

# NATIONAL TRANSPORTATION SAFETY BOARD

## NTSB Form 6120.1

### PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.nts.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

**It is necessary that ALL questions on this report be answered completely and accurately.**  
**If more space is needed, continue on a blank sheet.**

**Nearest City/Place:** Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

**Date & Time:** Indicate the date and local time of the event. Be sure to indicate the time zone.

**Phase of Operation:** Indicate the phase of operation during which the accident/incident occurred.

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

**Max Gross Weight:** Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

**Airworthiness Certificate:** For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 C.F.R. 830.2.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

**Engine:** Enter engine make and model information as indicated on the engine data plate.

**Owner/Operator Information:** Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under FAR Part 91 at the time of the accident.

**Public Use:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

**Air Medical Flight:** Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

**Purpose of Flight (FAR 91, 103, 133, 137):** Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**PERSONAL**—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**BUSINESS**—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**—Company flying **with** a paid, professional crew.

**OTHER WORK USE**—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**INSTRUCTIONAL**—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**FERRY**—Non-revenue flight under a special flight or “ferry” permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**POSITIONING**—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

**AERIAL APPLICATION**—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**—Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**—Includes any flight operations conducted as part of an organized air race or public demonstration.

**FLIGHT TEST**—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

**PUBLIC USE**—See definition above.

**UNKNOWN**—Use only if the primary purpose of flight is not known.

**Other Aircraft – Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check “Collision with other aircraft” under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identification:** Provide the official 3 or 4 character airport identifier.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

**NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

**Pilot Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators “Pilot A” and “Pilot B” do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate “none”. If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as “Pilot-in-Command (PIC)” and all dual flight instruction given should be included as “Time as Instructor”.

**Additional Flight Crew Members:** Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered “Revenue” passengers if they were being carried for compensation or hire. The option “FAA” refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

**These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.**

# 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: CODY State: WY  
 ZIP: 82414 Country: UNITED STATES  
 Latitude: 44:31:38.4N (dd:mm:ss N/S) Longitude: 109:00:39W (ddd:mm:ss E/W)

### Date/Time

Date: 12/23/2016 Local Time: 0930  
 mm/dd/yyyy Time Zone: MTN

### Phase of Operation

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

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☒ None

### Altitude of In-Flight Occurrence

6,000 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: ROD LUEK

Model: KIT FOX 7

Serial Number: S70507084

Registration Number: N320RJ

Amateur-built: ☒ Yes ☐ No

Max Gross Weight: 1,550 lbs

Weight at Time of Accident/Incident: 1,198 lbs

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

10.7 inches from ☐ nose or ☒ datum  
 -or- \_\_\_\_\_ Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

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

### Type of Airworthiness Certificate (Check all that apply)

#### Standard

☐ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport

#### Special

☐ Restricted  
☐ Limited  
☐ Provisional  
☒ Experimental  
☐ Special Flight  
☐ Light Sport

Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

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

### Type of Maintenance Program

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

### Last Inspection Type

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

Date Last Inspection: 10/20/2016

mm/dd/yyyy

Airframe Total Time: 39 hrs

hours measured at (check one)

☒ Last Inspection ☐ Time of Accident/Incident

### IFR Equipped

☐ Yes ☒ No ☐ Unknown

### Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

### Type of Fire Extinguishing System

☐ None  
☐ Specify \_\_\_\_\_

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☒ Yes ☐ No

ELT Manufacturer: ACS TECHNOLOGY

Model/Series: AK-450

### ELT Aided in Locating Accident/Incident

☐ Yes ☐ No

Serial Number: 491802

Battery Type: ALKILYN

Battery Exp. Date: 03/20/2024

### Engine Type

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☒ Carburetor  
☐ Fuel Injected

### Propeller

☒ Fixed Pitch  
☐ Controllable Pitch

Manufacturer: SENSENICH

Model: 3B0R5/R(L)68C

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | ROTAX               | 914 UL              | 4417920                      |                            | 115                                                                                                                                    | 39                 | 1                             | 0                           |
| Eng. 2 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>FROST, MICHAEL</u><br><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Owner Address</b><br>City: <u>[REDACTED]</u><br>Country: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br><br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br><br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b><br><input type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input checked="" type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                                     | <b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b><br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> International<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 (Check all that apply)</b><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><br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><br><input type="checkbox"/> Other Operator of Large Aircraft |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Aircraft Registration Number</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Manufacturer:</b> _____<br><b>Model:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Registered Owner of Other Aircraft</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Pilot of Other Aircraft</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Was there Mechanical Malfunction/Failure?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i><br><u>Not certain of the exact cause of the engine malfunction at this time.</u>                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Total Time/Cycles On Part</b><br><br>_____ 39 Hours<br>_____ Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br><br>_____ 1 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input type="checkbox"/> Substantial<br><input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                   | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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

All the damage that happened to the aircraft was from the firewall and forward. The nose gear did collapse after rolling approx 75 ft which led to most of the damage. Engine cowling cracked and broken. Engine remained intact however the radiator and other lower parts of the engine were damaged. Two of the three propellers were cracked and bent as well as the spinner.

