

**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: HAMPTON State: VA  
 ZIP: 03862 Country: USA  
 Latitude: 42.96127 Longitude: 70.83015  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 02/24-2021 Local Time: 09:30  
*mm/dd/yyyy*  
 Time Zone: EASTERN  
**Collision with Other Aircraft:** Midair On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N642LT  
**Manufacturer:** \_\_\_\_\_  
**Model:** RV6  
**Serial Number:** 25596  
**Year of Manufacture:** 12 JULY 2019  
**Amateur-Built:**  Yes  No If Yes: Kit/Plans Make: VANS RV6  
 Original Design

**IFR-Equipped and Certified**  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 1650 lbs  
**Weight at Time of Accident/Incident:** 1552.64 lbs  
**Number of Seats:** 2 Flight Crew Seats: 1  
 Cabin Crew Seats: 1 Passenger Seats: 1  
**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 Restricted  
 Aerobatic Limited  
 Balloon Provisional  
 Commuter Special Flight  
 Transport  Experimental  
 Utility Special Light-Sport  
 Experimental Light-Sport  
 Certificate of Authorization or Waiver (COA)  
 None Unknown

**Landing Gear**  
*(Check all that apply)*  
 Retractable  
 Tricycle  Tailwheel  
 Amphibian High Skid  
 Emergency Float Skid  
 Float Ski  
 Hull Ski/Wheel  
 Other Launch/Recovery System  
 None 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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	ECI	TMX 10360	09-85	12-29-2009	180	68.8	35.7	(N/A)
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**  
 100-Hour Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown

**Propeller 1** Fixed Pitch  Controllable Pitch  
 Ground Adjustable  
 Manufacturer: WHIRL WIND AVIAT.  
 Model: 200 RV

**Date Last Inspection:** 08/20/2020  
*mm/dd/yyyy*  
**Airframe Total Time:** 33.1 hrs  
 hours measured at (Select one)  
 Last Inspection  Time of Accident/Incident

**ELT Installed:**  Yes  No  
 If Yes:  
**ELT Manufacturer:** ARTEX  
**Model or Part No.:** ELT 345  
**TSO No.:** C91 (121.5 MHz) C91a (121.5 MHz)  
 C126 (406 MHz)  
C126B TYPE AF  
**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 IN AND OUT  
 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 ADS B IN  
 Satellite Tracking Device  
 Stall Warning System (A09)  
 Video Recording Device  
 Other, Specify: \_\_\_\_\_

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

**Description of Fire Extinguishing System**  
 None  
 Specify: \_\_\_\_\_

**Indicate Reason:**  
 Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: ROBERT LINC TURCOTTE JR.

City: BROAD BROOK

State: CT ZIP: 06016

Fractional Ownership Aircraft: Yes  No

Country: USA

**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: \_\_\_\_\_

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

- FAR 91
- FAR 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 415
- FAR 431
- FAR 435
- FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft (Select one)
  - Armed Forces
  - Federal
  - State
  - Local
  - Unknown

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

(Select one for each group)

- Scheduled or Commuter
- Non-Scheduled or Air Taxi
- Passenger
- Cargo
- Mail Contract Only
- Domestic
- International

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

(Select one)

- Aerial Application
- Aerial Observation
- Air Drop
- Air Race/Show
- Banner Tow
- Business
- Executive/Corporate
- External Load
- Ferry
- Firefighting
- Flight Test
- Glider Tow
- Instructional
- Other Work Use
- Positioning
- Skydiving
- Unknown

**Revenue Sightseeing Flight**

Yes  No

**Air Medical Flight**

Yes  No

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

Airport Name: HAMPTON AIRFIELD

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: 7B3

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport: Off Airport/Airstrip  On Airport/Airstrip  N/A

Airport Elevation: 93 ft. msl

**Runway Information**

Runway ID: 20 (L/R/C) Length: 2105 ft Width: 121 ft

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

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

- Asphalt
- Concrete
- Dirt
- Grass/Turf
- Gravel
- Ice
- Macadam
- Metal/Wood
- Snow
- Water
- Unknown

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush-Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

**Approach/Departure Segment (Select one)**

- Taxi
- Takeoff
- Initial Climb
- VFR Departure
- IFR Departure Procedure/Clearance
- On Instrument Approach Landing
- Downwind
- Base
- Final
- Crosswind
- Low Approach
- Go Around
- Aborted Landing (after touchdown)
- Unknown

**IFR Approach (Check all that apply)**

- None
- ADF/NDB
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice
- GPS
- Unknown

