

# 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                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                             |  |
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| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Huntingburg</u> State: <u>IN</u><br>ZIP: <u>47541</u> Country: <u>U.S.A.</u><br>Latitude: <u>N 38°15'06"</u> (dd:mm:ss N/S) Longitude: <u>W86°55'21"</u> (ddd:mm:ss E/W)                                                                                                                                                                                                                                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                            | <b>Date/Time</b><br>Date: <u>07-19-2013</u> Local Time: <u>10:36 Am</u><br><small>mm/dd/yyyy</small><br>Time Zone: <u>Eastern</u>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                             |  |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                            | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Altitude of In-Flight Occurrence</b><br><u>600 To 650</u> ft MSL |                             |  |
| AIRCRAFT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                             |  |
| <b>Manufacturer:</b> <u>Air Tractor</u><br><b>Model:</b> <u>802A</u><br><b>Serial Number:</b> <u>802A-0285</u><br><b>Registration Number:</b> <u>N 86BM</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                            | <b>Max Gross Weight:</b> <u>16,000</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>7824</u> lbs<br><b>Location of Center of Gravity at Time of Accident/Incident:</b><br><u>31.9"</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                             |  |
| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown                                                                             |                            | <b>Type of Airworthiness Certificate</b><br>(Check all that apply)<br><b>Standard</b><br><input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <input type="checkbox"/> Transport<br><b>Special</b><br><input checked="" type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport |                                                                                                                                                                                                                                                                                    | <b>Number of Seats:</b> <u>1</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: _____ |                                                                                                                                                                                                                                                                                                                                            | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |                                                                     |                             |  |
| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____                                                                                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Last Inspection Type</b><br><input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input type="checkbox"/> Annual <input type="checkbox"/> Unknown |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            | <b>Date Last Inspection:</b> <u>7-12-13</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                             |  |
| <b>IFR Equipped</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Stall Warning System Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            | <b>Type of Fire Extinguishing System</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Specify <u>Hand held</u>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                             |  |
| <b>ELT Installed</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ELT Activated</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            | <b>ELT Manufacturer:</b> <u>HARTZELL</u><br><b>Model/Series:</b> <u>HC-B5MP-3F/M11276NS</u> <b>ELT</b><br><b>Serial Number:</b> _____<br><b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____                                                                                                                                                                                                                                                                                                                                    |                                                                     |                             |  |
| <b>ELT Aided in Locating Accident/Incident</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Engine Type</b><br><input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input checked="" type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                             |  |
| <b>Reciprocating Fuel System Type</b><br><input type="checkbox"/> Carburetor<br><input type="checkbox"/> Fuel Injected                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Propeller</b><br><input type="checkbox"/> Fixed Pitch<br><input checked="" type="checkbox"/> Controllable Pitch<br>Manufacturer: <u>HARTZELL PROPELLER INC</u><br>Model: <u>HC-B5MP-3F/M11276NS</u>                                                                             |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                             |  |
| Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Engine Manufacturer        | Engine Model/Series                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Manufacturer's Serial Number                                                                                                                                                                                                                                                       | Date of Mfg.<br><small>mm/dd/yyyy</small>                                                                                                  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Pratt &amp; Whitney</u> | <u>AT6AG-65</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>PN0092</u>                                                                                                                                                                                                                                                                      | <u>04/2008</u>                                                                                                                             | <u>1295</u>                                                                                                                                                                                                                                                                                                                                | <u>1017</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                             |  |
| Eng. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                             |  |
| Eng. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                             |  |
| Eng. 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                             |  |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>Millhon Air INC</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Owner Address</b> <u>Martinsville</u><br>City: <u>[REDACTED]</u><br>State: <u>IN</u> ZIP: <u>46151</u><br>Country: <u>U.S.A.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<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>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Regulation Flight Conducted Under</b><br><input 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 checked="" 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><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Purpose of Flight</b><br>for FAR 91, 103, 133, 137 (Select one)<br><input 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 checked="" 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</b><br>for FAR 121, 125, 129, 135 (Select one)<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<br><br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail | <b>Type of Commercial Operating Certificate Held</b><br>(Check all that apply)<br><input 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><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input checked="" type="checkbox"/> Agricultural Aircraft (137)<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>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Pilot of Other Aircraft</b><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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Total Time/Cycles On Part</b><br>_____<br>Hours<br>_____<br>Cycles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <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 type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input checked="" 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)

power lines broken

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

Airport Identifier: HNB

Distance From Airport Center: 2 SM

Airport Name: HUNTINGBURG MUNICIPAL

Direction From Airport: 90 degrees MAG

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

Airport Elevation: 529 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: 9/27 (L/R/C) Length: 5,000 ft Width: 75 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: HNB  
 City: Huntingburg  
 State: IN  
 Country: Dubois

**Time of Departure**

Time: 9:30  
 Time Zone: EDT

**Destination**

Airport ID: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country: \_\_\_\_\_

**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)  
230 Gallons

**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3  
☐ 100 Low Lead ☒ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5  
☐ Other, specify \_\_\_\_\_

**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

on back board - 1

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Weather Observation Facility</b><br>Facility ID: <u>HNB AWOS</u><br>Observation Time: <u>10:30 EDT</u><br>Time Zone: <u>EDT</u><br>Distance from Accident Site: <u>1</u> NM<br>Direction from Accident Site: <u>270-90</u> degrees MAG                                                                                  |                                                                                                                                       | <b>Source of Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input checked="" type="checkbox"/> Internet<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Method of Briefing</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> In Person<br><input type="checkbox"/> Teletype<br><input checked="" type="checkbox"/> Telephone/Computer<br><input checked="" type="checkbox"/> Aircraft Radio<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Unknown                                                                                                                                                                                                     |
| <b>Briefing Type/Completeness</b><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial / Limited By Pilot<br><input type="checkbox"/> Partial / Limited By Briefer<br><input type="checkbox"/> Abbreviated<br><input checked="" type="checkbox"/> Unknown<br><input type="checkbox"/> Not Pertinent        |                                                                                                                                       | <b>Light Condition</b><br><input type="checkbox"/> Dawn<br><input checked="" type="checkbox"/> Day<br><input type="checkbox"/> Dusk<br><input type="checkbox"/> Night<br><input type="checkbox"/> Dark Night<br><input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Visibility</b><br><u>10</u> miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="checkbox"/> Clear<br><input type="checkbox"/> Few<br><input type="checkbox"/> Partial Obscuration<br><input type="checkbox"/> Scattered<br><input type="checkbox"/> Thin Broken<br><input type="checkbox"/> Thin Overcast<br><input type="checkbox"/> Unknown |                                                                                                                                       | <b>Ceiling</b><br><input checked="" type="checkbox"/> None (clear)<br><input type="checkbox"/> Broken<br><input type="checkbox"/> Overcast<br><input type="checkbox"/> Obscured<br><input type="checkbox"/> Indefinite<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input checked="" type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown |
| <b>Lowest Cloud Condition Height</b><br>_____ ft AGL                                                                                                                                                                                                                                                                       |                                                                                                                                       | <b>Ceiling Height</b><br><u>Clear Day</u> ft AGL                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Indicated: <u>230</u> degrees MAG<br><input type="checkbox"/> Variable                                                                                                                                                                                        | <b>Wind Speed</b><br>Velocity: <u>210</u> KTS<br>-or-<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable | <b>Wind Gusts</b><br>Velocity: _____ KTS<br><input type="checkbox"/> Gusting<br><input checked="" type="checkbox"/> Not Gusting                                                                                                                                                                                                                                                                                                                                                      | <b>Type of Turbulence</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> In Clouds<br><input type="checkbox"/> Vicinity of Thunderstorm<br><b>Severity of Turbulence</b><br><input type="checkbox"/> Extreme<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Moderate Chop<br><input type="checkbox"/> Light |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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

NONE

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Temperature:</b> _____ (C)<br>or <u>82</u> (F)<br><b>Altimeter Setting:</b> <u>30.07</u> in. HG<br>or _____ MB<br><b>Density Altitude:</b> _____ ft<br><b>Dew Point:</b> _____ (C)<br>or _____ (F) | <b>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed |  | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle |  |
|                                                                                                                                                                                                       | <b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed   |  | <b>Intensity of Precipitation</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> 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: John City: Danville  
 Middle Initial: A State: IN ZIP: 46123  
 Last Name: Hayne Country: US  
 Age at time of Accident/Incident: 53 Date of Birth: [REDACTED] Certificate Number: [REDACTED]  
mm/dd/yyyy

