NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

D & C -	MEADIA	TION											
BASIC INFORMATION Accident/Incident Location						Acc	ident/Incide	ent Date/T	ime				
				State: vt			Date: 09/03/2020 Local Time: 1				11:30_		
					J.12.10		Dall	mm/dd.					
ZIP: 05672 Country: us Latitude: 44.53N Longitude: 72.61				w						Tim	ne Zone: <u>E</u>	DT	
(Enter in decimal degrees or degrees:minutes:secc							Col	lision with (Other Airc	raft: Ω	Midair	On-groun	d O None
(Enter in decimal degrees of degrees, minutes, sectional)				,									-
AIRCE	AFTINFO	THATIO	regions are			1						<u> </u>	<u> </u>
Registration Number: N170JS							☑ IFR-Equip; ☑ Commercia						
Manufacturer: Cessna								Unmanned	Aircraft				
Model:	170A							aximum Gr					
Serial N	lumber: <u>19546</u>	3					l .	eight at Tim					
Year of	Manufacture:	1950						mber of Se					
Amateu	r-Built: OYes		Kit/Plans Mak	e:			1	bin Crew Seat			Passenger	Seats: 3	
	●No		Original Design				L	ımber of En	gines: 1				
Catego	ry of Aircraft		irworthiness Cer	rtificate		Landing Ge		an hui			Type (Se		id Rocket
Airpl: Ai		(Check all the Standard			ļ	(Check all the	_	actable		O Turb	procating o Shaft	OSolid	Rocket
O Ballo O Blim	on Dirigible	☑ Norma	I 🔲 Restrict			☐Tricycle			ailwheel	O Turb	o Prop	•	rid Rocket
O Glide	r	☐ Aeroba					o n	_		O Turb		ONone OUnks	
O Gyroj O Helic		☐ Balloo ☐ Comm	-			☐ Amphibia ☐ Emergene	bian Dingi Skid O Turbo Tur						
O Powe	red Lift	☐ Transp	ort Experin	nental		Float	□Ski □Ski/Wheel Fuel System Type (Recipro			(D.)	· \		
ORock		☐ Utility		Light-Spor		□Hull	- Putiblishem Type (Note)						
O Ultra O Unkn	•	Continue	of Authorization	mental Light-Sport			aunch/Recovery System =			-mjected			
		☐ Certificate	Of Authorization	Unknown	(COA)	☐ None	Unknown						
								Date	Rated Pow Morse		Total Time		Since: Overhaul
Engine	Engine Manufa	cturer	Engine Model/Series			facturer's Number		of Mfg. O Horse O lbs of			(hours)	(hours)	(hours)
Eng. 1	lycoming		0-360-a1a		L-2527				180		3565	 	~180
Eng. 2	<u> </u>											 	
Eng. 3											<u> </u>	 	
Eng. 4			<u> </u>	Propello		O Fixed	d Pitch Propeller 2				Fixed Pitch	1	
Last I	nspection Type		J	rropeno	Çî I	⊙ Contro	llab	le Pitch	~ P	-	_	Controllable	
Q100-I		tinuous Airwo				⊘ Ground	d Ad	ljustable	Man	ufacturer	_	Ground Adj	
O AAII • Annu	<u> </u>	ditional Inspe mown	cuon			hartzell k 15f							
	ast Inspection:	10/14/2	2019	Model:			ONo Additional E						
		mm/dd/y	vyy	ELT Installed: •Yes C			טווע		□ AI	S-B			• • •
	me Total Time:		hrs	ELT Ma	nufactu	rer: <u>E</u> E	<u>3C</u>			☐ Airframe Parachute ☐ Angle of Attack Indicator			
	rs measured at (State Last Inspection		Accident/Incident	Model or	r Part N	o.: <u>/ </u>			. I 🗖 🗛 .	topilot			
				TSO No.		(121.5 MHz) 6 (406 MHz)	OC!	91a (121.5 MF	^{Iz)} □Da	ta Recorde		r Handheld D	evice
							AVec ON	, □Ek	ectronic M	ultifunctio	n Display		
O Con	ditional (Amateur-	built only)		Was EL' Was EL'	r still m T still co	ounted in aircr innected to ant	enna	es ON Yes ON?	Ele	ectronic Pr	imary Flig	ht Display	
O Man	ufacturer's Inspec	tion Program	. (A A ID)	Did ELT	Activat	te? OYes	No	- - -	ЦП8	ndheld GF ads Up Di			
	er Approved Inspe tinuous Airworthi		(AAIT)	If active	ated:				Or	nboard We	ather		
	r, specify:			_i		Locating Aircr	raft:	OYes ON	o ☐Sa	tellite Trac	king Devi	ce	
	ption of Fire E			-	ctivated:					all Warnin, deo Recor		ce	
Not	ne			Indicate	Keason	: ☐ Impact D ☐ Fire Dam		ge		her, Speci			
O Spe	сігу:					☐ Battery E	Expir	ed/Damaged					
					Unknow								

The second secon	107							
Registered Aircraft Owner			City: Essex					
Name: DocJosh Ltd			State: NY ZIP: 12936					
