

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
**This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft**

Location		Date of Accident		Local Time (24 HOUR CLOCK)		Zone		Elevation At Accident Site	
Nearest City/Place, State, Zip Code <i>CHERRY VALLEY, AR 72324</i>		<i>5/28/99</i>		<i>1250</i>		<i>CDT</i>		<i>200</i> Feet MSL ____ Feet MSL	
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information									
Proximity To Airport									
1. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile		7. <input type="checkbox"/> Within 3 Miles			
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles		8. <input type="checkbox"/> Beyond 3 Miles			
Airport Name		Airport Ident		Runway/Landing Surface Conditions:					
				1. <input type="checkbox"/> Direction:		3. <input type="checkbox"/> Width:		5. <input type="checkbox"/> Condition:	
				2. <input type="checkbox"/> Length:		4. <input type="checkbox"/> Surface:			
Phase Of Operation:									
1. <input type="checkbox"/> Standing		3. <input checked="" type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise		7. <input type="checkbox"/> Approach		9. <input type="checkbox"/> Hover/Maneuver	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent		8. <input type="checkbox"/> Landing		10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information									
Registration Mark <i>4533H</i>		Aircraft Manufacturer <i>Air Tractor</i>		Aircraft Type/Model <i>AT-502</i>		Serial Number		Cert Max Gross WT	
Type Of Aircraft				Type Of Airworthiness Certificate				Amateur Built	
1. <input checked="" type="checkbox"/> Airplane				1. <input type="checkbox"/> Normal				1. <input type="checkbox"/> Yes	
2. <input type="checkbox"/> Helicopter				2. <input type="checkbox"/> Utility				2. <input checked="" type="checkbox"/> No	
3. <input type="checkbox"/> Glider				3. <input type="checkbox"/> Acrobatic					
4. <input type="checkbox"/> Balloon				4. <input type="checkbox"/> Transport					
5. <input type="checkbox"/> Blimp/Dirigible				5. <input type="checkbox"/> Restricted					
6. <input type="checkbox"/> Ultralight				6. <input type="checkbox"/> Limited					
7. <input type="checkbox"/> Gyroplane				7. <input type="checkbox"/> Experimental					
8. <input type="checkbox"/> Specify _____				8. <input type="checkbox"/> Specify _____					
Landing Gear								No. Of Seats	
1. <input type="checkbox"/> Tricycle—Fixed								Flight/Calc _____	
2. <input type="checkbox"/> Tricycle—Retractable								Crew <i>1</i>	
3. <input checked="" type="checkbox"/> Tailwheel—Fixed								Pax <i>0</i>	
4. <input type="checkbox"/> Tailwheel—Retractable									
5. <input type="checkbox"/> Tailwheel—Retractable Mains									
6. <input type="checkbox"/> Amphibian									
7. <input type="checkbox"/> Skid									
8. <input type="checkbox"/> Limited									
9. <input type="checkbox"/> Specify _____									
Stall Warning System Installed		IFR Equipped		Engine Type					
1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Yes		1. <input type="checkbox"/> Reciprocating—Carburetor				5. <input type="checkbox"/> Turbo Fan	
2. <input type="checkbox"/> No		2. <input checked="" type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected				6. <input type="checkbox"/> Turbo Shaft	
3. <input type="checkbox"/> Turbo Prop		4. <input type="checkbox"/> Turbo Jet							
Engine Manufacturer <i>P.W. CANADA</i>		Engine Model/Series <i>PT-6-15AG</i>		Engine Rated Power 1. <i>680</i> Horsepower 2. _____ Lbs Thrust		Type Of Fire Extinguishing System Used 1. <input checked="" type="checkbox"/> None 2. Specify _____			
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection		Time Since Overhaul			
Engine No. 1			Hours	Hours		Hours			
Engine No. 2			Hours	Hours		Hours			
Engine No. 3			Hours	Hours		Hours			
Engine No. 4			Hours	Hours		Hours			
Type Of Maintenance Program			Type Of Last Inspection			Date Last Inspection Performed			
1. <input checked="" type="checkbox"/> Annual			1. <input type="checkbox"/> Annual			____ (M/D/Y)			
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input checked="" type="checkbox"/> 100 Hours			Time Since Last Inspection _____ Hours			
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input type="checkbox"/> AAIP			Airframe Total Time _____ Hours			
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness						
5. <input type="checkbox"/> Specify _____									
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series		Serial Number		Battery Date (M/D/Y)	
Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		Operated 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No					
Registered Aircraft Owner <i>Riddell Flying Serv, Inc.</i>				Address <i>P.O. Box 2482 West Helena, AR 72390</i>					
Operator Of Aircraft 1. <input type="checkbox"/> Same As Registered Owner 2. Name <i>Burnette Aviation, Inc</i> 3. DBS: _____				Address 1. <input type="checkbox"/> Same As Registered Owner 2. <i>Hickory Ridge, AR 72347</i>					

