

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: O'Brien State: FL  
 ZIP: 32071 Country: \_\_\_\_\_  
 Latitude: 30.05 Deg North Longitude: 82.98 Deg West  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 01/29/2021 Local Time: 2:35 pm  
*mm/dd/yyyy* Time Zone: Eastern

Collision with Other Aircraft:  Midair  On-ground  None

## AIRCRAFT INFORMATION

Registration Number: N9136R  
 Manufacturer: Vans  
 Model: RV-6A  
 Serial Number: 23389  
 Year of Manufacture: 2000  
 Amateur-Built:  Yes  No If Yes:  Kit/Plans  Original Design Make: Vans

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

Maximum Gross Weight: 1650 lbs  
 Weight at Time of Accident/Incident: 1617.4 lbs  
 Number of Seats: 2 Flight Crew Seats: 0  
 Cabin Crew Seats: 0 Passenger Seats: 0  
 Number of Engines: \_\_\_\_\_

### Category of Aircraft

- Airplane
- Balloon
- Blimp/Dirigible
- Glider
- Gyroplane
- Helicopter
- Powered Lift
- Rocket
- Ultralight
- Unknown

### Type of Airworthiness Certificate

*(Check all that apply)*

- | Standard  | Special   |
|---|---|
| <input type="checkbox"/> Normal                                       | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic                                    | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon                                      | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter                                     | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport                                    | <input checked="" type="checkbox"/> Experimental  |
| <input type="checkbox"/> Utility                                      | <input type="checkbox"/> Special Light-Sport      |
|   | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) |   |
| <input type="checkbox"/> None <input type="checkbox"/> Unknown        |   |

### Landing Gear

*(Check all that apply)*

- Retractable
- Tricycle  Tailwheel
- Amphibian  High Skid
- Emergency Float  Skid
- Float  Ski
- Hull  Ski/Wheel
- Other Launch/Recovery System
- None  Unknown

### Engine Type (Select one)

- Reciprocating  Liquid Rocket
- Turbo Shaft  Solid Rocket
- Turbo Prop  Hybrid Rocket
- Turbo Jet  None
- Turbo Fan  Unknown
- Electric

### Fuel System Type (Reciprocating)

- Carburetor  Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	O-320	L-2698-27A		160	3662.91	22.4	1367.91
Eng. 2								
Eng. 3								
Eng. 4								

### Last Inspection Type

- 100-Hour  Continuous Airworthiness
- AAIP  Conditional Inspection
- Annual  Unknown

Date Last Inspection: 02/20/2020

Airframe Total Time: 396.51 hrs

hours measured at *(Select one)*

- Last Inspection  Time of Accident/Incident

### Type of Maintenance Program (Select one)

- Annual
- Conditional (Amateur-built only)
- Manufacturer's Inspection Program
- Other Approved Inspection Program (AAIP)
- Continuous Airworthiness
- Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

- None
- Specify: Kidde, Class 5-BC Fire Extinguisher

### Propeller 1

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: Ed Sterba

Model: 68X72

### Propeller 2

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed:  Yes  No

If Yes:

ELT Manufacturer: ACK

Model or Part No.: E-01

TSO No.:  C91 (121.5 MHz)  C91a (121.5 MHz)

C126 (406 MHz)

Was ELT still mounted in aircraft?  Yes  No

Was ELT still connected to antenna?  Yes  No

Did ELT Activate?  Yes  No

If activated: Unknown if it Activated

Did ELT Aid in Locating Aircraft:  Yes  No

If not activated:

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

### Additional Equipment (Check all that apply)

- ADS-B
- Airframe Parachute
- Angle of Attack Indicator
- Autopilot
- Data Recorder
- Electronic Flight Bag or Handheld Device
- Electronic Multifunction Display
- Electronic Primary Flight Display
- Handheld GPS - IFLY 740B
- Heads Up Display
- Onboard Weather - IFLY 740B
- Satellite Tracking Device
- Stall Warning System
- Video Recording Device
- Other, Specify: \_\_\_\_\_



**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: WINSOR'S POLLITOS FARMCity: O'BrienFractional Ownership Aircraft:  Yes  NoState: Florida ZIP: 32071Country: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered Owner

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

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

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

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

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

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

**Operating Certificates Held***(Check all that apply)*

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

**Regulation Flight Conducted Under**

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

**Revenue Operation for FAR 121, 125, 129, 135***(Select one for each group)*

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

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

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

**Revenue Sightseeing Flight** Yes  No**Air Medical Flight** Yes  No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: O'Brien East/West Airpark

