

# 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: Holdrege State: NE  
 ZIP: 68949 Country: USA  
 Latitude: 40.4403N (dd:mm:ss N/S) Longitude: 99.3694W (ddd:mm:ss E/W)

### Date/Time

Date: 07/19/2013 Local Time: 12:00  
 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

3,000 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: Piper

Model: PA28R-201T

Serial Number: 28R-7803296

Registration Number: N31698

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: \_\_\_\_\_ lbs

Weight at Time of Accident/Incident: \_\_\_\_\_ lbs

Location of Center of Gravity at Time of Accident/Incident:

\_\_\_\_\_ 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: 4

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: 01/29/2103

mm/dd/yyyy

Airframe Total Time: 4,784 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: \_\_\_\_\_

### ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: \_\_\_\_\_

Battery Type: \_\_\_\_\_ Battery Exp. Date: July 2015

### 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: Hartzel

Model: BHC-C2YF-LBF

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Continental         | TSIO-360-FB3B       | 28142-R                      |                            | 200                                                                                                                                    | 2,554              | 51                            | 465                         |
| Eng. 2 |                     |                     | 281142-R                     |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>Altitude, LLC</u><br><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                              | <b>Owner Address</b><br>City: <u>Leoti</u><br>State: <u>KS</u> ZIP: <u>67861</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br><br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                              | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br><br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                              |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces |                                                                                                                                                                                                                                                                                              | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |
| <b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b><br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                                     | <b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b><br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> International | <b>Type of Commercial Operating Certificate Held (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><br><input type="checkbox"/> Other Operator of Large Aircraft |                                                                                                                                                                                                                                              |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |
| <b>Aircraft Registration Number</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Manufacturer:</b> _____<br><b>Model:</b> _____                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                   |
| <b>Registered Owner of Other Aircraft</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |
| <b>Pilot of Other Aircraft</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i><br><br><div style="height: 100px; border: 1px solid black;"></div>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Total Time/Cycles On Part</b><br><br>_____ Hours<br>_____ Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br><br>_____ Hours                                                                                               |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground |

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

Damage to RH wing, Landing Gear, LH Wing, LH Couling, LH Fuselage

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KHDEDistance From Airport Center: 4 SMAirport Name: Brewster FieldDirection From Airport: 300 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 2,313 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/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: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ 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: KHDECity: HoldregeState: NECountry: USA**Time of Departure**Time: 12:00Time Zone: Central**Destination**Airport ID: 3k7City: LeotiState: KSCountry: 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)

57 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

Opened door and walked out

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: KHDE

Observation Time: \_\_\_\_\_

Time Zone: \_\_\_\_\_

Distance from Accident Site: \_\_\_\_\_ NM

Direction from Accident Site: \_\_\_\_\_ degrees MAG

**Source of Weather Information**

(Check all that apply)

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

(Check all that apply)

☐ In Person☐ Teletype☐ Telephone/Computer☒ Aircraft Radio☐ TV/Radio☐ Unknown**Briefing Type/Completeness**☐ Full☐ Partial / Limited By Pilot☐ Partial / Limited By Briefer☐ Abbreviated☐ Unknown☐ Not Pertinent**Light Condition**☐ Dawn☒ Day☐ Dusk☐ Night☐ Dark Night☐ Bright Night☐ Not Reported**Visibility**20 miles**Sky/Lowest Cloud Condition**☒ Clear☐ Few☐ Partial Obscuration☐ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown**Ceiling**☒ None (clear)☐ Broken☐ Overcast☐ Obscured☐ Indefinite☐ Unknown**Restriction to Visibility (Check all that apply)**☒ None☐ Blowing Dust☐ Blowing Sand☐ Blowing Snow☐ Blowing Spray☐ Dust☐ Fog☐ Ground Fog☐ Haze☐ Ice Fog☐ Smoke☐ Unknown**Lowest Cloud Condition Height**