Owner / Operator Information (cont.)																			
Operator (Certificate Number) <div style="background-color: black; width: 100px; height: 20px;"></div>				Operator Designator (4 Letter Designator) <i>Agricultural Operator</i>															
Purpose Of Flight And Type Of Operation																			
Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input checked="" type="checkbox"/> FAR 137						Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign			FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____							
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input checked="" type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning																			
Pilot Information																			
Pilot Name <i>Michael Burnette</i>				Pilot Certificate No. <div style="background-color: black; width: 100px; height: 20px;"></div>		Address <i>Hickory Ridge, NC 72347</i>			Nationality <i>USA</i>										
Certificate (s) 1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____																			
Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane				Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter				Instructor Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider											
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y) <i>2/20/99</i>				BFR Aircraft 1. Make <i>Cessna</i> 2. Model <i>C-180</i>											
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3				Date Of Last Medical (M/D/Y) <i>1/6/99</i>		Limitations <i>(Eyesight)</i> <i>Holton SHAL WEAR CORRECTIVE LENSES</i> Waivers			Date Of Birth (M/D/Y) <div style="background-color: black; width: 100px; height: 20px;"></div>										
Degree Of Injury 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input checked="" type="checkbox"/> Center <i>* Single Seat</i>		Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots				Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No											
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records													
Flight Time		All A/C		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument		Rotorcraft		Glider		Lighter Than Air	
Total Time		14,232		620		14,174		33.0		54.5		8.2 37.3		0		0		0	
Pilot In Command (PIC)		14,109		620		14,025		33.0		50.0		8.2 37.3		0		0		0	
Instructor		0		0		0		0		0		0 0		0		0		0	
This Make & Model										0		0 0							
Last 90 Days		300		300		300		0		0		6 0		0		6		6	
Last 30 Days		200		200		200		0		0		6 6		0		6		6	
Last 24 Hours		8		8		8		0		6		0 0		0		0		0	
Second Pilot Information																			
Second Pilot Responsibilities At The Time Of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)																			
Pilot Name				Pilot Certificate No.				Address				Nationality							
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____																			

Second Pilot Information (cont.)																							
Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter				Instructor Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____															
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____															
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y)		Limitations Waivers			Date Of Birth (M/D/Y)															
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			Seat Occupied 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No																	
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____																	
Flight Time		All A/C		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument		Rotorcraft		Glider		Lighter Than Air					
Total Time												Actual Simulated											
Pilot In Command (PIC)																							
Instructor																							
This Make & Model																							
Last 90 Days																							
Last 30 Days																							
Last 24 Hours																							
Other Personnel																							
Name		Seat		Address (City & State)		Crew		Non-Revenue		Revenue		Non-Occupant		FAA		Fatal		Serious		Minor		None	
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
Flight Itinerary Information																							
Last Departure Point				Time Of Departure				Destination				Flight Plan Filed											
1. Airport ID _____				1. Time _____				1. Airport ID _____				1. <input checked="" type="checkbox"/> None											
2. City/Place _____								2. City/Place _____				2. <input type="checkbox"/> VFR											
3. State _____				2. Time Zone _____				3. State _____				3. <input type="checkbox"/> IFR											
												4. <input type="checkbox"/> VFR/IFR											
												5. <input type="checkbox"/> Company (VFR)											
												6. <input type="checkbox"/> Military (VFR)											
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished 																							
Fuel On Board At Last Takeoff <u>156</u> Gallons or _____ Pounds										Fuel Type 1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____													
Other Services, If Any, Prior to Departure <u>Load of R. - Sec 1200 LBS.</u>																							
Weather Information At The Accident Site																							
Source Of Weather Information (Pilot/Operator, Weather Observation) <u>JBR</u>								Light Condition 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night				Visibility <u>10</u> Miles				Temp (°F) <u>81</u>							