Fractional Ownership Aircraft: O Yes 6	No		Country: USA					
Operator of Aircraft	gistered Owner	Same Address as Registered Owner						
Name:		City:						
Doing Business As:			State: ZIP:					
Air Carrier/Operator Designator (4 Charact	er Code):		Country:					
Operating Certificates Held (Check all that apply)	Regulation Flight Condu	cted Unde	(Select one for each group)					
☐ 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)	OFAR 121 OFAR 135 OFAR 125 OFAR 137 OFAR 91 Special Flight ONon-US, Commercial	OFAR 41: OFAR 43: OFAR 43: OFAR 43:	O Non-Scheduled or Air Taxi International					
□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	O Non-US, Non-commercial O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown		Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown O Aerial Observation O Flight Test O Air Drop O Glider Tow O Air Race/Show O Instructional O Banner Tow O Other Work Use O Business Personal O Executive/Corporate O External Load O Skydiving					
Revenue Sightseeing Flight	Air Medical Flight		OFerry					
OYes ⊙ No	O Yes O No							
AIRPORT INFORMATION CON	Baschipelindibent occurre	ed on appr	proach, landing, takeoff, departure, or within 3 miles of an airport)					
			Distance From Airport Center:sm					
Airport Identifier: kmvl			Direction From Airport: degrees true					
Proximity to Airport: O Off Airport/Airst	rip On Airport/Airstrip	ON/A	Airport Elevation: ft. msl					
	t apply) cadam	ft	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 o	ne)							
OTaxi OVFR Departure OTakeoff OIFR Departure Pr OInitial Climb	I	rument App	pproach ODownwind OBase OFinal OCrosswind OCrosswind OUnknown ODwn Approach OGo Around OAborted Landing (after touchdown) OUnknown					
IFR Approach (Check all that apply) ☑ None			VFR Approach (Check all that apply) ☑None					
ADF/NDB	☐MLS ☐ Pra ☐LDA ☐ GP ☐ASR ☐Visual ☐Contact ☐Circling ☐ Un		☐ Traffic Pattern ☐ Stop and Go☐ Touch and Go☐ Touch and Go☐ Simulated Forced Landing☐ Go Around ☐ Full Stop ☐ Precautionary Landing☐ Unknown☐ Unknown☐ ☐ Unknown☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					

THE RESERVE OF THE PARTY OF THE	HRED 17 INFO	RMATION		147M21			_:			
"Flight Crewmember 1" R	esponsibilities at t	he Time of A	ccident/Incident				_			
Pilot O Co-Pilot	O Student Pilot	O Flight Inst	ructor O Check	Pilot OF	ight Engi	neer	O Other Fli	ght Crew		ļ
"Flight Crewmember 1" w	vas pilot flying E	Yes No								
"Flight Crewmember 1" I				e. **						
First Name: beth				City of I	kesideno	e: <u>ess</u>			_	
Middle Initial: m	_			State: n	<u> </u>		ZI	P: <u>12936</u>		1
Last Name: schiller				Country	: usa					l
	of Accident/Incider	nt: <u>56</u>	Date of Birth:			inm/	dd/yyyy			
* -5° w			ificate Number: _							
Degree of Injury	Seat Occupi	ed		Restraint	Туре			In	flatable Re	estraints
O None O Fatal	O Left	O Front	O Unknown	Availa			sed		□ Not leads	llad
O Minor O Unknown O Serious	Right Center	O Rear O Single		O No.			ONone OLap only		☐ Not Insta ☐ Installed	uca
Pilot Certificate(s) (Check				- O Lap			O ^{3-point}		Not Depl	oyed
		Commercial	☐ US Military	⊙ 4-p	oint				☐ Deployed ☐ Unknown	
☐ None ☐ Fligh ☐ Private ☐ Recr	eational	Airline Transpor		O 5-p	oint known		O 3-point	ı		-
☐ Student ☐ Spor		light Engineer			nnv#H		<u> </u>			
	Madial Carte			Medical C	ertifica	te Vali	dity	D	ate of Last	Medical
Principal Occupation	Medical Certific			O Without				known		_
O Pilot O Other		Class 3 Driver's Licens	se (Sport Pilot only)	● With lim	itations/v	vaivers	Ŏ N/A		04/22/201 mm/dd/yyy	
O Unknown		Unknown		O Special	Issuance				mm/aa/yyy	·y
Medical Certificate Limit	ations									