**VFR Approach (Check all that apply)**

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary Landing
- Unknown

**"FLIGHT CREWMEMBER 1" INFORMATION**

**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

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

"Flight Crewmember 1" was pilot flying  Yes    No

**"Flight Crewmember 1" Identification**

First Name: ROBERT    City of Residence: BROAD BROOK  
 Middle Initial: L    State: CT    ZIP: 06016  
 Last Name: TURCOTE    Country: USA  
 Age at time of Accident/Incident: 70    Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> None <input type="checkbox"/> Fatal <input type="checkbox"/> <input checked="" type="checkbox"/> Minor    Unknown <input type="checkbox"/> Serious <input type="checkbox"/>	<b>Seat Occupied</b> <input checked="" type="checkbox"/> Left    Front <input type="checkbox"/> <input type="checkbox"/> Right    Rear <input type="checkbox"/> <input type="checkbox"/> Center    Single <input type="checkbox"/>	<b>Restraint Type</b> Available    Used None <input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> Lap only <input type="checkbox"/> <input checked="" type="checkbox"/> 3-point <input checked="" type="checkbox"/> 3-point <input checked="" type="checkbox"/> 4-point <input checked="" type="checkbox"/> 4-point 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/>	<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

<b>Principal Occupation</b> Pilot <u>RETIRED</u> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>Medical Certificate</b> <u>BASIC MED</u> None <input type="checkbox"/> (Class 3 <u>PRIOR</u> ) Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) Class 2 <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>Medical Certificate Validity</b> Without limitations/waivers <input type="checkbox"/> Unknown <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A <input type="checkbox"/> Special Issuance <u>CORRECTIVE LENS</u>	<b>Date of Last Medical</b> <u>10/31/2019</u> mm/dd/yyyy
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**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>08 31 2019</u> mm/dd/yyyy <u>6.56</u>	<b>Flight Review Aircraft</b> Make: <u>VANS AIRCRAFT</u> Model: <u>RV6</u>
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<b>Airplane Rating(s)</b> (Check all that apply) None <input type="checkbox"/> <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Check all that apply) 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 <input type="checkbox"/>	<b>Instrument Rating(s)</b> (Check all that apply) None <input type="checkbox"/> <input checked="" type="checkbox"/> Airplane Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/>	<b>Instructor Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/>
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<b>Type Ratings</b>	<b>Student Endorsements</b> (Include dates)
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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	1722.5	66.9	60.9	1113.5	1107.5	?	44.7			
Pilot in Command (PIC)	1114.8	66.9		199.0	199.0					
Time as Instructor										
This Make/Model										
Last 90 Days	7.1									
Last 30 Days	2.0									
Last 24 Hours	1.8									

↑ HOODED  
↑ NOT LOGGED

**"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: \_\_\_\_\_

<b>Degree of Injury</b> None Fatal Minor Unknown Serious	<b>Seat Occupied</b> Left Front Unknown Right Rear Center Single	<b>Restraint Type</b>		<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown
		<b>Available</b> None Lap only 3-point 4-point 5-point Unknown	<b>Used</b> None Lap only 3-point 4-point 5-point Unknown	
<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>Principal Occupation</b> Pilot Other Unknown	<b>Medical Certificate</b> None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	<b>Medical Certificate Validity</b> Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	<b>Date of Last Medical</b> _____ mm/dd/yyyy
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**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s) (Check all that apply)</b> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	<b>Instrument Rating(s) (Check all that apply)</b> None Airplane Helicopter Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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**Type Ratings**

**Student Endorsements (Include dates)**

<b>Flight Time (Enter appropriate number of hours in each box)</b>	<b>All Aircraft</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
						<b>Actual</b>	<b>Simulated</b>			
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)**

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

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

**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>WILLIAM</u> City: <u>SPRINGFIELD</u> Middle Initial: _____    State: <u>MA</u> ZIP: <u>01109</u> Last Name: <u>KULLE</u> Country: <u>USA</u> Crew <u>Passenger</u> Other	Left Center <u>Right</u> Unknown Row: _____	None <u>Minor</u> Serious Fatal Unknown	<b>Available</b> None Lap Only 3-point <u>4-point</u> 5-point Unknown	<b>Used</b> None Lap Only 3-point <u>4-point</u> 5-point Unknown	Not Installed <u>Not Installed</u> Installed Not Deployed Deployed Unknown	<u>68</u> Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____    City: _____ Middle Initial: _____    State: _____ ZIP: _____ Last Name: _____    Country: _____ Crew    Passenger    Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b> None Lap Only 3-point 4-point 5-point Unknown	<b>Used</b> None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____    City: _____ Middle Initial: _____    State: _____ ZIP: _____ Last Name: _____    Country: _____ Crew    Passenger    Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b> None Lap Only 3-point 4-point 5-point Unknown	<b>Used</b> None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____    City: _____ Middle Initial: _____    State: _____ ZIP: _____ Last Name: _____    Country: _____ Crew    Passenger    Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b> None Lap Only 3-point 4-point 5-point Unknown	<b>Used</b> None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>7B6</u> City: <u>WAREHOUSE PT.</u> State: <u>CT</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>8:46 AM</u> Time Zone: <u>EST</u>	<b>Destination</b> Airport ID: <u>7B3</u> City: <u>HAMPTON</u> State: <u>N.H.</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR Activated? Yes No Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

