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

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

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

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

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

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

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

A. APPLICABILITY

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

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

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

B. DEFINITIONS

- 1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.
- 2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.
- "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.
- "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.
- 5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM It is necessary that ALL questions on this report be answered completely and accurately. If more space is needed, continue on a blank sheet of paper.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXECUTIVE/CORPORATE—Company flying with a paid professional crew.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| BAS | C INFORM | ATION | | | | | | | | | | | |
|------------------|---|-----------------|--------------------|--------------------|-----------|--|---|-----------------|---------------------|-------------------------|----------------------------|---|---|
| Accide | ent/Incident Loc | ation | | | | | A | ccident/Incid | lent Date/ | Гime | | | |
| Nearest | City/Place: Milto | on | | | State: _ | DE | Da | ate: 08/2 | 27/2020 | Lo | cal Time | 2:15nm | |
| ZIP: 1 | 9968 (| Country: US | A | | | | | | d/yyyy | | | | |
| Latitude | »: | | Longitude: | | | | | | | Ti | ime Zone: | eastern | |
| - | (Enter in decima | al degrees or o | degrees:minutes:se | econds) | | T | Co | ollision with | Other Air | craft: (|) Midair | OOn-groun | d O None |
| AIRC | RAFT INFO | RMATIO | N | | | | | | | | | | |
| Regist | ration Number: | N628JB | | | | | | ☐ IFR-Equip | | | | | |
| Manuf | acturer: J. E. I | Bigler | | | **** | | ☐ Commercial Space Flight ☐ Unmanned Aircraft | | | | | | |
| Model | RV-6A | | | | | | M | laximum Gr | oss Weigh | t: 1650 | | lbs | ************ |
| Serial | Number: 2349 | 2 | | | | | Weight at Time of Accident/Incident: | | | | | 11000000 | lbs |
| Year o | f Manufacture: | 2004 | | Number of Sea | | | | | | | | | |
| Amate | ur-Built: OYes | If Yes: | ⊙ Kit/Plans Ma | ke: Vans A | Aircraft | MODELLE CONTROL AND THE STATE OF THE SHARE | | abin Crew Seat | | | | | |
| | ONo | | Original Design | | | 7 | | umber of En | | - | 1 abserige. | . Gould. | |
| Catego | Category of Aircraft Type of Airworthiness Certificate | | | | | Landing Ge | | | 8 | Engin | e Type (Se | elect one) | *************************************** |
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| | OGlider | | | | | ✓ Tricycle | | T | ailwheel | O Turb | | ONone | |
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| OHelio | copter ered Lift | ☐ Comm | | ial Flight | | | y Fl | | | OElec | tric | | |
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| Eng. 3 Eng. 4 | | | | | <u> </u> | | \dashv | | | | | | |
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| | | _ | ccident/Incident | Model or | Part No. | • | | | □ Auto | | ck Indicato | r | |
| Type of | Maintenance P | | | TSO No.: | | 121.5 MHz) C |)C9 | la (121.5 MHz | | Recorde | r | | |
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| | itional (Amateur-b | uilt only) | | | | unted in aircra | | | | | ltifunction mary Flight | | |
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| O None | • | | | Indicate | Reason: | Impact Dan | | e | | o Recordi | ing Device | | |
| O Spec | шу. | | | | | ☐ Fire Damag ☐ Battery Exp | | I/Damagad | Louis | i, opecity | • | | |
| | | | | | | Unknown | J1100 | J. Damagou | | | | | |

| OWNER/OPERATOR INFORMATION | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| Registered Aircraft Owner | | City: Manasses | | | | | | | |
| Name: John C. MClanahan | | | | | | | | | |
| Fractional Ownership Aircraft: O Yes C | | Country: USA | | | | | | | |
| Operator of Aircraft | egistered Owner | ☐ Same Address as Registered Owner | | | | | | | |
| Name: | | City: | | | | | | | |
| 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) □Rotorcraft External Load (FAR 133) □Commuter Air Carrier (FAR 135) □On-Demand Air Taxi (FAR 135) | OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial | AR 431 O Non-Scheduled or Air Taxi O International | | | | | | | |
| □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 | OPublic Aircraft (Select one) O Armed Forces | Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Air FAR 91, 103, 133, 137 O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning | | | | | | | |
| Revenue Sightseeing Flight | Air Medical Flight | O External Load O Skydiving O Ferry | | | | | | | |
| O Yes ⊙ No | O Yes ⊙ No | | | | | | | | |
| AIRPORT INFORMATION (Fill in | if accident/incident occurred on ap- | approach, landing, takeoff, departure, or within 3 miles of an airport) | | | | | | | |
| Airport Name: Eagle Crest Airpark | | | | | | | | | |
| Airport Identifier: DE25 | | Distance From Airport Center: 2.5 sm Direction From Airport: 011 degrees true | | | | | | | |
| Proximity to Airport: Off Airport/Airstrip | p OOn Airport/Airstrip ON/A | | | | | | | | |
| Runway Information | | Condition of Runway/Landing Surface (Check all that apply) | | | | | | | |
| Runway ID: 14 (L/R/C) Length: 30 Runway/Landing Surface (Check all that all the surface) Grass/Turf Maca Gravel Metal Dirt Ice Snow | apply) adam | ☑ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown | | | | | | | |
| Approach/Departure Segment (Select one) |) | | | | | | | | |
| OTaxi OVFR Departure OTakeoff OIFR Departure Proce | edure/Clearance OOn Instrument App | Approach OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown | | | | | | | |
| 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 □ TACAN □ LOC-back course □ RNAV | □MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown | □ 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" Re | sponsibilities at th | e Time of | Accident/In | | | | | | | |
| ⊙ Pilot O Co-Pilot | O Student Pilot | O Flight In | | Check Pilot | t O Fligh | ht Engineer | O Other | Flight Crew | | |
| "Flight Crewmember 1" wa | | Yes ☑ N | ło | *********** | | | | | | ************* |
| "Flight Crewmember 1" Ide | entification | | | | | | | | | |
| First Name: Jonathan | | | | | City of Re | sidence: 1 | ewes | | | |
| Middle Initial: L | | | | | State: DE | | | ZIP: 1995 | 8 | |
| Last Name: Reddick | | | | | Country: | USA | | | | - |
| Age at time of | Accident/Incident: | 38 | Date of I | Birth: | 98 | | nm/dd/yyyy | | Harris Market Valley | - |
| | | Се | ertificate Nun | | | | | | | |
| Degree of Injury | Seat Occupied | | | | estraint Ty | ne | | T | Inflatable | Dostrainte |
| O None O Fatal | ● Left | O Front | O Unkno | | Available | - | Used | | minatable . | icesti aints |
| | | O Rear | | | O None | 5 | ONone | | ✓ Not In: | stalled |
| | | O Single | | | O Lap or | | OLap on | | ☐ Installe | |
| Pilot Certificate(s) (Check al | 100,000,1000,000 | | THE NO. L | CU | ○ 3-poin○ 4-poin | | O 3-point O 4-point | | ☐ Not Deploy | |
| ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ 5-point ☐ Unknown ☐ Unknown | | | | | | | | | | |
| ☐ Student ☐ Sport ☐ Flight Engineer ☐ Unknown ☐ Unknown | | | | | | | | | | |
| Principal Occupation Medical Certificate Medical Certificate Validity Date of Last Medical | | | | | | | | | | |
| | O None OCI | | | | Without lim | | | Jnknown | Date of La | st Medicai |
| | | | nse (Sport Pilo | t only) | With limitat | tions/waive | | | 012620 | |
| | OClass 2 OUr | nknown | | " C | Special Issu | ance | | | mm/dd/y | יעיעי |
| Medical Certificate Limitati | ions | | | | | | | | | |
| Must wear corrective lenses | | | | | | | | | | |
| | | | | | | | | | | |
| Medical Certificate Special | Issuance | ************************************** | | | | | | | | |
| Medical Collineate Special | issuance | | | | | | | | | |
| | | | | | | | | | | |
| Date of Last Flight Review | | Elimba | D' A.' | C4 | | | NV NV | | | |
| or Equivalent, Including | | _ | Review Airo | | | | | | | |
| FAR 121/135 Checks: | 07/30/2019 | | Reddick, Jo | onathan L (| (vans) | | | | | |
| | mm/dd/yyyy | Model: | | | | | | | | |
| Airplane Rating(s) (Check all that apply) | Other Aircraft R | | 1 | ent Rating | (s) | | r Rating(s) | | | |
| □ None | ☑ None | " | ✓ None | ll that apply) | 1 | ✓ None | that apply) | - | Instrument | Airplana |
| ☑ Single-Engine Land | ☐ Airship | | ☐ Airpla | | | description of the second | e Single-Eng | The state of the s | Instrument | |
| ☐ Single-Engine Sea☐ Multiengine Land | ☐ Balloon ☐ Glider | | ☐ Helico | | 1 | ☐ Airplan | e Multi-Engi | | Helicopter Glider | |
| ☐ Multiengine Sea | Gyroplane | | Li Power | ed Liii | | ☐ Powere | | | Sport | |
| | ☐ Helicopter ☐ Powered Lift | | | | - 1 | | | | | |
| Type Ratings | L Fowered Litt | | | | | Student I | Endorseme | ats (Include | datas | |
| Type resemble | | | | | 1 | Student | indoi schici | nts (menue | uaies) | |
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| | | | | | | and the second second second | | | | |
| Flight Time (Enter appropriate | All Th | is Make | Airplane Single | Airplane | A STATE OF THE SAME OF THE SAM | Inst | rument | | | Lighter |
| number of hours in each box) | | Model | Engine | Multiengine | Night | Actual | Simulated | Rotorcraft | Glider | Than Air |
| Total Time | 296 | 79 | 296 | | 11 | | 3 | | | |
| Pilot in Command (PIC) | 259 | 75 | 259 | | 9 | | 0 | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | 9 | | 3 | | | |
| Last 90 Days | 3 | 3 | 3 | | 0 | | 0 | | | |
| Last 30 Days | 3 0 | 0 | 3 | | 0 | - | 0 | | | |
| Last 24 Hours | U | U | U | | . 0 | 1 | . 0 | | 1 | |