must wear corrective lenses	, have glasses for n	ear								
										
Madical Considerate Curat	-1 I									
Medical Certificate Speci	ai issuance									
n/a	ai issuance									
	ai issuance									
n/a Date of Last Flight Revie		Flight	Review Aircraft							
n/a Date of Last Flight Revie or Equivalent, Including	w	"	Review Aircraft Cessna							
n/a Date of Last Flight Revie	w 05/05/2019	"	Cessna							
n/a Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks:	w05/05/2019 mm/dd/yyyy	Make:	Cessna 170A	Rating(s)	Inst	ructor	Rating(s)			
Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s)	w 05/05/2019	Make: _ Model:	Cessna				Rating(s) at apply)			. <u> </u>
n/a Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks:	w O5/05/2019 mm/dd/yyyy Other Aircraf (Check all that a	Make: _ Model:	Cessna 170A Instrument F (Check all that		(Che	eck all th	at apply)	_	Instrument A	•
Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) □ None □ Single-Engine Land	w O5/05/2019 mm/dd/yyyy Other Aircraf (Check all that a ☑ None □ Airship	Make: _ Model:	Instrument F (Check all that None Airplane		(Che	eck all the None Airplane	at apply) Single-Engi	ne 🗖	Instrument I	•
Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea	w O5/05/2019 mm/dd/yyyy Other Aircraf (Check all that a ☑ None □ Airship □ Balloon	Make: _ Model:	Instrument F (Check all that Nonc Airplane Helicopter	apply)	(Che	eck all the None Airplane Airplane Gyroplan	at apply) Single-Engin Multi-Engin	ne 🗆 e 🗆	Instrument I Helicopter Glider	•
Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	w O5/05/2019 mm/dd/yyyy Other Aircraf (Check all that a ☑ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane	Make: _ Model:	Instrument F (Check all that None Airplane	apply)	(Che	eck all th None Airplane Airplane	at apply) Single-Engin Multi-Engin	ne 🗆 e 🗆	Instrument I Helicopter	•
Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) □ None □ Single-Engine Land □ Single-Engine Sea	w O5/05/2019 mm/dd/yyyy Other Aircraf (Check all that a ☑ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter	Make: Model: ft Rating(s)	Instrument F (Check all that Nonc Airplane Helicopter	apply)	(Che	eck all the None Airplane Airplane Gyroplan	at apply) Single-Engin Multi-Engin	ne 🗆 e 🗆	Instrument I Helicopter Glider	•
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Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea	w O5/05/2019 mm/dd/yyyy Other Aircraf (Check all that a ☑ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter	Make: Model: ft Rating(s)	Instrument F (Check all that Nonc Airplane Helicopter	apply)	(Che	eck all the None Airplane Airplane Gyroplan Powered	at apply) Single-Engin Multi-Engin te Lift	ne 🗆	Instrument F Helicopter Glider Sport	•
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Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea	w O5/05/2019 mm/dd/yyyy Other Aircraf (Check all that a ☑ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter	Make: Model: ft Rating(s)	Instrument F (Check all that Nonc Airplane Helicopter	apply)	(Che	eck all the None Airplane Airplane Gyroplan Powered	at apply) Single-Engin Multi-Engin te Lift	ne 🗆	Instrument F Helicopter Glider Sport	•
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Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate of hours in each box) Total Time	O5/05/2019 mm/dd/yyyy Other Aircraft (Check all that a le	Make: Model: It Rating(s)	Cessna 170A Instrument F (Check all that □ Nonc □ Airplane □ Helicopter □ Powered Li Airplane Single Engine Airplane Single Engine Airplane Single A	irplane	(Che Stu	eck all the None Airplane Airplane Gyroplane Powered dent En	at apply) Single-Engin Multi-Engin te Lift ndorsemen	ts (Include d	Instrument I Helicopter Glider Sport	Lighter
