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													
Accide	nt/Incident Loc	ation					Accident/Incident Date/Time						
	City/Place: Kern				_ State: C	CA	Date	e: <u>08/</u> 0	08/2020	Lo	cal Time: _	10:45am	
ZIP: <u>93238</u> Country: <u>USA</u>							mm/de	d/yyyy	T:	me Zone:	рет		
Latitude	36.22409N		Longitude: 118.	49783W						11.	ille Zolle	F 0 1	
	(Enter in decima	l degrees or a	legrees:minutes:sec	conds)			Col	llision with	Other Air	craft: C) Midair	OOn-groun	nd O None
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:	N327MN						☑ IFR-Equip	-				
Manuf	acturer: Aviat							□ Commerci □ Unmannec	-	gnt			
Model:	Husky A-1C						Ma	aximum Gr	oss Weigh	t: <u>2250</u>		lbs	
Serial N	Number: <u>3241</u>						We	eight at Tin	ne of Accid	lent/Inci	dent: <u>17</u>	50	lbs
Year of	Manufacture:	2015					Nu	ımber of Se	ats: 2		Flight Cre	ew Seats: 1	
Amate	ur-Built: OYes		Kit/Plans Mal	ke:				bin Crew Sea					
	⊙ No	(Original Design				Nu	ımber of Eı	ngines: 1				
	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge				Engine	e Type (Se		
AirplBallo		(Check all t				(Check all tha		<i>ply)</i> actable		• Reci	procating o Shaft		id Rocket Rocket
	p/Dirigible	✓ Norma	ıl 🔲 Restric			☐Tricycle	KCH		ailwheel	O Turb		_	id Rocket
OGlide OGyro		☐ Aeroba☐ Balloo				_ ′	O Turbo Jet				ONone		
OHelic		Comm				☐ Amphibian☐ Emergence			ligh Skid kid	O Flee		O Unkn	iowii
O Powe O Rock		Transp		mental			•	□S	ki				
OUltra		☐ Utility		l Light-Sport Hull imental Light-Sport				_	ki/Wheel			(Reciprocation	
O Unkn	own	☐ Certificate	_	or Waiver (COA)			ınch/	Recovery Sys	stem	O Carb	uretor	⊙ Fuel-	Injected
		✓None		Unknown		☐ None			Inknown		1	•	
			Engine		Manuf	acturer's		Date of Mfg.	Rated Pow Horsey		Total Time	Time Inspection	Since: Overhaul
Engine	Engine Manufa	cturer	Model/Series			Number		mm/dd/yyyy	O lbs of		(hours)	(hours)	(hours)
Eng. 1	Lycoming		IO-360-A1D6		L-36570	D-51E	(04/03/15	200		170	38.8	NA
Eng. 2							_						
Eng. 3 Eng. 4													
	anastian Tyma			Propell	er 1	OFixed Pi	itch		Prope	eller 2	0	Fixed Pitch	
O100-H	ispection Type	inuous Airwo	.wthin aga	•	●Controllable Pitch ●Ground Adjustable					OControllable Pitch OGround Adjustable			
		litional Inspec		Manufac	turer: F	•	Auju	ustable	Manı	ıfacturer:	_		
Annu	al O Unkı	nown			Manufacturer:								
Date L	ast Inspection:						No				ipment (Check all tha	t apply)
Airfran	ne Total Time:	<i>mm/dd/yy</i> 170	yy hrs	If Yes:	If Yes:						11 27		
	rs measured at (S					er: ACK			_	frame Para	ichute ck Indicato	r	
OI	ast Inspection	Time of A	ccident/Incident			:: <u>E-04</u> (121.5 MHz) C) C01	Lo (121 5 MH	Aut	opilot		•	
Type of	Maintenance I	Program <i>(Se</i>	elect one)	150 110.		(406 MHz)	7 C91	1a (121.3 WIII		a Recorde		Handheld De	vice
Annual				Was EL	Γ still mo	unted in aircra	ft?	O Yes O No	□ E1.		ltifunction		
O Conditional (Amateur-built only) O Manufacturer's Inspection Program				Was EL7	Γ still con	nected to anter	nna?		o ☑Elec	ctronic Pri idheld GP:	mary Fligh	t Display	
O Other Approved Inspection Program (AAIP)						? •Yes O	No		□Hea	ds Up Dis	play		
	inuous Airworthin r, specify:	ess		If active Did ELT		ocating Aircrat	ft: (9 Yes O No		oard Wea			
	otion of Fire Ex	tinguishing	System		ctivated:	Ü		<u> </u>		l Warning	king Device System	~	
None	e	B:	.	Indicate	Reason:	☐ Impact Dar		e			ing Device		
O Spec	eity:					☐ Fire Damag ☐ Battery Exp		1/Damaged		er, Specify	y:		
						Unknown	rncu	Damaged					

