

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

BASIC INFORMATION

Accident/Incident Location		Accident/Incident Date/Time	
Nearest City/Place: <u>RICE</u>	State: <u>MN</u>	Date: <u>08-16-2020</u>	Local Time: <u>900 Am</u>
ZIP: <u>56367</u>	Country: <u>USA</u>	<small>mm/dd/yyyy</small>	Time Zone: _____
Latitude: <u>45.79°N</u>	Longitude: <u>94.20W</u>		
<small>(Enter in decimal degrees or degrees:minutes:seconds)</small>		Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N997QC</u>	<input type="checkbox"/> IFR-Equipped and Certified
Manufacturer: <u>SCHWEIZER AIRCRAFT CORP</u>	<input type="checkbox"/> Commercial Space Flight
Model: <u>G 164 B</u>	<input type="checkbox"/> Unmanned Aircraft
Serial Number: <u>568B</u>	Maximum Gross Weight: <u>*</u> lbs
Year of Manufacture: <u>1978</u>	Weight at Time of Accident/Incident: <u>6675</u> lbs
Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No	Number of Seats: <u>1</u> Flight Crew Seats: <u>1</u>
<small>If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design</small>	Cabin Crew Seats: _____ Passenger Seats: _____
	Number of Engines: <u>1</u>

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

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time <small>(hours)</small>	Time Since: Inspection <small>(hours)</small>	Overhaul <small>(hours)</small>
Eng. 1	<u>GARRETT</u>	<u>TDE 331-1-1012</u>	<u>P-93005C</u>		<u>665/813</u>			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type	Propeller 1	Propeller 2
<input type="radio"/> 100-Hour <input type="radio"/> AAIP <input checked="" type="radio"/> Annual <input type="radio"/> Continuous Airworthiness <input type="radio"/> Conditional Inspection <input type="radio"/> Unknown	<input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>HARTZELL</u> Model: <u>HC-037N-5M/T10282N14</u>	<input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Date Last Inspection: <u>12-17-19</u> <small>mm/dd/yyyy</small>		
Airframe Total Time: <u>9938</u> hrs <small>hours measured at (Select one)</small> <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident		

Type of Maintenance Program <small>(Select one)</small>	ELT Installed: <input type="radio"/> Yes <input checked="" type="radio"/> No	Additional Equipment <small>(Check all that apply)</small>
<input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	<small>If Yes:</small> ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz)	<input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____
Description of Fire Extinguishing System	Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No <small>If activated:</small> Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input type="radio"/> No <small>If not activated:</small> Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	
<input checked="" type="radio"/> None <input type="radio"/> Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: CRAIG E OLEEN

City: SANK RAPIDS

State: MN ZIP: 56379

Fractional Ownership Aircraft: Yes No

Country: USA

Operator of Aircraft Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carrier (FAR 129)
- Rotocraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 130)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 415
- FAR 103 FAR 133 FAR 431
- FAR 121 FAR 135 FAR 435
- FAR 125 FAR 137 FAR 437

- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial

- Public Aircraft (Select one)
 - Armed Forces
 - Federal
 - State
 - Local
- Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- Scheduled or Commuter Domestic
- Non-Scheduled or Air Taxi International

- Passenger
- Cargo
- Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

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

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: PFC AIRPORT

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: 1000' ft. msl

Runway Information

Runway ID: 36/18 (L/R/C) Length: 2200 ft Width: 70 ft

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

- 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

Runway/Landing Surface (Check all that apply)

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: ROBERT City of Residence: FARMINGTON

Middle Initial: L State: MN ZIP: 55024

Last Name: GREGORY Country: USA

Age at time of Accident/Incident: 56 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

- None
 Fatal
 Minor
 Unknown
 Serious

Seat Occupied

- Left
 Front
 Unknown
 Right
 Rear
 Center
 Single

Restraint Type

- | Available | Used |
|--|--|
| <input type="radio"/> None | <input type="radio"/> None |
| <input type="radio"/> Lap only | <input type="radio"/> Lap only |
| <input type="radio"/> 3-point | <input type="radio"/> 3-point |
| <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point |
| <input type="radio"/> 5-point | <input type="radio"/> 5-point |
| <input type="radio"/> Unknown | <input type="radio"/> Unknown |

Inflatable Restraints

- Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

Pilot Certificate(s) (Check all that apply)

- None
 Flight Instructor
 Commercial
 US Military
 Private
 Recreational
 Airline Transport
 Foreign
 Student
 Sport
 Flight Engineer

Principal Occupation

- Pilot
 Other
 Unknown

Medical Certificate

- None
 Class 3
 Class 1
 Driver's License (Sport Pilot only)
 Class 2
 Unknown

Medical Certificate Validity

- Without limitations/waivers
 Unknown
 With limitations/waivers
 N/A
 Special Issuance

Date of Last Medical

08/19/2020
mm/dd/yyyy

Medical Certificate Limitations: MUST POSSESS GASSES FOR NEAR/INTERMEDIATE VISION

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

03/12/2020
mm/dd/yyyy

Flight Review Aircraft

Make: LUSCOMBE
Model: 8A

Airplane Rating(s) (Check all that apply)

- None
 Single-Engine Land
 Single-Engine Sea
 Multiengine Land
 Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

