

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

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>NEW LONDON</u> State: <u>WI</u> ZIP: <u>54961</u> Country: <u>USA</u> Latitude: <u>44.3885917</u> Longitude: <u>-88.8526867</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>11/06/2016</u> Local Time: <u>1600</u> mm/dd/yyyy Time Zone: <u>CENTRAL</u>	
Collision with Other Aircraft: ☐ Midair ☒ On-ground ☐ None			

AIRCRAFT INFORMATION

Registration Number: <u>N 801 KJ</u> Manufacturer: <u>KENNETH R. JOHNSON</u> Model: <u>ZENITH STOL CH 801</u> Serial Number: <u>8-4899</u> Year of Manufacture: <u>2016</u> Amateur-Built: ☐ Yes ☐ No If Yes: ☒ Kit/Plans ☐ Original Design Make: <u>ZENITH</u>		☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2150</u> lbs Weight at Time of Accident/Incident: <u>1538</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>0</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>3</u> Number of Engines: <u>1</u>	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☒ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Landing Gear (Check all that apply) ☐ Retractable ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Other Launch/Recovery System ☒ None ☐ Unknown	Engine Type (Select one) ☐ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☒ Electric <u>MAZDA ROTARY</u> Fuel System Type (Reciprocating) ☐ Carburetor ☒ Fuel-Injected
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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)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	MAZDA ROTARY	13B	E606B	06/07/2015	180	11	11	11
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☒ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>05/12/2016</u> mm/dd/yyyy Airframe Total Time: <u>11</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>IVO PROP</u> Model: <u>MR 376 E28</u> Propeller 2 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>IVO PROP</u> Model: <u>MR 376 E28</u>	Type of Maintenance Program (Select one) ☐ Annual ☒ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____
Description of Fire Extinguishing System ☒ None ☐ Specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-04 ELT</u> TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☒ C126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? ☒ Yes ☐ No If activated: Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown	
Additional Equipment (Check all that apply) ☐ ADS-B ☐ Airframe Parachute ☒ Angle of Attack Indicator ☐ Autopilot ☐ Data Recorder ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☒ Electronic Primary Flight Display ☒ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device ☒ Stall Warning System ☐ Video Recording Device ☐ Other, Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: KENNETH R. JOHNSONCity: [REDACTED]State: [REDACTED] ZIP: [REDACTED]Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USAOperator of Aircraft ☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held
(Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☐ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
☒ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)
☐ Armed Forces
☐ Federal
☐ State
☐ Local
☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135
(Select one for each group)

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

☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137
(Select one)

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

Revenue Sightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: NORTH POET AIRPORTDistance From Airport Center: .1 smAirport Identifier: 38 W1Direction From Airport: 90 degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 800 ft. msl

Runway Information

Runway ID: 180 (L/R/C) Length: 2500 ft Width: 165 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/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☒ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Crosswind ☐ Aborted Landing (after touchdown)
☐ Unknown

IFR Approach (Check all that apply)

- ☒ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual
☐ VOR/DME ☐ Localizer Only ☐ Contact
☐ TACAN ☐ LOC-back course ☐ Circling
☐ RNAV ☐ Unknown

VFR Approach (Check all that apply)

- ☐ None
☒ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

FLIGHT CREWMEMBER 1i INFORMATION

i Flight Crewmember 1i Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

i Flight Crewmember 1i was pilot flying ☒ Yes ☐ No

i Flight Crewmember 1i Identification

First Name: KENNETH

City of Residence: [REDACTED]

Middle Initial: R.

State: [REDACTED]

ZIP: [REDACTED]

Last Name: JOHNSON

Country: USA

Age at time of Accident/Incident: [REDACTED]

Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☒ 5-point</td> <td>☒ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☒ 5-point	☒ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
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☐ Lap only	☐ Lap only																
☐ 3-point	☐ 3-point																
☐ 4-point	☐ 4-point																
☒ 5-point	☒ 5-point																
☐ Unknown	☐ Unknown																
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer																	
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 ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical <u>04/12/2016</u> mm/dd/yyyy														

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

NONE

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

08/10/2016
mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA

Model: 150

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 ☐ 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	144	13	144	0	3	0	0	0	0	0
Pilot in Command (PIC)	144	13	144	0	3	0	0	0	0	0
Time as Instructor	0									
This Make/Model										
Last 90 Days	5.4	5.4								
Last 30 Days	5.4	5.4								
Last 24 Hours										