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

Airport Identifier: FD71

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

Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/AAirport Elevation: 55' ft. msl**Runway Information**Runway ID: 36 (L/R/C) Length: 2700' usable Width: 75 ft**Condition of Runway/Landing Surface** *(Check all that apply)***Runway/Landing Surface** *(Check all that apply)*

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

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

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

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

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

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

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

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

## "FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying  Yes  No

### "Flight Crewmember 1" Identification

First Name: Pieter City of Residence: Live Oak  
 Middle Initial: A State: Florida ZIP: 32060  
 Last Name: Van Spronsen Country: USA  
 Age at time of Accident/Incident: 73 Date of Birth: Unknown mm/dd/yyyy  
 Certificate Number: Unknown

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input checked="" type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input checked="" type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input type="radio"/> 3-point	<input type="radio"/> 3-point																
<input checked="" type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> Unknown																
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input checked="" type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance															
<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input checked="" type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input checked="" type="radio"/> Unknown	<b>Date of Last Medical</b>  <p style="text-align: center;"><u>Unknown</u> mm/dd/yyyy</p>															

### 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> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift  <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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### Type Ratings

### Student Endorsements *(Include dates)*

Flight Time <i>(Enter appropriate number of hours in each box)</i>	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										



**"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: Winsor City of Residence: O'Brien  
 Middle Initial: T State: Florida ZIP: 32071  
 Last Name: Lozano Country: USA  
 Age at time of Accident/Incident: 54 Date of Birth: [REDACTED] dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input checked="" type="radio"/> Serious		<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer				<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance		<b>Date of Last Medical</b> <u>07/31/2018</u> mm/dd/yyyy			
<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown		<b>Medical Certificate Limitations</b> Must have available glasses for near vision.		<b>Medical Certificate Special Issuance</b>			

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 03/01/2017  
mm/dd/yyyy

**Flight Review Aircraft**  
 Make: Cessna  
 Model: 172

<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<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 <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport	
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**Type Ratings**  
 Private Pilot

**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	100	0	100	0	10	8	6.3	0	0	0
Pilot in Command (PIC)	32									
Time as Instructor	0									
This Make/Model										
Last 90 Days	0									
Last 30 Days	0									
Last 24 Hours	0									

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

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

**PASSENGER(S) / OTHER PERSONNEL** (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <b>None</b> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown



### FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>24J</u> City: <u>Live Oak</u> State: <u>Florida</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>2:22 pm</u> Time Zone: <u>Eastern</u>	<b>Destination</b> Airport ID: <u>FD71</u> City: <u>O'Brien</u> State: <u>Florida</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	<b>Altitude of In-Flight Occurrence:</b> _____ 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) <table style="width:100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input checked="" type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>24J / AWOS-3 (118.225 mhz)</u> Observation Time: <u>2:20 pm</u> Time Zone: <u>Eastern</u> Distance from Accident Site: <u>Apx 16 nm</u> nm Direction from Accident Site: <u>355</u> degrees true
<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet												
<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input checked="" type="checkbox"/> On-Board Weather													

<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or <u>65 Deg</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> <u>30.36</u> in. Hg or _____ MB
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<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>270</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>1 to 2</u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: <u>0</u> kts	<b>Visibility</b> <u>10+ sm</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		<b>Restriction to Visibility</b> (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
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<b>Icing Forecast</b> <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Icing Actual</b> <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Turbulence</b> <b>Type</b> (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																					

**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
- Substantial
- Minor
- 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)*

After touchdown, as the aircraft rolled out, the nose wheel/gear dug in, creating two separate trenches. The first, approximately 14 feet in length and apx 5 inches in depth. After a gap of apx 21 feet, the nose wheel then produced a second trench, apx 40 foot long to a depth of apx 12 inches, before the aircraft violently flipped over at high speed and landed on its top. The aircraft suffered irreparable damage and wrinkling throughout its undercarriage, fuselage, canopy, wings and tail sections. It was deemed a total loss by Starr Insurance representative.

**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.

Please see attached statement/description of accident by Winsor T. Lozano ( apx 3 1/2 typed pages)



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

Operator/Owner Safety Recommendation

CFI Peiter A Van Spronsen, was solely in control and piloting the aircraft during the final approach, touchdown and landing roll that led up to this accident. His failure to have adequate control in airspeed at touchdown, his failure to keep back pressure on the elevator control stick during the roll out to prevent the nose wheel from absorbing the stress, shock and weight of this aircraft on the grass runway, together with his inability to keep the aircraft rolling on the center of the runway, were the factors that caused this airplane crash.