### **Degree of Injury**

☐ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☒ Serious

### **Seat Occupied**

☐ Left
 ☐ Front
 ☐ Unknown  
☐ Right
 ☐ Rear  
☐ Center
 ☒ Single

### **Seat Belt**

Used ☒ Yes ☐ No  
 Available ☐ Yes ☐ No

### **Shoulder Harness**

Used ☒ Yes ☐ No  
 Available ☐ Yes ☐ No

## **Pilot Certificate(s) (Check all that apply)**

☐ None
 ☐ Student
 ☐ 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**

must wear corrective lenses for near & distant

## **Medical Certificate Waivers**

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

05/19/2013  
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**

C/CE-500  
C/CE-525S

## **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             | 3400         | 600               | 2050                   | 1350                 |       | 400        |           |            |        |                  |
| Pilot in Command (PIC) | 3000         | 600               |                        | 1100                 |       |            |           |            |        |                  |
| Time as Instructor     |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model        |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days           | 75           | 75                |                        |                      |       |            |           |            |        |                  |
| Last 30 Days           | 25           | 25                |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours          | 8            | 8                 |                        |                      |       |            |           |            |        |                  |

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:Middle Initial:Last Name:

City:State:ZIP:Country:

Age at time of Accident/Incident:Date of Birth:Certificate Number:

Degree of Injury

☐ None☐ Minor☐ Serious☐ Fatal☐ Unknown

Seat Occupied

☐ Left☐ Right☐ Center☐ Front☐ Rear☐ Single☐ Unknown

Seat Belt

Used Available☐ Yes☐ No☐ Yes☐ No

Shoulder Harness

Used Available☐ Yes☐ No☐ Yes☐ No

Pilot Certificate(s) (Check all that apply)

☐ None☐ Private☐ Student☐ Flight Instructor☐ Recreational☐ Sport☐ Commercial☐ Airline Transport☐ Flight Engineer☐ U.S. Military☐ Foreign

Principal Occupation

☐ Pilot☐ Other☐ Unknown

Medical Certificate

☐ None☐ Class 1☐ Class 2☐ Class 3☐ Driver's License (Sport Pilot only)☐ 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)

| 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><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                       |  |  |                                                                           |      |      | <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                              |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  |  |                                                                           |      |      | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |                          |                          |                          |                          |                          |                          |                          |                          |
| <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 |      |      |                                                                                                                                                                                                                                                             |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                       |  |  |                                                                           |      |      | <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                              |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  |  |                                                                           |      |      | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |                          |                          |                          |                          |                          |                          |                          |                          |
| <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 |      |      |                                                                                                                                                                                                                                                             |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                       |  |  |                                                                           |      |      | <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                              |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  |  |                                                                           |      |      | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |                          |                          |                          |                          |                          |                          |                          |                          |
| <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 |      |      |                                                                                                                                                                                                                                                             |                          |                          |                          |                          |                          |                          |                          |                          |
| 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: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |      |      | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |      |      | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |      |      | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |      |      | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |      |      | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |      |      | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |      |      | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |      |      | <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"/> |

### 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.

See Attached

### 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**9-10-13  
mm/dd/yyyy**Signature and Name of Pilot/Operator**

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

Type or Print Name: BRENT MILHON**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.**

