NATIONAL TRANSPORTATION SAFETY BOARD

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public aircraft accidents and incidents

	Sign of the	¥11.53	. 36 2 July 2 M		47.72						STEVANICE	
Accide	nt/Incident Loc	ation				A	ccident/Incid	lent Date/T	ime			
Nearest (City/Place: Ram	ona			_ State: C	CA Da	ate: 11/	10/2018	Lo	cal Time:	08:00	
ZIP <u>92</u>	2065							d'3333°		_		
Latitude.	. 33 deg 02.35	'N	Longitude: 116	deg 54.9	92W				Tir	me Zone: _	PST	
	(Enter in decima	l degrees or a	legrees:minutes:se	conds)		C	ollision with	Other Airc	raft: C	M idair	OOn-groun	d O None
AIRGRAECHEORMAGIONS							N. San San A					
	Registration Number: N5433T							ped and Ce				
_	Manufacturer: Ferreira, David P., Lee, Daniel J.						Commerci		ght			
Model:	Vans RV7-A					N	laximum Gr	oss Weight	: 1900		lbs	
Serial ?	Number: <u>7067</u>	5				v	Veight at Tin	ne of Accid	ent/Inci	dent: _184	44	lbs
Year of	f Manufacture:	2018				l N	umber of Se	ats: 2		Flight Cre	w Seats: 2	
Amatei	ur-Built: ⊙ Yes	If Yes:	OKit/Plans Ma	ke: RV7-A			abın Crew Sea					
	ONo		Original Design			N	umber of E	igines: 1				
Catego	ry of Aircraft		irworthiness Co	ertificate		Landing Gear			Engine	Type (Se		
		(Check all t				(Check all that a				procating		d Rocket
O Ballo O Blimi	on p/Dirigible	Norma		ted		_	tractable		O Turb	o Shaft o Pron		Rocket id Rocket
OGlide		☐ Aerob				☑ Tricycle	. 🗆 1	ailwheel	O Turb		ONone	:
OGyro OHelic		☐ Balloc				Amphibian		igh Skid	O Turb		O Unkr	own
	red Lift	Transp				☐Emergency F ☐Float	TOM US		O Elect	IFIC		
ORock		☐ Utility		l Light-Spo		Hull		ki/Wheel	Fuel Sy	stem Type	(Reciprocati	ng)
OUltra OUnkn				nental Light-Sport			h/Recovery Sv:	stem	O Carb			Injected
O CHIKII	Kriffi	☐Certificate	of Authorization	or Waiver Unknown	(COA)	☐ None		Inknown			_	*
			_			<u> </u>	Date	Rated Pow		Total	Time	Since:
							Date	Nateu t uni	S (F	1 Otal	1 10015	oince:
Lucian	Fraire Manufa		Engine			acturer's	of Mfg.	Horsep	ower or	Time	Inspection	Overhaul
Engine Eng. 1	Engine Manufa	cturer	Model/Series		Serial?	Yumber	of Mfg. mm dd yyyy	O Horsep D lbs of T	ower or	Time (hours)	Inspection (hours)	Overhaul (hours)
Engine Eng. 1	Engine Manufa Subaru	cturer		· · · · · · · · · · · · · · · · · · ·		Yumber	of Mfg.	Horsep	ower or	Time	Inspection	Overhaul
Eng. 1		cturer	Model/Series		Serial?	Yumber	of Mfg. mm dd yyyy	O Horsep D lbs of T	ower or	Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 1 Eng. 2		cturer	Model/Series		Serial?	Yumber	of Mfg. mm dd yyyy	O Horsep D lbs of T	ower or	Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 1 Eng. 2 Eng. 3 Eng. 4		cturer	Model/Series	Propell	Serial 1 U06053	Number 36 OFixed Pitcl	of Mfg. mm dd yyyy 2018	O Horsep D lbs of T	ower or Thrust	Time (hours) 9	Inspection (hours) 0	Overhaul (hours) n/a
Eng. 1 Eng. 2 Eng. 3 Eng. 4 Last In	Subaru spection Type	inuous Airwo	Model/Series H-6 3.0 ltr.	Propell	Serial 1 U06053	Numher 36	of Mfg. mm dd ysyy 2018	O Horsep O lbs of 1	ower or Thrust	Time (hours) 9	Inspection (hours)	Overhaul (hours) n/a
Eng. 1 Eng. 2 Eng. 3 Eng. 4 Last In O100-H O AAIP	Subaru Ispection Type Our OCont	inuous Airwe	Model/Series H-6 3.0 ltr.		Serial 1 U06053	OFixed Pitcl OControllab OGround Ac	of Mfg. mm dd ysyy 2018	Horsep O lbs of T 180 Prope	ower or Thrust	Time (hours) 9 O O O	Inspection (hours) 0 Fixed Pitch	Overhaul (hours) n/a Pitch stable