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

Class A	<input checked="" type="checkbox"/> Class G	Military Operations Area (MOA)	Special	<b>Altitude of In-Flight Occurrence:</b> _____ ft msl
Class B	<input type="checkbox"/> Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	<input type="checkbox"/> Warning Area	Jet Training Area	Unknown	
Class D	<input type="checkbox"/> Prohibited Area	TRSA		
Class E	<input type="checkbox"/> Restricted Area	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 type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" type="checkbox"/> On-Board Weather	Company Military Internet None Unknown	<b>Weather Observation Facility</b> Facility ID: <u>KPSM</u> Observation Time: <u>~ 9:20 AM</u> Time Zone: <u>EASTERN STD.</u> Distance from Accident Site: <u>7</u> nm Direction from Accident Site: <u>359°</u> 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 checked="" type="checkbox"/> Dawn <input 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> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	<b>Ceiling</b> <input checked="" type="checkbox"/> None (Clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	<b>Temperature:</b> _____ (C) or <u>42°</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> <u>29.97</u> in. Hg or _____ MB
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<b>Wind Direction</b> Variable <u>FORECAST</u> -or- Direction: <u>250</u> degrees true	<b>Wind Speed</b> Calm Light and Variable -or- Speed: <u>8</u> kts	<b>Wind Gusts</b> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>UNKTD.</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> Light Moderate Heavy 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 Trace Light Moderate Severe Unknown Type: N/A Rime Clear Mixed Unknown	<b>Icing Actual</b> Amount: <input checked="" type="checkbox"/> None Trace Light Moderate Severe Unknown Type: N/A Rime Clear Mixed Unknown	<b>Turbulence</b> Type (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Clear Air <input checked="" type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity: <input checked="" type="checkbox"/> Light <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme AT TOUCHDOWN
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**  
 ACTUAL WEATHER DIFFERED FROM FORECAST; ACTUAL @ TIME OF ACCIDENT WAS WINW 13.0 MPH GUSTING TO 17 MPH PER KATHRYN'S REPORT

**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)

ENGINE SUDDEN STOP W/ DAMAGE TO 1 OF 2 CARBON FIBRE PROP BLADES  
BROKEN PLEXI - WINDSHIELD & CANOPY; FRAME DAMAGE FOR OCCUPANT EGRESS  
SEAT DAMAGES  
CRUSHED VERTICAL STABILIZER AND SPAR DAMAGE TO HORIZ. STABILIZER AT VERT. STAB. ATTACH POINT

**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.

PRE-FLIGHT WX BRIEFING VIA STRATUS INSIGHT (ADS BIN) AND NWS PRIOR TO LEAVING HOME.  
DEPARTED TBE AT 8:46 AM EST FOR PLEASURE FLIGHT / BREAKFAST AT TB3  
MINOR CHOP ENCOUNTERED ENROUTE @ 3500 FT; CHIMBED TO 5500 FT. - SMOOTH AIR  
APX. 10 MILES OUT, OBTAINED WX BRIEFING FROM PSM ATIS 132.05  
FAVORED TB3 RUNWAY 20; OBSERVED WINDSOCK INDICATING SW WIND (CONSISTENT)  
VERY STABLE APPROACH (LEFT HAND TRAFFIC)  
TOUCHDOWN JUST PAST NUMBERS - WHEEL LANDING RIGHT ON CENTER-LINE. BEFORE I COULD PIN TAILWHEEL, WIND GUST WEATHER-VANED ME TO RIGHT - CORRECTED TO JUST LEFT OF CENTER LINE - ANOTHER STRONGER GUST WEATHER-VANED ME AGAIN TO RIGHT - UNABLE TO CORRECT - RAN OUT OF RUDDER AUTHORITY - OFF RUNWAY INTO "CRUNCHY" SNOW WHICH FLIPPED ME.

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

Operator/Owner Safety Recommendation

PAY CLOSER ATTENTION TO WINDSOCK  
FLUCTUATIONS ON SHORT FINAL

MY RV6 WAS BUILT W/ SMALL VERTICAL  
STABILIZER & RUDDER. VANS SUBSEQUENTLY  
DESIGNED LARGER STAB./RUDDER FOR THE 68  
RV7 WHICH I WILL USE WHEN REPAIRING

**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)

24 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

CANOPY WOULD NOT OPEN. PASSENGER KICKED  
OUT PLEXI & SLIDING CANOPY FRAME. PASSENGER  
THEN PILOT EXITED OVERTURNED ACFT - PORT SIDE

**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

Pilot of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

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

03/11/2021  
mm/dd/yyyy

Name of Pilot/Operator:

ROBERT LINC TURCOTTE JR.

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.  
ERA21LA136

Reviewed by NTSB Regional Office  
ERA - VA

Name of Investigator  
H. Kemner

Date Report Received  
3/11/2021