CEN13LA424

**Reviewed by NTSB Regional Office**

DENVER

**Name of Investigator**

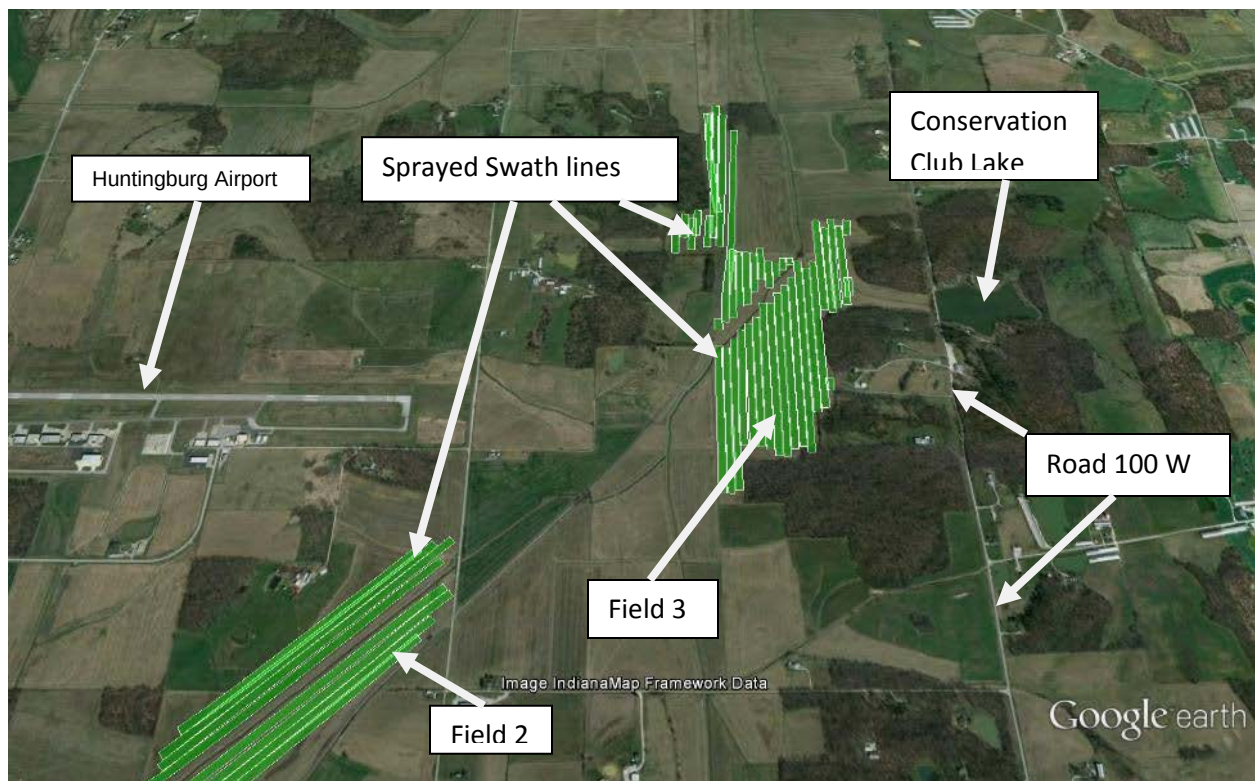
LINDBERG

**Date Report Received**

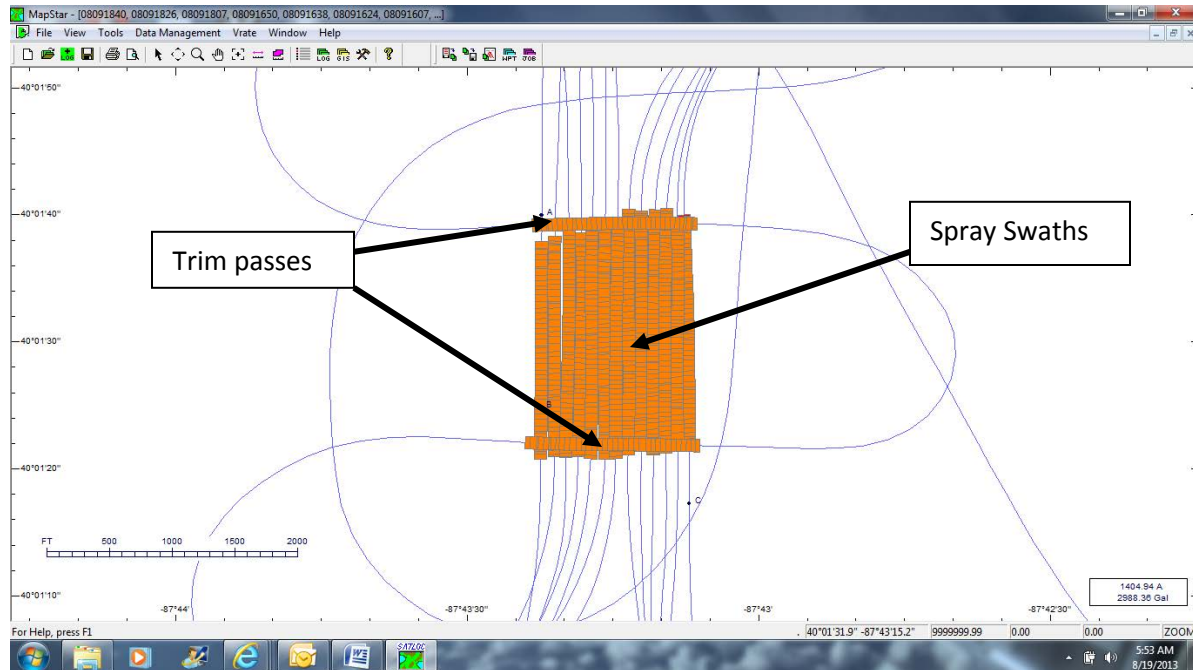
9/16/13

This document is a general description and analysis by Barrett Brummett of the events and factors that preceded the accident of N86BM on 7-19-2013, and piloted by John Layne. This plane was equipped with a SatLoc M3 guidance computer which is used for swathing fields in a crop dusting operation. This computer records many factors about the flight and the chemical application. It is also equipped with a differential GPS which is highly accurate. I went to the crash site and removed this computer from the aircraft. I then put this computer into another aircraft similar to N86BM and I was able to extract a copy of the log files from it. This computer was then given to the NTSB personnel.

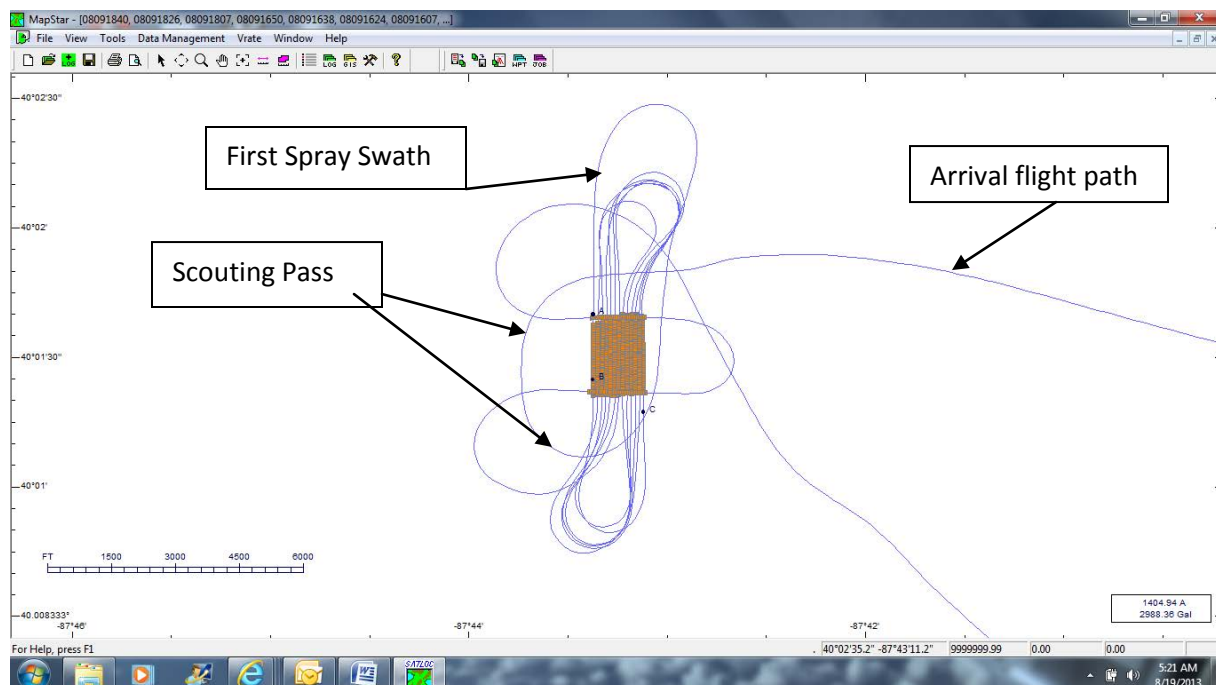
The first image below is a general overview of the area, including the airport, the last two fields sprayed and the crash site. The first field is not shown and was located a few miles to the West. John arrived at the farm (89IN) early that morning and appeared to be in good spirit and was quite talkative as usual. His mission for that day was to go to Huntingburg airport (KHNB) and spray several corn fields in that general area. I was at the farm and preparing to depart and go spray in a different part of the state. His plane was topped off with fuel and he departed the farm at 8:30 AM Eastern. From the computer logs, I have determined that he arrived KHNB at 9:09 AM. He picked up approximately 400 gallons of chemical and did not take on any additional fuel. The plane holds a maximum of 800 gallons of chemical, so it would have been far below its maximum gross weight. Weather was good, clear skies and a light breeze out of the west. He departed KHNB at 9:30 and headed to his first field off to the West.



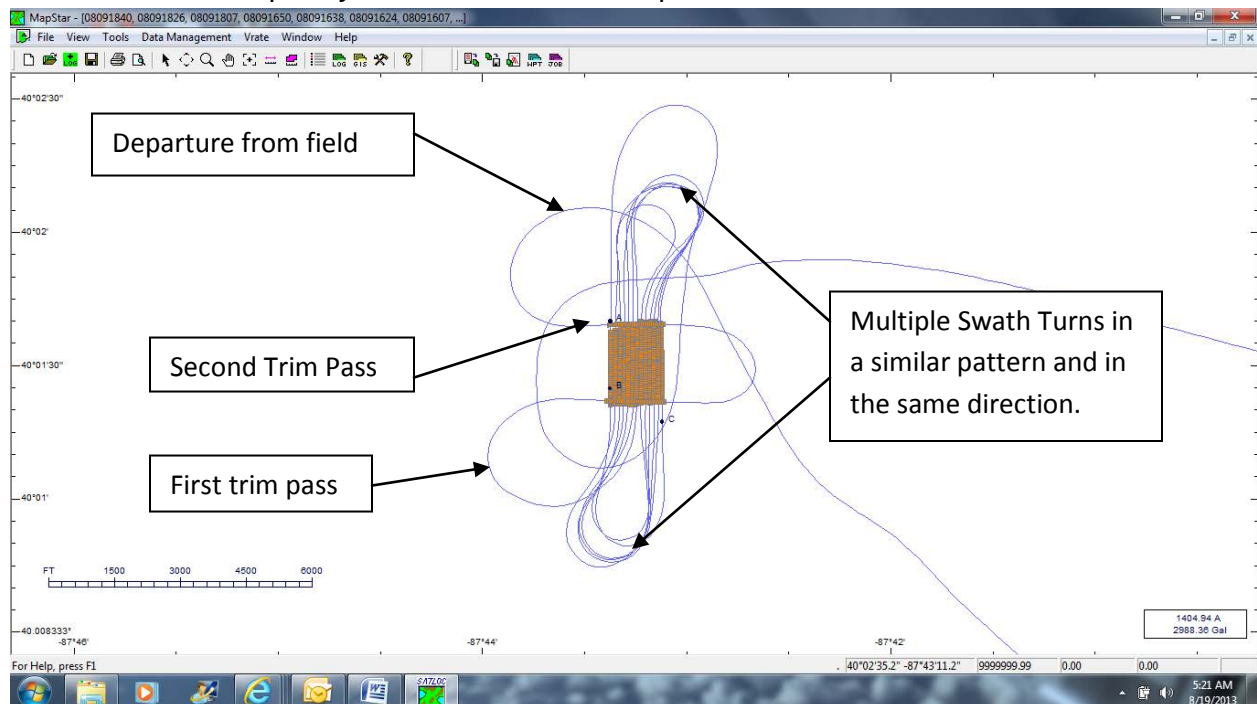
Below is an image of a field that I sprayed. This is a very normal rectangular field with no obstructions and illustrates a good standard practice. When fields are applied by aircraft, they are typically swathed in a back and forth pattern, and then a trim pass is usually flown on either end.



Before a pilot enters a field, it is normal to circle the field at least once to look for obstructions in the field, like wires. When obstructions are present, it may be normal to circle the field several times to formulate a plan for maneuvering the aircraft around those obstacles.