Eng. 1 Eng. 2 Eng. 3 Eng. 4 Last Ir O100-H O AAIP O Annua	nspection Type our OCont OCont al OUnki	inuous Airwo litional Inspec	Model/Series H-6 3.0 ltr.	Manufac	Serial 3 U06053 er 1	OFixed Pitcl OControllab OGround Ac	of Mfg. mm dd yyy. 2018	Horsep O lbs of T 180 Prope	ller 2	Time (hours) 9 O O O	Inspection (hours) 0 Fixed Pitch Controllable Ground Adju	Overhaul (hours) n/a Pitch stable
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Registered Aircraft Owner	· 	City: Escondido	
Name: Ferreira, David P., Lee, Daniel J	<u>. </u>		92027
Fractional Ownership Aircraft: O Yes ©) No	Country: USA	
_ ·	egistered Owner	☑ Same Address as Registered Owner	
Name:			
Doing Business As:			
Air Carrier/Operator Designator (4 Charact	er Code):	Country:	·
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un		
☐ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Prograph External Load (FAR 123)	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR	O Non-Scheduled or Air Taxi O Passenger	Domestic International
□ Rotorcraft External Load (FAR 133) □ Commuter Air Carrier (FAR 135) □ Company Air Toui (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-communical	O Cargo O Mail Contract Only	
□ On-Demand Air Taxi (FAR 135) □ Commercial Air Tour (FAR 136) □ Agricultural Aireraft (FAR 137) □ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Non-US, Non-commercial O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 1 (Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Other Work	g OUnknown
		O Business O Personal O Positioning	
Revenue Sightseeing Flight ○ Yes	Air Medical Flight OYes O No	O External Load OSkydiving	
	-	 	
Airport Name: Ramona Municipal Airp	iort	Distance From Airport Center: 1	
Airport Identifier: KRNM Proximity to Airport: Off Airport/Airport		Direction From Airport: 265	
Proximity to Airport: Off Airport/Airstrip	p On Airport/Airstrip ON/A	Airport Elevation: 1395	ft. msl
Runway Information		Condition of Runway/Landing Surface (Check all that apply)
Runway ID: <u>27</u> (L/R/C) Length: <u>50</u>		☑ Dry ☐ Snow-Compacted ☐ Holes ☐ Snow-Crusted	☐ Water-Calm ☐ Water-Choppy
Runway/Landing Surface (Check all that a Asphalt Grass/Turf Maca Concrete Gravel Metal Dirt Gravel Snow	adam	Holes	☐ Water-Choppy ☐ Water-Glassy ☐ Wet
Approach/Departure Segment (Select one)			
OTaxi OVFR Departure OTakeoff OIFR Departure Proce	OOn Instrument App	OBase OGo Around	ch ding (after touchdown)
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
None	!	☑None	
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only	□MLS □Practice □LDA □GPS □ASR □Visual	☐ Straight-In ☐ Tou ☐ Valley/Terrain Following ☐ Sim	p and Go ich and Go sulated Forced Landing ced Landing
□TACAN □LOC-back course □RNAV	☐Contact ☐Circling ☐Unknown		cautionary Landing

Manager (Containing)	ite kanan		(0)			392		7 000			100	
"Flight Crewmember 1" R Pilot O Co-Pilot	esponsibilities a				cident OCheck Pilo	ot.	O Fligh	nt lingineer	OOther	Flight Crew		
"Flight Crewmember 1" w					A CHECK THE	οι	O rings	it tingmeet	Ollica	Plight Ciew		
"Flight Crewmember 1" Id										.,		
First Name: William	Entineation					C	au of Re	sidence: F	lamona			
Middle Initial: G.											-	
l —										ZIP: <u>9206</u> :		-
Last Name: <u>Lull</u>				0.		Co	ountry: _					-
Age at time o	f Accident/Incid	lent: <u>68</u>	_	Date of I				n	mvdd/yyyy			
Certificate Number:								<u> </u>				
Degree of Injury None O Fatal	Seat Occu			△ Ulahas		Rest	raint Ty	pe		- [Inflatable	Restraints
O Minor O Unknown O Serious	O Right O Center	O From O Rear O Sing	-	O Unkno	wn		Available O None		Used O None		☑ Not In.	
