

**NATIONAL TRANSPORTATION SAFETY BOARD**  
**NTSB Form 6120.1**  
**PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 [http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl). These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that **ALL** questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

*Nearest City/Place:* Use the name of the nearest community in the state where the accident/incident occurred.

*Date/Time:* Indicate the date and local time of the event. Be sure to indicate the time zone.

*Phase of Operation:* Indicate the phase of operation during which the accident/incident occurred.

*Aircraft Information:* Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

*Maximum Gross Weight:* Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

*Engine:* Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

*Type of Fire Extinguishing System:* If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

*Owner/Operator Information:* Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

*Revenue Sightseeing Flight:* Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

*Air Medical Flight:* Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

*Public Aircraft:* Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

**Purpose of Flight:** 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**AERIAL APPLICATION**--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**--Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**--Includes any flight operations conducted as part of an organized air race or public demonstration.

**BUSINESS**--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**--Company flying with a paid, professional crew.

**FERRY**--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**FLIGHT TEST**--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

**INSTRUCTIONAL**--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**OTHER WORK USE**--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**PERSONAL**--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**POSITIONING**--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

**UNKNOWN**--Use only if the primary purpose of flight is not known.

**Other Aircraft--Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identifier:** Provide the official 3 or 4 character airport identifier number.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

**Flight Crewmember Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

**Additional Flight Crewmembers:** Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

**These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to [www.nts.gov](http://www.nts.gov).**

**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**

<b>Accident/Incident Location</b>		<b>Accident/Incident Date/Time</b>	
Nearest City/Place: <u>Wadsworth</u>	State: <u>OH</u>	Date: <u>04/28/2022</u>	Local Time: <u>2140Z</u> <u>5:40 PM</u>
ZIP: <u>44281</u>	Country: <u>USA</u>	<small>mm/dd/yyyy</small>	Time Zone: <u>EST</u>
Latitude: <u>81.80W</u>	Longitude: <u>41.03N</u>		
<small>(Enter in decimal degrees or degrees:minutes:seconds)</small>			
		<b>Collision with Other Aircraft:</b> Midair On-ground <input checked="" type="radio"/> None	

**AIRCRAFT INFORMATION**

<b>Registration Number:</b> <u>N46733</u>	<b>IFR-Equipped and Certified</b>
<b>Manufacturer:</b> <u>Cessna</u>	<b>Commercial Space Flight</b>
<b>Model:</b> <u>C152</u>	<b>Unmanned Aircraft</b>
<b>Serial Number:</b> <u>15283096</u>	<b>Maximum Gross Weight:</b> <u>1650</u> lbs
<b>Year of Manufacture:</b> <u>1978</u>	<b>Weight at Time of Accident/Incident:</b> <u>1460</u> lbs
<b>Amateur-Built:</b> Yes <input type="radio"/> No <input checked="" type="radio"/>	<b>Number of Seats:</b> <u>2</u> Flight Crew Seats: <u>1</u>
<b>If Yes:</b> Kit/Plans Make: _____	<b>Cabin Crew Seats:</b> <u>2</u> Passenger Seats: <u>1</u>
<b>Original Design</b>	<b>Number of Engines:</b> <u>1</u>

<b>Category of Aircraft</b>	<b>Type of Airworthiness Certificate</b> <small>(Check all that apply)</small>	<b>Landing Gear</b> <small>(Check all that apply)</small>		<b>Engine Type (Select one)</b>
		<small>(Check all that apply)</small>		
<input checked="" type="checkbox"/> Airplane	<b>Standard</b>	<input checked="" type="checkbox"/> Tricycle	Tailwheel	<input checked="" type="checkbox"/> Reciprocating
<input type="checkbox"/> Balloon	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Amphibian	High Skid	<input type="checkbox"/> Turbo Shaft
<input type="checkbox"/> Blimp/Dirigible	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Emergency Float	Skid	<input type="checkbox"/> Turbo Prop
<input type="checkbox"/> Glider	<input type="checkbox"/> Balloon	<input type="checkbox"/> Float	Ski	<input type="checkbox"/> Turbo Jet
<input type="checkbox"/> Gyroplane	<input type="checkbox"/> Commuter	<input type="checkbox"/> Hull	Ski/Wheel	<input type="checkbox"/> Turbo Fan
<input type="checkbox"/> Helicopter	<input type="checkbox"/> Transport	<input type="checkbox"/> Other Launch/Recovery System		<input type="checkbox"/> Electric
<input type="checkbox"/> Powered Lift	<input type="checkbox"/> Utility	<input type="checkbox"/> None		<input checked="" type="checkbox"/> Carburetor
<input type="checkbox"/> Rocket	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Unknown		<input type="checkbox"/> Fuel-Injected
<input type="checkbox"/> Ultralight	<input type="checkbox"/> Experimental Light-Sport			
<input type="checkbox"/> Unknown	<input type="checkbox"/> Experimental Light-Sport			
	<input type="checkbox"/> Certificate of Authorization or Waiver (COA)			
	<input type="checkbox"/> None			
	<input type="checkbox"/> Unknown			