CFI Certificates should require a minimum number of PIC hours on airplane make and type. Additionally, periodic CFI recency/proficiency checks should be implemented to ensure practical, physical and mental capacity is maintained.

**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)

26

Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

None

**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

Pieter and I were pinned and trapped upside down under the airplane for approximately 20 minutes before neighbors of the airpark were able to lift and prop the the tail of the airplane with a metal pipe. Subsequently, they were able to remove canopy debris and bend the canopy frame enough to create one opening for us to be pulled out of the wreckage through.

**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  
02/26/2021  
mm/dd/yyyy

Name of Pilot/Operator: Winsor's Pollitos Farm / s/o Winsor T. Lozano

Signature: \_\_\_\_\_

-- or --  Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

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

Signature: \_\_\_\_\_

-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. ERA21LA120	Reviewed by NTSB Regional Office ERA	Name of Investigator Alleyne	Date Report Received 2/27/2021
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To : Eric Alleyne  
Air Safety Investigator  
National Transportation Safety Board  
Office of Aviation Safety  
Eastern Regional Office (ERA)

From: [REDACTED]  
Aircraft: Vans RV6A - N9136R

Date of Crash: January 29, 2021

On Friday, August 28, 2020, I purchased a Vans RV6A airplane, registration # N9136R, from Clyde Pendergraft. Clyde is the President of the O'Brien Airpark East/West Association, the site of this accident. Clyde resides at this airpark and has allowed my aircraft to remain inside his hangar from the purchase date until today. Pieter A vanSpronsen, CFI, A & P, [REDACTED] who is also a director of the O'Brien Airpark East/West Association and neighbor of the same, was involved with and signed off the Annual Inspection (Conditional Inspection) of N9136R, on February 20, 2020, and later, signed off on the replacement of its four engine cylinders on March 26, 2020. Prior to and after my purchase of N9136R, Pete and I held several conversations where Pete, in his capacity of CFI, offered and agreed to provide transitional training to satisfy my insurance requirements, and more importantly, provide me the necessary training needed to safely operate my aircraft in VFR conditions, to and from paved and soft field (grass) runways, in addition to Maintenance and Annual Inspections (Conditional Inspections) of my aircraft, as long as I owned it, in exchange for hay rolls and hay bails grown at my farm.

What follows below is a description of my first Transitional Training Flight with Certified Flight Instructor, CFI Pieter A vanSpronsen as my instructor. The flight originated at O'Brien Airpark (FD71), a grass runway, on Friday, January 29, 2021, at approximately 12:15 pm, and ended a little over two hours later at this same runway at approximately 2:34 pm.

After inspecting the airplane and completing the pre-flight Checklist, I took the left seat and Pete the right seat positions. We then started the engine and turned on all avionics, radios, gps and set all equipment as per the checklist. After obtaining weather information, making a radio announcement and checking for traffic we proceeded to line up on runway 36, where we completed the Run-Up Checklist. Pete asked if I wanted to try the take-off which I declined. I told him that I preferred to watch him do it first so I could observe and learn the necessary procedures and get a feel for the handling characteristics of the airplane in a hard surface runway prior to attempting it in a grass runway. Pete stated "Ok." I told Pete that he had the controls and he replied "Ok." Pete accelerated and after a long bumpy take off roll the airplane began to climb. As we continued the climb, we kept an eye on the Cylinder Head Temperature (CHT) gauge which had reached 420 degrees. Pete initially leveled off at 1200 feet, and then redirected his attention to the CHT selector knob switching to the different cylinders to try to identify an erroneous reading. In the meantime, the altitude fluctuated between 1200 and 1400 feet and then back to 1200. Shortly after as the Engine Oil Temperature slowly increased the CHT began to slowly decrease. Pete then trimmed the airplane for straight and level flight. As we continued towards Suwannee County Municipal



Airport, Pete told me to take controls to get a feel for the airplane as he stated "the airplane flies really nice."