Pilot Certificate(s) (Check a		O	31.				O Lap or O 3-poin		O Lap onl O 3-point		☐ Installe	
		Commercial	1	□ US M	lilitarı		O 4-poin		⊙ 4-point		Deploy	ed
☑ Private ☐ Recrea	ational	Airline Tran	sport				O 5-poin		O 5-point O Unknov		Unkno	WΠ
☐ Student ☐ Sport		Flight Engi	neer				O Unkno	wn	Othan	ы		
Principal Occupation	Medical Certifi	irate				Med	ical Ceri	tificate Va	lidity	- +	Date of La	st Medical
O Pilot		⊙ Class 3						itations/wai	•	Inknown		
⊙ Other	O Class 1	Oriver's L		e (Sport Pilo	tonly) (Ō٧	ith limitat	ions/waiver			_09/04/20 mm/dd/y	
O Unknown Medical Certificate Limital		O Unknown				O Sp	ecial Issu	ance			mm awy)));
	tions											
None												
Medical Certificate Special	Issuance											
None												
Date of Last Flight Review		Fli	ght R	Review Aire	craft							
or Equivalent, Including FAR 121/135 Checks:	12/05/2016	Ma	ke: ∖	√ans								
FAR 121/133 CHECKS:	mm/dd/yyyy		del:	RV7-A								
Airplane Rating(s)	Other Aircra	ft Rating(s	<u> </u>	Instrum	ent Rating	g(s)	I	Instructo	r Rating(s)	•	-	
(Check all that apply)	(Check all that	apply)			ll that apply)			(Check all				
☐ None ☐ Single-Engine Land	✓ None Airship			□ None				✓ None			Instrument	
☐ Single-Engine Sea	Balloon			☐ Aurpla ☐ Helico					e Single-Eng e Multi-Engii		Instrument Helicopter	
 ☐ Multiengine Land ☐ Multiengine Sea 	☐ Glider			☐ Power	red Lift			☐ Gyropla	ine		Glider	
☐ Multiengille Sca	☐ Gyroplane ☐ Helicopter							☐ Powere	d Lift		Sport 1	
	Powered Lit	ñ										
Type Ratings								Student F	Indorseme	its (Include	dates)	
High Performance Complex												
Complex												
Flight Time (Enter appropriat	e All	771 . 64 .	T	Airplane				Insti	rument		I	Ι
number of hours in each box)	Aircraft	This Make & Model		Single Engine	Airplane Multiengia		Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2,040	72	1	2,040	_		112	18	58			
Pilot in Command (PIC)	1,971	72	1	1,971			112	18	58			
Time as Instructor												
This Make/Model			ų.									
Last 90 Days	25	2		25							ļ	<u> </u>
Last 30 Days Last 24 Hours	5 0		3	5 0		_		ļ				

"FUGHT OREWITE							and the second			
"Flight Crewmember 2" I OPilot OCo-Pilot	Responsibilities a O Student Pilot			cident OCheck Pilot	O Fligh	nt Engineer	⊙ Other	Flight Crew		
"Flight Crewmember 2" v	-	- 0	ZNo	• • • • • • • • • • • • • • • • • • • •			•	I light with		
"Flight Crewmember 2" 1	dentification		-							
First Name: David	ocnemeation			C.	c D	:3 =-				
Middle Initial: P					City of Residence: Escondido					
				St	atc: <u>CA</u>		7	IP: <u>92027</u>		
Last Name: Ferreira					ountry: 🔝					
Age at time o	f Accident/Incide		-			n	n/dd/yyyy			
	Seat Occup		ertificate Num							
Degree of Injury O None O Fatal		traint Ty	pe			Inflatable l	Restraints			
O None O Fatal O Left O Front O Unknown O Minor O Unknown O Serious O Center O Single					Available O None		Used O None		☑ Not Ins	
Pilot Certificate(s) (Check	all that apply)				O Lap or O 3-poin		O Lap onl O 3-point		□ Installe □ Not De	
□ None □ Fligh		Commercial	□ US M	lilitary	• 4-poin	t	4-point		Deploy	ed
☐ Private ☐ Recro		Airline Transp Flight Engine		gn .	O 5-poin O Unkno		O 5-point O Unknow		Unknov	wn
☐ Student ☐ Sport		rugui Engine	et		•		• • • • • • • • • • • • • • • • • • • •			:
Principal Occupation	Medical Certific	rate		Med	lical Cert	tificate Va	lidity		Date of La	st Medical
O Pilot		Class 3				itations/wai		nknown	00.07.00	
Other O Unknowπ) Driver's Lie) Unknown	ense (Sport Pilo		Vith limitat pecial Issu	ions/waiver	s O N	I/A	02/07/20 mm/dd/y	
Medical Certificate Limits		CHARAM			preim 1350	ance		L		100
None	itibus									
None										
Medical Certificate Specia	l Issuance									
None										
Date of Last Flight Review		Fligh	t Review Aire	craft				•••		
or Equivalent, Including FAR 121/135 Checks:	11/16/2016	Make	: Cessna							
- Transcaters.	mm/dd 3333	Mode	ı: Skylane 18	32T						
Airplane Rating(s)	Other Aircraf			ent Rating(s)	. 11	Instructor	Rating(s)			
(Check all that apply)	(Check all that a	ipply)		ll that apply)		Check all th				
☐ None☑ Single-Engine Land	☑ None ☐ Airship		☐ None			None			Instrument A	
Single-Engine Sea	Balloon		☐ Airpla ☐ Helico				Single-Engir Multi-Engin		Instrument H Helicopter	lelicopter
Multiengine Land	Glider		☐ Power		[Gyropiar	ie		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter				1 6	☐ Powered	Lift		Sport	
	☐ Powered Lift									
Type Ratings					5	Student Ei	ndorsemen	ts (Include d	ates)	