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O-235-L2C</u>	<u>RL-18543-15</u>	<u>1978</u>	<u>110HP</u>	<u>UNK</u>	<u>63.3</u>	<u>1320.6</u>
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b>	<b>Propeller 1</b>	<b>Propeller 2</b>	
			<b>Additional Equipment (Check all that apply)</b>
100-Hour Continuous Airworthiness	Fixed Pitch <input checked="" type="checkbox"/>	Fixed Pitch	<input checked="" type="checkbox"/> ADS-B
AAIP Conditional Inspection	Controllable Pitch	Controllable Pitch	Airframe Parachute
<input checked="" type="checkbox"/> Annual Unknown	Ground Adjustable	Ground Adjustable	Angle of Attack Indicator
<b>Date Last Inspection:</b> <u>03/10/2022</u>	Manufacturer: <u>McCawley</u>	Manufacturer: _____	Autopilot
<small>mm/dd/yyyy</small>	Model: <u>1A1031TCM695D</u>	Model: _____	Data Recorder
<b>Airframe Total Time:</b> <u>9034.8</u> hrs	<input checked="" type="checkbox"/> <b>ELT Installed:</b> Yes No		Electronic Flight Bag or Handheld Device
<small>hours measured at (Select one)</small>	<small>If Yes:</small>		Electronic Multifunction Display
<small>Last Inspection Time of Accident/Incident</small>	<b>ELT Manufacturer:</b> <u>Dorne and Margolin</u>		Electronic Primary Flight Display
	<b>Model or Part No.:</b> <u>ELT6</u>		Handheld GPS
	<b>TSO No.:</b> <input checked="" type="checkbox"/> C91 (121.5 MHz) C91a (121.5 MHz)		Heads Up Display
	<input type="checkbox"/> C126 (406 MHz)		Onboard Weather
<b>Type of Maintenance Program (Select one)</b>	<b>Was ELT still mounted in aircraft?</b> Yes No		Satellite Tracking Device
Annual <input checked="" type="checkbox"/>	<b>Was ELT still connected to antenna?</b> Yes No		Stall Warning System
Conditional (Amateur-built only)	<b>Did ELT Activate?</b> Yes <input checked="" type="radio"/> No		Video Recording Device
Manufacturer's Inspection Program	<small>If activated:</small>		Other, Specify:
Other Approved Inspection Program (AAIP)	<b>Did ELT Aid in Locating Aircraft:</b> Yes <input checked="" type="checkbox"/> No		
Continuous Airworthiness	<small>If not activated:</small>		
Other, specify: <u>100 HR</u>	<b>Indicate Reason:</b>		
	Impact Damage		
<b>Description of Fire Extinguishing System</b>	Fire Damage		
<input checked="" type="checkbox"/> None	Battery Expired/Damaged		
Specify:	<input checked="" type="checkbox"/> Unknown		

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: Sky Park, Inc  
 Fractional Ownership Aircraft: Yes  No

City: Wadsworth  
 State: OH ZIP: 44281  
 Country: USA

**Operator of Aircraft** *Same As Registered Owner*

Name: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

*Same Address as Registered Owner*  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 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**

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> FAR 91  | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 415 |
| <input type="checkbox"/> FAR 103 | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> FAR 431 |
| <input type="checkbox"/> FAR 121 | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> FAR 435 |
| <input type="checkbox"/> FAR 125 | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> 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)*

