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

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

BASIC INFORMATION									
Accident/Incident Location		114	Date/Time						
Nearest City/Place: Scottsbluff	Sta	ate: <u>NE</u>	Date: 08/18/2020 Local Time: 8:20 am						
ZIP: 6936 1 Country: USA			mm/dd/yyyy Time Zone: MDT						
Latitude: 4155 1911 (dd:mm:ss N/S) Longitude: 10	3 40 41. 6 (de	dd:mm:ss E/W)			re 2.011c	1.55	00700 1009		
Phase of Operation	0	Collision with O	ther Aircraft	Altitude o	f In-Flight	37 14 17			
Standing Takeoff (incl. initial climb) Cru	Hover	Midair		Occurren	ce				
☐ Taxi ☐ Climb ☑ Ma ☐ Descent ☐ Landing ☐ Ap	Other Unknown	☐ On-ground  None	5	4000	5 1	ft MSL			
AIRCRAFT INFORMATION									
		STATE OF THE PARTY	T	leight: 5200	1bs		The state of the state of		
Manufacturer: Schweizer / Gru	humen						and the second		
Model: 6-164-8				ne of Accident/Inc					
Serial Number: 22B			سدا ا	enter of Gravity			55-11 Th 10.1		
Registration Number: N48416	Amateur-buil	lt: Yes 🔀 No	-or			or 🔀 datur ynamic Cord (			
Category of Aircraft Type of Airworthiness	Certificate	Number of	Seats:	Landi	ng Gear	Retrac	table		
Airplane (Check all that apply)	E.					nal landing ge	ar		
	ecial Restricted	If Large Aircr	aft, how many seats		uration that				
☐ Ghder ☐ Hillity ☐ 1	imited.	Flight Cr	ew:	Tri	cycle	<b>₽</b> Ta	itwheel		
Gyrocraft Acrobatic	Provisional	Cabin Cr	ew:		nphibian		gh Skid		
Powered lift	Experimental Special Flight	Passenge	rs:	— ☐ Fk	ergency Flo	oat □Sk □Sk			
	ight Sport	1		I ☐ Hu	£1		i/Wheel		
	1 -				known		44		
Type of Maintenance Program	Last Inspec		. 80	Date Last Inspec	tion: 🔼	3/10/2 m/dd/yyyy	020		
Annual Conditional (Amateur-built only)	☐ 100 Hour		us Airworthiness nal Inspection		m	mvawyyyy			
Manufacturer's Inspection Program	Annual	Unknown							
☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness				hours measure	lat (check)	gne)	30		
Other, specify:				Last Inspec	tion 🛂 T	ime of Accid	ent/Incident		
IFR Equipped	Stall Warni	ing System Inst	alled	Type of Fire Ext					
Yes WNo Unknown	Yes 🗆	No Unknow	/n	None Specify 5	-12 4		receive (4)		
				[⊿Specity	1> C		-		
TITY OF THE STATE							100		
ELT Installed ELT Activated	ELT Manuf			2 =					
14	Model/Serie	es:	=' 01	<u> </u>			well High		
ELT Aided in Locating Accident/Incident	Serial Num	ber:		3. 3.	<u> </u>		F (7)		
Yes No	Battery Typ	pe:		Batte	ry Exp. Da	ate:			
Engine Type Reciprocat System Type	ing Fuel	Propeller							
Reciprocating Turbo Jet System 179	1	☐ Fixed Pitch	Manufac	turer: Hartz	e11				
Turbo Prop Unknown Fuel Injec		Controllable P		HC-B3TN-S		2 82 N+	4		
	<u>_</u>			Engine Rated	1				
X 0			- }	Power Measured	l	Time	Time		
Engine	M.	anufacturer's	Date of Mfg.	as (check one)  Horsepower o	Total Time	Since Inspection	Since Overbaul		
Engine Engine Manufacturer Model/Series	Ser	rial Number	mm/dd/yyyy	lbs of Thrust	(hours)	(hours)	(hours)		
Eng 1 Honeywell Ganett TPE 331.	2-201A P	90143C	09/25/1995	715	NA	347	3284		
Eng 2			Weiler State	A EQE I	SEASON I	A SHI B	AMENDA LI		
Eng. 3	10			1 11 11	3-1	- Dukte	2 11.12		
Eng. 4					11144		10-14		