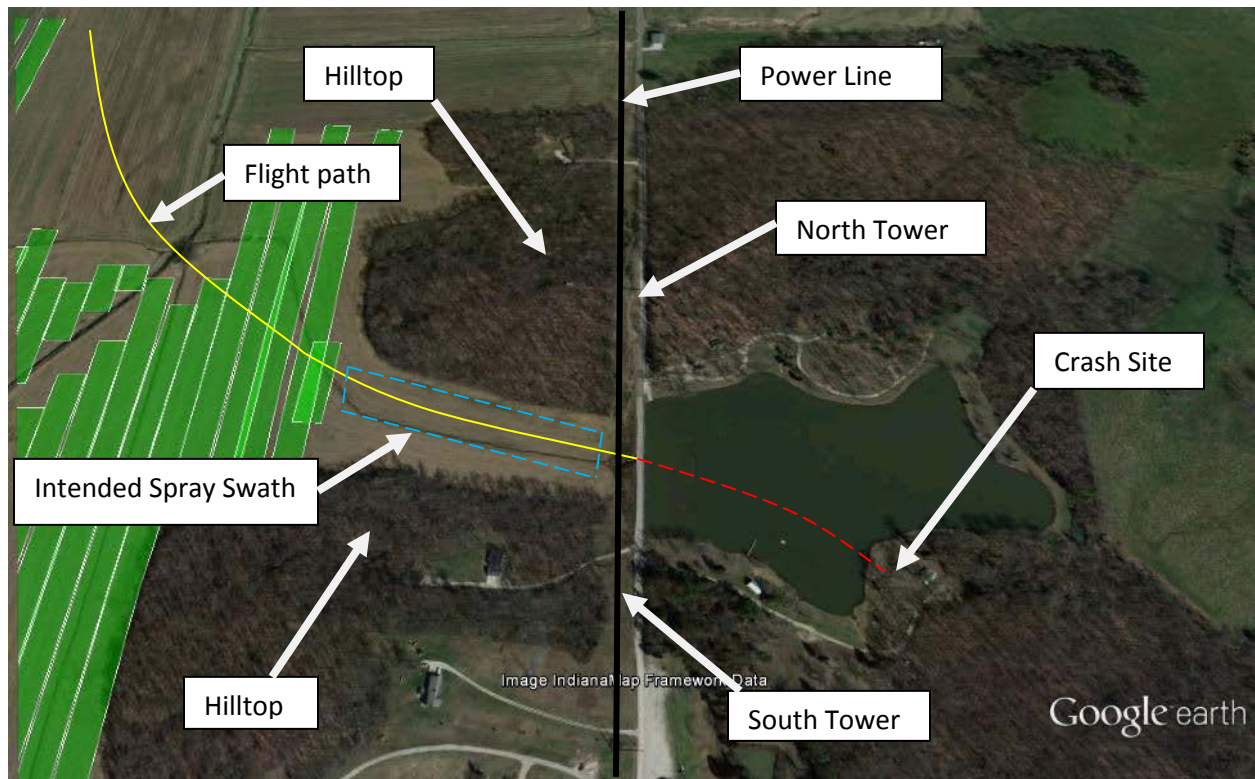
Once a field is completely swathed, then the trim passes are made.



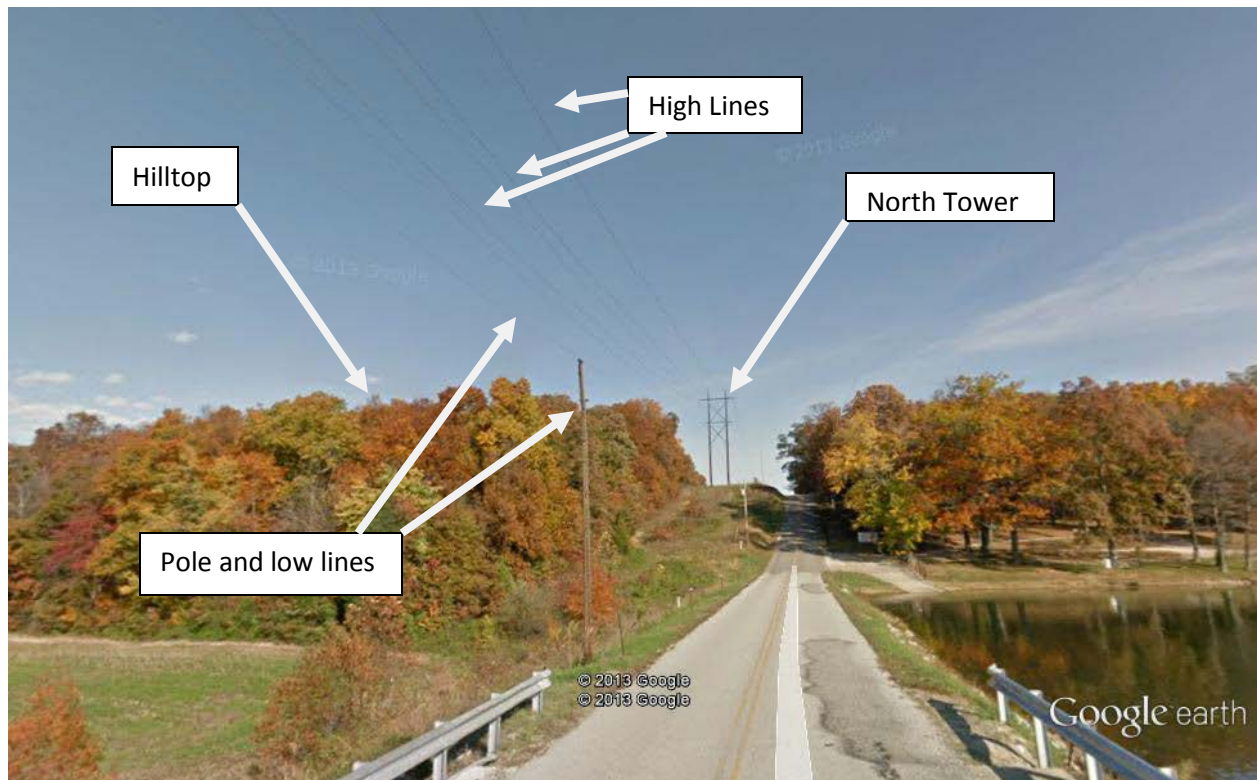
Usually, the most dangerous times in a field would be the first swath and the trim passes. Obviously, you might not see an object like a wire and fly into it on the first swath. That's why at least one or multiple scouting passes are necessary. In the case of wires, sometimes wires are not visible at certain light angles. By flying at least one complete circle around the field, gives you the opportunity to see wires at many different light angles. Ag pilots are acutely aware of telephone poles because they are easy to see and give you a good clue about where the wires are, even at poor light angles. They also look for other clues like insulators coming off of the poles, indicating which direction the wires may be traveling from the poles.

When you are swathing a field, you may lose situational awareness concerning objects that are outside the boundaries of the field that you are spraying, because they are not a factor to you at that time. Then you suddenly turn 90 degrees to the field to do a trim pass and now that object is a factor to you. This situation is compounded by an object that is also hard to see. This makes a very common scenario for accidents.