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KCODDistance From Airport Center: 0 SMAirport Name: YELLOWSTONE REGIONAL AIRPORTDirection From Airport: 080 degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 5,102 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: 22 (L/R/C) Length: 8,268 ft Width: 100 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: KCODCity: CODYState: WYCountry: UNITED STATES**Time of Departure**Time: 1000Time Zone: MTN**Destination**Airport ID: KCODCity: CODYState: WYCountry: UNITED STATES**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)

19 Gallons**Fuel Type**

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

**Other Services, if Any, Prior to Departure**

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

Once the aircraft came to a stop, I ensured all fuel shut offs and power were off and exited the aircraft from the pilots door (left door) and waited outside the aircraft for emergency personnel to arrive.

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: CODObservation Time: 1656Time Zone: UTCDistance from Accident Site: 2 NMDirection from Accident Site: 080 degrees MAG**Source of Weather Information**

(Check all that apply)

- |                                                              |                                   |
|--------------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> National Weather Service | <input type="checkbox"/> Company  |
| <input type="checkbox"/> Flight Service Station              | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio                            | <input type="checkbox"/> Internet |
| <input checked="" type="checkbox"/> Automated Report         | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Commercial Weather Service (DUATS)  |                                   |

**Method of Briefing**

(Check all that apply)

- |                                                        |
|--------------------------------------------------------|
| <input type="checkbox"/> In Person                     |
| <input type="checkbox"/> Teletype                      |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input checked="" type="checkbox"/> Aircraft Radio     |
| <input type="checkbox"/> TV/Radio                      |
| <input type="checkbox"/> Unknown                       |

**Briefing Type/Completeness**

- |                                                       |                                        |
|-------------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Full              | <input type="checkbox"/> Abbreviated   |
| <input type="checkbox"/> Partial / Limited By Pilot   | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

**Light Condition**

- |                                         |                                |                                       |
|-----------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn           | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Dark Night   |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| <input type="checkbox"/> Not Reported   |                                |                                       |

**Visibility**10 miles**Sky/Lowest Cloud Condition**

- |                                              |                                        |
|----------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Thin Broken   |
| <input type="checkbox"/> Few                 | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Scattered           |                                        |

**Ceiling**

- |                                                  |                                     |
|--------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken                  | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast                | <input type="checkbox"/> Unknown    |

**Restriction to Visibility** (Check all that apply)

- |                                          |                                     |
|------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog        |
| <input type="checkbox"/> Blowing Dust    | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand    | <input type="checkbox"/> Haze       |
| <input type="checkbox"/> Blowing Snow    | <input type="checkbox"/> Ice Fog    |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke      |
| <input type="checkbox"/> Dust            | <input type="checkbox"/> Unknown    |

**Lowest Cloud Condition Height**                     ft AGL**Ceiling Height**                     ft AGL**Wind Direction**☐ Indicated:  
                     degrees MAG☒ Variable**Wind Speed**Velocity:              KTS

-or-

- |                                                        |
|--------------------------------------------------------|
| <input type="checkbox"/> Calm                          |
| <input checked="" type="checkbox"/> Light and Variable |

**Wind Gusts**Velocity:              KTS

- |                                                 |
|-------------------------------------------------|
| <input type="checkbox"/> Gusting                |
| <input checked="" type="checkbox"/> Not Gusting |

**Type of Turbulence** (Check all that apply)

- |                                          |                                                   |
|------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air       | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |                                        |                                |
|----------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

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

NOTAM (D) RWY 04 PAPI BEYOND 4 NM UNUSABLE

Temperature: -9 (C)  
or              (F)Altimeter Setting: 29.82 in. HG  
or              MBDensity Altitude: 3,600 ftDew Point: -16 (C)  
or              (F)**Icing Forecast****Amount**

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Icing Actual****Amount**

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Type of Precipitation** (Check all that apply)

- |                                          |                                             |
|------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle            |
| <input type="checkbox"/> Rain            | <input type="checkbox"/> Ice Pellets        |
| <input type="checkbox"/> Snow            | <input type="checkbox"/> Snow Pellets       |
| <input type="checkbox"/> Hail            | <input type="checkbox"/> Snow Grains        |
| <input type="checkbox"/> Rain Showers    | <input type="checkbox"/> Ice Crystals       |
| <input type="checkbox"/> Freezing Rain   | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower     | <input type="checkbox"/> Freezing Drizzle   |

**Intensity of Precipitation**

- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <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: KYLE  
 Middle Initial: R  
 Last Name: DEWEY

City: [REDACTED]  
[REDACTED]

Age at time of Accident/Incident: 23 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