	FORMATION		STREET LEAVING BREET	Sent Continued Senting Control by Senting		
Registered Aircraft Owner 🗏 🔾		Owner Address	* B 4 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Name: Western Coope		City: _/	City:/			
Fractional Ownership Aircraft:		State:	State:			
		Table College		Operator Address Same As Registered Owner		
Operator of Aircraft 📙 S	ame As Registered	1 Owner	Operator Address	and the new York		
Name:	E	10 PM 100	City:	ZIP:		
Doing Business As: West	ern Avia	State:	ZIP:			
Air Carrier/Operator Designator (4		to the same and the same	Revenue Sightseein	Flight Sommenus and A		
Regulation Flight Conducted Un		Revenue Signisection	es No			
☐ FAR 91 ☐ FAR 129 ☐ FAR 103 ☐ FAR 133 ☐	FAR 91 Special Non-US, Comm	Flight Public Use (select type) ercial Federal State L				
☐ FAR 103 ☐ FAR 133 ☐ FAR 121 ☐ FAR 135 ☐	Non-US, Non-cr	ommercial Unknown		es A No TEASTORIA		
	Armed Forces		the same and the s	tion in the production of the		
Purpose of Flight	1/15	Revenue Operation		l Operating Certificate Held		
for FAR 91, 103, 133, 137 (Select or	ne)	for FAR 121, 125, 129, 135 (Select one)	- None	Modeli Land		
Personal Per	20 m. 1976	Scheduled or Commuter Non-Scheduled or Air Taxi	☐ Flag Carrier Operat	ing Certificate (121)		
Business Executive/Corporate	er safer	Mon-sergentied of All Tax	Supplemental	Rec mation Nearness		
1 Other Work Use	n 185 h	Domestic or International	Air Cargo Foreign Air Carrier	s (129)		
☐ Instructional ☐ Ferry	Print	Domestic International	Commuter Air Carr	ier (135)		
Positioning		д эксальный мого при писсталь.	On-Demand Air Ta			
Aerial Application  Aerial Observation		Cargo Operation	Rotorcraft External	THE PROPERTY OF THE PARTY OF TH		
Air Drop		Passenger/Cargo	-or -	PER LA CONTRACTOR CONT		
Air Race / Show	KBI.	PassengerHow many?	M Agricultural Aircra	R (137)		
☐ Flight Test ☐ Public Use	NE I	Cargo ios	Other Operator of I	arge Aircraft		
Unknown	40		mark ( High			
OTHER AIRCRAFT - CO	DLLISION (	if air or ground collision occurred, con	nplete this section for other	aircraft)		
Aircraft Registration Number	Manufacturer	F scattering the energy (1) of Physics (1)	and Carlotte	Damage to Other Aircraft Destroyed Minor		
51 (A 190 satts)	Model:	- Samurang the endocrysts of The Mail		Destroyed Minor Substantial None		
Registered Owner of Other Airc	craft 1 2mages	2 10 17500 1 522	normalized and the	martenageis yang 18 🖺		
15th - 3 - 37 - 15 -	Company of the Compan			An entropy of the manager of		
First Name:			ZIP:	The state of the s		
Last Name: Manage productions	Avi to a series	2 Count				
	The second section of the section of	Count	ry: Evic	25H88h - 5141		
Pilot of Other Aircraft		J1 00000 1 0000	75 (253	Sengtop's Add		
Pilot of Other Aircraft First Name:		City:	75 - 2433   	m - A-1-12 T-121 TA 112		
Pilot of Other Aircraft  First Name:  Middle Initial:		City:State:	74 923   	Segrep vital		
Pilot of Other Aircraft  First Name:  Middle Initial:  Last Name:		City: State:	zip:			
Pilot of Other Aircraft  First Name:  Middle Initial:  Last Name:		City: State: Count Count LURE (If more space is needed, oc	ZIP:	and the special set		
Pilot of Other Aircraft  First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc	ICTION/FAI	City: State: Count  LURE (If more space is needed, occ	zrp:zrp:	Total Time/Cycles		
Pilot of Other Aircraft  First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN	ICTION/FAI	City: State: Count  LURE (If more space is needed, count  Yes No Unknown serial no., and describe the failure.)	zip:zip:zip:zip:zip:	and the special set		
Pilot of Other Aircraft  First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc	ICTION/FAI	City: State: Count  LURE (If more space is needed, occ	zrp:zrp:	Total Time/Cycles		
Pilot of Other Aircraft  First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc	ICTION/FAI	City: State: Count  LURE (If more space is needed, con  Yes No Unknown serial no., and describe the failure.)	ZIP:	Total Time/Cycles On Part		
Pilot of Other Aircraft  First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc	ICTION/FAI	City: State: Count  LURE (If more space is needed, count  Yes No Unknown serial no., and describe the failure.)	ZIP:	Total Time/Cycles On Part  Hours  Cycles		
Pilot of Other Aircraft  First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc	ICTION/FAI	City: State: Count  LURE (If more space is needed, con  Yes No Unknown serial no., and describe the failure.)	ZIP:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part		
Pilot of Other Aircraft  First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc (If yes, list the name of the part, manual)	ICTION/FAI tion/Failure? ufacturer, part no.,	City: State: Count  LURE (If more space is needed, con  Yes No Unknown serial no., and describe the failure.)	ZIP:	Total Time/Cycles On Part  Hours  Cycles		
First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc (If yes, list the name of the part, manual	ICTION/FAI tion/Failure? ufacturer, part no.	City: State: Count  LURE (If more space is needed, oci  Yes No Unknown serial no., and describe the failure.)	ZIP:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part		
First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc (If yes, list the name of the part, manual	tion/Failure?	City: State: Count  LURE (If more space is needed, oci  Yes No Unknown serial no., and describe the failure.)	ry:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part Inspected/Overhauled		
First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc (If yes, list the name of the part, manual  tendro to the part, manual  (Annual)	ICTION/FAI tion/Failure? ufacturer, part no.	City: State: Count  LURE (If more space is needed, oci  Yes No Unknown serial no., and describe the failure.)	ry:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part Inspected/Overhauled  Hours		
First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc (If yes, list the name of the part, manual  lundration of the part,	ICTION/FAI tion/Failure? ufacturer, part no.	City: State: Count  LURE (If more space is needed, constitution of the space is neede	zip:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part Inspected/Overhauled  Hours		
First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc (If yes, list the name of the part, manual  DAMAGE TO AIRCRAF  Aircraft Damage	T AND OTH	City: State: Count  LURE (If more space is needed, or yes No Unknown serial no., and describe the failure.)  IER PROPERTY  Fire	zip:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part Inspected/Overhauled  Hours		
First Name:  Middle Initial:  Last Name:  MECHANICAL MALFUN  Was there Mechanical Malfunc (If yes, list the name of the part, manual  and the part, manual  DAMAGE TO AIRCRAF	ICTION/FAI tion/Failure? ufacturer, part no.	City: State: Count  LURE (If more space is needed, con  Yes No Unknown serial no., and describe the failure.)  IER PROPERTY  Fire  Both Ground and In-Flight	zip:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part Inspected/Overhauled  Hours		