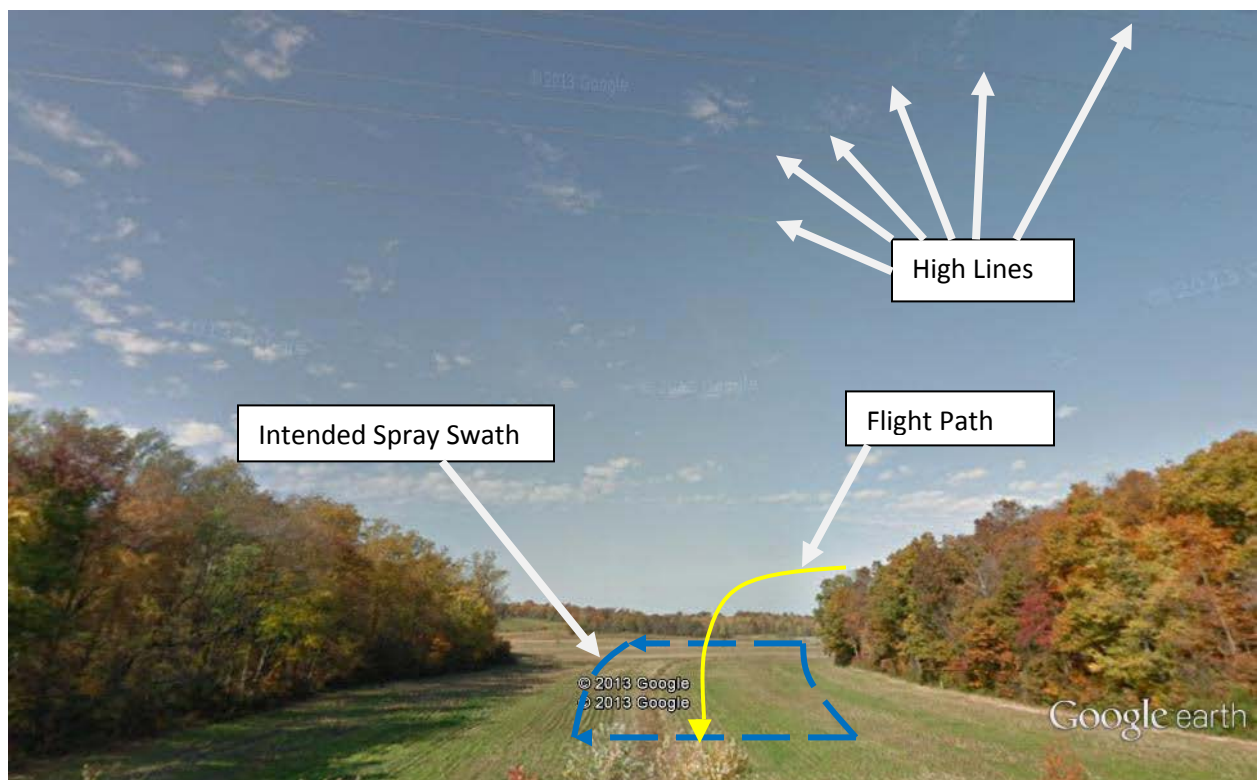
In analyzing Johns log files, I found this hazardous trim pass scenario set up exactly. He had a medium height, high voltage transmission line on wooden towers positioned just to the East of the field that he was spraying. The logs show that he swathed the field in a North, South direction and then turned about 240 degrees to the left to do a trim pass. This transmission line was sort of buried in the trees and this area was somewhat hilly. This transmission line was not factor during the swathing of the field. John was well trained in these procedures and had about 3 years of experience doing this. Below is a diagram of this area.



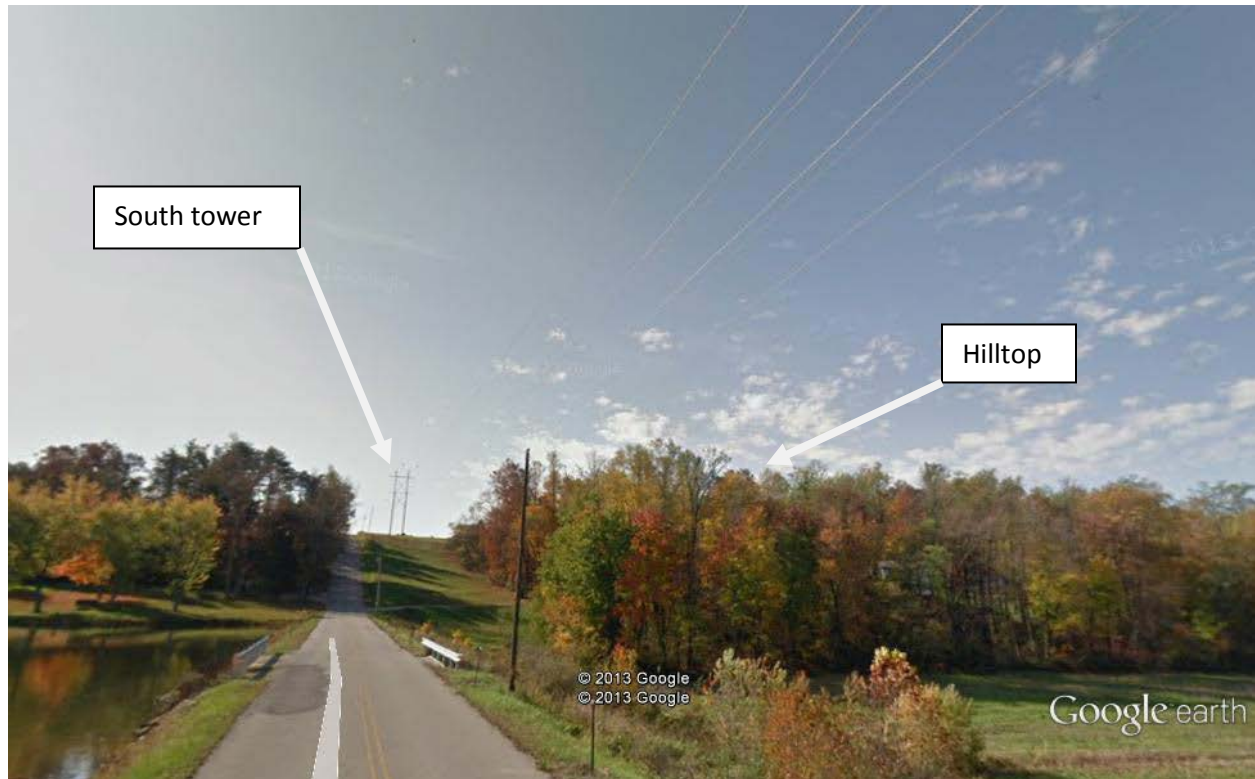
In all of the following illustrations, the position of the sun in Google Earth has been set to the time of the accident of 10:34 AM on July 19 2013. The next illustration is a view standing on road 100 W., at the dam of Conservation Club Lake, and looking North. Here you can clearly see the position of the North Tower, high lines, and the pole and low line running down the edge of the road.



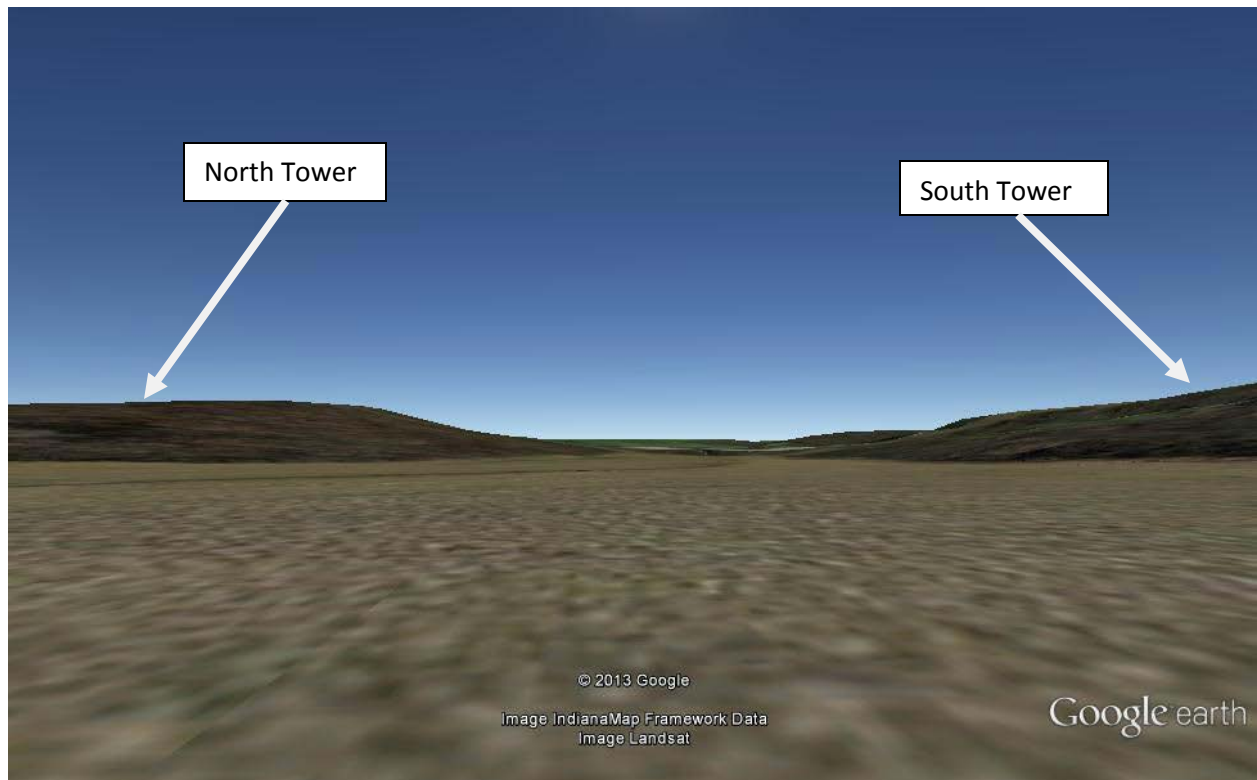
This illustration below is also standing on the dam, but looking West, as though the plane were coming head on.