| "FLIGHT CREWME | MBER 2" INFO | RMATIO | N | | | | | | | | |
|--|--|--------------------------------|--|---|-----------------|--|---------------------|---|------------------------------|---|--|
| "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OCher Flight Crew | | | | | | | | | | | |
| | | | | Check Pilot | OF | ight Engineer | OOther | Flight Crew | | | |
| "Flight Crewmember 2" v | | Yes 🔲 N | lo | | | | | | | | |
| "Flight Crewmember 2"] | | | | | | | | | | | |
| First Name: | | | | C | City of R | esidence: | | *************************************** | | | |
| Middle Initial: | e | | | S | tate: | | | ZIP: | | | |
| Last Name: | | | ··· | _ (| Country: | | | | | | |
| Age at time of | of Accident/Incident: _ | | Date of Bir | th: | | m | n/dd/yyyy | | | | |
| | | Certi | ficate Number | er: | | *** | | | | | |
| Degree of Injury | Seat Occupied | | | | straint 7 | Гуре | | | Inflatable l | Restraints | |
| O None O Fatal O Minor O Unknown | OLeft ORight | OFront ORear | O Unknow | n | Available Used | | | | | | |
| O Serious | | OSingle | | | O Non O Lap | | O None | | □ Not Ins | | |
| Pilot Certificate(s) (Check | all that apply) | | | | O 3-pc | | O Lap onl O 3-point | | ☐ Installe ☐ Not De | | |
| ☐ None ☐ Fligh | t Instructor | mercial | US Mil | itary | O 4-pc | | O 4-point | | ☐ Deploy | ed | |
| ☐ Private ☐ Recre | | ine Transport | ☐ Foreign | | O 5-pc O Unk | | O 5-point O Unknow | | Unknov | wn | |
| Student Sport Flight Engineer Ounknown Ounknown | | | | | | | | | | | |
| Principal Occupation Medical Certificate Medical Certificate Validity Date of Last Medical | | | | | | | | | | | |
| O Pilot O None O Class 3 O Without limitations/waivers O Unknown | | | | | | | | | | | |
| O Other O Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers O N/A O Unknown O Special Issuance mm/dd/yyyy | | | | | | | | | | | |
| Medical Certificate Limitations O Unknown O Special Issuance mm/awyyyy Medical Certificate Limitations | | | | | | | | | | | |
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| | ************************************** | | To various translations are a second desired | | | | | | | 4 | |
| Medical Certificate Specia | l Issuance | | | | | | | | | | |
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| | | | | | | ************************************** | | | | ~~~ | |
| Date of Last Flight Review or Equivalent, Including | 7 | Flight R | leview Aircr | aft | | | | | | | |
| FAR 121/135 Checks: | | | | | | | | | | | |
| | mm/dd/yyyy | | | | | | ************* | | | | |
| Airplane Rating(s) | Other Aircraft Ra | | | nt Rating(s |) | Instructor | 0,, | | | | |
| (Check all that apply) ☐ None | (Check all that apply ☐ None | 7 | (Check all to | that apply) | | (Check all ti | nat apply) | п | To almost A | :1 | |
| ☐ Single-Engine Land | ☐ Airship | | Airplane | e | | | Single-Engir | | Instrument A Instrument H | | |
| ☐ Single-Engine Sea☐ Multiengine Land | ☐ Balloon ☐ Glider | | ☐ Helicop | | | ☐ Airplane ☐ Gyroplan | Multi-Engin | c 🗆 | Helicopter Glider | 33. Washington 30. 4 (30.000.00) | |
| ☐ Multiengine Sea | ☐ Gyroplane | | Powered | LIII | | Powered | | | Sport | | |
| | ☐ Helicopter ☐ Powered Lift | | | | | | | | | | |
| Type Ratings | L Towered Litt | ****************************** | 1 | | | Student E | ndorsemen | ts (Include d | ates) | | |
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| Flight Time (Enter approprie | 1 1111 | is Make | Airplane Single | Airplane | 1100000 04 | Inst | rument | | | Lighter | |
| number of hours in each box) | Aircraft & | Model | Engine | Multiengine | Night | Actual | Simulated | Rotorcraft | Glider | Than Air | |
| Total Time | | | | | - | | | | - | | |
| Pilot in Command (PIC) Time as Instructor | | | | *************************************** | ļ | _ | | | - | | |
| This Make/Model | | | | | | - | | | | | |
| Last 90 Days | | | | | 1 | | | | | | |
| Last 30 Days | | | | | | 1 | | | | | |
| Last 24 Hours | | | | | | | | | | | |