As we were arriving at Suwannee County Municipal Airport (24J), CFI Pete asked me to make radio announcement that we were overflying the field and would be landing on runway 25, which I did. Once past the field, he asked me to turn left for the downwind of rwy 25. I questioned him as to whether runway 25 was Left or Right traffic pattern, and he stated that it was Right and then pointed to my left side and asked me to turn left. I replied that the runway to my left was runway 7 not 25. He replied "no," again pointing to the left as he leaned forward to look at the runway markings. Upon reading the numbers, he said, "sorry, my bad" and asked me to continue the downwind for that runway, (rwy 7). At this point, I asked Pete to take over the controls as Pilot in Command (PIC), so he could demonstrate, and I can learn the procedures in landing this airplane. He took the controls. During final, the PAPI lights showed two whites (high), the airspeed indicator showed 120 mph and the flaps had been fully extended (this airplane's top of white arc - Maximum Flaps Extended Speed,  $V_{fe}$ , is 100 mph). Pete stated that we were high and pushed the nose down trying to lose altitude. We flew past the threshold and later past the midpoint of the runway as Pete was still trying to touch down. I told Pete repeatedly "go around, go around." Pete continued trying to force the landing until approximately only 1/4 of the runway remained, at which time he finally decided to go around.

During the second attempt, with Pete on the controls as pilot in command, we turned from downwind to Base and then to Final for runway 7. As we completed the turn to final, the altimeter read approximately 1000 feet, with two whites on the PAPI, and approximately 105 mph indicated airspeed. Pete pushed the nose down trying to lose altitude. As the airplane touched down, approximately 200 feet past the threshold markings, we heard a loud noise and felt a violent jolt as the main and nose gear tires impacted the runway. The airplane bounced up in the air approximately 15 to 20 feet as Pete attempted to regain control of it. The airplane touched down again and porpoised several times as Pete tried to keep the nose up. During the porpoises, the airplane skidded sideways over the runway. Shortly after, the airplane straightened out and began to roll down the runway. During the roll, a shimming vibration could be felt possibly from one of the wheels. We exited the runway and pulled to the side of the taxiway. Pete picked up his cellular phone and called Clyde to Inquire about the vibration on the nose wheel and to check if the CHT temperature indicating 340° was OK. Pete however did not mention anything about the hard landing. Upon ending the call, Pete stated to me that Clyde said that the nose wheel may need just a bit of tightening or adjustment and the CHT temperature was normal for a cold day. Pete then instructed me to taxi towards the entrance to runway 7 for another takeoff. I told him that before proceeding any further, I first wanted to check the condition of the main and nose wheels and tires, to make sure that they were OK, because of the hard landing. Pete replied "OK, if you want to do that then we need to taxi to the ramp," which I did. At the ramp I shut down the engine and got off the airplane. I then got on my hands and knees and physically and visually inspected the wheels, fairings and undercarriage as Pete waited sitting inside the airplane. Unable to visually detect any damage, I reentered the airplane. After restarting the airplane Pete asked me to taxi to the entrance of runway 7. During the taxi, I held the stick back, in an up-elevator position. Pete looked at me and said, "what are you doing?" I replied that I was holding the stick back in order to lighten the weight off the nose wheel for the purpose of creating a habit for use during Soft Field operations. Pete replied, "you don't need to do that. You don't want to do that because it lessens the grip on the nose and prevents proper tracking of the nose wheel." I replied "OK" and



complied. Upon arriving short of the entrance to runway 7, I completed my run-up checklist. We then inched-up to the hold short line. Pete requested that I make a radio announcement that we would be taking runway 7 for an East bound departure, which I did. Pete then instructed me to take the runway. I replied "no, let me make a visual check first". I looked to my left and did not see any traffic. As I turned my head towards the right, I observed a twin-engine airplane on final approach approximately 200 feet before the touchdown point of runway 7. I pointed towards the traffic and asked Pete to look. After waiting for the airplane to clear the runway, we entered it and took off in an Easterly direction.

During the third approach, Pete was the Pilot in command. On the Downwind leg he asked me to follow along by grabbing the stick. The airspeed indicator read 120 mph. I suggested to Pete that we make an extended downwind to have a stabilized approach. Pete called the base turn and without pause continued to turn to final. Upon completion of the turn, I immediately realized that the runway was at our 10O'clock position, and we had overshot it. Pete then stated, "I think we overshot the runway, but I'm pretty sure we could still make it." The airplane banked aggressively to the left and were close to lined up as we were at apx 100' in altitude. We touched down very fast and hard. The airplane bounced off the runway and up in the air off the runway. Realizing that we were now off the runway, Pete gave it full throttle and kept it in the air until it gained enough airspeed to go around. During the go around I said to Pete "I don't like what is happening. This is not what I'm used to." Pete Replied, "well, you haven't been flying in almost 2 years and I've only got 30 minutes in this airplane, I'm still trying to get used to it. This one flies very different from my RV6. They all fly differently."