OWNER/OPERATOR INFORMA	ATION	
Registered Aircraft Owner		City: Tustin
Name: Vlok Aviation LLC		State: CA ZIP: 92782
Fractional Ownership Aircraft: O Yes O	No	Country: USA
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Character	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
☑ 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)	OFAR 91 OFAR 129 OFAR 129 OFAR 103 OFAR 133 OFAR 121 OFAR 135 OFAR 125 OFAR 137 OFAR 125 OFAR 125 OFAR 137 OFAR 125 OFAR 91 Special Flight O Non-US, Commercial	431 Non-Scheduled or Air Taxi International
☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136)	O Non-US, Non-commercial	Purpose of Elight for EAD 01 102 122 127
□ Agricultural 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	O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application OFirefighting OUnknown O Aerial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow Other Work Use O Business OPersonal O Executive/Corporate O Positioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry
OYes ⊙ No	O Yes ⊙ No	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)
AIRPORT INFORMATION (Fill in Airport Name: Burnt Corral Meadows Airport Identifier: NA Proximity to Airport: Off Airport/Airstri		Distance From Airport Center: app 0.3 sm Direction From Airport: app 0.75 degrees true Airport Elevation: app 6300 ft. msl
Airport Name: Burnt Corral Meadows Airport Identifier: NA Proximity to Airport: Off Airport/Airstri		Distance From Airport Center: app 0.3 sm Direction From Airport: app 075 degrees true Airport Elevation: app 6300 ft. msl
Airport Name: Burnt Corral Meadows Airport Identifier: NA	p On Airport/Airstrip ON/A 00 ft Width: 60 ft upply) dam	Distance From Airport Center: app 0.3 sm Direction From Airport: app 075 degrees true
Airport Name: Burnt Corral Meadows Airport Identifier: NA Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: (L/R/C) Length: 60 Runway/Landing Surface (Check all that of Check all that of	p OOn Airport/Airstrip ON/A 00 ft Width: 60 ft 100 pyly) 100 dam	Distance From Airport Center: app 0.3 sm Direction From Airport: app 075 degrees true Airport Elevation: app 6300 ft. msl 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
Airport Name: Burnt Corral Meadows Airport Identifier: NA Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: (L/R/C) Length: 60 Runway/Landing Surface (Check all that a Check all that	p On Airport/Airstrip ON/A 00 ft Width: 60 ft apply) adam	Distance From Airport Center: app 0.3 sm Direction From Airport: app 075 degrees true Airport Elevation: app 6300 ft. msl 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
Airport Name: Burnt Corral Meadows Airport Identifier: NA Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: (L/R/C) Length: 60 Runway/Landing Surface (Check all that at a grass/Turf Maca Concrete Gravel Meta Snow Dirt Ice Snow Approach/Departure Segment (Select one OTaxi OVFR Departure OTFR Departure Processor)	p On Airport/Airstrip ON/A 00 ft Width: 60 ft apply) adam	Distance From Airport Center: app 0.3 sm Direction From Airport: app 075 degrees true Airport Elevation: app 6300 ft. msl 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 proach ○ Downwind ○ Low Approach ○ Base ○ Go Around ○ Aborted Landing (after touchdown)
Airport Name: Burnt Corral Meadows Airport Identifier: NA Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: (L/R/C) Length: 60 Runway/Landing Surface (Check all that at a large and a larg	p On Airport/Airstrip ON/A 00 ft Width: 60 ft apply) adam	Distance From Airport Center: app 0.3 sm Direction From Airport: app 075 degrees true Airport Elevation: app 6300 ft. msl 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 proach ○ Downwind ○ Low Approach ○ Base ○ Go Around ○ Final ○ Aborted Landing (after touchdown) ○ Crosswind ○ Unknown
Airport Name: Burnt Corral Meadows Airport Identifier: NA Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: (L/R/C) Length: 6C Runway/Landing Surface (Check all that of Concrete Gravel Meta Dirt Gravel Snow Approach/Departure Segment (Select one OTaxi OTakeoff OIFR Departure Procedure) OInitial Climb	p On Airport/Airstrip ON/A 00 ft Width: 60 ft apply) adam	Distance From Airport Center: app 0.3 sm Direction From Airport: app 075 degrees true Airport Elevation: app 6300 ft. msl 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 Downwind ○ Low Approach ○ Base ○ Go Around ○ Base ○ Go Around ○ Crosswind ○ Unknown VFR Approach (Check all that apply)