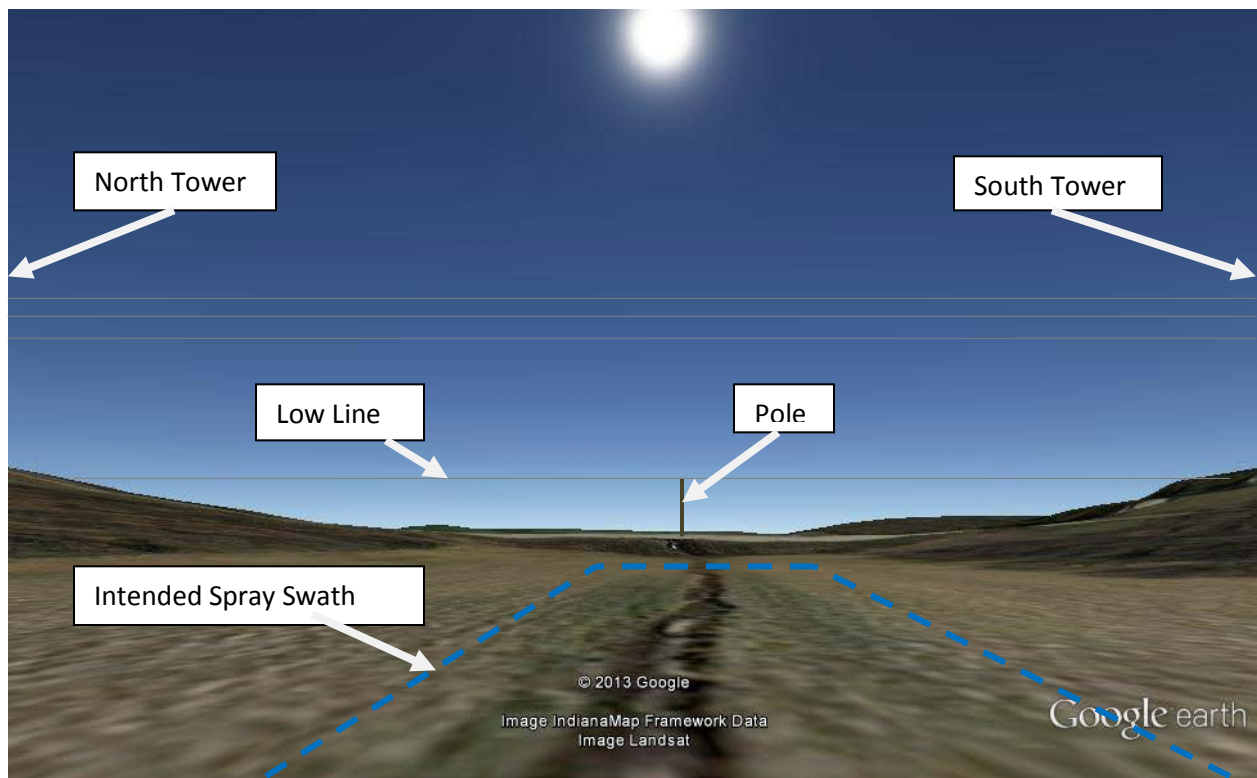
This illustration is standing at the dam and looking South, down county road 100 W.



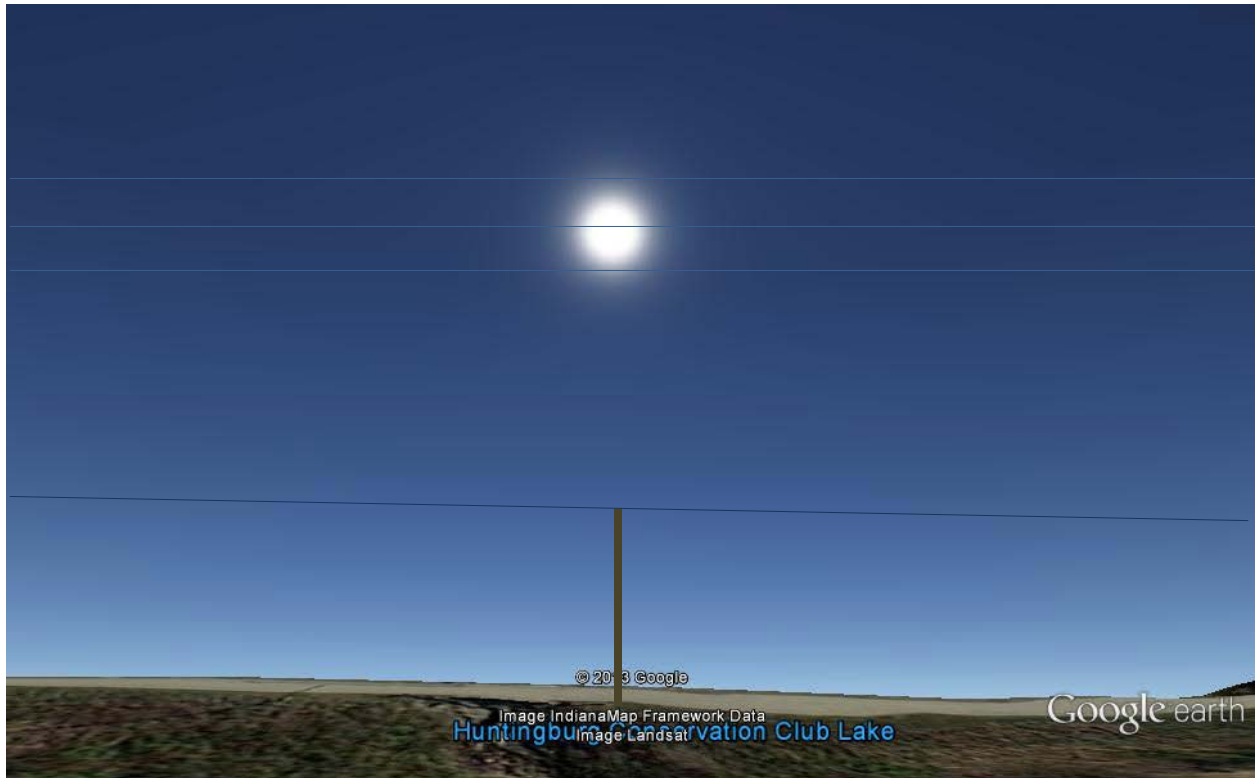
As John approached this intended trim pass, he was turning around the hill to the north. This illustration below is what his view of this area may have looked like. Keep in mind that these hills are covered with trees and those trees are not shown in this image. His view of the large towers to the North and to the South was likely blocked by the hills and trees. His distance would have been far enough not to see any of the wires at this point. The position of the sun is still set to the correct time of the accident. As he approaches this valley, the sun becomes more and more of a factor the closer you get to the wires.