1 FLIGHT CREWMEMBER 2i INFORMATION																																																																																																				
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i Flight Crewmember 2i was pilot flying ☐ Yes ☐ No																																																																																																				
i Flight Crewmember 2i Identification First Name: _____ City of Residence: _____ 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			Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
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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 ☐ 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																																																																																														
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Not Installed
			☐ Installed
			☐ Not Deployed
			☐ Deployed
			☐ Unknown

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Not Installed
			☐ Installed
			☐ Not Deployed
			☐ Deployed
			☐ Unknown

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>38W1</u> City: <u>NEW LONDON</u> State: <u>WI</u> Country: <u>USA</u>	Time of Departure Time: <u>15:30</u> Time Zone: <u>CENTRAL</u>	Destination Airport ID: <u>38W1</u> City: <u>NEW LONDON</u> State: <u>WI</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☒ Class E ☐ Restricted Area ☐ FAR 93			Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather	Weather Observation Facility Facility ID: <u>KPCZ</u> Observation Time: <u>15:30</u> Time Zone: <u>CENTRAL</u> Distance from Accident Site: <u>8</u> nm Direction from Accident Site: <u>265</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl
Temperature: _____ (C) or <u>60</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.23</u> in. Hg or _____ MB	

Wind Direction ☐ Variable -or- Direction: <u>180</u> degrees true	Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: <u>5</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown
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Icing Forecast Amount ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown	Icing Actual Amount ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown	Turbulence Type (Check all that apply) ☒ None ☐ Light ☐ Clear Air ☐ Moderate ☐ Terrain-Induced ☐ Severe ☐ Convective Turbulence ☐ Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
NONE

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

- ☐ None ☐ Substantial
☐ Minor ☒ Destroyed
 ☐ Unknown

Aircraft Fire

- ☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☒ On-Ground ☐ Unknown

Aircraft Explosion

- ☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☒ On-Ground ☐ Unknown

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

SEE ADDITIONAL SHEETS

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

SEE ADDITIONAL SHEETS

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

Operator/Owner Safety Recommendation

I BELIEVE 5-POINT HARNESS SAVED MY LIFE

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

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

THE ENGINE WAS WORKING FLAWLESSLY.
HOWEVER, FLIGHT CONTROLS DID NOT CONTROL
AIRCRAFT.Total Time/Cycles
On Part11 Hours
CyclesTime Since This Part
Inspected/Overhauled

11 Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

13

Gallons

Fuel Type

☐ 80/87☐ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Jet A-1☐ Jet B☐ JP8☒ Automotive

① Other, specify

NO ALCOHOL

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas 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 WAS PULLED FROM LEFT SIDE OF AIRCRAFT

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer:

Model:

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name:

City:

State:

ZIP:

Country:

Pilot of Other Aircraft

Name:

City:

State:

ZIP:

Country:



National Transportation Safety Board Form 6120.1

November 16, 2016

Accident occurred Sunday, November 6, 2016 in Aircraft N801KJ

This aircraft was approved for a 40 hour testing period on May 12th, 2016. This aircraft is a Zenith STOL CH801. A few flights were flown initially. However, testing of the aircraft was delayed because of busy summer activities. On Saturday, November 5th, this aircraft was flown .6 hours. The purpose was to practice take-off and landings. 5 take-offs and landings were completed. Four of the landings were with full flaps; one with no flaps. One take-off was completed with full flaps. The take-off with full flaps was at 28-29 mph.

On Sunday, November 6, 2016. I continued testing of this aircraft at about 3:30 P.M. Central Standard Time. It was a clear day with 5 mph winds out of the south. The temperature was about 60 degrees Fahrenheit. I called the AWOS at the Waupaca Airport (KPCZ,) (8 miles to the south west) for wind and barometer readings before the flights. The purpose that day to test stalls and how the aircraft responded. On the first flight the aircraft stalled with full power at 38-39 mph. Neither wing stalled first. The flight was straight and stable. I landed with full flaps on grass field, runway 18. I back-taxied and took-off for the second test. The second test was a full flap, engine idle stall, as recommended in landing. The plane stalled at 28-29mph. Again, both wings were level in the stall and aircraft flew straight.

I proceeded to land this aircraft with a standard left hand pattern. The plane was on a downwind on the left side of grass runway 18. The pattern altitude was approximately 1800 feet (this would be about 1000 feet above the runway.) The goal was to practice a full flap landing. I believe I placed full flaps and reduced engine throttle to idle in preparation for this landing, just as I had done already that day

and four times the day before. After completing that process, I found I had no control of the aircraft with the stick. The stick would move, but the plane could not be controlled. The thought occurred to increase power, but somehow I believed the aircraft was already fast. My thoughts were totally on just "fly the plane," yet in the seconds before the crash I could do nothing.