Date of Last Flight Revie or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropring number of hours in each box) Total Time Pilot in Command (PIC)	O5/05/2019 mm/dd/yyyy Other Aircraf (Check all that a None Airship Balloon Glider Gyroplane Helicopter Powered Lift riate All Aircraft Azoo 12200	Make: Model: It Rating(s)	Instrument F (Check all that Nonc Airplane Powered Li Airplane Single Engine Mt	irplane	(Che Stu	eck all the None Airplane Airplane Gyroplane Powered dent En	at apply) Single-Engin Multi-Engin te Lift ndorsemen	ts (Include d	Instrument I Helicopter Glider Sport	Lighter
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"Flight Crewmember 2" Re OPilot OCo-Pilot	O Student Pilot C	Flight Instr	ccident/Incident ructor OCheck I	Pilot O Flig	ht Engineer	OOther Flight	Crew		
"Flight Crewmember 2" wa	s pilot flying Y	es 🔲 No	<u> </u>						
"Flight Crewmember 2" Ide	entification								
First Name:		. <u> </u>		City of Re	sidence:				
Middle Initial:				State:		ZIP: _			
Last Name:									
Last Maine.	Accident/Incident:		Date of Birth	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	mm/c	1d/yyyy		-	
Age at time of	Accident/incident:					****			
	00	Certii	ficate Number:	Restraint T	vne		In	flatable Res	straints
Degree of Injury	Seat Occupied OLeft	OFront	OUnknown	1		isad			
O None O Fatal O Minor O Unknown	O Right (ÖRear	- Cimionii	Availab O None	••	J sed O None		□ Not Instal	led
O Serious	O Center (OSingle		O Lap	only	O Lap only		■ Installed	
Pilot Certificate(s) (Check a	ll that apply)			O 3-po		O 3-point		☐ Not Deplo	
□ None □ Flight	Instructor		US Military	O 4-po O 5-po		O 4-point O 5-point		Unknown	
☐ Private ☐ Recrea	tional 🗖 Airlir	ne Transport it Engineer	☐ Foreign	O Unk		O Unknown			
☐ Student ☐ Sport	LI Fiigh	" Engineer							
Principal Occupation	Medical Certificate			Medical Ce	ertificate Vali			ate of Last	Medical
**************************************	O None O Cla	ss 3		U	imitations/waive		wn		
O Other	O Class 1 O Dri	ver's Licens	e (Sport Pilot only)	O With limit O Special Is	tations/waivers	O N/A	-	mm/dd/yyyy	v
O Unknown	<u> </u>	known		Special is					
Medical Certificate Limitat									
Medical Certificate Special	Issuance								
Medical Certificate Special	Issuance	, ,						-	
Date of Last Flight Review		_	Review Aircraft						
		Make: _							
Date of Last Flight Review or Equivalent, Including		Make: _							
Date of Last Flight Review or Equivalent, Including	mm/dd/yyyv Other Aircraft R:	Make: _ Model: ating(s)	Instrument Ra	ating(s)	Instructor	Rating(s)			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft R: (Check all that apply	Make: _ Model: ating(s)	Instrument Ra	ating(s)	Instructor (Check all th	Rating(s)		Instrument A:	mlane
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None	mm/dd/yyyy Other Aircraft R. (Check all that apply	Make: _ Model: ating(s)	Instrument Ra	ating(s)	Instructor (Check all the	Rating(s) at apply)	D 1	Instrument Air	
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Name and Address First Name: Phillip Middle Initial: Last Name: Camp OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: Stowe State: VT Country: ISA Passenger City: State: Country: OPassenger City: State: Country: Country: State: Country: State: State: Country: State: State: State: State: State: State: State:	ZIP: 0567 A OO ZIP:	Other Other	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown COLeft OCenter ORight OUnknown COLeft OCenter ORight OUnknown COLeft OCenter	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	Used O None J Lap Only O 3-point O 4-point O Unknown Used O None J Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed In	Age Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5 years If Under 5 years If Under 5 years O Child Restrain O Lap-Held O Unknown Under 5 years