"FLIGHT CREWMEMBER 1" INFORMATION										
	"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident									
"Flight Crewmember 1" was	pilot flying	✓Yes □	No							
"Flight Crewmember 1" Ide	ntification									
First Name: Nicolaas					City of Res	sidence: <u>T</u>	ustin			
Middle Initial:				;	State: CA		2	ZIP: <u>92782</u>	!	
Last Name: Vlok					Country: _					
Age at time of A	Accident/Incide	ent: 47	Date of E				m/dd/yyyy			
			– Certificate Nun	nber:						
Degree of Injury	Seat Occup				straint Ty	ne De			Inflatable F	Restraints
O None O Fatal	O Left	Front	O Unknov		Available		Used			
O Minor O Unknown	O Right	O Rear			O None		O None		☐ Not Ins	talled
Serious	O Center	O Single			O Lap on		OLap only O3-point	У	✓ Installed Not Dep	
Pilot Certificate(s) (Check all		C	□ US M	:1:4	O 3-point O 4-point		O 4-point		☐ Not Deploye	
□ None □ Flight In ☑ Private □ Recreati		Commercial Airline Transp	_	-	⊙ 5-point	t	⊙ 5-point		☐ Unknov	vn
☐ Student ☐ Sport		Flight Engine			O Unkno	wn	O Unknow	/n		
Principal Occupation M	ledical Certific	nata		Me	dical Cert	ificata Va	lidity		Date of Las	t Medical
		Class 3			Without lim		•	nknown	Dute of Eas	ot iviculcul
O			ense (Sport Pilot	only)	With limitat	ions/waiver			04/29/20:	
<u> </u>		Unknown		0	Special Issu	ance			mm/dd/yy	vyy
Medical Certificate Limitation	ons									
None										
Medical Certificate Special I	ssuance									
NA	ssaanee									
Date of Last Flight Review		Fligh	t Review Airo	waft						
or Equivalent, Including		_								
FAR 121/135 Checks:	05/05/2020		: Cessna Cit	alion						
	mm/dd/yyyy		ı: CE-510S							
Airplane Rating(s) (Check all that apply)	Other Aircra			ent Rating(s	s)		r Rating(s)			
□ None	□ None	ippiy)	□ None	і інаі арріу)	pply) (Check all that apply) ☑ None ☐ Instrument Airplane					Airnlane
Single-Engine Land	☐ Airship		🗹 Airpla			☐ Airplan	e Single-Engi	ne \square	Instrument	
☐ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico				e Multi-Engir		Helicopter Glider	
☐ Multiengine Sea	☐ Grider ☐ Gyroplane		Power	rea Liii		☐ Gyropla☐ Powered			Sport	
	Helicopter								•	
Type Ratings	☐ Powered Lif	<u> </u>				Student B	Endorsemen	ts (Include)	dates)	
CE-510S							Solo Flight:		iaies)	
CE-525S							ays ext): 04/			
						Solo x-cou	ntry: 4/27/20)12		
Flight Time (Enter appropriate	All	This Make	Airplane Single	Airplane		Inst	rument			Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	1,481	40	1,016	465		+	68	0	0	
Pilot in Command (PIC)	1,304	40	913	391	_		68	0	0	
Time as Instructor	0	0	0	0			0	0	0	0
This Make/Model	20	7	7	4.4	1 0		0	0	^	^
Last 90 Days Last 30 Days	8	4	7	14	+		0	0	0	
Last 30 Days	0	0		0			0	0	0	