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)									
Aircraft hit large cross-country power lines, when aircraft came to									
4 stop it was completely destroyed, also broke several powerlines.									
AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)									
Airport Identifier:			Distance From A						
Airport Name:			Direction From						
Proximity to Airport Off Airport/Air	strip 🔲 On Airport 🔲	On Airstrip	Airport Elevatio			ft. MSL			
Approach Segment (Select one)									
☐ On Instrument Approach ☐ Land ☐ Crosswind ☐ Down		e leg v Approach	Final		after touchdown	Go Around			
IFR Approach (Check all that apply)	IWING LOV	• Аррюжи	VFR Approach			<u>,                                      </u>			
☐ None ☐ PAR		Practice	None	,	☐ Sto	and Go			
☐ ADF/NDB ☐ Sidestep ☐ ILS		GPS Loran	☐ Traffic Pattern☐ Straight-In			ch and Go ulated Forced Landing			
☐ VOR/TVOR ☐ Localizer Only ☐ VOR/DME ☐ LOC-back course	☐ Visual ☐	Unknown	☐ Valley/Terrain Fe	ollowing	For	ccd Landing			
☐ VOR/DME ☐ LOC-back course ☐ TACAN ☐ RNAV	☐ Contact ☐ Circling		Go Around Full Stop		Uni	cautionary Landing			
Runway Information			Condition of Run	way/Landir	ng Surface (C	heck all that apply)			
Runway ID:(L/R/C) Length: _	ft Width:	ft	Dry Holes	☐ Snow	-Compacted -Crusted	☐ Water-Calm ☐ Water-Choppy			
Runway/Landing Surface (Check all tha	_		Ice Covered	Snow	-Dry	☐ Water-Glassy			
	cadam Water tal/Wood Unknown	2	Rough Rubber Deposits	☐ Snow	- wei	☐ Wet ☐ Unknown			
□ Dirt □ Ice □ Sno	w	-	Slush Covered	☐ Veget	ation				
FLIGHT ITINERARY INFORMA									
Last Departure Point Airport ID: BFF	Time of Departure	Destination			Type Flight	Plan Filed  □ VFR/IFR			
City: Scottsbluff	Time: 7:45 am	-			Company \	/FR ☐ IFR			
State: NE	Time Zone: MOT				☐ Military VI ☐ VFR	FR Unknown			
Country: US		1				☐ Yes ☐ No			
Type of ATC Clearance/Service (Check	all that apply)								
	☐ Specia			Flight Followi c Advisory		Cruise Unknown / NA			
Airspace where the accident/incident of			FT stafft	+ 1 Pres land A		- Signiv (III IV)			
☐ Class A ☐ Class E	Proi	hibited Area		Jet Training		Special			
☐ Class B						Air Traffic Control Area			
Class C Demo Area		tricted Area itary Operations		TRSA FAR 93					
☐ Class C ☐ Demo Area ☐ Class D ☐ Warning Are	☐ Mil	tricted Area itary Operation: port Advisory A	s Area (MOA)	TRSA FAR 93		Unknown			
Class D Warning Are Aircraft Load Description (Check all tha	a Mil a Ain t apply)	itary Operations port Advisory A	s Area (MOA)	FAR 93					
☐ Class D ☐ Warning Are  Aircraft Load Description (Check all that ☐ None ☐ Towing Glid	☐ Mill a ☐ Ain f apply) er ☐ Para	itary Operations port Advisory A achutists	s Area (MOA)						
Class D Warning Are  Aircraft Load Description (Check all that  None Towing Glid Passengers Towing Bare Cargo Other Extern	a   Mil- a   Airq  t apply)  er   Para  her   Wat  al   Che	itary Operations port Advisory A achutists	s Area (MOA)	FAR 93 Livestock					
☐ Class D ☐ Warning Are  Aircraft Load Description (Check all that ☐ None ☐ Towing Glid ☐ Passengers ☐ Towing Ban ☐ Cargo ☐ Other Extern  FUEL & SERVICES INFORMA	a   Mill   Mill   Ain	itary Operations port Advisory A achutists ter	s Area (MOA)	FAR 93 Livestock					
Class D Warning Are  Aircraft Load Description (Check all that  None Towing Glid Passengers Towing Bare Cargo Other Extern	a   Mill a	itary Operations port Advisory A achutists ter mical/Fertilizer	s Area (MOA)	FAR 93 Livestock Unknown					
Class D	a   Military   Militar	itary Operations port Advisory A achutists ter mical/Fertilizer  115/145	s Area (MOA) Lirea  Lirea  JP3 JP4	FAR 93 Livestock Unknown					
Class D	Military	itary Operations port Advisory A achutists ter mical/Fertilizer	s Area (MOA) Lirea  //Seeds	FAR 93 Livestock Unknown					
Class D	Military	itary Operations port Advisory A achutists ter mical/Fertilizer  115/145	s Area (MOA) Lirea  Lirea  JP3 JP4	FAR 93 Livestock Unknown					
Class D	Military	itary Operations port Advisory A achutists ter mical/Fertilizer  115/145	s Area (MOA) Lirea  Lirea  JP3 JP4	FAR 93 Livestock Unknown					