| 1 | ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information) | | | | | | | | | | |
|--|--|-------------|----------------------------------|--|--|--|---|--|--|--|--|
| Crew Name and Addi | ress | | n, are di Lui | | | | Seat Occupi | ed | Injury | | |
| First Name: Middle Initial: Last Name: | | State: | | ence: | ZIP: | - | O Left O Center O Right | O Front O Rear O Single O Unknown | O None O Minor O Serious O Fatal O Unknown | | |
| Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air | ☐ Flight Instructor ☐ Recreational ☐ Sport | 1 | ne Transp t Engine Total F | port | t the Time | hrs | Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown | | | |
| Crew Name and Address Seat Occupied Injury | | | | | | | | | | | |
| First Name: City of Residence: OLeft OFront Middle Initial: State: ZIP: ORegar ORight OSingle Last Name: Country: OUnknown | | | | | | | | | | | |
| A | | | | | | | | | Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown | | |
| PASSENGER(S) / | OTHER PERSO | NNEL (In | clude c | abin crew; c | ontinue on s | eparate shee | t if necessary) | | | | |
| Nama and Add | | | | | | - | | | The second secon | | |
| Name and Address | | | | Seat | Injury | Restraint T | ype | Inflatable Restraints | Age | | |
| First Name: Middle Initial: Last Name: | State: | ZIP: | | OLeft OCenter ORight OUnknown Row: | ONone OMinor OSerious OFatal OUnknown | Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown | Used O None O Lap Only O 3-point O 4-point O 5-point | | ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held | | |
| First Name: Middle Initial: Last Name: | State: Country: OPassenger City : State: | ZIP: | er | OLeft OCenter ORight OUnknown | ONone OMinor OSerious OFatal | 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 | Restraints Not Installed Installed Not Deployed Deployed | ☐ Under 5 years If Under 5, | | |
| First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: | State: Country: OPassenger City : State: Country: OPassenger City : State: | ZIP:O Other | er | OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal | Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point | Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point | Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed Deployed Deployed | ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown | | |

| FLIGHT ITINERARY | INFORMATIO | N | | | | | |
|--|---|--|--|--|---|-----------------|--|
| Last Departure Point | | me of Departure | Destination | on | | Type Fligh | nt Plan Filed |
| Airport ID: DE25 | 1 | - 13 - 1 15 - 17 12 12 12 12 12 12 12 12 12 12 12 12 12 | Airport ID: | | | ⊙ None | O VFR/IFR |
| City: Milton | Tir | ne: 1:50 | City: Milto | | | O Company | VFR O IFR |
| State: DE | Tir | ne Zone: EST | State: DE | | | O Military V | |
| Country: USA | | - | Country: L | | Microsoft Company of the Company of | | OYes ONo OUnknown |
| Type of ATC Clearance/Se | rvice (Check all the | et annlu) | | | | Market Services | |
| ✓ None □ VFR | Special VFR IFR | □ Spe | ecial IFR R On Top | | ☐ VFR Flight Follo☐ Traffic Advisory | | ☐ Cruise ☐ Unknown / NA |
| Airspace where the accide | | | | | | | Altitude of In-Flight |
| | ☑ Class G | | itary Operations | | Special | 5000 ES | Occurrence: |
| | Demo Area Warning Area | | port Advisory A Training Area | rea | ☐ Air Traffic Contr ☐ Unknown | ol Area | |
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| WEATHER INFORM | | E ACCIDENT | T/INCIDEN | T SITE | | | |
| Source of Pilot Weather In | formation | | | Weather Obs | servation Facility | | |
| (Check all that apply) | П.с. | | | Facility ID: KO | GED | | × 10 |
| ☐ National Weather Service ☐ Flight Service Station | ☐ Co: | | | Observation Tir | me: | | |
| ☑ TV/Radio | ☑ Inte | ernet | | | | | |
| Automated Report | □ No | ne | | | Accident Site: 9 | | |
| ☐ Commercial Weather Servic ☐ On-Board Weather | e (DUATS) Un | cnown | | 1 | Accident Site: 232 | | |
| Basic Conditions | | Light Conditi | | Direction | Accident one. | | _ degrees a ac |
| O VMC | | ODawn | ODusk | O Dark | Night OUnl | moun | |
| OIMC | | ⊙Dawn ⊙Day | ONight | O Brigh | | CHOWII | |
| O Unknown | | | | 48- 7. 28-41-4-4-4-4-4-1 | | | |
| Sky/Lowest Cloud Condition | on | Ceiling | - | | Temperature: | (| (C) or 90 (F) |
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| A = | | | | | I The second | | and the second s |
| O Few O Thin Overcast | | O Broken | | Indefinite | Dew Point: | (C) |) or(F) |
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| Aircraft Explosion O None O Selection of Damage to Aircraft and Other Property (See additional sheet if preceded and in-Flight of Description of Damage to Aircraft and Other Property (See additional sheet if preceded and in-Flight of Description of Damage to Aircraft and Other Property (See additional sheet if preceded Aircraft and Other Property (See additional sheet if preceded Aircraft and Other Property (See additional sheet if preceded Aircraft and Other Property (See additional sheet if preceded Aircraft Came to rest upside down in a soybean field. Property damage was limited to a few hundred square feet of crop loss. NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe with occurred in chrowological order, including circumstances leading to and nature of accident/fincident. Describe terrain and include weekage distribution sketch fir perintant. Attach extra sheets if needed. State departure time and and location, servicer obtained, and intended destination. Provide as much detail as possible. See attachment | | | | | | | | | | | |
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| O None O Substantial O None O Institute of I | DAMAGE | TO AIRCRAFT A | ND OTHER PRO | PERTY | | | | | | | |
| O None O Substantial O Descriped O In-Filight O Fire at Unknown Time O In-Filight O | | - | Aircraft Fire | | Aircraft Explosion | | | | | | |
| Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Aircraft tail bent upwards at a significant angle, nose gear collapsed, propeller detached from crankshaft, canopy ripped from the cockpit and both wings damaged significantly, fuel leakage from right wing. Aircraft came to rest upside down in a soybean field. Property damage was limited to a few hundred square feet of crop loss. 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. See attachment | | | | O Both Ground and In-Flight | | O Both Ground and In-Flight | | | | | |
| Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Aircraft tail bent upwards at a significant angle, nose gear collapsed, propeller detached from crankshaft, canopy ripped from the cockpit and both wings damaged significantly, fuel leakage from right wing. Aircraft came to rest upside down in a soybean field. Property damage was limited to a few hundred square feet of crop loss. NARRATIVE HISTORY OF FLIGHT (Plesse 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. See attachment | OMinor | | | | | O Explosion at Unknown Time | | | | | |
| Aircraft tail bent upwards at a significant angle, nose gear collapsed, propeller detached from crankshaft, canopy ripped from the cockpit and both wings damaged significantly, fuel leakage from right wing. Aircraft came to rest upside down in a soybean field. Property damage was limited to a few hundred square feet of crop loss. **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 stetch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible. See attachment See attachment | | · · · · · · · · · · · · · · · · · · · | | | Oir-Giodild | Ouknown | | | | | |
| and both wings damaged significantly, fuel leakage from right wing. Aircraft came to rest upside down in a soybean field. Property damage was limited to a few hundred square feet of crop loss. **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. See attachment See attachment | Description of | f Damage to Aircraft a | nd Other Property | Use additional sheet if necessary) | | | | | | | |
| and both wings damaged significantly, fuel leakage from right wing. Aircraft came to rest upside down in a soybean field. Property damage was limited to a few hundred square feet of crop loss. **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 sheers if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible. See attachment **See attachment** | Aircraft tail be | ent upwards at a signif | icant angle, nose ge | ear collapsed, propeller detached | from crankshaft, car | nopy ripped from the cockpit | | | | | |
| 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. See attachment | and both wing | gs damaged significan | itly, fuel leakage froi | m right wing. Aircraft came to res | t upside down in a s | oybean field. Property | | | | | |
| 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. See attachment See attachment | damage was | limited to a few hundr | ed square feet of cr | op loss. | | | | | | | |
| 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. See attachment See attachment | | | | | | | | | | | |
| 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. See attachment See attachment | | | | | | | | | | | |
| 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. See attachment See attachment | | | | | | | | | | | |
| 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. See attachment See attachment | NAPPATIVE | HISTORY OF ELL | CUT (D) | | | | | | | | |
| 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. See attachment | | | | | | - · · · · · · · | | | | | |
| destination. Provide as much detail as possible. See attrachment | wreckage dist | ribution sketch if nertine | gicai order, including ent. Attach extra sheet | s if needed. State denarture time and | ure or accident/incide | nt. Describe terrain and include | | | | | |
| | destination. Pr | rovide as much detail as | possible. | | - mid 100ation, 501 v1063 | oosamoa, and mondod | | | | | |
| | See attachma | ant | | | | | | | | | |
| | See allacinne | 31 IL | | | | | | | | | |
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| RECOMMENDATION (How could this accident/incident have been prevented?) | | | | | | | | | |
|--|---------------|---------------------------|----------------------|------------|---|--------------------|--|--|--|
| Operator/Owner Safety Recomm | nendation | | | | 100000 | | | | |
| See Attachment | | | | | | | | | |
| a) | | | | | | | | | |
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| MECHANICAL MALFU | NCTION | EAU LIDE (F.m. | To the second second | | | 1 - A | | | |
| Was there Mechanical Malfun | | | | leeded, co | intinue on sepa | rate sneet) | Total Time/Cycles | | |
| (If yes, list the name of the part, man | | | | ure.) | | | On Part | | |
| | | | | | | | Hours | | |
| 8 | | | | | | | Cycles | | |
| | | | | | | | | | |
| | | | | | | | Time Since This Part Inspected/Overhauled | | |
| | | | | | | | | | |
| | | | | | | | Hours | | |
| FUEL & SERVICES INF | ORMATI | ON | | | | | | | |
| Fuel on Board at Last Takeoff | | Fuel Type | | | | | | | |
| (Convert from pounds, as necessary) | 1 | ○ 80/87 ○ 100 Low Lead | O 115/145 O Jet A | į. | O Jet B O JP8 | O Other, specify _ | | | |
| 23 | Gallons | O 100/130 | O Jet A-1 | | O Automotive | | | | |
| Other Services, if Any, Prior to | Departure | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| EVACUATION OF AIRC | RAFT | | | | | | | | |
| Was an emergency evacuation | of the aircr | aft performed? | ☑ Yes | □ No | | | | | |
| Method of Exit - Describe how | the occupan | ts exited and how ma | any occupants | s evacuate | d each location | | | | |
| 2, direct exit from inverted pos | sition due to | the absence of th | ne canopy. | | | | | | |
| | | | | | | | | | |
| | | | | | месмення уреження «Аденти» (адриматридидай организа | | | | |
| OTHER AIRCRAFT - C | OLLISIO | (If air or ground | collision occ | urred, co | mplete this sect | | | | |
| Aircraft Registration Number | | urer: | | | | | mage to Other Aircraft Destroyed | | |
| | | | | | | | Substantial None | | |
| Registered Owner of Other Air | | | | Pilot of | Other Aircraft | | | | |
| Name: | | | | Name: _ | | | | | |
| City: State: ZIP: | | | | State: | | ZIP: | | | |
| Country: | | | | Country: | | _ | - | | |