High Performance										
Flight Time (Enter appropria	nea		Airplane]	T	Inst	rument			
number of hours in each box)	He All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	473	4	473	0	40	0		0	Onder	0
Pilot in Command (PIC)	426	4	426	0	40		1		† <u> </u>	
Time as Instructor						1			<u> </u>	
This Make/Model					0					
Last 90 Days	4	4	4	0	0					
Last 30 Days	4	4	4	0	0					
Last 24 Hours	0	0	0	0	0					

ADDITIONATES		ここだに表	EXPORTED METERS	Wisite III Chill		et information!	* & &	and which is a sufficient
Crew Name and Addr	ess					Seat Occupie	d	Injury
First Name		City	of Residence.			O Left	O Front O Rear	O None O Minor
Middle Initial:		Stat	e:	ZIP:		O Center O Right	O Single	O Serious
Last Name:		Сои	ntry:		_		O Unknown	O Fatal
						D		OUnknown
Pilot Certificate(s) (Co	heck all that apply)					Restraint Ty Available	pe: Used	Inflatable Restraints
□ None	Flight Instructor	_	nmercial US line Transport UFo	Military		O None	O None	□ Not Installed
☐ Private ☐ Student	☐ Recreational ☐ Sport	□ Flig		O Lap Only O 3-point	O Lap Only O 3-point	☐ Installed		
				O4-point	O 4-point	☐ Not Deployed ☐ Deployed		
Type Rating/Endorses			Total Flight Time a			O 5-point O Unknown	O 5-point O Unknown	Unknown
Accident/Incident Air	craft?	□ No	of this Accident/Inc	ident:	hrs	00		
		. .		alle salasana				TOWNS IN COURT OF MINERS
Crew Name and Addr						Seat Occupie	OFront	Injury
First Name:			of Residence			OLeft OCenter	ORear	O None O Minor
Middle Initial:				ZIP		ORight	O Single O Unknown	O Serious
Last Name		Cou	ntry.		_		COMMONI	O Fatal O Unknown
Pilot Certificate(s) (Co	heck all that apply)	•				Restraint Ty	pe:	Inflatable
□None	☐ Flight Instructor	☐ Cor	nmercial US	Military		Available O None	Used O None	Restraints
Private	■ Recreational	☐ Air	line Transport 🔲 Fo	rcign		O Lap Only	O Lap Only	☐ Not Installed
☐ Student	☐ Sport	□ Flip	ght Engineer			O 3-point	O 3-point	 ☐ Installed ☐ Not Deployed
Type Rating/Endorse	ment for		Total Flight Time a	t the Time		O 4-point O 5-point	O 4-point O 5-point	□ Deployed
Accident/Incident Air		□ No	of this Accident/Inc	ident:	hrs	Unknown	O Unknown	■ Unknown
PASSENGER(S)		NINER	include cabin crew, o	onthue chi	Parall shor			
Name and Address			Include cabin crows:	Injury	Restraint T		Inflatable Restraints	Age
Name and Address			Seat		Restraint T Available	ype Used	Inflatable	
Name and Address First Name:	City:		Seat OLeft	Injury ONone	Restraint T Available ONone	ype Used O None	Inflatable Restraints Not Installed	Age Under 5 years
Name and Address First Name: Middle Initial:	City : State :	ZIP:	Seat OLeft OCenter	Injury	Restraint T Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deployed	Age Under 5 years
Name and Address First Name:	City : State :	ZIP:	Seat OLeft OCenter	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed	Age Under 5 years If Under 5, O Child Restraint
Name and Address First Name: Middle Initial:	City : State :	ZIP:	Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed	Age Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew	City: State: Country: OPassenger	ZIP	Seat OLeft OCenter ORight OUnknown ther Row:	O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Age Under 5 years If Under 5, O Child Restraint O Lap-Heid
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City: State: Country: OPassenger City:	ZIP	Seat OLeft OCenter ORight OUnknown ther Row: OLeft	O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Unknown Unknown Not Installed Not	Age Under 5 years If Under 5, O Child Restraint O Lap-Heid
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City: State: Country: OPassenger City: State.	ZIP:	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight	ONone OMinor OSerious O Fatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployee	Age Under 5 years If Under 5, O'Child Restraint O Lap-Heid O Unknown Under 5 years
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City : State Country:	ZIP:	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used ONone Lap Only 3-point 4-point 5-point Unknown Used None Lap Only	Not Installed Installed Installed Installed Deployed Unknown Not Installed Installed Installed Installed Not Deployed Deployed Deployed Deployed Installed	Age Under 5 years If Under 5, O Child Restraint O Lap-Heid O Unknown Under 5 years If Under 5, O Child Restraint