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								
The only occupant was the pilot and was able to extract								
himself!								
	president des		yspen to lander	108 Jay Leitzenten	AMPORT BIFORMAT			
WEATHER INFORMATION AT TH	E ACCID	ENT/INCIDENT	SITE					
Weather Observation Facility		Source of Weather I	nformation		Method of Briefing (Check all that apply)			
Facility ID: KNEMITCH 5	- 10 10	☐ National Weather Se	rvice	Company	In Person			
Observation Time: 8 20 am	AC	Flight Service Statio		Military Internet	Teletype Telephone/Computer			
Time Zone: MDT	n Ball	TV/Radio Automated Report		Unknown	Aircraft Radio			
F150 760 10 2 C/F	NM rees MAG	Commercial Weather	r Service (DUAT	S)	☐ TV/Radio ☐ Unknown			
Briefing Type/Completeness	HEES IVIAG	Light Condition	13 1	ANGELIA ANGELIA	Visibility			
☐ Full ☐ Abbrevia	ted	Dawn D		Dark Night	- 프			
Partial / Limited By Pilot Unknown		☑ Day □ N		☐ Bright Night ☐ Not Reported	miles			
Partial / Limited By Briefer Sky/Lowest Cloud Condition	Ceiling	Vici Calif	111626	Restriction to Visibility	V (Check all that apply)			
TV Clear Thin Broken	M None		scured	None	Fog			
Few Thin Overcast	☐ Broker		definite iknown	☐ Blowing Dust ☐ Blowing Sand	Ground Fog			
Partial Obscuration Unknown	Doverd		MIOWI	Blowing Snow	lce Fog			
Lowest Cloud Condition Height	Ceiling I	Height		☐ Blowing Spray ☐ Dust	☐ Smoke ☐ Unknown			
ft AGL	27/10A 80		ft AGL	FEL STATE TO STATE OF THE PARTY	The Paris of Section 1999 and			
Wind Direction Wind Speed		Wind Gusts	A	Type of Turbulence	heck all that apply)			
☐ Indicated: Velocity: 2	KTS	Velocity:	KTS	None ☐ In C☐ Clear Air ☐ Vici	louds nity of Thunderstorm			
300 degrees MAG		Xii		Severity of Turbulence	1000000			
☐ Calm ☐ Light and Va	riable	☐ Gusting Not Gusting	90	7110.00				
		in section in the section of		Bevere Mod	lerate Chop (1907) 777/1707/1911			
NOTAMs (D, L and FDC), AIRMETs,	SIGMETS,	PIREPs in effect a	t the time of	the accident/incident				
None that	woul	d have a a	effected	the Plight!	West on Start word of			
1199-1197		1 3513		100	A MATERIAL PROPERTY AND THE PROPERTY AND			
-41 to 1-4411								
F6- 122 F								
					varietali dan bilgang pang			
800			7 1 4					
1100000				p. mor m	1			
	Icing Forec	ast		Type of Precipitat	ion (Check all that apply)			
Temperature:(C)	Amous	nt _	Туре	None	☐ Drizzle			
or <u>6</u> (F)	✓ None ☐ Trace	☐ Moderate ☐ Severe	☐ Rime	Rain Snow	Ice Pellets Snow Pellets			
Altimeter Setting: 30.55 in. HG	Light	The space A	Mixed	Hail	Snow Grains			
Density Altitude:ft	Icing Actus	al		Rain Showers Freezing Rain	☐ Ice Crystals ☐ Ice Pellets Shower			
	Amou	nt	Type □ Rime	Snow Shower	Freezing Drizzle			
Dew Point: (C) or 57 (F)	None Trace	☐ Moderate ☐ Severe	Clear	Intensity of Precip	oitation			
	Light		Mixed	100	Moderate Heavy			