| ADDITIONAL INFORMATION (Please type or print in ink) | | | | | | | | | |
|--|------------|--|-----------------------------------|----------------------|--|--|--|--|--|
| | | e is needed for any answers. | | | | | | | |
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| | Y THAT TH | HE ABOVE INFORMATION IS COMPLE | ETE AND ACCURATE TO THE BEST OF I | MY KNOWLEDGE | | | | | |
| Date of this Report | Name of | Pilot/Operator: Jonathan Reddick | | | | | | | |
| 09/02/2020 mm/dd/yyyy | Signature | ======================================= | | | | | | | |
| mm/aa/yyyy | or | ✓ Check here to electronically sign this c | locument | | | | | | |
| If a Person Other tha | n Pilot/Op | erator is Filing Report | | | | | | | |
| Name: | | · · · · · · · · · · · · · · · · · · · | Title: | | | | | | |
| | | A CONTRACTOR OF THE CONTRACTOR | | | | | | | |
| | | electronically sign this document | | | | | | | |
| | | FOR NTSB U | ISE ONLY | | | | | | |
| NTSB Accident/Incid | lent No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received | | | | | |
| ERA20CA298 | | AS-ERA | Lynn Spencer | 9/8/2020 | | | | | |

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 INFORMA | ATION | | | | | | | | | | | |
|---|--|--|----------------|----------------|---------------------------|--|--------------|------------------------------|--|----------------------------|--------------------|--------------------|
| Accident/Incident Loc | ation | | | | | Acc | ident/Incid | lent Date/T | lime | | | |
| Nearest City/Place: Lewi | | ************ | | _State: [|)E | Date | e:08/: | 27/2020 | Lo | cal Time: | 1420 | |
| ZIP:0 | Country: US/ | 4 | ··· | | | | mm/d | d/yyyy | nr: | 7 1 | Eastorn | |
| Latitude: | | Longitude: | | - I | | | | The second second | 11 | me Zone: | Lasterri | |
| (Enter in decima | al degrees or a | legrees:minutes:sec | conds) | | | Coll | lision with | Other Aire | eraft: C |) Midair | OOn-groun | d O None |
| AIRCRAFT INFO | RMATIO | N | | | | | | | | | | |
| Registration Number: | | - | | | | | | oped and Ce ial Space Fli | | | | |
| Manufacturer: James | s Bilger (| Vans) | | | | 7.35555 | Unmanne | | | | | |
| Model: RV6-A | | - barrella de la companya della companya della companya de la companya della comp | | | | Ma | aximum Gi | oss Weight | t: 1650 | | lbs | |
| Serial Number: 23492 | 40-00-00-00-00-0 | - Heren was a first to the second | | | | We | eight at Tir | ne of Accid | ent/Inci | dent: 153 | 30 | _ lbs |
| Year of Manufacture: | | | | | | Nui | mber of Se | ats: 2 | | Flight Cre | ew Seats: | |
| Amateur-Built: OYes | | Kit/Plans Mal | ce: VANS I | RV6-A | | Cab | oin Crew Sea | ts: | | Passenger | Seats: | |
| ONo | | Original Design | | 250 | | | mber of E | ngines: 1 | | - | | |
| Category of Aircraft | irworthiness Ce | rtificate | | Landing Ge | | | | Engine | Type (Se | | | |
| O Airplane | hat apply) d Special | | | (Check all the | | oly) actable | | | procating o Shaft | O Liqui O Solid | d Rocket | |
| OBlimp/Dirigible | | | | | ☐ Tricycle | rcua | | ailwheel | O Turb | | OHybr | id Rocket |
| OGlider OGyroplane | ☐ Aeroba☐ Balloo | | | | | | | | O Turb | | O None O Unkn | |
| OHelicopter | Comm | | | | ☐ Amphibia ☐ Emergence | | | ligh Skid kid | OElect | | Othki | OWII |
| O Powered Lift | Transp | The state of the s | | . | Float | • | | ki | | | | |
| O Rocket O Ultralight | ☑ Utility | ☐ Special ☐ Experi | | | Hull | | | ki/Wheel | | | (Reciprocation | |
| OUnknown | ☐ Certificate | of Authorization | 100 | 2 | Other Lau | unch/F | Recovery Sy | stem | O Carb | uretor | O Fuel- | Injected |
| | □None | | Unknown | | | | | | | | | |
| | | Engine | Manufacturer's | | | | Date of Mfg. | O Horsep | | Time | Time Inspection | Since: Overhaul |
| Engine Engine Manufa | cturer | Model/Series | Serial Number | | | 4 | mm/dd/yyyy | O lbs of 7 | hrust | (hours) | (hours) | (hours) |
| Eng. 1 Lycoming | | 0-360-A1A | | L-704-3 | 6 | + | | 180 | | | | 395 |
| Eng. 2 Eng. 3 | | | | | | + | | | | | | |
| Eng. 4 | | | | | | + | | | | | | |
| Last Inspection Type | | | Propelle | er 1 | OFixed P | | | | Propeller 2 OFixed Pitch OControllable Pitch | | | Pitch |
| | inuous Airwo | | | | | ntrollable Pitch OControllabl ound Adjustable OGround Ad | | | | | | |
| | ditional Inspect nown | | | turer: | | | - | Manu | facturer: _ | | | |
| Date Last Inspection: | | | Model: | AC-C2Y | 'K-1BF/F666 | A-4 | | Mode | l: | | | |
| Date Last Inspection. | mm/dd/yy | | ELT Ins | stalled: | OYes O | No | | 100 | - | ipment (| Check all that | apply) |
| Airframe Total Time: | | hrs | If Yes: | | | | | ☑ ADS | rame Para | chute | | |
| hours measured at (S | | | Model or | | er: | | | | | ck Indicato | r | |
| | | ccident/Incident | | | (121.5 MHz) C | C91a | a (121.5 MH | z) Auto | opilot i Recorde: | r | | |
| Type of Maintenance l | rogram (Se | elect one) | | OC126 | (406 MHz) | | | ☑ Elec | tronic Fli | ght Bag or | Handheld De | vice |
| O Annual O Conditional (Amateur-l | ouilt only) | | | | unted in aircra | | | TI Class | | lltifunction mary Fligh | | |
| O Manufacturer's Inspect | | (4.470) | | | nected to anter | | OYES ON | Han | dheld GPS | S | r | |
| O Other Approved Inspect O Continuous Airworthin | | (AAIP) | If activa | | | | | | ds Up Dis oard Wea | | | |
| O Other, specify: | the state of the s | | Did ELT | Aid in L | ocating Aircra | ft: C | Yes ONo | Sate | llite Track | cing Device | e | |
| Description of Fire Ex | tinguishing | System | If not ac | | П. | | | | Warning Record | System ing Device | | |
| NoneSpecify: | | | Indicate | keason: | ☐ Impact Dan ☐ Fire Dama | | | | er, Specify | | | |
| | | | | | ☐ Battery Ex | | /Damaged | | | | | |
| | | | | | Unknown | | | | | | | |