- |  |  |
|--|--|
| <input type="checkbox"/> Scheduled or Commuter     | <input type="checkbox"/> Domestic      |
| <input type="checkbox"/> Non-Scheduled or Air Taxi | <input type="checkbox"/> International |
- Passenger  
 Cargo  
 Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**  
*(Select one)*

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="checkbox"/> Aerial Application  | <input type="checkbox"/> Firefighting        | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Aerial Observation  | <input type="checkbox"/> Flight Test         |                                  |
| <input type="checkbox"/> Air Drop            | <input type="checkbox"/> Glider Tow          |                                  |
| <input type="checkbox"/> Air Race/Show       | <input type="checkbox"/> Instructional       |                                  |
| <input type="checkbox"/> Banner Tow          | <input type="checkbox"/> Other Work Use      |                                  |
| <input type="checkbox"/> Business            | <input checked="" type="checkbox"/> Personal |                                  |
| <input type="checkbox"/> Executive/Corporate | <input type="checkbox"/> Positioning         |                                  |
| <input type="checkbox"/> External Load       | <input type="checkbox"/> Skydiving           |                                  |
| <input type="checkbox"/> 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: Wet Zion Sky Park  
 Airport Identifier: 15G  
 Proximity to Airport: Off Airport/Airstrip  On Airport/Airstrip  N/A

Distance From Airport Center: \_\_\_\_\_ sm  
 Direction From Airport: \_\_\_\_\_ degrees true  
 Airport Elevation: 1210 ft. msl

**Runway Information**

Runway ID: 030 (L/R/C) Length: 2410 ft Width: 37 ft

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

- |   |                                     |                                     |                                  |
|---|-------------------------------------|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Asphalt | <input type="checkbox"/> Grass/Turf | <input type="checkbox"/> Macadam    | <input type="checkbox"/> Water   |
| <input type="checkbox"/> Concrete           | <input type="checkbox"/> Gravel     | <input type="checkbox"/> Metal/Wood |                                  |
| <input type="checkbox"/> Dirt               | <input type="checkbox"/> Ice        | <input type="checkbox"/> Snow       | <input type="checkbox"/> Unknown |

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

- |  |   |                                       |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Dry  | <input type="checkbox"/> Snow-Compacted | <input type="checkbox"/> Water-Calm   |
| <input type="checkbox"/> Holes           | <input type="checkbox"/> Snow-Crusted   | <input type="checkbox"/> Water-Choppy |
| <input type="checkbox"/> Ice Covered     | <input type="checkbox"/> Snow-Dry       | <input type="checkbox"/> Water-Glassy |
| <input type="checkbox"/> Rough           | <input type="checkbox"/> Snow-Wet       | <input type="checkbox"/> Wet          |
| <input type="checkbox"/> Rubber Deposits | <input type="checkbox"/> Soft           |                                       |
| <input type="checkbox"/> Slush-Covered   | <input type="checkbox"/> Vegetation     | <input type="checkbox"/> Unknown      |

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

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

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

- |                                   |  |                                   |                                   |
|-----------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> None     | <input type="checkbox"/> PAR             | <input type="checkbox"/> MLS      | <input type="checkbox"/> Practice |
| <input type="checkbox"/> ADF/NDB  | <input type="checkbox"/> Sidestep        | <input type="checkbox"/> LDA      | <input type="checkbox"/> GPS      |
| <input type="checkbox"/> SDF      | <input type="checkbox"/> ILS             | <input type="checkbox"/> ASR      |                                   |
| <input type="checkbox"/> VOR/TVOR | <input type="checkbox"/> Localizer Only  | <input type="checkbox"/> Visual   |                                   |
| <input type="checkbox"/> VOR/DME  | <input type="checkbox"/> LOC-back course | <input type="checkbox"/> Contact  |                                   |
| <input type="checkbox"/> TACAN    | <input type="checkbox"/> RNAV            | <input type="checkbox"/> Circling |                                   |
|                                   |  |                                   | <input type="checkbox"/> Unknown  |

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

- |   |   |
|---|---|
| <input type="checkbox"/> None                       | <input type="checkbox"/> Stop and Go              |
| <input checked="" type="checkbox"/> Traffic Pattern | <input type="checkbox"/> Touch and Go             |
| <input type="checkbox"/> Straight-In                | <input type="checkbox"/> Simulated Forced Landing |
| <input type="checkbox"/> Valley/Terrain Following   | <input type="checkbox"/> Forced Landing           |
| <input type="checkbox"/> Go Around                  | <input type="checkbox"/> Precautionary Landing    |
| <input checked="" type="checkbox"/> Full Stop       |   |
|   | <input type="checkbox"/> Unknown                  |