As we gained airspeed and climbed, Pete told me to try the next one stating that he would follow along in case I needed assistance. I took the controls, and I made a left climbing turn into crosswind and then leveled off at 1000 feet. As I achieved adequate lateral separation from the runway, I made a left turn to downwind and throttled back the engine to 2200 rpm. Maintaining parallel visual separation from the runway, I extended the downwind while I also made radio announcements of my position and intentions. I then reduced power to appx 1900 rpms and upon lowering my airspeed below 100 mph I applied appx 2 seconds of flaps. I then turned left to the base leg as I pitched to maintain a steady rate of descent and an airspeed between 75 and 80 mph. Seconds later I turned to final. The PAPI lights showed white and red. As I continued the descent, I extended the flaps to full, while maintaining an airspeed of apx 65 mph. I transitioned (flared) shortly after passing the treadshold markings and touched down the main wheels at appx 55 mph. As I maintained back-stick pressure, the airplane decelerated to the point where the nose of the airplane dropped, and the nose wheel began the landing roll. Upon exiting the runway, we proceeded to taxi to the ramp where we waited for another airplane to finish refueling. After a bathroom break, I refueled the airplane and taxied out to the ramp allow a war type airplane to use the fuel pumps. Pete then asked me to do the next take off and said he would follow along if needed. After completing the necessary checklists, I taxied to runway 7. I completed the run-up checklist, made the appropriate radio announcements, checked for traffic, and took off.

During the upwind climb, Pete asked me to take a South heading. He then asked me to level off at 1400 feet, which I did. As I trimmed the airplane for straight and level flight while maintaining a 180-degree heading, I suddenly felt the airplane banking aggressively to the right and became alarmed. As I attempted to correct this bank, I screamed "what the hell" and turned my head right towards Pete, trying to get his attention. Pete looked at me and then stated, "ohh, it was me." Frantic, I told Pete that he never asked me for the controls, to which he replied "Sorry, my bad." We continued South and began a conversation about dead reckoning and position awareness as he made reference to main roads and landmarks along



our route. As the conversation continued, I glanced at the altimeter and realized that we had descended to 1050 feet. I looked at my IFly 740b gps map and noticed that our current position on the map depicted a Maximum Elevation Figure (MEF) of 1200 feet to my left and 700 MEF to my right. Concerned over this, I immediately initiated a climb. Realizing that I was climbing Pete stated, "Don't climb, no need to climb." I continued the climb as I pointed to the upcoming obstructions on the gps relative to our position. He then replied "ohh."

Minutes later we approached the vicinity of O'Brien Airpark. Because I am unfamiliar with the territory and surroundings, Pete attempted to pinpoint the airpark and grass strip, but I was still not clear on its precise location. He asked me to continue the heading and shortly thereafter advised me that we were now downwind from the runway as he reached over and pressed the toggle switch to lower the flaps. Seconds later he instructed me to turn to the left for the base leg. He then asked me to reduce power to 2200 rpm and make another left turn for the final leg. As I leveled off from this turn, I could not tell the location of the runway and asked Pete to point it out because I could not see it. Pete attempted point it out, but I still could not see it. Unsure of its location, I told Pete to take the controls and asked that he do the landing. Pete immediately complied and took the controls as Pilot in Command. I then stated, "you have the controls, I'm not even going to touch them so I can see how you do it." Pete replied "Ok." Pete then pushed the throttle forward, accelerated the engine and proceeded to make a 360 degree turn to the left. He completed the circle and straightened out on final in a northerly heading. As we headed towards the tree line at approximately 300 feet, I looked at the airspeed indicator which read 110 mph. The approach appeared fast as we cleared the tree line right before the start of the grass strip. As we touched down, I could see and feel the airplane moving fast and flat on all three wheels, at times feeling hard bouncing of the wheels, as we rolled over the grass strip. I could also see the grass on the strip immediately in front of the nose of the airplane after the touchdown. Suddenly, without warning or time to realize what was happening, in what seemed like a millisecond, I felt a violent crushing impact on my head to then realize that we were upside down, our head hyper-extended backwards and our face against the ground, as our bodies remained in the sitting position upside down. It took approximately 20 minutes for onlookers and neighbors of the airpark to prop the tail section of the airplane with a piece of 2" galvanized pipe, enough to allow them to remove debris and pieces of the acrylic canopy and bend the frame, in order to create an opening for us to get out of the wreckage, one at a time.