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City: State: Country: OPassenger City: State.	ZIP:	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious O Fatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployee	Age Under 5 years If Under 5, OChild Restraint OLap-Heid OUnknown Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O4-point O5-point OUnknown	Not Installed Installed Installed Installed Deployed Unknown Not Installed Installed Installed Installed Installed Installed Unknown Unknown Unknown Installed Insta	Age Under 5 years If Under 5, OChild Restraint OLap-Held OUnknown Under 5 years If Under 5, OChild Restraint OLap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City: State: Country: OPassenger City: State: Country: OPassenger	ZIP	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Installed Installed Deployed Unknown Not Installed Installed Installed Installed Installed Deployed Unknown Unknown Not Installed Not	Age Under 5 years If Under 5, OChild Restraint OLap-Held OUnknown Under 5 years If Under 5, OChild Restraint OLap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: OPassenger City: State. Country: OPassenger City: State. State. State: State:	ZIP	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury ONone OMinor OSerious O Hatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OSerious OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only ONone OLap Only ONone OLap Only ONone OLap Only ONone	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O1-point O1-point O3-point O3-point	Not Installed	Age Under 5 years If Under 5, O'Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O'Child Restraint O Lap-Held O Unknown Under 5 years
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: Country: State: Country:	ZIP:	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown The OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone O4-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown	Not Installed	Age Under 5 years If Under 5, O Child Restraint O Lap-Heid O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: OPassenger City: State. Country: OPassenger City: State. State. State: State:	ZIP	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown The OCenter ORight OUnknown	Injury ONone OMinor OSerious O Hatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OSerious OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only ONone OLap Only ONone OLap Only ONone OLap Only ONone	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point OUnknown Used ONone OLap Only O3-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point	Not Installed	Age Under 5 years If Under 5, O'Child Restraint O Lap-Heid O Unknown Under 5 years If Under 5, O'Child Restraint O Lap-Held O Unknown Under 5 years If Under 5 years
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown Row: OUnknown	ONone OMinor OSerious OFatal OUnknown OMinor OSerious OFatal OUnknown OMinor OSerious OFatal OUnknown OMinor OSerious OHone OMinor OMin	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point OUnknown	Not Installed Installed Installed Installed Deployed Unknown Not Installed	Age Under 5 years If Under 5, OChild Restraint OLap-Held OUnknown Under 5 years If Under 5, OChild Restraint OLap-Held OUnknown Under 5 years If Under 5, OChild Restraint OLap-Held OUnknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State. Country: OPassenger City: State: Country: OPassenger City: State: Country: Chassenger	ZIP:	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OUnknown	ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown O4-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OLap Only O3-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown	Inflatable Restraints Not Installed Installed Deployed Unknown Unknown Not Installed Installed Deployed Unknown Unknown Not Installed Not Deployed Unknown Not Deployed Unknown Not Installed Not Deployed Unknown Unknown Not Installed Not Installed Not Deployed Unknown Not Installed Not Installed	Age Under 5 years If Under 5, OChild Restraint OLap-Held OUnknown Under 5 years If Under 5, OChild Restraint OLap-Held OUnknown Under 5 years If Under 5, OChild Restraint OLap-Held OUnder 5 years If Under 5, OChild Restraint OLap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Middle Initial:	City: State: Country: OPassenger City: State. Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Counter ORight OCenter ORight	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OVinknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 1-point O 3-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed	Age Under 5 years If Under 5, O'Child Restraint O Lap-Heid O Unknown Under 5 years If Under 5, O'Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O'Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O'Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State. Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	Seat OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown ther Row: OLeft OCenter ORight OUnknown ther Row. OLeft OCenter ORight OUnknown ther Row.	Injury ONone OMinor OSerious OHatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O5-point O4-point O5-point OHonown Used ONone OLap Only	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed Unknown Not Installed	Age Under 5 years If Under 5, O'Child Restraint O Lap-Heid O Unknown Under 5 years If Under 5, O'Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O'Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O'Child Restraint O Lap-Held O Unknown

Enchantine (a)	ingarinako	(Alberta							
Last Departure Point	Tim	e of Departure	Destination	o n		Type Fligh	t Plan F		·
Airport ID: KRNM	T:	: 07:50	Airport ID:			None Non		O VFR/II	R
City. Ramona		. 01.00	City. Ram	опа		O Company O Military		O IFR O Unkno	WD ·
State: CA	Time	Zone PST	State CA			O VFR		•	
Country: USA			Country <u>U</u>	JSA		Activated?	O Yes	ONO O	Unknown
Type of ATC Clearance/Se	ervice (Check all that	apply)	-		,				
	☐ Special VFR ☐ IFR		eial IFR R On Top		☐ VFR Flight Foll ☐ Traffic Advisory		☐ Cruis ☐ Unkn	e own/NA	
Airspace where the accide							Altitud	le of In-F	light
	□Class G □Demo Arca		itary Operations port Advisory A		☐Special ☐Air Traffic Conta	ral Aran	Occur	гепсе:	~
	■ Warning Arca		Training Area	ica	Unknown	Ol Alea	190	0	it msl
	Prohibited Area	□ TRS							
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WEATHER MEDIA		PACCIDEN	MINCIDEN			lawa 1893 - Le	الروال المنتوي	المستشعب المستدا	
Source of Pilot Weather In (Check all that apply)	iformation			l	servation Facility	•			
National Weather Service	□ Com	pany		Facility ID: K					
☐ Flight Service Station	☐ Mili	ary			ime: <u>07:45</u>				
☐ TV/Radio ☑ Automated Report	☑ Inter ☐ Non			Time Zone: _F					
Commercial Weather Service					Accident Site: 1		_		
☑ On-Board Weather	<u> </u>			Direction from	Accident Site: 265		_ degrees	true	
Basic Conditions		Light Conditi							
● VMC ● IMC		ODawn ⊙Day	ODusk OMinh		c Night OUn ht Night	known			
OUnknown		G Day	ONight	OBLIE	int 141gin				
Sky/Lowest Cloud Conditi	оп	Ceiling		• • • • • • • • • • • • • • • • • • • •	Temperature:		(C) or		(F)
⊙ Clear	O Thin Broken	O None (Clear)	. 0	Obscured					
Ofew	O Thin Overcast	O Broken		Indefinite	Dew Point: _	(0	.) or _		_(F)
O Partial Obscuration O Scattered	O Unknown	O Overcast	O	Unknown	Altimeter Sett			Ig	
Lowest Cloud Condition I	- - - - -	Ceiling Heigh	t			or	МВ		i
	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10+	miles		
☐ Variable	☑ Calm		Not Gustin	ng	DV/P				
	☐ Light and Varia	ible			1				
-or- Direction degrees true	-or-	kts	-0 r -	Lie					
			Speed:	kts	Density Altitu			ft	
Intensity of Precipitation	Type of Precipit None				Restriction to	•		at apply)	
O Light O Moderate	☐ None ☐ Rain	☐ Drizzle ☐ Ice Pellets	☐ Freezin ☐ Snow S		✓ None ☐ Blowing Du	ıst 🗀 🤇	rog Ground Fo	E	
OHeavy	☐ Snow	☐ Snow Pellet	s 🗖 Ice Pell	ets Shower	☐ Blowing Sa	nd 🔲 I	laze	2	
⊙ N/A OUnknown	□ Hail	Snow Grain		g Drizzle	☐ Blowing Sn ☐ Blowing Sp		ce Fog Smoke		
Conknown	Rain Showers	☐ Ice Crystals			□ Dust		Jnknown		
leing Forecast		leing Actual			Turbulence				
Amount Type		Amount	Туре		Type (Check a	ll that apply)		erity	
None ON/A OTrace ORime		O Frace	O N/A O Rime		☑ None □ Clear Air			.ight Moderate	
O Light O Clear		O Light	O Clear		Terrain-Indu	ıced		evere	
O Moderate O Mixed		O Moderate	O Mixe		□Convective	Turbulence		extreme	
O Severe O Unkno O Unknown	own	O Severe O Unknown	O Unkr	nown					
	AIDMET- CICA		. i.u. off4 -4	والمراجع والمراجع والمراجع والمراجع	<u> </u>	JA.			
NOTAMs (D and FDC),	AIRME IS, SIGN	ic is, piktps	s in effect at	the time of the	ne accident/inci	ient;			

FEIGHT INTERVENI		Mary Seven					a Sac 3	
Last Departure Point	Tim	e of Departure	Destination	ЭΠ		Type Fligh	t Plan F	iled
Airport ID: KRNM	Time	: 07:50	Airport ID:	KRNM				O VER/IER
City Ramona			City Ran	nona		O Company O Military		O IFR O Unknown
State: CA	Time	Zone PST	State: CA			O VFR	****	O CHARLOW!!