**"FLIGHT CREWMEMBER 1" INFORMATION**

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

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

"Flight Crewmember 1" was pilot flying  Yes    No

**"Flight Crewmember 1" Identification**

First Name: Jeffrey    City of Residence: Aurora  
 Middle Initial: S    State: OH    ZIP: 44202  
 Last Name: Parker    Country: USA  
 Age at time of Accident/Incident: 58    Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> None <input checked="" type="radio"/> Minor <input type="radio"/> Serious	<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Center	<input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single	<input type="radio"/> Unknown	<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="radio"/> Not Installed <input type="radio"/> Installed <input type="radio"/> Not Deployed <input checked="" type="radio"/> Deployed <input type="radio"/> Unknown
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**Pilot Certificate(s)** (Check all that apply)

<input checked="" type="radio"/> None <input type="radio"/> Private <input checked="" type="radio"/> Student	<input type="radio"/> Flight Instructor <input type="radio"/> Recreational <input type="radio"/> Sport	<input type="radio"/> Commercial <input type="radio"/> Airline Transport <input type="radio"/> Flight Engineer	<input type="radio"/> US Military <input type="radio"/> Foreign
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<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None Class 1 Class 2	<input checked="" type="radio"/> Class 3 Driver's License (Sport Pilot only) Unknown	<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input checked="" type="radio"/> With limitations/waivers Special Issuance	<input type="radio"/> Unknown <input type="radio"/> N/A	<b>Date of Last Medical</b> <u>04/23/2021</u> mm/dd/yyyy
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**Medical Certificate Limitations**  
*Must have glasses available for near vision.*

**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)</b> (Check all that apply) <input checked="" 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	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (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	<b>Instrument Airplane</b> <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b>	<b>Student Endorsements</b> (Include dates) <i>Initial Solo 1-16-2022</i> <i>90 Day Solo 4-16-2022</i> <i>Area 25 NM Solo 4-22-2022</i>
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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	99.3	38.7	99.3							
Pilot in Command (PIC)	3.7	3.7	3.7							
Time as Instructor										
This Make/Model										
Last 90 Days	3.2	19.9	19.9							
Last 30 Days	2.4	15.6	16.8							
Last 24 Hours	0	0	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: \_\_\_\_\_

<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>Available</b> <b>Used</b> None      None Lap only      Lap only 3-point      3-point 4-point      4-point 5-point      5-point Unknown      Unknown		<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) 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	

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

<b>Airplane Rating(s)</b> (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) None Airplane Helicopter Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) 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)

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)

<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)</b> (Check all that apply)				<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:</b> _____ hrs			
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)</b> (Check all that apply)				<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:</b> _____ hrs			
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: _____	City: _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>15G</u> City: <u>Wadsworth</u> State: <u>OH</u> Country: <u>USA</u>	<b>Time of Departure</b> <u>2130UTC</u> Time: <u>5:30 PM</u> Time Zone: <u>EST</u>	<b>Destination</b> Airport ID: <u>15G</u> City: <u>Wadsworth</u> State: <u>OH</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None Company VFR Military VFR VFR Activated? Yes No Unknown VFR/IFR IFR Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> VFR	<input type="checkbox"/> Special VFR <input type="checkbox"/> IFR	<input type="checkbox"/> Special IFR <input type="checkbox"/> VFR On Top	<input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Cruise <input type="checkbox"/> Unknown / NA
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**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	<b>Altitude of In-Flight Occurrence:</b> <u>1210</u> ft msl
<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		

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

<b>Source of Pilot Weather Information</b> (Check all that apply)	<b>Weather Observation Facility</b>
<input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather	Facility ID: <u>KBJJ</u> Observation Time: <u>1956Z-2056Z</u> Time Zone: <u>UTC</u> Distance from Accident Site: <u>10 miles</u> nm Direction from Accident Site: <u>212</u> degrees true
<input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	