ATION			A CONTRACTOR OF THE PARTY OF TH	-		- III W/2000	Charles and the same of the sa	TO SELVED AND MADE	
		_	en	n (what	alog do B				
☐ Student Pilot	☐ Flight In	estructor 🔲	Check Pilot	☐ Flight	Engineer	[] Other	riight Crew	2	W
							16.		ETS ASSET
		111							
	-			-					11/012-9000
dent:	Date of Bir			tificate N	umber:			TATOONA	711
	_	MR MOH			/	134490			S (628)
Left Right Center	☐ Front☐ Rear☐ Single	Unknow			_	_	Used Available	Yes Yes	□ No
il that apply)			_			(0.51)	elle og		1 D' 6 1
dent							y		- 13 Marie
Medical Certific	ate	Manual I				_	Date of La	st Medica	al samound
Class 1	Driver's Lice	ense (Sport Pilot o	only)	ith limitat					
03/22/201	1	t Review Aire	oft 1	Bonai				Total # 15	Discould de by isot
03/22/201 mm/dd/yyyy	1	Beechev	oft 1	-					
03/22/201	Make: Model ft Rating(s)	Beechev E-35	ent Rating(s)	Bonai	Instructor (Check all in Mone	e Single-Eng e Multi-Eng me	gine	An Arm.	Airplane Helicopter
O3/22/201 mm/dd/yyyy  Other Aircraf (Check all that d None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model ft Rating(s)	Beechev  E-35  Instrume (Check all  Mone Airplan Helico	ent Rating(s)	Bonai	Instructor (Check all Mone Airplan Gyroph	that apply) e Single-Eng e Multi-Eng me d Lift	gine	Instrument Instrument Helicopter Glider Sport	Airplane Helicopter
O3/22/201 mm/del/yyyy  Other Aircraf (Check all that d None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model ft Rating(s)  apply)  This Make	Brechev  E-35  Instrume (Check all Mone Airplan Powere	ent Rating(s) that apply) ne ed Lift Airplane	Bona	Instructo (Check all P None Airplan Gyropk Powere  Student I	that apply) e Single-Eng e Multi-Eng me d Lift Indorseme	gine	Instrument Instrument Helicopter Glider Sport	Airplane Helicopter
O3/22/201 mm/del/yyyy  Other Aircraft (Check all that d None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model  Rating(s)  A  This Make & Model	Brechev  E-35  Instrume (Check all  None  Airplan  Powere	ent Rating(s)  I that apply)  ne ed Lift	Night	Instructor (Check all Whone Airplan Gyropke Powere	that apply) e Single-Eng e Multi-Eng me d Lift Cndorseme	gine	Instrument Instrument Helicopter Glider Sport	Airplane Helicopter
O3/22/201 mm/del/yyyy  Other Aircraft (Check all that a land that	Make: Model ft Rating(s)  Apply)  This Make & Model  5~946	Beechev  E-35  Instrume (Check all Mone Airplane Powere Single Engine  18671	ent Rating(s) that apply) ne ed Lift Airplane	Night 15	Instructo (Check all P None Airplan Gyropk Powere  Student I	that apply) e Single-Eng e Multi-Eng me d Lift Indorseme	gine	Instrument Instrument Helicopter Glider Sport	Airplane Helicopter
O3/22/201 mm/del/yyyy  Other Aircraft (Check all that d None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model  Rating(s)  A  This Make & Model	Brechev  E-35  Instrume (Check all  None  Airplan  Powere	ent Rating(s) that apply) ne ed Lift Airplane	Night	Instructo (Check all P None Airplan Gyropk Powere  Student I	that apply) e Single-Eng e Multi-Eng me d Lift Indorseme	gine	Instrument Instrument Helicopter Glider Sport	Airplane Helicopter
O3/22/201 mm/del/yyyy  Other Aircraft (Check all that a land that	Make: Model ft Rating(s)  Apply)  This Make & Model  5~946	Beechev  E-35  Instrume (Check all Mone Airplane Powere Single Engine  18671	ent Rating(s) that apply) ne ed Lift Airplane	Night 15	Instructo (Check all P None Airplan Gyropk Powere  Student I	that apply) e Single-Eng e Multi-Eng me d Lift Indorseme	gine	Instrument Instrument Helicopter Glider Sport	Airplane Helicopter
O3/22/201 mm/del/yyyy  Other Aircraft (Check all that a land that	Make: Model ft Rating(s)  This Make: & Model 57946 57946	Beechev  E-35  Instrume (Check all Mone Airplane Powere Single Engine  18671	ent Rating(s) that apply) ne ed Lift Airplane	Night 15	Instructo (Check all P None Airplan Gyropk Powere  Student I	that apply) e Single-Eng e Multi-Eng me d Lift Indorseme	gine	Instrument Instrument Helicopter Glider Sport	Airplane Helicopter
O3/22/201 mm/del/yyyy  Other Aircraft (Check all that a land that	Make: Model ft Rating(s)  Apply)  This Make & Model  5~946	Beechev  E-35  Instrume (Check all Mone Airplane Powere Single Engine  18671	ent Rating(s) that apply) ne ed Lift Airplane	Night 15	Instructo (Check all P None Airplan Gyropk Powere  Student I	that apply) e Single-Eng e Multi-Eng me d Lift Indorseme	gine	Instrument Instrument Helicopter Glider Sport	Airplane Helicopter
	dent:  Seat Occup Left Right Center all that apply) dent ght Instructor  Medical Certific None Class 1 Class 2	dent: Date of Bi	dent: Date of Birth: min/dd/yy    Seat Occupied	Student Pilot	City: State: Countr    Date of Birth:   Certificate Normalization   Commercial     Recreational   Commercial     State   Countr     Center   Single   Commercial     Center   Single   Commercial     Center   Class 3     Class 1   Driver's License (Sport Pilot only)     Content   Content   Commercial     Check Pilot   Flight   Flight     Center   State:   Countr     Certificate   Commercial     Commercial   Commercial   Commercial     Commercial   Commercial   Commercial	Student Pilot	Student Pilot   Flight Instructor   Check Pilot   Flight Engineer   Other	Student Pilot   Flight Instructor   Check Pilot   Flight Engineer   Other Flight Crew	the Time of Accident/Incident   Student Pilot   Flight Instructor   Check Pilot   Flight Engineer   Other Flight Crew

