

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: <u>Miaot</u> State: <u>ND</u> ZIP: <u>58703</u> Country: <u>USA</u> Latitude: <u>48:15:27N</u> (dd:mm:ss N/S) Longitude: <u>101:16:40W</u> (ddd:mm:ss E/W)					Date/Time Date: <u>08/03/2011</u> Local Time: <u>1830</u> mm/dd/yyyy Time Zone: <u>CDT</u>																																																	
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 _____ ft MSL																																															
AIRCRAFT INFORMATION																																																						
Manufacturer: <u>Air Tractor</u> Model: <u>AT-301</u> Serial Number: <u>301-0186</u> Registration Number: <u>N8764S</u> Amateur-built: ☐ Yes ☒ No					Max Gross Weight: <u>5000</u> lbs Weight at Time of Accident/Incident: <u>3783</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>17.23</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 (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☒ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>01</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		Date Last Inspection: <u>03/30/2011</u> mm/dd/yyyy Airframe Total Time: <u>9428</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident																																																	
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: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____																																																			
ELT Aided in Locating Accident/Incident ☐ Yes ☐ No																																																						
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>Hamilton Standard</u> Model: <u>12D40-2116101A-12</u>																																																	
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OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Pioneer Aviation, Inc.</u>		Owner Address City: <u>Minot</u> State: <u>ND</u> ZIP: <u>58703</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No		Operator of Aircraft ☐ Same As Registered Owner	
Name: <u>David W. Lesesne</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>Greenville</u> State: <u>SC</u> ZIP: <u>29056</u> Country: <u>USA</u>	
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			
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)		Revenue Operation for FAR 121, 125, 129, 135 (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		☐ 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 (Select 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) ☒ 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: _____	
Registered Owner of Other Aircraft		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
Pilot of Other Aircraft			
First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
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)

Left main landing gear bent, Left wheel broken, Left wing bent

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: MOT

Distance From Airport Center: _____ SM

Airport Name: Minot International

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip

Airport Elevation: 1710 ft. MSL

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/TWOR ☐ 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: 13 (L/R/C) Length: 7700 ft Width: 150 ft

Runway/Landing Surface (Check all that apply)

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: MOT

City: Minot

State: ND

Country: USA

Time of Departure

Time: 1730

Time Zone: EDT

Destination

Airport ID: MOT

City: Minot

State: ND

Country: USA

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No

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)

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☒ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

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

740 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

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 			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>MDT</u> Observation Time: <u>1815</u> Time Zone: <u>CDT</u> Distance from Accident Site: <u>N/A</u> NM Direction from Accident Site: <u>N/A</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☐ Internet ☐ Unknown	
Briefing Type/Completeness ☒ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☐ Unknown ☐ Partial / Limited By Briefer ☐ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☒ Day ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	
Lowest Cloud Condition Height <u>N/A</u> ft AGL		Ceiling Height <u>N/A</u> ft AGL	
Wind Direction ☒ Indicated: <u>210</u> degrees MAG ☐ Variable		Wind Speed Velocity: <u>19</u> KTS -or- ☐ Calm ☐ Light and Variable	
Wind Gusts Velocity: <u>22</u> KTS ☒ Gusting ☐ Not Gusting		Restriction to Visibility <i>(Check all that apply)</i> ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Type of Turbulence <i>(Check all that apply)</i> ☒ 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/incident <u>N/A</u>			
Temperature: <u>32</u> (C) or _____ (F) Altitude Setting: <u>29.77</u> in. HG or _____ MB Density Altitude: <u>4300</u> ft Dew Point: <u>09</u> (C) or _____ (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 <i>(Check all that apply)</i> ☒ 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	

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>David</u> City: <u>Greenville</u> Middle Initial: <u>W</u> State: <u>SC</u> ZIP: <u>29050</u> Last Name: <u>Lesesne</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>37</u> Date of Birth: mm/dd/yyyy Certificate Number: 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 ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ 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 <u>11/02/2010</u> mm/dd/yyyy																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>N/A</u> mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
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 ☐ Free 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																																																																																														
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Last 30 Days	<u>5</u>	<u>2</u>	<u>5</u>	<u>—</u>	<u>0</u>	<u>—</u>	<u>0</u>	<u>—</u>	<u>—</u>	<u>—</u>																																																																																										
Last 24 Hours	<u>0</u>	<u>0</u>	<u>0</u>	<u>—</u>	<u>0</u>	<u>—</u>	<u>0</u>	<u>—</u>	<u>—</u>	<u>—</u>																																																																																										

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used Available ☐ Yes ☐ No		Shoulder Harness Used Available ☐ Yes ☐ No																																																																																												
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ 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																																																																																													
Medical Certificate Limitations																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
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 ☐ Free 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)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
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☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
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	PAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____																
ZIP: _____																
Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____																
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Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
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City: _____																
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Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
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Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
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City: _____																
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Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____																
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Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____																
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Country: _____																

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 time and point of departure, intended destination, and services obtained.

The point of departure was MOR at approximately 1730 CDT on August 03, 2011. It was a local flight for aerial application training. The aircraft, N8764S AT-301 was loaded with 100 gallons of water before taxiing. Departure was on runway 13 departing to the northeast. The flight lasted one hour and the hopper was emptied of the 100 gallons of water during the training. The approach was made for runway 13 on a left traffic pattern. The wind conditions were 210 at 19 knots with gusts to 22 knots. Upon reaching down, the aircraft was tracking straight on the center line until the landing gear seemed to shake. I then pulled back on the stick and applied both brakes. At this point the aircraft veered left and then swung right into a ground loop and once off the pavement the left landing gear dug itself in and the left wing touched down in the grass.

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

Operator/Owner Safety Recommendation

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

08/19/2011
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: David W. Sorensen

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN11CA570Reviewed by NTSB Regional Office
West Chicago, ILName of Investigator
T. SorensenDate Report Received
20 August 2011