<b>Basic Conditions</b> <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC Unknown	<b>Light Condition</b> Dawn Dusk Night <input checked="" type="checkbox"/> Day Bright Night 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> <u>11</u> (C) or _____ (F) <b>Dew Point:</b> <u>-4</u> (C) or _____ (F) <b>Altimeter Setting:</b> <u>30.25</u> in. Hg or _____ MB
<b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling Height</b> _____ ft agl			

<b>Wind Direction</b> Variable <u>-or- 350</u> Direction: <u>320</u> degrees true	<b>Wind Speed</b> Calm Light and Variable <u>-or-</u> Speed: <u>33</u> kts	<b>Wind Gusts</b> Not Gusting <u>-or-</u> Speed: _____ kts	<b>Visibility</b> <u>10</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 Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke 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) None Clear Air Terrain-Induced Convective Turbulence	Severity <input checked="" type="checkbox"/> Light Moderate Severe Extreme
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

None



### 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)

Wings and tail section from flipping over

### 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.

Scheduled time for solo in pattern 4128 along with time with instructor for tower work and solo. Prior to solo, no illness, no medication, no stress, no alcohol, not fatigued, no pressures. Checked 800W Brief. Winds showing 3 k at 350° at KB55/16 NM SW. Factored 3 k crosswind at 1956Z. Used checklist on plane. No issues. Fuel needed. Went through checklist to start and turn on avionics, lights, and taxi to pumps. Safety checklist - seatbelts, air, fire extinguisher at building, exit doors, traffic visual and on iPad/Fore flight.

Taxied to 03 for run-up. One other plane in pattern, a C172 noticed go-around during run-up. Finished run-up and take-off checklist. Departed runway 03 and stayed in pattern. First trip in pattern, made calls, mid field check, 2000ft carb heat out/mixture rich, seatbelts check. A beam the numbers - 1500 / speed in the arc / first set of flaps set up for 80 Downwind / 70 Base / 60-65 Final / Touchdown. Coming in on landing noticed turbulence just above buildings. Landing was pushed to the right. Full stop and taxied back to 03. Took off and followed same practices and coming in for landing winds were shifting and did go around. Went around pattern and landed OK, but a little uncoordinated. Full stop and parked. Stayed in plane and assessed winds as they seemed stronger than 3 k checked windsock and winds were showing direct crosswind, checked 800W brief at 2056Z and winds showed 3 k at 320. Checked fore flight daily and showing 6-8 knots. Noticed C172 did another go around in the pattern. Practiced chair flying with left aileron into the wind and bring crab's straight.

**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)

**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.

Approx 2015 zulu, taxied to 03 and performed run-up and take-off check list. Took off 03 in pattern and did calls and checks. Set-up for landing and landed a little flat, but overall good landing. Full stop and taxied back to 03 for take-off in pattern.

Had about 30 minutes before next session with enough time for one more take-off and landing.

Approx 2030 zulu, taxied to 03 and performed take-off check list. Took off 03 in pattern and did calls and checks. Set up for landing. Glide looked right, speed good at 65-70 k coming into final. Left aileron into landing and late on right rudder and flare. Landed left of center and went into the grass. I saw a landing light and hit left rudder to miss landing light. The plane hit and flipped over upside down and was hanging from the seat and the seat belt came loose and hit my back.

The plane came to rest and tried to get my bearings. The engine had stopped and went through shut down master switch and key off. ~~Could not make call~~

The other pilot in the pattern and others arrived quickly and called 911 as well as worked to keep me comfortable and coherent.

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

Operator/Owner Safety Recommendation

*Practice take-offs and landings on wider runway to provide more tolerance*

*Train in one plane type/model/make to reduce variables of speeds, knots vs. mph, trim, and ground effect*

*See & belts - Pull on them to make sure they are secured.*

*Go around decision making proficiency - More practice*

**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)

\_\_\_\_\_ 20 \_\_\_\_\_ Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed?  Yes    No

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

*Ambulance arrived and used backboard to extricate safely. A group of people lifted me gently onto board.*

**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: 05/18/2022  
mm/dd/yyyy

Name of Pilot/Operator: Jeffrey S. Parker

Signature: [Redacted]

-- 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. ERA22LA211	Reviewed by NTSB Regional Office ERA - VA	Name of Investigator H. Kemner	Date Report Received 5/18/2022
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