

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Crockett State: TX
 ZIP: 75835 Country: HOUSTON
 Latitude: 31.20 N (decimal degrees N/S) Longitude: 95.24 W (E/W)

Date/Time

Date: 03/21/2014 Local Time: 14:00
 mm/dd/yyyy Time Zone: Central

Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N284DS
 Manufacturer: Donald Stokes
 Model: Challenger II
 Serial Number: CH2-0911-LSS-L65-019 Amateur-built: ☒ Yes ☐ No
 Year of Manufacture: 12/2011 ☒ Kit/Plans ☐ Original Design
 Make: _____

Maximum Gross Weight: 1060 lbs
 Weight at Time of Accident/Incident: 830 lbs
 Number of Seats: 2 Flight Crew Seats: 1
 Cabin Crew Seats: _____ Passenger Seats: 1
 Number of Engines: 1

Category of Aircraft

- ☐ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyrocraft
- ☐ Helicopter
- ☐ Powered lift
- ☒ Ultralight
- ☐ Unmanned
- ☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)

- | Standard | Special |
|------------------------------------|--|
| ☐ Unknown | ☐ Restricted |
| ☐ Normal | ☐ Limited |
| ☐ Utility | ☐ Provisional |
| ☐ Acrobatic | ☐ Special Flight |
| ☐ Transport | ☒ Experimental |
| | ☐ Light Sport |

Landing Gear
(Check all that apply)

- | | |
|--|------------------------------------|
| ☒ Tricycle | ☐ Tailwheel |
| ☐ Amphibian | ☐ High Skid |
| ☐ Emergency Float | ☐ Skid |
| ☐ Float | ☐ Ski |
| ☐ Hull | ☐ Ski/Wheel |

Engine Type

- | | |
|--|---|
| ☒ Reciprocating | Fuel System Type
(Reciprocating) |
| ☐ Turbo Shaft | ☒ Carburetor |
| ☐ Turbo Prop | ☐ Fuel Injected |
| ☐ Turbo Jet | |
| ☐ Turbo Fan | |
| ☐ Electric | |
| ☐ Unknown | |

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	ROTAX	582 DCDI	7569454	2010	65	11.0	1.1	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100 Hour
- ☐ Continuous Airworthiness
- ☐ AAIP
- ☐ Conditional Inspection
- ☒ Annual
- ☐ Unknown

Date Last Inspection: 03/12/2014
 mm/dd/yyyy

Airframe Total Time: 11.0 hrs

hours measured at (check one)

☒ Last Inspection ☐ Time of Accident/Incident

ELT Installed

☐ Yes ☒ No

ELT Activated

☐ Yes ☒ No

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

ELT Manufacturer: _____

Model/Serial: _____

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

Additional Equipment (Check all that apply)

- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☐ Auto-Pilot
- ☐ Data Recorder
- ☐ Electronic Multifunction Display
- ☐ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☐ IFR Equipment
- ☐ Onboard Weather
- ☐ Stall Warning System

Type of Maintenance Program

- ☐ Annual
- ☒ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program (AAIP)
- ☐ Continuous Airworthiness
- ☐ Other, specify: _____

Propeller

☒ Fixed Pitch
☐ Controllable Pitch
 Manufacturer: WARP DRIVE
 Model: WDP-3

Type of Fire Extinguishing System

☒ None
☐ Specify _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Donald G. StokesFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: [REDACTED] CrockettState: TX ZIP: 75835Country: Houston**Operator of Aircraft**☒ Same As Registered Owner

Name: _____

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

Operator Address☒ Same As Registered Owner

City: _____

State: _____

ZIP: _____

Country: _____

Commercial Operating Certificate Held

(Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129
☐ FAR 103 ☐ FAR 133
☐ FAR 121 ☐ FAR 135
☐ FAR 125 ☐ FAR 137

☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial
☐ Armed Forces

☐ Public Use (select type)
☐ Federal
☐ State
☐ Local

☐ Unknown

Revenue Operation

for FAR 121, 125, 129, 135

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International

Cargo Operation

- ☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight

for FAR 91, 103, 133, 137 (Select one)

- ☒ Personal ☐ Banner Tow ☐ Positioning
☐ Business ☐ Glider Tow ☐ Public Use
☐ Executive/Corporate ☐ Skydiving
☐ Other Work Use ☐ Firefighting
☐ Instructional ☐ External Load ☐ Unknown
☐ Air Race/Show ☐ Aerial Application
☐ Air Drop ☐ Aerial Observation
☐ Flight Test ☐ Ferry

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Name: HOUSTON COUNTRY AIRPORTDistance From Airport Center: 1.9 SMAirport Identifier: KDKRDirection From Airport: 320 EST. degreesProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ NAAirport Elevation: 354 ft. MSL**Runway Information**

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

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

Condition of Runway/Landing Surface (Check all that apply)

- ☐ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush Covered ☐ Vegetation ☐ Unknown

Approach Segment (Select one)

- ☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown) ☐ Unknown

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

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: DONALD City: [REDACTED], CROCKETT
 Middle Initial: G State: TX ZIP: 75835
 Last Name: STOKES Country: HOUSTON
 Age at time of Accident/Incident: 72 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	Available Restraint Type ☐ None ☐ 4-point ☐ Lap only ☐ 5-point ☒ 3-point ☐ Unknown	Restraint Used ☐ None ☐ 4-point ☐ Lap only ☐ 5-point ☒ 3-point ☐ Unknown
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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 ☐ Special Issuance ☐ N/A	Date of Last Medical <u>10/03/2012</u> mm/dd/yyyy
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Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

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

08/23/2013
 mm/dd/yyyy

Flight Review Aircraft

Make: ARION LS1
 Model: LSA

Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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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	2,198	11	2,198	0	163	233	54	0	0	0
Pilot in Command (PIC)	2,082	11	11	0	0	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	15	1	16	0	0	0	0	0	0	0
Last 30 Days	3	1	4	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

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: N/A City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____

Degree of Injury

☐ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

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

Available Restraint Type

☐ None
 ☐ 4-point
☐ Lap only
 ☐ 5-point
☐ 3-point
 ☐ Unknown

Restraint Used

☐ None
 ☐ 4-point
☐ Lap only
 ☐ 5-point
☐ 3-point
 ☐ Unknown

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
☐ Special Issuance
☐ N/A

Date of Last Medical

_____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

_____ mm/dd/yyyy

Flight Review Aircraft

Make: _____
 Model: _____

Airplane Rating(s) (Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None
 ☐ Instrument Airplane
☐ Airplane Single-Engine
 ☐ Instrument Helicopter
☐ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ Sport

Type Ratings

Student Endorsements (Include dates)

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

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)						
Pilot Name and Address First Name: <u>NONE</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military					Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military					Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military					Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: <u>N/A</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>PRIVATE</u> City: <u>CROCKETT</u> State: <u>TX</u> Country: <u>HOUSTON</u>		Time of Departure Time: <u>1300</u> Time Zone: <u>CENTRAL</u>		Destination Airport ID: <u>N/A</u> City: _____ State: _____ Country: _____
Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No				
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ VFR ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☒ Unknown				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS)		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees		
Basic Conditions ☐ VMC ☐ IMC		Light Condition ☐ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered Lowest Cloud Condition Height _____ ft AGL		Ceiling ☐ None (clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft AGL		
Wind Direction ☐ Variable ☐ Indicated: _____ degrees	Wind Speed ☐ Calm ☐ Light and Variable -or- Velocity: _____ KTS	Wind Gusts ☐ Not Gusting ☐ Gusting Velocity: _____ KTS	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A	Type of Precipitation (Check all that apply) ☐ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		Restriction to Visibility (Check all that apply) ☐ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed		Icing Actual Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed		Turbulence Type (Check all that apply) ☐ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

☐ None ☐ Substantial
☒ Minor ☐ Destroyed

Aircraft Fire

☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion

☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Phase of Operation

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

Altitude of In-Flight Occurrence

15/20 ft MSL

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

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.

TOOK OFF AT APP 1300 FROM MY LITTLE GRASS STRIP BEHIND THE HOUSE TO FLY AROUND LOCALLY AND DO SOME TOUCH AND GOES.

ALIGNED UP FOR THE APPROACH TO LANDING AND STARTED A DESCENT TO THE STRIP. THE WIND WAS GUSTING MORE THAN IT APPEARED AT TAKEOFF. WAS APP. 20 FT ABOVE THE GROUND CROSSING THE FENCE AT THE END OF THE STRIP A GUST OF WIND PUSHED ME NEAR THE TREES LINED, NEXT TO THE STRIP, WHERE THE PLANE'S RIGHT WING CAUGHT A BRUSH PILE WHICH CAUSED ME TO HAVE A HARD LANDING.

(NOTE) GOT OUT OF PLANE AND MADE SURE THE FUEL AND IGNITION SWITCH WAS OFF AND WALKED TO THE HOUSE. THIS TOOK APP 10/15 MINUTES. WHEN I ARRIVED THE POLICE AND AMBULANCE WAS PULLING IN MY YARD.. MY WIFE HAD CALLED THEM WITHOUT EVER SEEING ME AND KNOWING WHAT HAPPENED BECAUSE SHE SAID SHE HEARD THE PLANE ENGINE STOP AND HEARD IT WHEN I HIT THE GROUND. THE POLICE TOLD ME SINCE SHE HAD CALLED THEY HAD TO FILE A REPORT.

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

Operator/Owner Safety Recommendation

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

Operator/Owner Safety Recommendation

More attention to gusting winds near ground
so a whirlight -

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

**Total Time/Cycles
On Part**

_____ Hours

_____ Cycles

**Time Since This Part
Inspected/Overhauled**

_____ Hours

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**
(convert from pounds, as necessary)

11 Gallons

Fuel Type☐ 80/87☒ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Automotive☐ JP3☐ JP4☐ 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

Pilot unlocked SEAT Belt and climbed out of plane

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number****Manufacturer:** _____**Model:** _____**Damage to Other Aircraft**☐ Destroyed☐ Substantial☐ Minor☐ None**Registered Owner of Other Aircraft**

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

03/27/2014
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____
Type or Print Name: DONALD G. STOKES**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN14CA170Reviewed by NTSB Regional Office
DENVER, COLORADOName of Investigator
ARNOLD W. SCOTTDate Report Received
APRIL 1, 2014