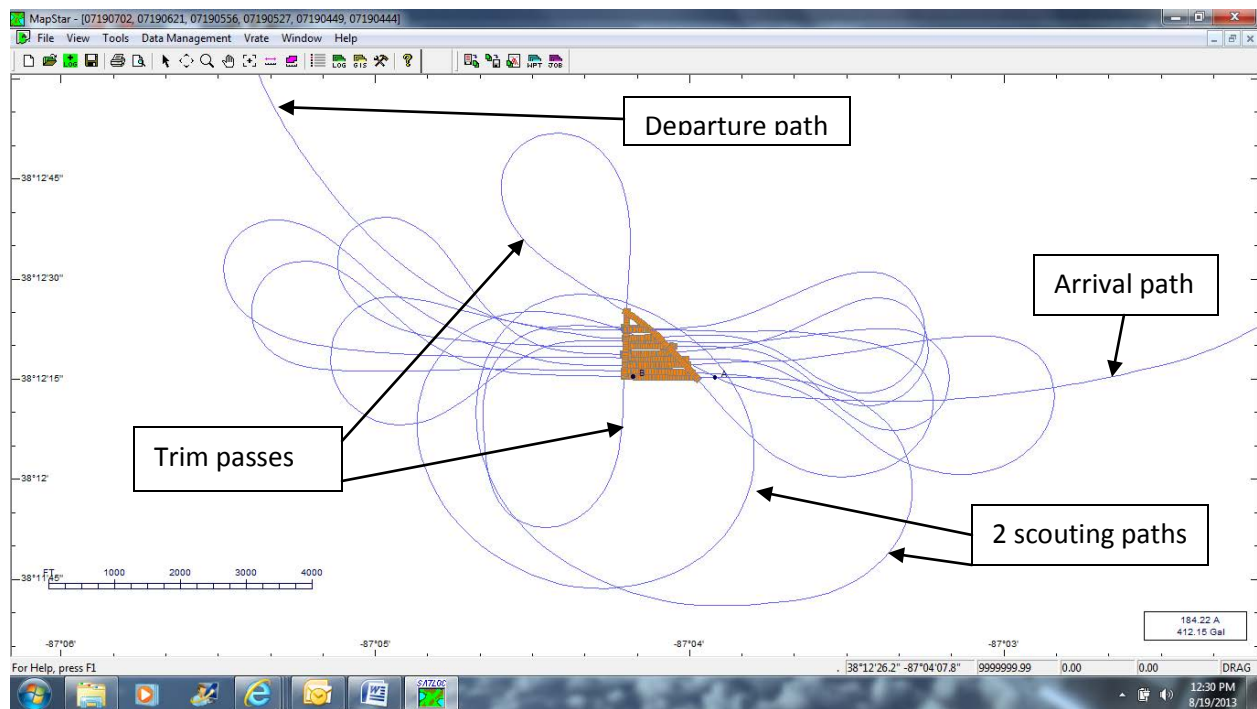
This image is about half way down the intended swath, and the sun is much more of a factor.



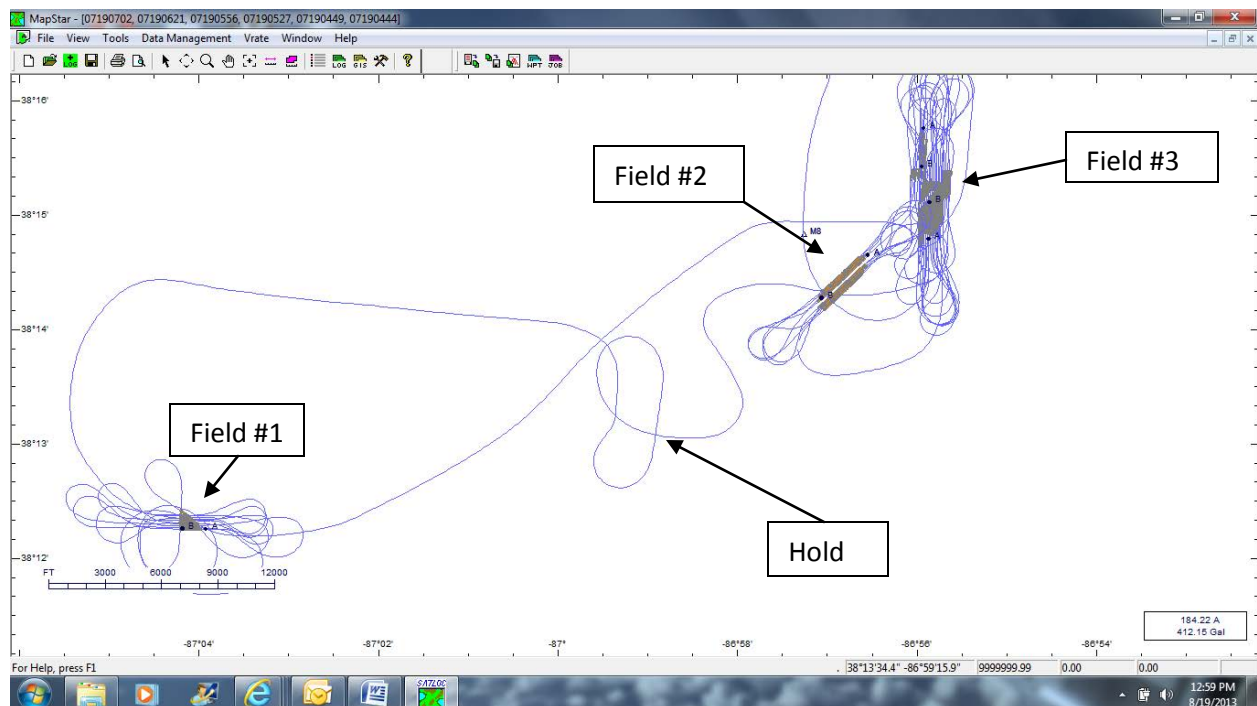
At the end of this trim pass, he would be pulling up at about a 20 to 30 degree angle. I would suspect that he saw the pole and possibly the low line. He did pull up at an appropriate angle to avoid the low line, however that angle put him directly into the high lines from underneath. At this point, there is no way he could have seen the high lines above. Even if he did see the high lines above, there would have been little he could have done at that point to avoid them.



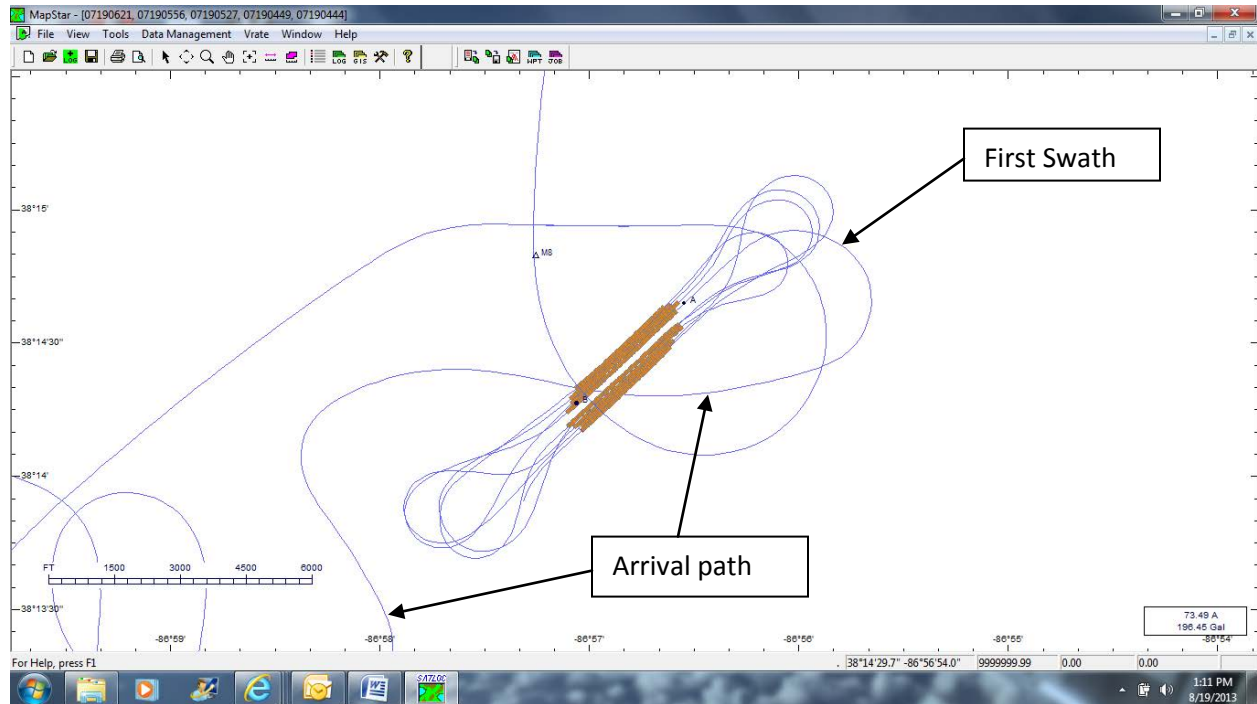
Below is an illustration of John's first field at Huntingburg. It shows his arrival and two full circles around the field as scouting passes. He then swaths the field with a back to back pattern and then runs two trim passes, then departs the area. All of this looks completely normal to me.