PILOT "B" INFORMATION										
Pilot "B" Responsibilities at the Time of Accident/Incident										
Pilot Co-Pilot	Student Pilot	Flight Inst	ructor [	Check Pilot	☐ Flig	ht Engineer	Other	Flight Crew		v. L
Pilot "B" Identification	<u> </u>								110 111	
First Name:			- 11	Ci	ty:					
Middle Initial:				Sta	ate:		ZIP:			
Last Name: Country:										
Age at time of Accident/Incident: Date of Birth: Certificate Number:										
Degree of Injury	Seat Occupied		1977		t Belt		32 14	Shoulder I	Harness	
None Fatal		Front [	Unknow	1	_		□No	Used	Yes	□No
☐ Minor ☐ Unknown ☐ Serious	Right Center	Rear Single		Ava	ilable	Yes	□No	Available	Yes Yes	□ No
Pilot Certificate(s) (Check of							<u> </u>			- 10
☐ None ☐ Stu	ident	Recreation	onal	Commerc	ial	ШЕ	Flight Engi	neer	Foreign	
	ght Instructor	Sport		Airline T			U.S. Milita			
100	Medical Certificate	200	<u> </u>			rtificate Va		Date of L	ast Medica	d
Pilot Other	☐ None ☐ Clas	ss 3 ver's License	(Canad Dila			mitations/wai				
Unknown	Class 2 Unk	onown	(opon i no		with timit Uriknown	ations/waive	'S	mm/dd/	מממ	
Medical Certificate Limita	tions							1		
Madiesi Co. Hite-t- Like	tivus									
Medical Certificate Waive	rs									
Date of Last Flight Review		Flight D.	eview Airo							1005
or Equivalent, Including		_								
FAR 121/135 Checks:	1232	1				lli,				_
A Sandana Datina(a)	mm/dd/yyyy Other Aircraft Rat	Model:	T	D			5			
Airplane Rating(s) (Check all that apply)	(Check all that apply)			ent Rating(s)		Instructor (Check all th	.,.,			
None	None		None	e econe adult-21		None			Instrument A	imlane
Single-Engine Land Single-Engine Sca	Airship Free Balloon		│	ine		Airplane	Single-Engir	ne 🗍	Instrument H	
Multiengine Land	Glider		Helico			Gyroplar	Multi-Engin ie		Helicopter Glider	
Multiengine Sea	Gyroplane	Y				Powered			Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings		140 E			1	Student E	adorsemen	ts (Include de	ites)	15. Mg
	1 8		Airplane	1	<del></del>	7-4	-4	ł		
Flight Time (enter appropriate number of hours in each box)		Make Model	Single	Airplane	10.04		rument Simulated		O112.=	Lighter
Total Time	Afreran ex e	Modes	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)			///		<del> </del>	+				
Time as Instructor						<del></del>				
This Make/Model							- X-5.			
Last 90 Days		1			130 VA 10 m				4	e 85
Last 30 Days	<del>                                     </del>			Ш						
Last 24 Hours									_ 0.	

