

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: PAXTON State: IL
 ZIP: 60957 Country: FORD
 Latitude: 40 26 94 N (00:00:00 N/S) Longitude: 88 07 67 W (000:00:00 E/W)

Date/Time

Date: 07/16/2011 Local Time: 15:00
 mm/dd/yyyy Time Zone: Central

Phase of Operation

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

NA

ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: KPRG
 Observation Time: 13:15
 Time Zone: Central
 Distance from Accident Site: 50 NM
 Direction from Accident Site: NW 335 degrees MAG

Source of Weather Information

(Check all that apply)

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing

(Check all that apply)

☐ In Person
☐ Teletype
☐ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

☐ Full ☒ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☐ Not Pertinent

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility

10 miles

Sky/Lowest Cloud Condition

☐ Clear ☒ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling

☐ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☒ Unknown

Restriction to Visibility (Check all that apply)

☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height

4500 ft AGL I think

Ceiling Height

12000 ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG
☐ Variable

Wind Speed

Velocity: _____ KTS
 -or-
☐ Calm
☒ Light and Variable

Wind Gusts

Velocity: _____ KTS
☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

☐ None ☐ In Clouds
☒ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme ☐ Moderate ☒ Light
☐ Severe ☐ Moderate Chop

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

Runway 18 VASI U/S

Runway 18 Runway End Identifier Lights U/S

As Best I Recall

Temperature: _____ (C)
 or 86 (F)
 Altimeter Setting: 30.07 in HG
 or _____ MB

Density Altitude: 2400 ft

Dew Point: _____ (C)
 or 68 (F)

Icing Forecast

Amount
☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount
☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

AIRCRAFT INFORMATION									
Manufacturer: <u>HAMLIN - JOHN DAVID</u> Model: <u>CH 701</u> Serial Number: <u>3978</u> Registration Number: <u>N 9040W</u>					Max Gross Weight: <u>1150</u> lbs Weight at Time of Accident: <u>1103</u> lbs Location of Center of Gravity at Time of Accident: <u>12</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☒ Light Sport		Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown			
Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown <u>Sept 25 2010</u>		Date Last Inspection: <u>09/25/2010</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>362.8</u> hrs hours measured at <i>(check one)</i> ☐ Last Inspection ☒ Time of Accident				
IFR Equipped ☐ Yes ☒ No ☐ Unknown			Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown		Type of Fire Extinguishing System ☒ None ☐ Specify _____				
ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No			ELT Manufacturer: <u>Ameri-King Corp</u> Model/Series: <u>AK-450, ELT (AF)(AP)</u> Serial Number: <u>494913</u> Battery Type: <u>150 mW Standard D size AK/m</u> Battery Exp. Date: <u>MAR 2013</u>						
Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown		Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected		Propeller ☒ Fixed Pitch ☐ Controllable Pitch		Manufacturer: <u>WARP DRIVE</u> Model: <u>UNK (ground adjustable composite)</u>			
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> ☒ Horsepower or ☐ lbs of Thrust	Total Time <i>(hours)</i>	Time Since Inspection <i>(hours)</i>	Time Since Overhaul <i>(hours)</i>	
Eng. 1	<u>Continental</u>	<u>A65</u>	<u>not certified</u>	<u>1939</u>	<u>65</u>	<u>UNK</u>	<u>37.70</u>	<u>362.8</u>	
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner Name: <u>Shawn D. Bennett</u> Fractional Ownership Aircraft: ☐ Yes ☒ No					Owner Address _____ City: <u>Danville</u> State: <u>IL</u> ZIP: <u>61834</u> Country: <u>U.S.</u>				
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____				
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces					Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No				

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☒ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)		
Airport Identifier: <u>1C1</u> Airport Name: <u>PAXTON</u>		Distance From Airport Center: <u>NA</u> SM Direction From Airport: <u>NA</u> degrees MAG Airport Elevation: <u>779</u> ft. MSL
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip		
Approach Segment (Select one) ☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)		
IFR Approach (Check all that apply) ☐ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling		VFR Approach (Check all that apply) ☐ None ☐ Stop and Go ☐ Traffic Pattern ☐ Touch and Go ☐ Straight-In ☐ Simulated Forced Landing ☐ Valley/Terrain Following ☐ Forced Landing ☐ Go Around ☐ Precautionary Landing ☐ Full Stop ☐ Unknown
Runway Information Runway ID: <u>36</u> (L/R/C) Length: <u>3409</u> ft Width: <u>50</u> 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 ☐ Unknown ☐ Slush Covered ☐ Vegetation
Runway/Landing Surface (Check all that apply) ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow		
FLIGHT ITINERARY INFORMATION		
Last Departure Point Airport ID: <u>PRG</u> City: <u>PARIS</u> State: <u>IL</u> Country: <u>Edgar</u>	Time of Departure Time: <u>13:20</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>1C1</u> City: <u>PAXTON</u> State: <u>IL</u> Country: <u>Ford</u>
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		
Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No		

Airspace where the accident occurred (Check all that apply)			
☐ Class A ☐ Class B ☐ Class C ☐ Class D	☐ Class E ☒ Class G ☐ Demo Area ☐ Warning Area	☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area	☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown

Aircraft Load Description (Check all that apply)			
☐ None ☒ Passengers ☐ Cargo	☐ Towing Glider ☐ Towing Banner ☐ Other External	☐ Parachutists ☐ Water ☐ Chemical/Fertilizer/Seeds	☐ Livestock ☐ Unknown

FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (convert from pounds, as necessary) <u>19</u> Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5		

Other Services, if Any, Prior to Departure

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)	
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)	
Sprung main gear Broken nose gear Broken Prop Bent motor mount Bent fire wall Damaged cowling	Damaged spinner Bent cabin floor Damaged Rudder/Brake pedals

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 Pilot and Passenger exited via normal doors

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>Shawn</u> Middle Initial: <u>D</u> Last Name: <u>Bennett</u> City: <u>Danville</u> State: <u>IL</u> ZIP: <u>61834</u> Country: <u>Vermilion</u>																																																																																																				
Age at time of Accident: <u>56</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] mm/dd/yyyy																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No		Shoulder Harness Used ☒ Yes ☐ No Available ☒ Yes ☐ No																																																																																												
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Private ☐ Flight Instructor ☐ Recreational ☐ Commercial ☒ Sport ☐ Airline Transport ☐ Flight Engineer ☐ Foreign ☐ U.S. Military																																																																																																				
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 ☐ With limitations/waivers ☐ Unknown		Date of Last Medical mm/dd/yyyy																																																																																													
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Type Ratings <u>sport Pilot Single Engine LAND</u>						Student Endorsements (Include dates) 																																																																																														
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Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)											
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious					
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious					
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs					
PASSENGER(S)/OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)											
Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Tonya</u> City: <u>Danville</u> Middle Initial: <u>R</u> State: <u>IL</u> ZIP: <u>61834</u> Last Name: <u>Bennett</u> Country: <u>Vermilion</u>	L	☒	☐	☐	☐	☐	☐	☒	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

On July 16th at approximately 03:00 PM, I prepared to depart 1C1 (Paxton, IL) using runway 36 (as designated by the fly-in organizers) in route to PRG (Paris, IL. Temperatures were in the upper 80s with high humidity. Judging from the wind sock, there was a slight wind from the south west that I estimated between 3-5 knots. Runway 36 has an elevation of 755.0 ft, rolls downhill, and then rises to an elevation of 779.0 ft. The runway is listed as 3409 ft long. According to the POH for my plane, with full fuel of 20 gallons (120lbs), the maximum weight for pilot passenger and baggage is 417 lbs. I estimate that we were at 400 lbs pilot, passenger, and baggage with 15 gallons (90 lbs of fuel).

I back taxied to 36 and did my run up with no apparent problems. Upon departure I rotated the stick back between 35 and 40 MPH as usual. Upon takeoff, the airplane yawed some to the left. It was not severe and I assumed a wind from the west. Quickly I became aware that it was climbing at a much slower rate of climb than usual. I pitched up to as slow as about 28 MPH and then leveled off in an attempt to climb at V_x of 35 mph. As I reached the end of the runway, I determined I was not going to clear the power lines to the north of the airport. I veered a little to the east to avoid a plane parked directly north of the airport and cut power to get down. I landed in the grass to the north (and slightly east) of the runway. The ensuing hard landing caused the front landing gear to break off allowing the plane to drop the front engine compartment to the ground. The plane came to rest approximately 100 feet beyond the initial contact point.

Shortly after the accident, while still quite upset, I used the term "loss of power" in attempting to describe to the FAA and NTSB what had happened. There was not a discernable drop in engine power, just an inability to climb at a rate sufficient to clear the obstacles. I did not notice RPM as I was concentrating on airspeed and clearing the obstacles. In retrospect, a better term to use may have been "lack" of power.

I believe the contributing factors to the accident to have been:

1. High density altitude
2. Slight tail wind
3. Relatively short, descending then ascending runway (24 ft end to end)
4. My 65 HP motor which is at the lower end of the factory recommended HP (50 – 100)
5. Approaching to gross weight
6. My error in not recognizing the danger of all the above factors combined. I have practiced and been trained in all the above situations individually. I believe that all of these small factors combined to cause my inability to clear the obstacles.

My wife experienced a small scratch on her hip from the seat belt and two small cuts to her toes. She was wearing sandals. I experienced no injuries.

RECOMMENDATION (How could this accident have been prevented?)**Operator/Owner Safety Recommendation**

The fly-in organizers should have directed my departure to RWY 18 which was downhill with lesser obstructions. I should have (as pilot-in-command) exercised my right to request to use RWY 18 or not depart. I should have made myself more aware of the compiling of the factors listed above.

ADDITIONAL INFORMATION *(Please type or print in ink)*

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE			
Date of this Report <u>07/21/11</u> mm/dd/yyyy	Signature and Name of Pilot/Operator Signature: <u>[Redacted]</u> Type or Print Name: <u>Shawn Bennett</u>		
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. <u>CEN11CA 486</u>	Reviewed by NTSB Regional Office <u>W-Chicago, IL</u>	Name of Investigator <u>P.S. Sullivan</u>	Date Report Received <u>7-23-11</u>