| OWNER/OPERATOR INFORMATION | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Registered Aircraft Owner | | City: Lynchburg, | | | | | | | |
| Name: John P. McLanahan | | State: Va ZIP: 24502 | | | | | | | |
| Fractional Ownership Aircraft: O Yes © | No | Country: | | | | | | | |
| | | | | | | | | | |
| * | gistered Owner | ☐ Same Address as Registered Owner | | | | | | | |
| Name: | | City: | | | | | | | |
| Doing Business As: | | The second of th | | | | | | | |
| Air Carrier/Operator Designator (4 Character | er Code): | Country: | | | | | | | |
| Operating Certificates Held (Check all that apply) | Regulation Flight Conducted Un | Name Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) | | | | | | | |
| ☑None ☐Flag Carrier Operating Certificate (FAR 121) ☐Supplemental ☐Air Cargo | © FAR 91 OFAR 129 OFAR O FAR 103 OFAR 133 OFAR O FAR 121 OFAR 135 OFAR O FAR 125 OFAR 137 OFAR | R 431 Non-Scheduled or Air Taxi International R 435 | | | | | | | |
| ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) | O FAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial | O Passenger O Cargo O Mail Contract Only | | | | | | | |
| □ Commercial Air Taxt (FAR 135) □ Commercial Air Tour (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141) | OPublic Aircraft (Select one) OArmed Forces | Purpose of Flight for FAR 91, 103, 133, 137 (Select one) | | | | | | | |
| □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft | | O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O C Firefighting O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use O Personal | | | | | | | |
| | | O Executive/Corporate O Positioning O External Load O Skydiving | | | | | | | |
| Revenue Sightseeing Flight OYes ONo | Air Medical Flight | O Ferry | | | | | | | |
| <u> </u> | O Yes O No | | | | | | | | |
| AIRPORT INFORMATION (Fill in | if accident/incident occurred on app | pproach, landing, takeoff, departure, or within 3 miles of an airport) | | | | | | | |
| Airport Name: | | Distance From Airport Center:sm | | | | | | | |
| Airport Identifier: | | Direction From Airport: degrees true | | | | | | | |
| Proximity to Airport: O Off Airport/Airstri | p OOn Airport/Airstrip ON/A | Airport Elevation: ft. msl | | | | | | | |
| Runway Information | | Condition of Runway/Landing Surface (Check all that apply) | | | | | | | |
| Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that c Asphalt Grass/Turf Maca Concrete Gravel Meta Dirt Ice Snow | dam Water | □ Dry □ Snow-Compacted □ Water-Calm □ Holes □ Snow-Crusted □ Water-Choppy □ Ice Covered □ Snow-Dry □ Water-Glassy □ Rough □ Snow-Wet □ Wet □ Rubber Deposits □ Soft □ Slush-Covered □ Vegetation □ Unknown | | | | | | | |
| Approach/Departure Segment (Select one, |) | | | | | | | | |
| OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb | edure/Clearance OC Instrument Ap OLanding | Approach OBase OFinal OCrosswind OCrosswind ODownwind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown | | | | | | | |
| 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 □TACAN □LOC-back course □RNAV | □MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown | ☐ 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 | | | | | | | | | | |
| O Pilot O Co-Pilot | | OFlight Ins | | Check Pilot | O Fligh | nt Engineer | O Other | Flight Crew | | |
| "Flight Crewmember 1" | was pilot flying Y | es 🛮 No |) | | | | | | | |
| "Flight Crewmember 1" l | Identification | | | | | | | | | |
| First Name: John | and the same of th | | | | City of Re | sidence: L | ynchburg | | | |
| Middle Initial: P | _ | | | | State: Va | | | ZIP: 2450 | 2 | |
| Last Name: McLanahar | 1 | | | - | Country: | USA | | | | |
| Age at time | of Accident/Incident: | 55 | Date of B | Birth: | , , | | m/dd/yyyy | *************************************** | | |
| | _ | 100 | rtificate Num | ber: | | | | | | |
| Degree of Injury | Seat Occupied | | | | straint Ty | pe | | T | Inflatable | Restraints |
| O None O Fatal | O Left C | Front | O Unknow | - 1 | Available | | Used | | | |
| Minor O Unknown Serious | |) Rear) Single | | | O None | | O None | | ✓ Not Ins | |
| | |) Siligle | | | O Lap or O 3-poir | | O Lap onl O 3-point | у | ☐ Installe | |
| Pilot Certificate(s) (Check □ None □ Fligh | | manaia1 | THE M | litom. | ⊙ 4-poir | | 4-point | | Deploy | |
| Private Recreational Airline Transport Foreign O5-point O5-point Unknown | | | | | | | | | | |
| Student Sport Flight Engineer OUnknown | | | | | | | | | | |
| Principal Occupation | Medical Certificate | | | M | edical Cer | tificate Va | lidity | | Date of La | st Medical |
| O Pilot | O None O Clas | ss 3 | | | | itations/wai | | nknown | | |
| ⊙ Other | O Class 1 O Dri | ver's Licens | se (Sport Pilot | | | tions/waiver | s ON | /A | 09/17/20 mm/dd/y | |
| O Unknown | ⊙ Class 2 OUnk | cnown | | 0 | Special Issu | iance | | | mm/aa/y | yyy |
| Medical Certificate Limit | ations | | | | | | | | | |
| None | | | | | | | | | | |
| - | | | | | | | | | | |
| Medical Certificate Specia | al Issuance | | | | | | | | | |