- None
 Airship
 Balloon
 Glider
 Gyroplane
 Helicopter
 Powered Lift

Instrument Rating(s) (Check all that apply)

- None
 Airplane
 Helicopter
 Powered Lift

Instructor Rating(s) (Check all that apply)

- None
 Airplane Single-Engine
 Airplane Multi-Engine
 Gyroplane
 Powered Lift
 Instrument Airplane
 Instrument Helicopter
 Helicopter
 Glider
 Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	8765	495	8765		75		45			
Pilot in Command (PIC)	8765	495								
Time as Instructor	75									
This Make/Model										
Last 90 Days	465	310								
Last 30 Days	100	100								
Last 24 Hours										

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PFC AIRPORT</u> City: <u>RICE</u> State: <u>MN</u> Country: <u>USA</u>	Time of Departure Time: <u>8:00 pm</u> Time Zone: _____	Destination Airport ID: <u>PFC AIRPORT</u> City: <u>RICE</u> State: <u>MN</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

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

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

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input checked="" type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input checked="" type="checkbox"/> Internet												
<input type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input type="checkbox"/> On-Board Weather													

Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown Lowest Cloud Condition Height _____ ft agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or <u>75</u> (F) Dew Point: _____ (C) or <u>65</u> (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>290</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>5</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <table style="width:100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		Restriction to Visibility (Check all that apply) <table style="width:100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
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Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Turbulence <table style="width:100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type	Severity	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																							

NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None
 Minor
 Substantial
 Destroyed
 Unknown

Aircraft Fire

- None
 In-Flight
 On-Ground
 Both Ground and In-Flight
 Fire at Unknown Time
 Unknown

Aircraft Explosion

- None
 In-Flight
 On-Ground
 Both Ground and In-Flight
 Explosion at Unknown Time
 Unknown

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

AIRCRAFT FROM NOSE-OVER. EXTENSIVE DAMAGE TO

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

CLEAR WEATHER, 75°+, WIND 290 @ 6. I WAS HEADED TO SPRAY A FIELD, GOT A CALL ON COMPANY RADIO TO RETURN. RADIO FUNCTION WAS MARGINAL, BUT I UNDERSTOOD TO RETURN AND NOT SPRAY THE FIELD. I SET UP FOR A LANDING TO THE SOUTH ON THE LOAD STRIP THAT I DEPARTED FROM: NORTH HALF IS GRAVEL, SOUTH HALF HAS A 20' WIDE TAR STRIP DOWN CTR, WITH SOD ON SIDES. I TOUCHED MAIN WHEELS DOWN VERY CLOSE TO START OF STRIP, BEGAN REDUCING PWR AS TAIL SETTLED. SPEED WAS DISSIPATING NICELY IN GRAVEL, MAIN GEAR ABSORBED SMALL BUMPS WITHOUT INDUCING CHANGES IN PITCH ATTITUDE. AS SOON AS THE TAIL WHEEL TOUCHED DOWN I BROUGHT ELEVATOR TO FULL UP & HELD IT THERE WHILE APPLYING REVERSE PITCH TO THE PROPELLOR. SHORTLY AFTER THIS, THE TAIL WHEEL HIT A DIP, BUMP, (POSSIBLY THE START OF THE TAR?) AND STARTED A TAIL BOUNCE THAT INDUCED PITCH OSCILLATIONS. I WAS BELOW FLYING SPEED, AT THIS POINT, BUT WITH THE LOAD THE MAIN GEAR SPRUNG QUITE A BIT AND ALLOWED THE OSCILLATIONS TO MAGNIFY. THE TAIL WHEEL WAS LOCKED, STICK HELD FULL AFT, BUT I HAD NO ELEVATOR OR RUDDER AUTHORITY WITH THE TAIL BLANKED OUT BY REVERSE PITCH. THE AIRCRAFT YAWED TO THE RIGHT, AS THE RIGHT MAIN WHEEL LEFT THE TAR ONTO THE SOD, IT PULLED FURTHER TO THE RIGHT AS THE TAIL BOUNCES GREW HIGHER. I DID NOT ATTEMPT TO APPLY BRAKES WITH THE TAIL BOUNCING, IT WAS TOO LATE FOR GO AROUND. AIRCRAFT NOSED OVER INVERTED IN SOFT FIELD SOIL ADJACENT TO WEST EDGE OF RUNWAY ABOUT 2/3 RDS OF THE WAY DOWN THE RUNWAY.

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

Operator/Owner Safety Recommendation

CHOOSE ALTERNATE LANDING LOCATION FOR LANDING WITH A LOAD.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

90 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

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

OPENED DOOR, CRAWLED OUT

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

- Destroyed Minor
 Substantial None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

* LEGAL MAXIMUM GROSS WEIGHT IS UNCLEAR
AT THIS TIME BECAUSE OF CAM-8.10-3(e)
LOGBOOK ENDORSEMENT DISCREPENCIES. A NASA
SAFETY REPORT HAS BEEN FILED REGARDING THIS.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

08/28/2020

mm/dd/yyyy

Name of Pilot/Operator: NORBERT GREGORY

Signature: _____

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

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

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

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN20CA341

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

T. Sorensen

Date Report Received

28 August 2020