ADDITIONAL FLIGHT CRI	EW MEMBERS	(Exclusive of cabi	n attendants, complete th	e following info			
Pilot Name and Address	Marian pr	City:	the marking the same	900 - 12 FBT 9007 - 100	1.0	Degree of In	
First Name: Middle Initial: Last Name:		State: Country:	ZIP:			Minor Serious	Unknown
Pilot Certificate(s) (Check all tha	- 1			☐ Foreign		Seat Occupi	ed Front
None Student Private Flight Instructor	Recreational Sport	Commercial Airline Transport		☐ roteign	_	Right Center	☐ Rear ☐ Single
Type Rating/Endorsement for Accident/Incident Aircraft?	Yes No		t Time at the Time dent/Incident:	hrs			Unknown
Pilot Name and Address		- 10.50 E				Degree of In	i <b>jury</b>   Fatal
First Name:  Middle Initial:  Last Name:		City; State: Country:	ZIP:	_		Minor Serious	Unknown
Pilot Certificate(s) (Check all the				<b>—</b>		Seat Occupi	ed Front
None     □ Student       □ Private     □ Flight Instructor	Recreational Sport	Commercial Airline Transpor		☐ Foreign		Left   Right   Center	Rear Single
Type Rating/Endorsement for Accident/Incident Aircraft?	Yes No		t Time at the Time ident/Incident:	hrs	$\Box$	Center	Unknown
Pilot Name and Address						Degree of In	njury
First Name:		State:	ZIP:	_		☐ Minor ☐ Serious	Unknown
Pilot Certificate(s) (Check all the						Seat Occupi	
None Student Private Flight Instructor	☐ Recreational ☐ Sport	Commercial Airline Transpor		Foreign		☐ Left ☐ Right ☐ Center	Front Rear Single
Type Rating/Endorsement for Accident/Incident Aircraft?			t Time at the Time				Unknown
Accident Aircraft:	Yes No	of this Acc	ident/Incident:	hrs	85 8	123000	
PASSENGER(S) / OTHER					cessar	y)	
PASSENGER(S) / OTHER		(Include flight atte	ndants; continue on sepa	rate sheet if ne	Crew Non-	Revenue (K Non- Occupant	Fatal Serious Injury Minor Injury No Injury
PASSENGER(S) / OTHER Name and Address First Name:		(Include flight atte	ndants; continue on sepa	rate sheet if ne	Crew Non-	Revenue Revenue Non- Occupant FAA	
PASSENGER(S) / OTHER	RPERSONNEL	(Include flight atte	ndants; continue on sepa	rate sheet if ne	Crew Non-	Revenue (K. Non-Occupant	Farsal Serious Injury Minor Injury No Injury Originary
PASSENGER(S) / OTHER  Name and Address  First Name:  Middle Initial:  Last Name:  First Name:  Middle Initial:	PERSONNEL	City: State: Country: State: State:	zrp:	rate sheet if ne	Crew	Revenue Revenue Occupant	
PASSENGER(S) / OTHER  Name and Address  First Name: Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:	RPERSONNEL	City: State: Country: State: Country: City: State: Country:	ZIP:	rate sheet if ne	S. S. S.		00000
PASSENGER(S) / OTHER  Name and Address  First Name:  Middle Initial:  Last Name:  Middle Initial:  Last Name:	RPERSONNEL	City: State: Country: State: Country: City: State: Country: City: State: Country:	ZIP:	rate sheet if ne	S. S. S.		00000
PASSENGER(S) / OTHER  Name and Address  First Name: Middle Initial: Last Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	RPERSONNEL	City: State: Country: City: State: Country: City: State: Country: City: State: Country: State: Country: State: Country: City: State: Country: State: Country: City: State: Country: City: State: State: Country: State: _	ZIP:	rate sheet if ne		Revenue	00000
PASSENGER(S) / OTHER  Name and Address  First Name: Middle Initial: Last Name:  Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:	RPERSONNEL	City: State: Country:	ZIP:ZIP:ZIP:ZIP:ZIP:	rate sheet if ne		Revenue	
PASSENGER(S) / OTHER  Name and Address  First Name: Middle Initial: Last Name:  Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:	PERSONNEL	City: State: Country:	ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:	rate sheet if ne		Revenue	
PASSENGER(S) / OTHER  Name and Address  First Name: Middle Initial: Last Name:  Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:	PERSONNEL	City: State: Country:	ZIP:ZIP:ZIP:ZIP:ZIP:	rate sheet if ne		Revenue	
PASSENGER(S) / OTHER  Name and Address  First Name: Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  First Name:  Middle Initial: Last Name:	PERSONNEL	City: State: Country:	ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:	rate sheet if ne		Revenue	
PASSENGER(S) / OTHER  Name and Address  First Name: Middle Initial: Last Name: Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  First Name:  Middle Initial: Last Name:  First Name:	PERSONNEL	City: State: Country:	ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:	rate sheet if ne		Revenue  O O O O O O O O O O O O O O O O O O O	