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" v	vas pilot flying Y	es 🔲 No)							
"Flight Crewmember 2" I	dentification									
First Name:				_ Ci	ity of Re	esidence:				
Middle Initial:				St	ate:		Z	IP:		
Last Name:										
	f Accident/Incident:								· · · · · · · · · · · · · · · · · · ·	
			icate Number							
Degree of Injury	Seat Occupied				traint T	`vpe			nflatable R	estraints
O None O Fatal	OLeft (DFront	OUnknown		Availab		Used			
O Minor O Unknown O Serious		ORear OSingle		, ·	O None		O None		☐ Not Inst	alled
	I	Single			O Lap		O Lap only	7	☐ Installed	
Pilot Certificate(s) (Check ☐ None ☐ Fligh	att Instructor		☐ US Milita	2487	O 3-po O 4-po		O 3-point O 4-point		☐ Not Dep ☐ Deploye	
☐ Private ☐ Recr		nerciai ne Transport		ar y	O 5-po	int	O 5-point		Unknow	'n
☐ Student ☐ Spor	t ☐ Flight	t Engineer			O Unkı	nown	O Unknow	'n		
Principal Occupation	Medical Certificate			Med	dical Ce	ertificate Val	lidity		Date of Las	t Medical
O Pilot	O None O Clas	ss 3				mitations/waiv	-	nknown		
O Other	O Class 1 O Driv	er's License	(Sport Pilot on			ations/waivers	=		/11/	
O Unknown	O Class 2 O Unk	nown		Os	pecial Iss	suance			mm/dd/yy	<i>yy</i>
Medical Certificate Limit	ations									
Medical Certificate Specia	al Issuance									
Date of Last Flight Review	v	Flight R	eview Aircra	ft						
or Equivalent, Including	•									
FAR 121/135 Checks:	/11/	Model:								
Aimlana Dating(s)	mm/dd/yyyy Other Aircraft Ra		Ingtween	t Dating(s)	\	Instructor	Dating(a)			
Airplane Rating(s) (Check all that apply)	(Check all that apply)		Instrument)	Instructor (Check all th	_			
☐ None	☐ None		None	FF -5/		□ None	···· ·· ·· ·· ·· ·· · · · · · · · · ·		Instrument A	irplane
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship		Airplane		☐ Airplane Single-Engine ☐ In			Instrument H	elicopter	
☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helicopte			☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider				
☐ Multiengine Sea	☐ Gyroplane					☐ Powered			Sport	
	☐ Helicopter☐ Powered Lift									
Type Ratings						Student Er	Student Endorsements (Include dates)			
			Airplane						T	
Flight Time (Enter appropri	1	s Make	Single	Airplane			rument			Lighter
number of hours in each box)	Aircraft &	Model	Engine I	Multiengine	Night	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC) Time as Instructor									-	
Time as Instructor This Make/Model										
Last 90 Days										
Last 30 Days									1	
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Add	ress						Seat Occupie	ed	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) (C	Flight Instructor Recreational Sport	□ Airl □ Flig		oort	t the Time		Restraint Tyl Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown
Accident/Incident Air	rcraft?	□ No	of this A	Accident/Inci	ident:	hrs	G Gilliano Will		
Crew Name and Add							Seat Occupie		Injury
First Name: Middle Initial: Last Name:		State	e:		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	☐ Flight Instructor ☐ Recreational ☐ Sport	☐ Airl	nmercial ine Transp tht Enginee Total F	ort			Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point	pe: Used O None D Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed
Accident/Incident Air		□No		_	dent:	hrs	O Unknown	O Unknown	☐ Unknown
PASSENGER(S) /	OTHER PERSO	NNEL (I	Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)		
Name and Address				Seat	Injury	Restraint T		Inflatable Restraints	Age
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐ Under 5 years