FLIGHT THERWRY IN	FORMATION						
Last Departure Point		of Departure	Destinatio)n	_	Type Fligh	t Plan Filed
Airport ID: kmvl		-	Airport ID:	kmvl		O None	O VFR/IFR
	Time:	11:30	1 .			O Company O Military	
City: stowe	Time	Zone: EDT	l l			O VFR	
State: Vt						Activated?	OYes ONo OUnknown
Country: USA	ing (Charlander)	mulul	1 200000				
Type of ATC Clearance/Serv	ice (Check all that a Special VFR	<i>ippiy)</i> □ Spec	cial IFR		☐ VFR Flight Foll	owing	☐ Cruise
☑ None ☐ ☐ VFR ☐	•		R On Top		☐ Traffic Advisor		Unknown / NA
Airspace where the accident/		(Check all that o	apply)				Altitude of In-Flight
	Class G	☐ Mili	itary Operations		Special		Occurrence:
☐ Class B ☐I	Demo Area	☐ Aimp	oort Advisory A Training Area	rea	☐ Air Traffic Cont ☐ Unknown	roi Area	30 ft msl
	Warning Area Prohibited Area	☐ TRS					
Close F	Restricted Area	☐ FAF	R 93		·		
WEATTER			MODEN	T SITE			
Source of Pilot Weather Info		17 (5 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m		Weather Ol	bservation Facility	/	
(Check all that apply)							
☐ National Weather Service	Com			1	ime:		
☐ Flight Service Station	☐ Milit ☑ Inter	•					
☐ TV/Radio ☐ Automated Report	□ None			I	Accident Site:		
Commercial Weather Service (_
On-Board Weather	<u> </u>			Direction from	n Accident Site:		ocgrees and
Basic Conditions		Light Conditi		O D	rk Night O U	nknown	
O VMC		ODawn ODay	ODusk ONight	_	rk Night OO ght Night	IIAIIO W II	
O IMC O Unknown		J Day	↑141Riit	0 2	J 5		
Sky/Lowest Cloud Condition	,	Ceiling			Temperature	;	(C) or(F)
_	Thin Broken	O None (Clear)	, -	Obscured	i -		
_ _	Thin Overcast	O Broken	0	Indefinite	Dew Point: _	('	C) or(F)
O Tartion Constitution	Unknown	O Overcast	O	Unknown	Altimeter Set		
O Scattered	iaht	 Ceiling Heigh	ı t			or	MB
Lowest Cloud Condition He		Ctung neigh	••	ft agl			
Wind Direction	Wind Speed		Wind Gusts	s	Visibility	10	miles
☑ Variable	Calm		✓ Not Gusti	ing	RV	R:	feet
-	☑ Light and Varia	able			1	V:	
-or-	-or-	kts	speed:	kts	Density Altity		ft
Direction:degrees true	Speed:		<u> </u>				Check all that apply)
Intensity of Precipitation	Type of Precipit			na Dai-	None		Fog
O Light	☑ None □ Rain	☐ Drizzle☐ Ice Pellets	☐ Freezin		☐ Blowing D	oust 🔲	Ground Fog
O Moderate O Heavy	☐ Rain ☐ Snow	Snow Pelle	ts 🔲 Ice Pel	llets Shower	☐ Blowing S		Haze
⊙ N/A	☐ Hail	☐ Snow Grain	ns 🛮 Freezi	ing Drizzle	☐ Blowing S ☐ Blowing S		Ice Fog Smoke
OUnknown	☐ Rain Showers	☐ Ice Crystals	S		Dust		Unknown
	<u> </u>	Iging Astucl			Turbulence		-
Icing Forecast Amount Type		Icing Actual Amount	Туре			all that apply)	Severity
O None O N/A		None	⊙ N/A		☑ None ☐ Clear Air		□Light □Moderate
O Trace O Rime		O Trace	O Rim O Clea		Terrain-In	duced	Severe
O Light O Clear O Mixed		O Light O Moderate	O Mix			e Turbulence	Extreme
O Severe O Unknow	vn	O Severe	O Uni				
OUnknown		OUnknown					
NOTAMs (D and FDC), A	AIRMETs. SIG	METs, PIREP	's in effect a	t the time of	the accident/inc	ident:	
110 ITHIS (D and I DO))		, -					

1.7			A Section 1		
Aircraft Da	mage	Aircraft Fire		Aircraft Explosi	
O None O Minor	O Substantial O Destroyed	O None In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
	O Unknown				
Description	of Damage to Aircra	aft and Other Property	(Use additional sheet if necessary)		
Aircraft had	substantial damage	e to both wings and fu	elsage based on photos I saw a	fter incident	