Weather Information At The Accident Site (cont.)				
Dew Point 48 (°F)	Altimeter Setting 30.16 "Hg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured		
Wind Information 1. Direction <u>180</u> 2. Velocity <u>5</u> Kts 3. Gusts _____ Kts		Restriction To Visibility <u>None</u>	Type Precipitation <u>None</u>	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. <input type="checkbox"/> Specify _____
Turbulence (Multiple Entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clean Air 7. <input type="checkbox"/> In Clouds				
Damage To Aircraft And Other Property				
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed			Fire 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property <u>STRUCTURAL Damage To Right Wing & Empennage. Right main gear & tail wheel separated from aircraft. PROP STRIKE.</u> <u>NO other property damage.</u>				
Mechanical Malfunction Failure				
1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		Total Time On Part _____ Hours At Overhaul _____ Hours		
Collision Accident				
If Collision Accident Occurred, Complete The Information For Other Aircraft				
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 2. <input type="checkbox"/> Substantial 3. <input type="checkbox"/> Minor 4. <input type="checkbox"/> None	
Registered Aircraft Owner		Address		
Pilot Name	Address		Pilot Certificate No.	
Evacuation Of Aircraft				
Assistance Received 1. <input type="checkbox"/> Outside Person (s) 2. <input type="checkbox"/> Auxiliary Lighting 3. <input type="checkbox"/> Slide 4. <input type="checkbox"/> Rope 5. <input type="checkbox"/> Ladder 6. <input type="checkbox"/> Specify _____				
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____				
Recommendation (How Could This Accident Have Been Prevented)				
Operator/Owner Safety Recommendation (Optional Entry)				

Additional Flight Crew Members**For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information**

Name	FAA Certificate No.	Address _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer 7. <input type="checkbox"/> Foreign 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer 7. <input type="checkbox"/> Foreign 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer 7. <input type="checkbox"/> Foreign 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

ON MAY 28, 1999 AT 1250 CDT AN AIRTRACTOR AT-502, 4533H, THAT I WAS PILOTING WAS SUBSTANTIALLY DAMAGED. THE ACCIDENT OCCURED ON TAKEOFF FROM AN ELEVATED private dirt airstrip / access road 6 miles West of Cherry Valley, ARKANSAS. IT happened on the third Load of A Five Load Job of Rice Seeding. AFTER Topping off with I TookOff Northbound. Shortly AFTER the Tailwheel came off the ground I observed A white pickup Truck, belonging To The Farmer whose Field was being seeded, Enter the North End of the Airstrip From A west CROSS LEVER ROAD. He stopped the Truck Southbound And Exited it To check AN Irrigation Reser Located A Few Foot East of the Airstrip. To Avoid Hitting the Truck or DRIVER I pulled the AIRCRAFT off the strip To the East. It immediately stalled Fell into the Rice Field Below the Elevated strip. The main gear dug in And the AIRCRAFT pulled Left BACK Across the Airstrip striking the prop & gear. The AIRCRAFT skidded North in the Flooded Rice Field with the Right wing PARALLEL To the Airstrip And stopped 25 yards From the cross lever & Truck. No Personal or property Damage other than the AIRCRAFT was sustained.

I Hereby Certify That The Above Information is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

8/30/99

Signature Of Pilot/Operator

[Signature]

Signature Of Person Filling Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

FTW99LA152

Reviewed By NTSB Office Located At

SCR, ARLINGTON, TX

Name Of Investigator

HECTOR R.
CASANOVA

SEP 1999
Date Report Received

AJ