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 time and point of departure, intended destination, and services obtained.

I took off from BFF on my second load of the day about 7:50 am to finish spraying the freld that I started on my first load. I have included a aerial map of the field that I was spraying. I set the field up with the GPS to run the spray passes east and west, so I would be running pare let to the big powerlines running east and west. The south half of the field spray passes were made from east to west, on the north half of the field the spray passes were made from west to east, this was done so as not to have to avoid the power lines on every pars. When I got done with the field I decided to make some clean up passes on some of the edges of the field. coming in from the north on the east edge of the field for some reason. I thought the big power line was south of the yard, I believe the lines blended in the to trees by the yard, big mistake a coming down into the field the top wing on the aircraft blocked my forward view, when I teveded out in the field the lines were right in front of

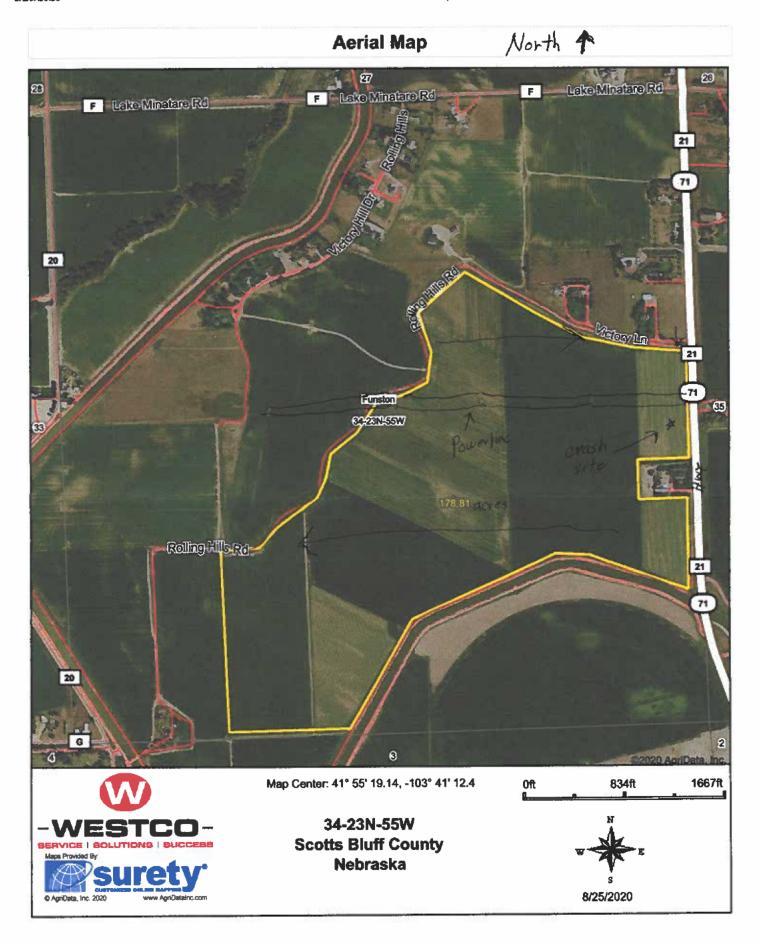
## RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

me and I was not able to avoid them and crashed into them

I believe the accident would have been avoided if I would have flown around the borders to double check for obstacles.

8/25/2020 FSA Map



		TION (Please type or print in ink) is needed for any answers.		
I HEREBY CERTIFY	THAT TH	IE ABOVE INFORMATION IS COMPLE	TE AND ACCURATE TO T	HE BEST OF MY KNOWLEDGE
Date of this Report	Signatur			Constitution to the
08/26/2020	Signature:			
mm/dd/yyyy		nt Name: Michael E. Uhlken		
_		Filing Report if Other than Pilot/Operato	r	
Title:				
HERWY CHEST		FOR NTSB (	USE ONLY	
NTSB Accident/Incid	ent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN20CA347		Central Region	Lemishko	8/26/2020