, and die mad		•			
I					
İ					
NARRATI	I BULLING THE	A Land of the Land of the Land	ar part to into		ideas Describe terrain and include
Describe w	hat occurred in chro	nological order, includ	ling circumstances leading to and	nature of accidenting	cident. Describe terrain and include
wreckage d	istribution sketch if p	ertinent. Attach extra sh	neets if needed. State departure time	e and and location, ser	vices obtained, and intended
destination.	Provide as much deta	all as possible.			a leasann in the 170 with a
Last Thurso	lay, I flew to Morrisv	/ille Airport to help pro	ovide demonstration to a friend v	vno nad started takir	ig lessons in the 170 with a
tailwheel ce	ertified instructor. H	e was naving difficulti	es with take offs and landings a	ng i thought by seek grass landing area fo	ng repetitions of the "vision" it
might be he	lpful for his next les	sson. Winds were ligh	nt out of the north. I utilized the	grass landing area it lans brakes, aft voke	e and full power), after releasing
	4) ! !	laand the edited in h	ARNAAN INA ARSEE SOO INA SSOUZ	m ranemoleulusu	CI MAIN HOLLI THE CATOL TARE.
the brakes,	was unable and wit	h the ditch looming a	head and with what I thought wa	s sufficient airspeed	I rotated and then stalled to the
left.	TOO GILLOUS GILLO VIII				
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Operator/Owner Safety Recommer	ndation			
I would appreciate the FAA revisioncident would not have occurre purpose for it continuance and I be re-evaluated for the sake of f	siting the safety of having a 4 ed if there was no ditch. The I would hope after this being	4' ditch adjacent to bot airport community has the 2nd incident that h	th the asphalt runway as s long requested that this ad the ditch as a signific	well as the turf runway. This is hazard be filled in as it has no cant contributing factor, it could
MECHANICALENA	I-: SEE BEERING	in aprice is needed, co	dinto es apareiros de Asead	
Was there Mechanical Malfunct (If yes, list the name of the part, manu)	tion/Failure?)		Total Time/Cycles On Part
				Hours
				Cycles
				Time Since This Part Inspected/Overhauled
				Hours
FIERRE				
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type O 80/87	O 115/145	O Jet B O Other,	specify
, , , ,	● 100 Low Lead	O 113/145 O Jet A O Jet A-1	O JP8 O Automotive	
Other Services, if Any, Prior to	O 100/130	Jet A-1		
Other Dervices, it may, I HOE to	<u>.</u>			
EVAC-!ATEX: - EARL		N. Mariana		
Was an emergency evacuation (of the aircraft performed?	☐ Yes ☑ No		
Method of Exit – Describe how	the occupants exited and how n	nany occupants evacuate	ed each location	
		Collision consent on	mpiote this section for of	ther aircraft)
Aircraft Registration Number	Manufacturer:			Damage to Other Aircraft
Circian registration number	Model:			Destroyed Minor Substantial None
Registered Owner of Other Air			Other Aircraft	
Name:				
City: ZIP:		City: State:	ZIP:	
State:Zir.		Country	y:	

ADDITIONAL SE	OHAN	CONTRACTOR SERVICE PRINT IN INK)					
		ee is needed for any answers.					
					e de alesa es esta esta esta esta esta esta est		
		Poth Sobiller	territoria de la companya de la comp	TE AND ALL			IT KNOWLEDGE
Date of this Report		Pilot/Operator: Beth Schiller				. ———	
09/22/2020 mm/dd/yyyy	Signatur				1-11-11		
	- or -	Check here to electronically sign	gn this d	iocument			
	_	perator is Filing Report					
					Title:		
_	_				_		
- or - □C	heck here to	o electronically sign this document					
70000	1 (1889)	FOR N	TSB L	JSE ONLY			
NTSB Accident/Incid ERA20CA307		Reviewed by NTSB Regional Of Ashburn, VA	fice	Name of Inve M. H	estigator Hill		Date Report Received 9/29/20