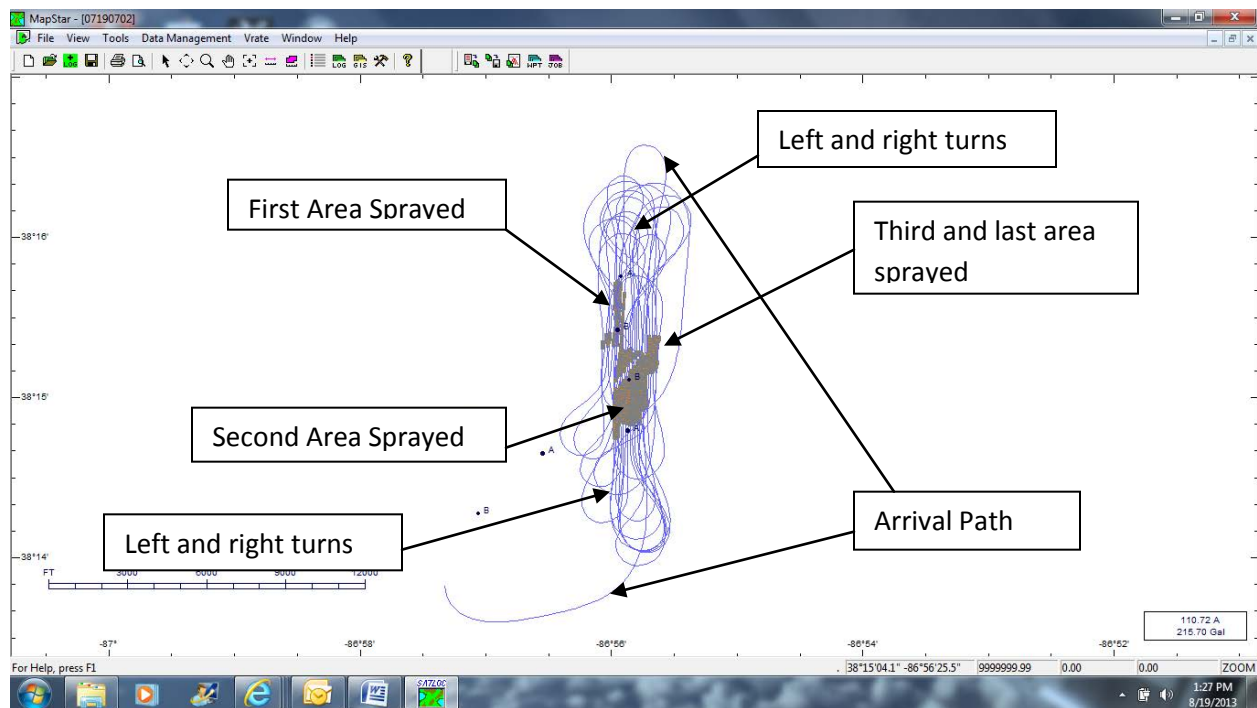
This illustration shows a hold of some sort while traveling between fields 1 and 2. This could have been for some traffic at the airport, or he may have simply been getting something to eat or drink, and possibly resetting the computer. His altitude was about 1000ft MSL or about 500ft AGL, and speed about 160mph.



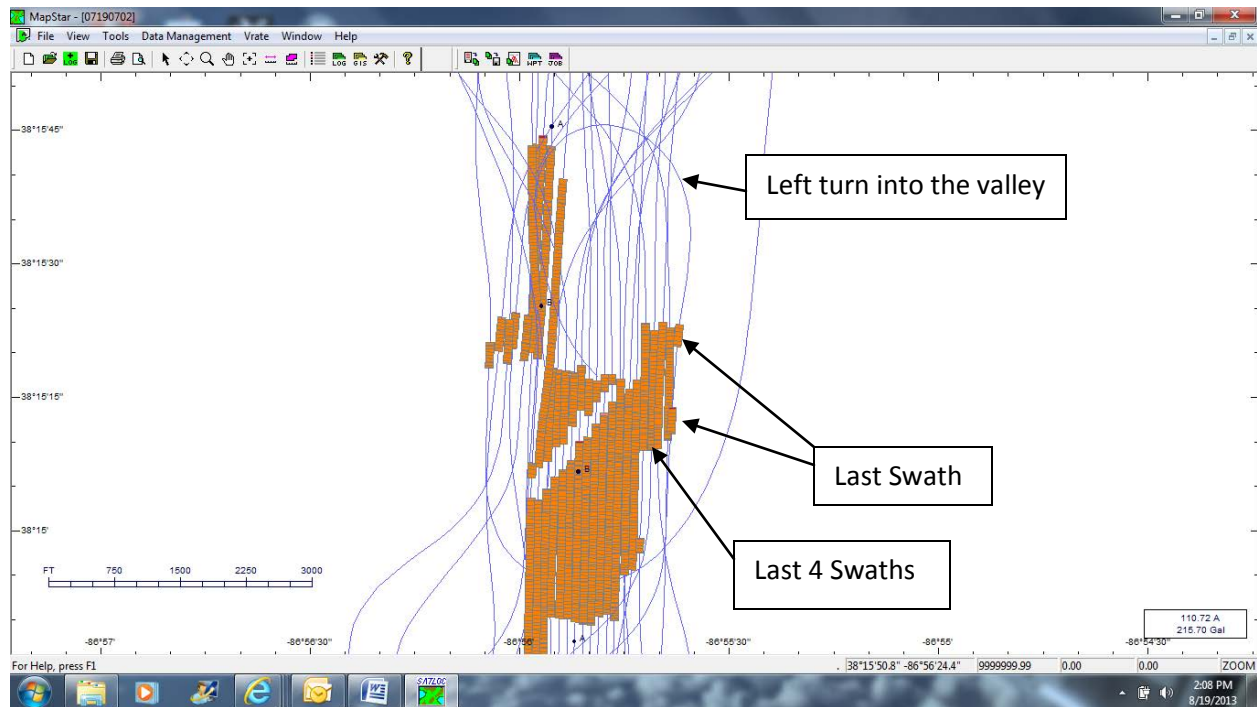
On field number 2, he did not do a normal scouting pass, and he started right hand turns at the northern end and switched between right and left turns on the Southern end. He also did not do any trim passes, but this is a very narrow field and that would be normal for such a field. He then set a marked point (M8) in the computer, so he was likely planning to return here later.



On field number 3 he ran 3 different patterns here, which is a little unusual, but not unacceptable. There are no clear scouting paths, however he ran a long pass to the North, getting set up for his first spray area. This pass was directly over the field at about 250ft AGL which is not an ideal position for seeing what is in the field and the sun would have been towards the East the whole time. Normally, when there is a big power transmission line in the area, is when you would see numerous scouting passes. There were plenty of reasons to take a closer look at this field, because of the hills, drainage ditch, houses, road, dam, power lines, trees, and a small lake in this area. The alternating left and right turns are something that I don't understand. I don't think this would be beneficial to situational awareness. Turning in different directions would make sense if the plane were heavily loaded and had a stiff wind blowing. This way, you are always turning into the wind, however his plane was nearly empty and there was very little wind, and he was turning both directions at both ends of the field.



The next illustration shows a close up of the last few swaths to be sprayed and the left turn into the valley for a trim pass.



Some closing thoughts are; The spacing between the power line towers is really huge. I've never seen towers spaced that far apart. The plane should have had 150 to 170 gallons of fuel remaining, or about 2 hours worth. There was jet fuel sprayed all over the crash site. The computer indicated that John had sprayed 412 gallons of chemical out of the plane, meaning that it was empty or very nearly so. I found a strike mark on the torque gauge indicating that it was producing 2800ft/lbs of torque at the time of impact. This would be a completely normal power setting for that weight and mode of flight. Our guys found pieces of glass and plastic from all 3 windshields on the road just under the power lines. The light bar, which was on the top of the nose was never found. We found a piece of power line tangled inside the spinner. There were also shreds of aluminum from propeller blades on the road, under the power line. It's also a poor situation to hit a power line with an empty / light weight aircraft. Many other AG accidents have shown that it's better to be heavily loaded when hitting a power line. I don't believe there was any other traffic in the area when John was doing these last 2 fields. The dealer, Superior Ag simply provides the chemical to the plane/pilot, and doesn't act as dispatch for the aircraft. This area in Southern Indiana is one of the more difficult areas of the state. Of the 35+ dealers and airports that we work with, clearly none are as accommodating as Superior AG and Huntingburg Airport.

In conclusion, I suspect that John was hustling a little bit and trying to save some time, and didn't really look at these fields with an eagle eye. Every other AG pilot in the world including myself has been guilty of this many times. This time, a little complacency, combined with the wrong sun angle, and some bad luck bit John really bad...

Sincerely

Barrett Brummett