Last Departure Point Time of Departure Destination Type Flight Plan Filed Airport ID: KSNA Airport ID: Burnt Corral Meado None O VFR/IFR City: Santa Ana City: State: CA O Military VFR O Unknown State: CA Time Zone: PST State: CA O VFR Country: Orange Country: USA Activated? OYES ONO OUT				
City: Santa Ana State: CA Time: 8:45am City: State: CA City: State: CA				
City: Santa Ana State: CA Time Zone: PST City: State: CA City: O Military VFR O VFR				
State: CA Time Zone: PST State: CA O VFR				
	known			
Type of ATC Clearance/Service (Check all that apply)				
□ None □ Special VFR □ Special IFR □ VFR Flight Following □ Cruise □ VFR □ IFR □ VFR On Top □ Traffic Advisory □ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Altitude of In-Flig	ht			
☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Air Traffic Control Area ☐ Occurrence:	,			
	msl			
☐ Class D ☐ Prohibited Area ☐ TRSA				
Class E Restricted Area FAR 93				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) Weather Observation Facility Facility ID:				
National Weather Service Company				
☐ Flight Service Station ☐ Military Observation Time:				
□ TV/Radio □ Internet Time Zone: None				
☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown Distance from Accident Site: nm				
On-Board Weather Direction from Accident Site: degrees true				
Basic Conditions Light Condition				
O VMC O Dawn O Dusk O Dark Night O Unknown				
O IMC O Unknown O Night O Bright Night				
Sky/Lowest Cloud Condition Ceiling Temperature:(C) or 65(1)				
O Clear O Thin Broken O None (Clear) O Obscured				
O Few O Thin Overcast O Broken O Indefinite Dew Point:(C) or(I	')			
O Partial Obscuration O Unknown O Overcast O Unknown Altimeter Setting: in. Hg				
Lowest Cloud Condition Height Ceiling Height	or MB			
ft agl				
Wind Direction Wind Speed Wind Gusts Visibility 10 miles				
T No Continu				
✓ Variable ☐ Calm ☑ Not Gusting RVR:feet				
-or- RVV:miles				
Direction:degrees true Speed:kts Speed:kts Density Altitude: app 7500 ft				
Intensity of Precipitation Type of Precipitation (Check all that apply) Restriction to Visibility (Check all that apply)				
OLight ☑ None ☐ Drizzle ☐ Freezing Rain ☑ None ☐ Fog OModerate ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Blowing Dust ☐ Ground Fog				
O Moderate □ Rain □ Ice Pellets □ Snow Shower □ Blowing Dust □ Ground Fog O Heavy □ Snow □ Snow Pellets □ Ice Pellets Shower □ Blowing Sand □ Haze				
O N/A				
OUnknown ☐ Rain Showers ☐ Ice Crystals ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown				
Icing Forecast				
None O N/A				
O Trace O Rime O Trace O Rime Clear Air Moderate				
O Light O Clear O Light O Clear □ Terrain-Induced □ Severe O Moderate O Moderate O Mixed □ Convective Turbulence □ Extreme				
O Severe O Unknown O Severe O Unknown				
O Unknown O Unknown				
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:				
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: TFR for fire fighting activity, located South West of L05 (Kern Valley Airport).				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY									
Aircraft Dama	age	Aircraft Fire		Aircraft Explosion					
O None O Minor	O Substantial O Destroyed O Unknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown				

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

Both wings and struts have suffered major structural damaged and have partially separated from the fuselage. The airplane struck the ground at a 30-45 degree angle and damaged the engine mounts and pushed the firewall back. A propeller blade also broke off. There is also damage on the fuselage and underside. The instrument panel also pushed inward into the cockpit. Initially the plane came to rest inverted and there is also damage to fuselage in the top area near the wings mounts.