| None | | | | | | | | | | |
| | | | | | | | | | | |
| Date of Last Flight Review | v | Flight 1 | Review Airc | raft | | | | *************************************** | | |
| or Equivalent, Including | 40/04/0040 | Make: | | | | | | | | |
| FAR 121/135 Checks: | 12/31/2018 mm/dd/yyyy | 1 | RV6-A | | | | | | | - |
| Airplane Rating(s) | Other Aircraft Ra | | | ent Rating(| (2) | Instructo | r Rating(s) | | | |
| (Check all that apply) | (Check all that apply) | | | l that apply) | | (Check all | 0,, | | | |
| □ None | None | | ☐ None | | | ☐ None | | | Instrument | TOTAL STREET |
| ☑ Single-Engine Land ☐ Single-Engine Sea | ☐ Airship ☐ Balloon | | ☑ Airplan ☐ Helico | ne | | | e Single-Eng c Multi-Engir | | Instrument Helicopter | Helicopter |
| ☐ Multiengine Land | Glider | | ☐ Power | | | ☐ Gyropla | ine | | Glider | |
| ☐ Multiengine Sea | ☐ Gyroplane ☐ Helicopter | | | | | ☐ Powere | d Lift | L | Sport | |
| | ☐ Powered Lift | | | | | | | | | |
| Type Ratings | | | | | | Student E | Indorseme | nts (Include | dates) | |
| Private SEL and Instrument | SEL | | | | | | | | | |
| | | | | | | | | | | |
| 5 4 | | | | | - 1 | | | | | |
| | | | | | | | | | | |
| Flight Time (Enter annuanci | ata | T | Airplane | | T | Inst | rument | | T | Ι |
| Flight Time (Enter appropria number of hours in each box) | 1344 | s Make Model | Single Engine | Airplane Multiengine | Night | Actual | Simulated | Rotorcraft | Glider | Lighter Than Air |
| Total Time | 2,140 | 135 | 2,117 | 3: | | | 108 | | 1 | |
| Pilot in Command (PIC) | 2,020 | 135 | | | 120 | 28 | 108 | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | This Make/Model | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | ļ | | | | |
| Last 24 Hours | | | | | | 1 | | | | |

| "FLIGHT CREWMEMBER 2" INFORMATION | | | | | | | | | | |
|---|--------------------------------|--|------------------------|-----------------------------|------------------------------|---|--|---|-----------------------------|---------------------|
| "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew | | | | | | | | | | |
| "Flight Crewmember 2" v | | Yes 🔲 N | lo | | | | | | | |
| "Flight Crewmember 2" Identification | | | | | | | | | | |
| First Name: <u>Jonathan</u> City of Residence: <u>Lewis</u> | | | | | | | | | | |
| Middle Initial: State: DE | | | | | | ZI | P: | | | |
| Last Name: Reddick | | | | _ C | ountry: | USA | | | | |
| Age at time o | f Accident/Incident: _ | | Date of Bir | | | | /dd/yyyy | | | |
| | _ | | ificate Numbe | | | | | | | ar 1997-1998 |
| Degree of Injury | Seat Occupied | | | | traint T | ype | | I | nflatable R | estraints |
| O None O Fatal O Minor O Unknown O Serious | ORight | OFront ORear OSingle | OUnknow | n | Available O None | • | Used O None O Lap only | | ☑ Not Insta | |
| Pilot Certificate(s) (Check | all that apply) | | | | O 3-poi | int | O 3-point | | □ Not Dep | |
| ☐ None ☐ Fligh ☐ Private ☐ Recre ☐ Student ☐ Sport | eational | nmercial line Transport tht Engineer | ☐ US Milt ☐ Foreign | | • 4-poi • 5-poi • Unkr | int | 4-point5-pointUnknow | n | ☐ Deployed | |
| Principal Occupation | Medical Certificate | | | Me | dical Ce | rtificate Val | idity | 1 | Date of Last | Medical |
| O Pilot O Other O Unknown | O None O Class 1 O Dr | ass 3 | se (Sport Pilot o | only) O | | mitations/waiv ations/waivers suance | | nknown 'A | mm/dd/yy | vy |
| Medical Certificate Limit | | | | | 1 | | | | | |
| ividual certificate Emile | REAUTHS | | | | | | | | 10 | |
| Medical Certificate Specia | al Issuance | | | | | | | | | |
| Date of Last Flight Review | SV. | Flight 1 | Review Airci | raft | | , , , , , , , , , , , , , , , , , , , | | | | |
| or Equivalent, Including | * | | | | | | | | | |
| FAR 121/135 Checks: | / 1 1/ | - | I will make the second | | | | | *************************************** | | |
| | mm/dd/yyyy | | T. | | , 1 | T | D-4'(a) | | | |
| Airplane Rating(s) (Check all that apply) | Other Aircraft R | - | | ent Rating(s that apply) | •) | Instructor (Check all th | | | | |
| □ None | □ None | 27 | None | mon approx | | □ None | | | Instrument Ai | irplane |
| ☐ Single-Engine Land | Airship | | Airplan | | | ☐ Airplane ☐ Airplane | | | Instrument He Helicopter | elicopter |
| ☐ Single-Engine Sea ☐ Multiengine Land | ☐ Balloon ☐ Glider | | ☐ Helicop | | | Gyroplan | | | Glider | |
| ☐ Multiengine Sea | ☐ Gyroplane | | | | | ☐ Powered | Lift | | Sport | |
| | ☐ Helicopter ☐ Powered Lift | | | | | | | | | |
| Type Ratings | | | | | | Student Er | idorsement | s (Include de | ates) | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | Airplane | | 1 | | | | T | |
| Flight Time (Enter appropring number of hours in each box) | | his Make & Model | Single Engine | Airplane Multiengine | Nigh | | Simulated | Retercraft | Glider | Lighter Than Air |
| Total Time | | | | | + | | | | | |
| Pilot in Command (PIC) | | | | | - | | | | - | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | Alexa, Iron Land |
| Last 90 Days Last 30 Days | | | | | - | | | | | |
| Last 30 Days | _ | | | | | | | | | |