Country: USA			Country L	JSA		Activated?	O Yes	ONo OUnknown
Type of ATC Clearance/Serv	ice (Check all that	apply)						
☑ None □	Special VFR IFR	🗀 Spe	eial IFR R On Top		☐ VFR Flight Folk ☐ Traffic Advisory		☐ Cruis ☐ Unkr	se nown / NA
Airspace where the accident/	incident occurred	(Check all that	apply)				Altitu	de of In-Flight
	Class G		itary Operations		Special			rence:
	Demo Area Warning Area		port Advisory A Fraining Area	rea	☐ Air Traffic Contr ☐ Unknown	rol Area	190	
	Prohibited Area	☐ TRS	SA -		Cikilowii		_101	11 11 51
	Restricted Area	☐ FAI						
WEATHER NEORIE		ACCIDEN	MINCIDEN	IK IIEW G			ore Car	
Source of Pilot Weather Info	rmation			Weather Ob	servation Facility			·
(Check all that apply)				Facility ID: Ki	RNM Atis			
☐ National Weather Service ☐ Flight Service Station	☐ Com ☐ Milit			Observation Ti	me: <u>07:45</u>			
□TV/Radio	☑ Inter			Time Zone: P				
☑ Automated Report	□ None				Accident Site: 1		nm	
☐ Commercial Weather Service (. ☑ On-Board Weather	DUATS) 🔲 Unki	IOWII			Accident Site: 265			: true
Basic Conditions		Light Conditi	an .		Attendent Site. 1999		_ 408,000	
⊙ VMC		ODawn	O Dusk	O Dark	Night OUn	known		
O IMC		⊙ Day	ONight		ht Night			
OUnknown								
Sky/Lowest Cloud Condition		Ceiling			Temperature:		(C) or _	(F)
	Thin Broken Thin Overcast	None (Clear) Broken		Obscured Indefinite	Dew Point	(C) or	(F)
	Unknown	O Overeast		Unknown	Dew Point:			
O Scattered			_		Altimeter Sett	ing: <u>300.1</u>	in. i	Hg
Lowest Cloud Condition Hei	ight	Ceiling Heigh	t			or	мв	·
	_ ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	10+	- 11	
□ Variable	☑ Calm		✓ Not Gustin		•	10+		
	☐ Light and Varia	ble	/ trot Gasin	2				
-of-	-or-		-ог-			·		
Directiondegrees true	Speed:		Speed:	kıs	Density Altitud	de:		_ ft
_	Type of Precipit:		hat apply)		Restriction to '	Visibility (C.	heck all ti	hat apply)
	None	Drizzle	☐ Freezing		☑ None	DF		. i
O Moderate O Heavy	□ Rain □ Snow	☐ Ice Pellets ☐ Snow Pellets			☐ Blowing Du ☐ Blowing Sar		iround Fo laze	Pg.
⊙ N/A	☐ Hail	Snow Grain			☐ Blowing Sno	ow 🗖 r	e Fog	
OUnknown	Rain Showers	☐ Ice Crystals		-	☐ Blowing Spr		moke	
I-i F					☐ Dust		nknown	
Icing Forecast Amount Type		Icing Actual Amount	Туре		Turbulence	V ala b-1	£	
O None O N/A		♠ None	ON/A		Type (Check al	с спас арргу)		verity Light
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O Light O Clear O Moderate O Mixed		O Light O Moderate	O Clear O Mixe		☐ Terrain-Indu		_	Severe
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ОUnknown		O Unknown						
NOTAMs (D and FDC), A	IRMETs, SIGM	ETs, PIREPS	in effect at	the time of th	 e accident/incid	lent:		1
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		^^ - 보호 (#1)				
Aircraft Dam:	age	Aircraft Fire		Aircraft Explosion	•	
O None O Miner	O Substantial O Destroyed O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown	

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

As we were landing the right landing gear struck a small outcropping of rock (about 1 foot high). The right landing gear folded under and the front landing gear folded under. The plane skidded to a stop. The outcropping or gear gashed the right side behind the cowling and seemed to have broken a fuel line. A small fire erupted and I grabbed the hand held fire extinguisher but was unable to put the gas fueled fire out under the cowling. I was able to knock down the fire coming out around it. Eventually the fire spread to the cockpit and engulfed the engine compartment and eventually the interior of the cockpit and interior of the left wing. Small fires of sparse 2 inch grass ignited around the burn area. The fire department showed up and was able to put the flames completely out in a few seconds. All the cockpit instrumentation was destroyed, along with the seats, seat belts and canopy. The entire engine cowling was burnt up. The prop was destroyed.

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 and location, services obtained, and intended destination. Provide as much detail as possible.