\_\_\_\_\_ ft AGL

**Ceiling Height**

\_\_\_\_\_ 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☐ Clear Air☐ In Clouds☐ Vicinity of Thunderstorm**Severity of Turbulence**☐ Extreme☐ Severe☐ Moderate☐ Moderate Chop☐ Light**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident****Temperature:** \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)**Altimeter Setting:** \_\_\_\_\_ in. HG  
or \_\_\_\_\_ MB**Density Altitude:** \_\_\_\_\_ ft**Dew Point:** \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)**Icing Forecast****Amount**☐ None☐ Trace☐ Light☐ Moderate☐ Severe**Type**☐ Rime☐ Clear☐ Mixed**Icing Actual****Amount**☐ None☐ Trace☐ Light☐ Moderate☐ Severe**Type**☐ Rime☐ Clear☐ Mixed**Type of Precipitation (Check all that apply)**☐ None☐ Rain☐ Snow☐ Hail☐ Rain Showers☐ Freezing Rain☐ Snow Shower☐ Drizzle☐ Ice Pellets☐ Snow Pellets☐ Snow Grains☐ Ice Crystals☐ Ice Pellets 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: Mark City: Leoti  
 Middle Initial: A State: KS ZIP: 67861  
 Last Name: Budde Country: USA  
 Age at time of Accident/Incident: 44 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

08/19/2011  
mm/dd/yyyy

### Medical Certificate Limitations

Must wear corrective glasses

### Medical Certificate Waivers

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

11/28/2011  
mm/dd/yyyy

### Flight Review Aircraft

Make: Piper  
 Model: Pa28R

#### 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
 ☐ Instrument Airplane  
☐ Airplane Single-Engine
 ☐ Instrument Helicopter  
☐ Airplane Multi-Engine
 ☐ Helicopter  
☐ Gyroplane
 ☐ Glider  
☐ Powered Lift
 ☐ Sport

### Type Ratings

### Student Endorsements (Include dates)

| Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 1,078        | 370               | 1,073                  | 5                    | 102   | 16         | 82        |            |        |                  |
| Pilot in Command (PIC)                                      | 1,009        | 370               |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 11           |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 3            |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 1            |                   |                        |                      |       |            |           |            |        |                  |

## 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: \_\_\_\_\_ 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

\_\_\_\_\_ 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
 ☐ Instrument Airplane  
☐ Airplane Single-Engine
 ☐ Instrument Helicopter  
☐ Airplane Multi-Engine
 ☐ Helicopter  
☐ Gyroplane
 ☐ Glider  
☐ Powered Lift
 ☐ Sport

### Type Ratings

### Student Endorsements (Include dates)

| Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               |              |                   |                        |                      |       |            |           |            |        |                  |

| ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)                      |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|-------------------------|---------------------------------------------------------------------------|--|--------------------------------------------|--------------------------|------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Pilot Name and Address</b>                                                                                           |  |                                            |                         |                                                                           |  | <b>Degree of Injury</b>                    |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____                                                                                                       |  |                                            | City: _____             |                                                                           |  | <input type="checkbox"/> None              |                          | <input type="checkbox"/> Fatal           |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____                                                                                                   |  |                                            | State: _____ ZIP: _____ |                                                                           |  | <input type="checkbox"/> Minor             |                          | <input type="checkbox"/> Unknown         |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____                                                                                                        |  |                                            | Country: _____          |                                                                           |  | <input type="checkbox"/> Serious           |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |  |                                            |                         |                                                                           |  | <b>Seat Occupied</b>                       |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student           |                         | <input type="checkbox"/> Recreational                                     |  | <input type="checkbox"/> Commercial        |                          | <input type="checkbox"/> Flight Engineer |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor |                         | <input type="checkbox"/> Sport                                            |  | <input type="checkbox"/> Airline Transport |                          | <input type="checkbox"/> U.S. Military   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          | <input type="checkbox"/> Foreign         |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                            |                         | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |  | <input type="checkbox"/> Left              |                          | <input type="checkbox"/> Front           |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  | <input type="checkbox"/> Right             |                          | <input type="checkbox"/> Rear            |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  | <input type="checkbox"/> Center            |                          | <input type="checkbox"/> Single          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          | <input type="checkbox"/> Unknown         |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Name and Address</b>                                                                                           |  |                                            |                         |                                                                           |  | <b>Degree of Injury</b>                    |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____                                                                                                       |  |                                            | City: _____             |                                                                           |  | <input type="checkbox"/> None              |                          | <input type="checkbox"/> Fatal           |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____                                                                                                   |  |                                            | State: _____ ZIP: _____ |                                                                           |  | <input type="checkbox"/> Minor             |                          | <input type="checkbox"/> Unknown         |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____                                                                                                        |  |                                            | Country: _____          |                                                                           |  | <input type="checkbox"/> Serious           |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |  |                                            |                         |                                                                           |  | <b>Seat Occupied</b>                       |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student           |                         | <input type="checkbox"/> Recreational                                     |  | <input type="checkbox"/> Commercial        |                          | <input type="checkbox"/> Flight Engineer |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor |                         | <input type="checkbox"/> Sport                                            |  | <input type="checkbox"/> Airline Transport |                          | <input type="checkbox"/> U.S. Military   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          | <input type="checkbox"/> Foreign         |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                            |                         | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |  | <input type="checkbox"/> Left              |                          | <input type="checkbox"/> Front           |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  | <input type="checkbox"/> Right             |                          | <input type="checkbox"/> Rear            |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  | <input type="checkbox"/> Center            |                          | <input type="checkbox"/> Single          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          | <input type="checkbox"/> Unknown         |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Name and Address</b>                                                                                           |  |                                            |                         |                                                                           |  | <b>Degree of Injury</b>                    |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____                                                                                                       |  |                                            | City: _____             |                                                                           |  | <input type="checkbox"/> None              |                          | <input type="checkbox"/> Fatal           |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____                                                                                                   |  |                                            | State: _____ ZIP: _____ |                                                                           |  | <input type="checkbox"/> Minor             |                          | <input type="checkbox"/> Unknown         |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____                                                                                                        |  |                                            | Country: _____          |                                                                           |  | <input type="checkbox"/> Serious           |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |  |                                            |                         |                                                                           |  | <b>Seat Occupied</b>                       |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student           |                         | <input type="checkbox"/> Recreational                                     |  | <input type="checkbox"/> Commercial        |                          | <input type="checkbox"/> Flight Engineer |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor |                         | <input type="checkbox"/> Sport                                            |  | <input type="checkbox"/> Airline Transport |                          | <input type="checkbox"/> U.S. Military   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          | <input type="checkbox"/> Foreign         |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                            |                         | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |  | <input type="checkbox"/> Left              |                          | <input type="checkbox"/> Front           |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  | <input type="checkbox"/> Right             |                          | <input type="checkbox"/> Rear            |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  | <input type="checkbox"/> Center            |                          | <input type="checkbox"/> Single          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          | <input type="checkbox"/> Unknown         |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 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: _____ City: _____                                                                                           |  |                                            |                         |                                                                           |  | _____                                      | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |                         |                                                                           |  | _____                                      | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |                         |                                                                           |  | _____                                      | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |                         |                                                                           |  | _____                                      | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |                         |                                                                           |  | _____                                      | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |                         |                                                                           |  | _____                                      | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |                         |                                                                           |  | _____                                      | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |                         |                                                                           |  | _____                                      | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |                         |                                                                           |  |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ 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.

Departed KHDE around 1700 Zulu. Light north winds which made runway 36 the active. Take off was normal and climb out was going well. Made left turn to depart and rather than over fly the city of Holdgrege I made a straight westerly track along the north side of town. Don't know the exact altitude but would guess somewhere around 700-1000 feet AGL, and just west of highway 183, felt a complete power loss. Prop and engine were still turning but not generating power. First reaction was to lower the nose. I then put throttle full forward. Mixture was already full forward. Turned on electric fuel pump. No change. Switched from right tank to left tank. No change. Went back to right tank. Tried left mag, then right mag, then both again. No change. Could only hear intermittent back fire noise. Then tried from low pump and de-caged to try high fuel pump. No change. Switched back to low pump. No change. In the process had made a right hand turn away from city to see if I could make it back to airport. Not enough altitude. Wanted to try for landing on hwy 183. Too much traffic in both directions. Spotted a trail road that headed straight north and hoped I could get to it. Did not lower gear until I was assured of reaching the trail road. Gear was down and locked with three green just before touch down. As I settled down on to trail road I moved to the right to avoid what appeared to be a large pipe and in doing so the right wing began to contact the corn. This pulled me into the corn and turned the nose of the aircraft to the east and the left side of the airplane sliding into the corn. Everything came to a stop and I immediately exited the plane. After calling for help, I re-entered the plane to shut off fuel, mags and master. Called a friend for help and then contacted the local sheriff.

Landing and skidding were quite smooth and I did not have any bumps, bruises, or sorenes

**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 TH****Date of this Report**7-22-2014*mm/dd/yyyy***Signature**

Signature: \_\_\_\_\_

Type or Print Name: Mark Budde**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.**  
CEN13LA429**Reviewed by NTSB Regional Office**  
West Chicago, IL**Name of Investigator**  
Edward Malinowski**Date Report Received**  
7/22/13