| | GHT CREWMEN | IBERS (Excl | usive of cabin cr | ew, complete | the following | g information) | | | |
|--|--|--------------------------|--|--|---|---|--|---|--|
| Crew Name and Add | dress | | | | | Seat Occupie | d | Injury | |
| First Name: City of Residence: Middle Initial: State: ZIP: Last Name: Country: | | | | | | O Left O Center O Right | O Front O Rear O Single O Unknown | O None O Minor O Serious O Fatal O Unknown | |
| Pilot Certificate(s) (Check all that apply) □ None □ Flight Instructor □ Commercial □ US Military □ Private □ Recreational □ Airline Transport □ Foreign □ Student □ Sport □ Flight Engineer Type Rating/Endorsement for Accident/Incident Aircraft? □ Yes □ No of this Accident/Incident: _ hrs | | | | | | Restraint Typ Available 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 | Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown | |
| Crew Name and Add | dress | | | | | Seat Occupie | d | Injury | |
| First Name: | and the same of th | State: | esidence: | ZIP: | - | OLeft OCenter ORight | O Front O Rear O Single O Unknown | O None O Minor O Serious O Fatal O Unknown | |
| Pilot Certificate(s) (comparison of the comparison of the comparis | ☐ Flight Instructor ☐ Recreational ☐ Sport | | ransport | t the Time | hrs | Restraint Tyl Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Used O None Lap Only O 3-point O 4-point O 5-point O Unknown | Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown | |
| PASSENGER(S) | PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) | | | | | | | | |
| | I UTHER PERSO | NNEL (Inclu | de cabin crew; c | ontinue on s | eparate shee | t if necessary) | | | |
| Name and Address | OTHER PERSO | NNEL (Inclu | de cabin crew; c | ontinue on s Injury | eparate shee Restraint T | | Inflatable Restraints | Age | |
| | City : State: | ZIP: | Seat OLeft | | Restraint T Available O None O Lap Only O 3-point O 4-point | Used ONone OLap Only O 3-point O 4-point O 5-point | 100000000000000000000000000000000000000 | ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held | |
| Name and Address First Name: Middle Initial: Last Name: | City : State: Country: OPassenger City : State: | ZIP: | Seat OLeft OCenter ORight OUnknown Row: | ONone OMinor OSerious OFatal | Restraint T Available ONone OLap Only O3-point O4-point O5-point | Used ONone OLap Only O 3-point O 4-point O 5-point | Restraints Not Installed Installed Not Deployed Deployed | ☐ 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 | |
| Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: | City : State: Country: OPassenger City : State: Country: OPassenger City : State: | ZIP:O Other ZIP:O Other | Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row: | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal | Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point | Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point | Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Deployed Deployed | ☐ 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 | |