I requested Bill to fly the flight because he had more than 700 hours in a RV7-A and I had only 5. I knew the systems of the GRY HXR the SDS/PLX air fuel ratio system and far more familiar with the MT electric prop control system. I went to watch over the systems while Bill concentrated on flying the plane. A detailed preflight inspection was completed with two people checking each inspection point. Upon entering the aircraft an extensive check list was covered by both people. Yellow and green lights were on the prop controller on start up. Oil pressure was good and all parameters were with in expected ranges. The engine temperatures were brought up and a full run up check list was completed. The engine rom was increased to 2400 rom and all systems were checked as on the list. The prop was cycled in manual mode at 2400 prop rpm. Power was reduced and the prop was returned to automatic and 2700 rpm and a green light with the verbal acknowledgment of both of us. After a short taxi to the runway, and before announcing our intentions (tower was closed) and taking the active runway, we checked all engine instruments. All engine instruments were green, the alf ratio was 12.5 and the prop controller was on 2700 and auto. Bill made the announcement we checked for traffic and took the active. The airplane took off easily and smoothly. The plane climbed with no problem in a seemingly shallow angle. At about 500 feet agl the engine began to labor. We both immediately went over the possibility of fuel starvation and I went over the mental check list out loud. Fuel, tanks on fullest tank Checking the fuel gauge, both masters, ignitions and fuel pumps on, fuel pressure 40+ psi, air fuel mixture in appropriate range (small adjustment made for ideal), prop controller on 2700 and auto. As I said each thing out loud, I touched each indicator. (immediately went over the list again in case I forgot anything. Bill flew the plane. At the end of the second round, finding no problems, I began to move toward switching the prop controller from auto to manual and putting in fine pitch but we were moments from landing so I sat back. Bill was able to bring the plane down in relatively low rolling terrain with small rock outcrops from one to ten feet. He did a masterful job of avoiding the large outcrops, but touched down and struck the right landing gear on a small outcrop that bent the landing gear. There may have been a second small outcropping that hit the right side from the later investigation of the tire marks. The plane came to a stop 50 yards or so later. The nose gear was flattened and the prop was destroyed. A fire started where the rock had torn into the lower right cowling and fuselage. The fire started on the right side down by my right foot, although Bill had shut down alt electrical systems and fuel pumps. We immediately opened the cowling and unfastened our harnesses. We both climbed out with our headsets. I grabbed the fire extinguisher and was able to put out the fire out on the outside but the gas fueled fire continued under the cowling and began to spread. We stood back safely and watched the plane slowly burn, consuming the engine compartment and the cockpit area. It seemed like a fuel line was ruptured and fed the fire. A rancher came up on a small four-weel cart and had called 911. He checked on our condition and we were fine. It took the fire department about 8 minutes to arrive. By then the plane body was consumed. We investigated the landing path and the final point of the wreckage. Park rangers, the airport manager, several law enforcement officers and firefighters arrived. Airport pilots arrived and someone commented on the seemingly course pitch on the prop controller. I then suspected the prop controller must have run to the coarse setting and bogged us down. We were just to low to recover, since the prop controller would have been very slow to respond. I believe that is why we didn't notice it winding up sometime after take off. It wouldn't have moved until the roms went over 1800 rpm and the controller would have begun adjusting it to coarse to keep it at 1800 rpms. The engine must have been powerful enough to overcome the adjusting until it got to the lower end of the prop control. We originally suspected the engine because it was a new experimental Subaru engine with a new gearbox, and a new SDS engine controller set up on Eggenfellner programing. If I could have gone directly to the controller and reset it on manual and pushed the fine pitch on the prop, we may have been able to

Departure time was 0750 PST

save the plane. The human factor of evaluation and diagnoses took the little time we had. The work load was great for both of us.

Operator/Owner Safety Recomm	nendation	Tucker state (2 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to	Augentinium Tählik on in e	dita di ang madi d	· · · · · · · · · · · · · · · · · · ·	
If it was the control unit, a mo control box, a testing for the cigoing out from the factory for a mandatory notation in the lo of the prop relative to the indilittle time we had to diagnose prop.	directional cuse. If the og book wou cated propi	ontrol (2700 for fine mis-wiring was by t ald be helpful. If thi setting would give a	e, and 1800 for co the person installi s was the control a quick visual refe	urse pitch) would ng and soldering box, a small bank rence to the diale	alleviate mis-wired the connections, his c of led lights indicated position and the	d control boxes from aving a double check and ating the actual position actual position. With the
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(If yes, list the name of the part, man			scribe the failure.)			On Part
I Believe the automatic functi MT.	on of the pr	op controller malful	nctioned.			9 Hours
IVI ;						Cycles
						Time Since This Part
						Inspected/Overhauled
						Hours
FUEL & SERVICES INF						
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145	O Jet B	O Other, specify	
_19,0	Gallons	O 100 Low Lead O 100/130	O Jet A O Jet A-1	O JP8 O Automotive	Other, speerly	1.81
Other Services, if Any, Prior to	Departure		O Jet A-1	Automotive		
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Was an emergency evacuation		<u> </u>	☑ Yes □ No			
Method of Exit - Describe how						
Canopy opened, seat belts ur	nfastened a	nd both occupants	exited the aircraft	on their respective	ve sides.	
OTHER MEANAGES						
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Aircraft Registration Number	Manufacti Model:	irer:		<u> </u>		mage to Other Aircraft Destroyed
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