"/> Right | <input type="radio"/> Single | <input type="radio"/> Serious |
| | | | <input type="radio"/> Unknown | <input type="radio"/> Fatal |
| | | | | <input type="radio"/> Unknown |
| Pilot Certificate(s) (Check all that apply) | | Restraint Type: | | Inflatable Restraints |
| <input type="checkbox"/> None | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military | <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"/> 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 | | |
| | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | |

| | | | | |
|---|--|---|--------------------------------------|--|
| Crew Name and Address | | Seat Occupied | | Injury |
| First Name: _____ | City of Residence: _____ | <input type="radio"/> Left | <input type="radio"/> Front | <input type="radio"/> None |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="radio"/> Center | <input type="radio"/> Rear | <input type="radio"/> Minor |
| Last Name: _____ | Country: _____ | <input type="radio"/> Right | <input type="radio"/> Single | <input type="radio"/> Serious |
| | | | <input type="radio"/> Unknown | <input type="radio"/> Fatal |
| | | | | <input type="radio"/> Unknown |
| Pilot Certificate(s) (Check all that apply) | | Restraint Type: | | Inflatable Restraints |
| <input type="checkbox"/> None | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military | <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"/> 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 | | |
| | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ 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 | Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> 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 | Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown |
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| FLIGHT ITINERARY INFORMATION | | | |
|--|--|--|---|
| Last Departure Point Airport ID: <u>8m2</u> City: <u>Weiner</u> State: <u>AR</u> Country: <u>United States</u> | | Time of Departure Time: <u>7:00</u> Time Zone: <u>C</u> | |
| Destination Airport ID: <u>8m2</u> City: <u>Weiner</u> State: <u>AR</u> Country: <u>United States</u> | | Type Flight Plan Filed <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 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: <u>260</u> 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"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather | | Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true | |
| Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown | | Light Condition <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 | |
| Sky/Lowest Cloud Condition <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 Lowest Cloud Condition Height _____ ft agl | | Ceiling <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 Ceiling Height _____ ft agl | |
| Temperature: _____ (C) or <u>75</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in Hg or _____ MB | | | |
| Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>060</u> degrees true | Wind Speed <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: <u>2-5</u> kts | Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: <u>5</u> kts | Visibility <u>10</u> miles RVR: _____ at <u>2200</u> RVV: <u>1/2</u> miles Density Altitude: _____ ft |
| Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown | Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | | Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
| Icing Forecast Amount <input checked="" type="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: | | | |

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)

Total Loss

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.

On the morning of Friday, May 27, 2022, I had just landed for my second load of the day to finish the field. After finishing the field trimming up preparations began. While trimming the South end of the field on a west bound run, the wing tip of the airplane caught a telephone pole. The airplane began to yaw left, gained altitude to approximately seventy-five feet over the wires, and started going into a left downward descent. I held the stick all the way to the right & began applying flaps to hold altitude, however there was no response from the airplane. The airplane hit the ground and cartwheeled before coming to a stop. My loader crew were first on the scene after calling 911. The medical team arrived.

Departure - 7:00 A.M. 2 miles South of Weiner, AR.
 Services obtained - Paramedics arrived & then was airlifted to med in Memphis.
 Intended destination -> Spraying field North 8M2

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

Operator/Owner Safety Recommendation

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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)200

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 AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

 Destroyed Minor Substantial None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

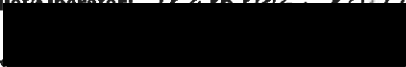
State: _____ ZIP: _____

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 <u>06/13/2022</u> <small>mm/dd/yyyy</small> | Name of Pilot/Operator: <u>Teamster Milton Johnson</u> Signature:  -- or -- <input 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

| | | | |
|---|--|--|---|
| NTSB Accident/Incident No. CEN22LA226 | Reviewed by NTSB Regional Office CENTRAL | Name of Investigator TEILHABER | Date Report Received 06/21/2022 |
|---|--|--|---|