| FLIGHT ITINERARY | INFORMATIO | N | | | | | | |
|--|---|--|--|----------------|--|---------------------|--|---------|
| Last Departure Point | | e of Departure | Destination | on | | Type Fligh | nt Plan Filed | |
| Airport ID: DE25 | 1 | | | | | None | O VFR/IF | R |
| | Tim | e: 1400 | City: Lew | | MANAGE BOOK OF THE PARTY OF THE | O Company | VFR O IFR | |
| D- | Tr. | e Zone: | Oity. | | | O Military O VFR | VFR O Unknow | vn |
| State: De Country: USA | - | c 2011c | 1,000 | ISA | | | OYes ONo O | Inknown |
| | | * 1 | Country. | - OA | | | | |
| | ☐ Special VFR☐ IFR | ☐ Spe | cial IFR R On Top | | ☐ VFR Flight Foll ☐ Traffic Advisory | | ☐ Cruise ☐ Unknown / NA | |
| Airspace where the accide Class A Class B Class C Class D Class E | ent/incident occurre Class G Demo Area Warning Area Prohibited Area Restricted Area | ☐ Mil | itary Operations port Advisory A Fraining Area SA | | Special Air Traffic Cont Unknown | rol Area | Altitude of In-F Occurrence: | ft msl |
| WEATHER INFORM | NATION AT TH | E ACCIDENT | T/INCIDEN | T SITE | | | | |
| Source of Pilot Weather I | nformation | | | Weather Ob | servation Facility | | | |
| (Check all that apply) | | | | Facility ID: G | ED | | and the same of th | |
| ☐ National Weather Service ☐ Flight Service Station | ☐ Cor | | | Observation T | ime: | | - | |
| TV/Radio | ☐ Inte | rnet | | Time Zone: | | | | |
| ✓ Automated Report ☐ Commercial Weather Servi | ce (DUATS) Unl | | | Distance from | Accident Site: 7 | | nm | |
| On-Board Weather | ce (DOATS) U OIII | HOWII | | Direction from | Accident Site: | | _ degrees true | |
| Basic Conditions | | Light Conditi | on | | | | | |
| ⊙ VMC | | ODawn | O Dusk | | | nknown | | |
| O IMC O Unknown | | ⊙ Day | ONight | OBrig | tht Night | | | |
| Sky/Lowest Cloud Condi | Hom | Ceiling | | | Tomporoturos | | (C) or 92 | (F) |
| © Clear | O Thin Broken | O None (Clear) | 0 | Obscured | | | | -, , |
| O Few | O Thin Overcast | O Broken | Ö | Indefinite | Dew Point: _ | ((| C) or | _(F) |
| O Partial Obscuration | O Unknown | O Overcast | 0 | Unknown | Altimeter Sett | ing: | in. Hg | |
| O Scattered Lowest Cloud Condition | Height | Ceiling Heigh | t | | | or | MB | |
| Clear | | Clear | | ft agl | | | | |
| | | | W. 10 4 | | 87° °1 °1° | | | |
| Wind Direction | Wind Speed | | Wind Gusts | | Visibility | | miles | |
| ☐ Variable | ☐ Calm ☐ Light and Var | able | ☐ Not Gustin | ng | RVR | : | feet | |
| -or- | -or- | abic | -or- | | RVV | r: | miles | |
| Direction:degrees tr | ue Speed: | kts | Speed: | kts | Density Altitu | | ft | |
| Intensity of Precipitation | Type of Precipi | tation (Check all t | that apply) | | | | Check all that apply) | |
| OLight | None | Drizzle | Freezin | | ☐ None ☐ Blowing D | | Fog Ground Fog | |
| O Moderate O Heavy | □ Rain □ Snow | ☐ Ice Pellets ☐ Snow Pellet | Snow S | ets Shower | ☐ Blowing Sa | | Haze | |
| ON/A | ☐ Hail | ☐ Snow Grain | s Freezin | ng Drizzle | ☐ Blowing Sr | now 🔲 | Ice Fog | |
| OUnknown | ☐ Rain Showers | ☐ Ice Crystals | | | ☐ Blowing Sp ☐ Dust | | Smoke Unknown | |
| Icing Forecast | | Icing Actual | | | Turbulence | | | |
| Amount Type | | Amount | Type | | Type (Check of | ıll that apply) | Severity | |
| O None O N/A | | O None O Trace | O N/A O Rime | | □ None □ Clear Air | | ☐Light ☐Moderate | |
| O Trace O Rime O Light O Clea | | O Light | O Clea | | ☐ Terrain-Ind | uced | Severe | |
| O Moderate O Mixe | ed | O Moderate | O Mixe | | Convective | Turbulence | ☐ Extreme | |
| O Severe O Unki | nown | O Severe O Unknown | O Unk | nown | | | | |
| | APPARET CTC | HOLES OF PERSONS AND | | 41 - 41 64 | ha assidant/in-i | donts | | |
| NOTAMs (D and FDC) | , AIRMETS, SIG | VIETS, PIREP | s in effect at | tne time of t | ne accident/inci | uent: | | |
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| DAMAGE | TO AIRCRAFT A | ND OTHER PRO | DEDTY | | |
|--|--|---|---|--|--|
| Aircraft Dar | | Aircraft Fire | FERII | Aircraft Explosion | |
| O None O Minor | O Substantial O Destroyed O Unknown | None In-Flight 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 a | nd Other Property (| Use additional sheet if necessary) | | |
| Aircraft dest | roye. Tail and fuselage | bent, wings bent, ai | rcraft upside down in field. Minor | crop damage to sm | all section of soybean field |
| | | | | | |
| NARRATIV | E HISTORY OF FLI | GHT (Please type or | print in ink) | | |
| wreckage dis | | ent. Attach extra sheet | circumstances leading to and nat s if needed. State departure time and | | |
| flying on right. The purpose climbed to all Jonathan as numbers. Affirmeter which descending a little lower MFD. The nealtitude to available for an 4 point harner made a nice | at tank. Weather was classed of flight was to calibrate bout 1500 feet within 30 ked me to make 2, 360 ter I made my turns I to worked once 2 G was and following the Reho For the most part my had the comfort zone but ext time I looked up we would impacting ground. | ear and temps arouste the MFD and Garnm radius of DE25. I degree turns, one took my hands off the obtained. We discussed was down in the pulled up and clinwere very low and radiown. Fortunately, thin place untill quick ge preventing us fro | n. local. Aircraft had 7 gallons fund 90 degrees f. I was in the right min G5. Jonathan departed runw or left and one to right which I did controls and Jonathan took continued going back to DE25. On the nannels close to the Waterloo VC ecockpit monitoring the new MF mbed so I felt everything was oknose down attitude and I hollered so, then gear and then apparently ne canopy separated just prior to release where we were both ablum being trapped or injured. The | t seat and Jonathan yay 32 and departure while he calibrated trols and made a pul- way back I observe DR. I thought Jonath D and G5 equipmer My head went back I pull up. When he do y nose resulting in ail stopping around 5 for the to exit plane. The least stopping around 5 for the to exit plane. | Reddick was PIC in left seat. e was uneventful and we the equipment and heading II up maneuver to verify the G and the airplane gradually an was following a boat along at. At one point I thought it was a into the panel monitoring the id there was not enough reraft going upside down and feet from aircraft. The Hooker RV6 slider canopy model also |

| RECOMMENDATION (How could this accident/incident have been prevented?) | | | | | | | | |
|--|-------------------------------|---------------------------|----------------------|------------|------------------|----------------------|--------------|---|
| Operator/Owner Safety Recommendation | | | | | | | | |
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| NEGULANICAL MALEUN | OTION | All UDE " | | | | | | |
| MECHANICAL MALFUN | | | e space is ne | eaea, coi | nunue on separ | ate sneet) | Total Time | /Cycles |
| Was there Mechanical Malfunc (If yes, list the name of the part, manu | tion/Failur facturer, pari | no., serial no., and des | cribe the failur | ·e.) | | | On Part | or Coj Oros |
| (4) / 50, 100 100 100 100 1 | | | | | | | | Hours |
| | | | | | | | | Cycles |
| | | | | | | | | - |
| | | | | | | | | This Part Overhauled |
| | | | | | | | Inspected/ | Overnauicu |
| | | | | | | | | Hours |
| | | | | | | | | |
| FUEL & SERVICES INFO | ORMATI | ON | | | | | | |
| Fuel on Board at Last Takeoff | | Fuel Type | | | | 0.01 % | | |
| (Convert from pounds, as necessary) | | ○ 80/87 ○ 100 Low Lead | O 115/145 O Jet A | | O Jet B O JP8 | O Other, specify _ | | |
| aprox 20 gallons | Gallons | O 100/130 | O Jet A-1 | | O Automotive | | | |
| Other Services, if Any, Prior to | Departure | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| EVACUATION OF AIRC | RAFT | | | | | | | |
| Was an emergency evacuation | of the aircr | aft performed? | ☑ Yes | □ No | | | | |
| Method of Exit – Describe how | | | any occupants | evacuate | d each location | | | |
| Aircraft upside down. Quick re | lease of 4 | point hooker harne | ss allowed for | or release | e of belts wher | e we dropped dov | wn and crawl | ed out |
| | | | | | | | | |
| 111 | | | | | | | | |
| OTHER AIRCRAFT - C | OLU ISIO | N (If air or ground | collision occ | urred co | molete this sec | tion for other aircr | aft) | |
| | | urer: | | | | Do | mage to Othe | er Aircraft |
| Aircraft Registration Number | | urer: | | | | U | Destroyed | ☐ Minor ☐ None |
| D 14 10 100 11 | | | | | Other Aircraft | | Substantial | - None |
| Registered Owner of Other Air | | | | | | | | |
| Name: | | | | City: | | | | |
| State: ZIP: | | | | State: | | ZIP: | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| Country: | | | | Country | • | | | |

| ADDITIONAL INFO | RMATIO | N (Please type or print in ink) | | |
|--|--------------|---|--|--|
| Use this space if additi | onal space i | is needed for any answers. | | |
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| Date of this Report | | | | er y general en gran angle a san a thai dhan ghi dhan dhan ghing dhaman y |
| 09/04/2020 mm/dd/yyyy | 10.00 | | | and the state of t |
| | | ✓ Check here to electronically sign this of | document | |
| If a Person Other tha | n Pilot/Ope | erator is Filing Report | | |
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| or C | heck here to | electronically sign this document | | |
| | | FOR NTSB (| USE ONLY | |
| NTSB Accident/Incid | lent No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received 9/4/2020 |
| ERA20CA298 | | AS-ERA | Lynn Spencer | 31412020 |