I do not remember the crash. In the crash, I hit my head and was unconscious. Yet, somehow, I was able to unbuckle my five- point harness and open the pilot's left side door. A neighbor, about a block from the crash site, heard the crash. She called her husband and son from their basement to go to the site to see if help was needed. So, I imagine they arrived at the crash site about 3-4 minutes after the crash. They mentioned they saw the engine compartment burning, yet saw me under the aircraft. The aircraft was tipped on the pilot's side. It has gull-type doors that opened up to the high wing. There was a small space about 2 feet by one foot that was available to exit the plane. From their explanation, I said I needed to "find my glasses," and "turn off the fuel switch." They said to me that I needed to leave the plane, "NOW!" I offered my hands to them and the father pulled me from the plane. We walked about 10 feet from the plane when it exploded. Soon others arrived and made sure I was a distance from the plane. The plane continued to burn. The ambulance arrived along with the fire department in about 35 minutes after the crash. Because of a concussion I was only fully awake upon entering the ambulance. Although I was sitting and talking to my rescuers for about 30 minutes, I have no memory of that time.

I spent 24 hours in the hospital for evaluation. I suffered a broken rib on the right side from the five-point harness. For about one week my stomach muscles were extremely sore and my shoulders were black and blue. I had a few small cuts, scraps, and bruises on my head, arms, and legs. Although the five-point harness had caused the broken rib and other bruises, it probably saved my life.

In evaluating the reason for the crash, it is being suggested that the aircraft stalled. The cables connecting the tail controls seem to be intact. (The fire did destroy most of the cockpit area.) A stall would be a simply way to explain the loss of control of the stick in the aircraft.

However, I would suggest this plane is built not to stall. The forward position of the engine makes the plane nose heavy. This weight was even greater in my plane with the redrive and flight adjustable prop. The horizontal stabilizer is shaped to create downward lift. My airplane had the larger, longer stabilizer and vortex generators were placed on this wing to retain airflow across it. It requires a significant effort to stall this plane. I had practiced it that day. The stick needs to be pulled into the stomach strongly and held there.

Like a Cessna 172, adding full flaps tends to point the nose of the aircraft downward. This downward position then tends to increase the speed of the aircraft. In the last two days, I had landed the plane in the same way that I attempted to at the time of the crash. With full flaps and the nose down, there would have plenty of speed to control the aircraft. Yet, there was no control.

In combing through the ruins of the plane, I noticed that the flanges welded to the left struts had broken off. These flanges insert into a plate that holds the landing gear and this plate is bolted to the fuselage. The flanges are bolted to plate. In the crash the right plate remains with the struts attached. The struts are slightly bent, but the welded flanges are attached. I had taken 14 years to build this plane. It had taken so long because I am a very meticulous, detailed person. I changed out the 3-point safety belts for 5-point belts. I reinforced the plates and bars where these belts attached to the aircraft. I added extra reinforcement to the firewall so that floats might be placed in the future. I would round off all

aluminum corners. I also, ground all welded joints to make them smooth. There were two schools of thought regarding grinding. One suggested that a weld would less likely fracture if it were smooth. Another thought was that grinding would remove too much of the weld. I ground all welds. Maybe, these welds fractured in my past landings and contributed to the crash. (See pictures included.)

The final pictures are of the destroyed plane. As mentioned earlier, the fuel tanks exploded. The crash occurred on a rural private airport in a grassy area just northeast of where the two grassy strips (2,20 and 18,36) intersect. The damage to the area was just the burnt grass around the aircraft. The plane appeared to land about 20 feet before its final position and spun counterclockwise. Most parts are still connected to the burnt fuselage, although parts of plastic windows lie within 10 feet of the plane.

Recommendation: I believe the 5-point harness helped to save my life.



This is the right side of plane where the struts attach to the bracket. The bracket is attached to the main landing gear. The fuselage is burned away. The struts are bent, but remain attached to the steel bracket.



We see the end of one left strut. We do not know what damage the fire caused.



The cockpit is completely gone by the fire.



Crash site

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
11/16/2016
mm/dd/yyyy

Name of Pilot/Operator: KENNETH R. JOHNSON

Signature: 

-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
CEN17LA037

Reviewed by NTSB Regional Office
Central

Name of Investigator
Lemishko

Date Report Received
11/21/2016