The accident happened in a wilderness area and no other property damage took place except for trees that was hit by the plane as it was coming down after the right wing hit the top section of a tall tree.

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

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

I decided to fly out to a back-country landing strip called Burnt Corral Meadows in the Southern Sierra's to join a group of pilots for the day in the area. I departed KSNA @8:45am and the accident happened around 10:45am. It was a part 91 flight in VFR conditions with flight following to Kern Valley Airport (L05). Radar service was terminated as I was entering the Kern Valley area and I continued on to Burnt Corral Meadows. I overflew the strip and joined a left downwind and announced that I will do a fly-over to familiarize myself with final but break the fly-over off at 200 feet AGL and turn right to join a right downwind. It was suggested to me to continue with the turn and do a right 270, overfly the strip again and join a left downwind since it provides better visibility to the strip. The meadow was reported as wet/muddy with holes and I aimed to land further down on dry sand area with the roll-out going into the trees on an uphill. I turned final and was intending to land. It was a steady final and as I was getting down low and ready to flare I lost sight of the dirt strip. The sight picture was confusing and with that many trees in front of me I could not see where to roll out after landing and in the moment I decided to apply full throttle and do a go-around. I initially outclimb the trees and raising terrain and started turning right. With the right turn I saw several tall tree tops and realized I will not be able to outclimb some of them. I pushed the nose forward and as I did that the outer area of the right wing struck a tree. I attempted the fly the plane to the ground but with both wings hitting trees as I was going down it was nearly impossible. I estimate that the plane hit the ground at a 30-45 degree nose down angle and came to rest inverted.

RECOMMENDATION (How	could this	accident/incident ha	ve been prev	vented?)				
Operator/Owner Safety Recomm	endation							
Since this was my first time flying into the strip, I should have asked someone to fly and land in front of me to show me where to roll out or I should have flown in with a pilot (in their plane) that had experience landing at the strip.								
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MECHANICAL MALEUN	ICTION/I							
MECHANICAL MALFUN			e space is ne	eeded, co	ntinue on sepa	rate sheet)	Total Time/Cyales	
Was there Mechanical Malfund (If yes, list the name of the part, many			scribe the failu	re.)			Total Time/Cycles On Part	
							Hours	
							Cycles	
							Time Since This Part	
							Inspected/Overhauled	
							Hours	
FUEL & SERVICES INF	ORMATI	ON						
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145		O Jet B	O Other, specify		
46	Gallons	• 100 Low Lead • 100/130	O Jet A		O JP8 O Automotive	Other, specify		
Other Services, if Any, Prior to	Departure		O Jet A-1		Automotive			
None	1							
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation		aft nerformed?	☐ Yes	☑ No				
Method of Exit – Describe how					ed each location			
There were other pilots on the out after they've made room f	e ground w		•				t of the way. I crawled	
OTHER AIRCRAFT – C	OLLISIO	N (If air or ground	collision occ	urred. co	mplete this sec	tion for <i>other</i> aircraf	ft)	
Aircraft Registration Number		urer:				ъ	nage to Other Aircraft	
······································						L D	Destroyed	
Registered Owner of Other Air					Other Aircraft		None I None	
Name:				Name: _				
City: ZIP:				City:		ZIP:		
Country:				State:	•	ZIF:		

ADDITIONAL INFORMATION (Please type or print in ink)									
		is needed for any answers.							
No additional inform	ation adde	d to this section.							
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE					
Date of this Report	Name of 1	Pilot/Operator: Nicolaas Vlok							
08/31/2020	Signature	:							
mm/dd/yyyy	or	Check here to electronically sign this of	locument						
If a Person Other tha	n Pilot/Op	erator is Filing Report							
Name:			Title:						
or 🔲 C	heck here to	electronically sign this document							
		FOR NTSB (USE ONLY						
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received					
WPR20CA261		Western Pacific Region	Scott Epler	09/01/2020					