08/19/2016  
*mm/dd/yyyy*

### Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

### Medical Certificate Waivers

NONE

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

08/05/2016  
*mm/dd/yyyy*

### Flight Review Aircraft

Make: CESSNA  
 Model: R182

#### 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                                                  | 467          | 1                 | 431                    | 36                   | 54    | 2          | 43        | 0          | 0      | 0                |
| Pilot in Command (PIC)                                      | 403          | 1                 | 389                    | 15                   | 48    | 2          | 36        | 0          | 0      | 0                |
| Time as Instructor                                          | 136          | 0                 | 136                    | 0                    | 9     | 0          | 0         | 0          | 0      | 0                |
| This Make/Model                                             |              |                   |                        |                      | 0     | 0          | 0         |            |        |                  |
| Last 90 Days                                                | 107          | 0                 | 105                    | 3                    | 4     | 0          | 0         | 0          | 0      | 0                |
| Last 30 Days                                                | 24           | 0                 | 24                     | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |
| Last 24 Hours                                               | 2            | 1                 | 2                      | 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: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
mm/dd/yyyy

#### Degree of Injury

☐ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

#### Seat Occupied

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

#### Seat Belt

Used ☐ Yes ☐ No  
 Available ☐ Yes ☐ No

#### Shoulder Harness

Used ☐ Yes ☐ No  
 Available ☐ Yes ☐ No

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

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

#### Principal Occupation

☐ Pilot  
☐ Other  
☐ Unknown

#### Medical Certificate

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

#### Medical Certificate Validity

☐ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

#### Date of Last Medical

\_\_\_\_\_ mm/dd/yyyy

### Medical Certificate Limitations

### Medical Certificate Waivers

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

\_\_\_\_\_ mm/dd/yyyy

### Flight Review Aircraft

Make: \_\_\_\_\_

Model: \_\_\_\_\_

#### Airplane Rating(s)

(Check all that apply)

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

#### Other Aircraft Rating(s)

(Check all that apply)

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

#### Instrument Rating(s)

(Check all that apply)

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

#### Instructor Rating(s)

(Check all that apply)

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

### Type Ratings

### Student Endorsements (Include dates)

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

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

N320RJ is an experimental Kit Fox 7 owned by Mike Frost who recently was a student of mine that received his Private Pilot Certificate this November. The instruction I had given Mike was all done in Choice Aviation's Cessna 172M. After completing his private pilot certificate Mike planned on flying his Kit Fox 7. Mike had Choice Aviation conduct an annual conditional inspection and wanted me to fly the aircraft to gain proficiency in order to give Mike instruction in his Kit Fox. The annual conditional inspection was done on 20 October 2016 by Joe Ashment. Choice Aviation's Chief Pilot Ben Atnip and I conducted a check out flight on the 5th of November. The flight was cut short due to engine roughness after takeoff and set back on the runway and taxied back to Choice's maintenance department for closer inspection. The result was the aircraft was not receiving enough fuel at full power even with both electric fuel pumps on. After installing check valves for the fuel system as well as replacing the fuel regulator Ben and I again tried another checkout flight the 22nd of December. After closer examination in flight we still had slight engine roughness at high power settings but not nearly as bad as before. The airplane ran perfectly fine at 35" manifold pressure and under and we were able to do power off stalls, steep turns, climbs and descent as well as three takeoffs and landings in which the airplane flew normal. In order to fix the remaining fuel issue at high power settings Joe adjusted the fuel pressure to the maximum settings in order for the engine to receive more fuel needed to run at max power. Both Ben and I felt confident in my handling of the aircraft and I decided to fly the Kit Fox Friday December 23 at 9:00am in order to gain further proficiency in the handling characteristics of the aircraft in order to provide the best instruction for Mike. This local flight started with a thorough weather brief from Aviation Weather Center website followed by calculations of performance and weight and balance. Next I conducted a thorough preflight inspection which included checking proper fuel quantity and fuel sampling. All fuel, oil, coolant, flight controls, airframe, tires, brakes, antennas, and lights were all in working order for a safe flight. I proceeded to pull the aircraft out of the hanger and started the aircraft. It took several tries to start the engine and had to use the choke in order to start the engine in the cold conditions. Once started, engine instruments were in the green and taxied to runway 22 after receiving the automated weather and completing the after start checklist. Holding short of runway 22 I ran the engine to 4000 RPM's and checked the left and right ignition circuits. I then turned fuel pump B on and ran the airplane to maximum power which brought the fuel PSI to maximum of 23 PSI but the engine ran fine. This was a good sign because until this point the engine wouldn't run smoothly at max power settings. I brought the engine back to 4000 RPM's and checked the fuel pumps and when shutting both fuel pumps off the airplane slowly quit and died. I restarted the engine and to confirm this was OK I taxied back to maintenance for a second opinion. Normal operation calls for fuel pump A to be running all the time but I wanted to ensure that the fuel system was in working order in all fuel pump positions and thought it would be wise to have the mechanic sit in on a run up to ensure everything was working properly. Joe got in on the right seat and the airplane remained within limits from max power to idle with both fuel pumps on and with both fuel pumps off the pressure dropped which is to be expected being gravity fed and the engine did not shut off. Joe then got out of the airplane and I proceeded to taxi to runway 22 and conducted another run-up at 4000 RPM with both pumps on. Everything checked out and I entered the runway applied full power verified engine instruments were in the green and airspeed was alive and rotated at 47 knots. I climbed at 70 knots and turned left crosswind at 5700 ft. On left crosswind I realized my airspeed was at zero and looked onto the left wing to see the pitot tube had rotated sideways and wasn't receiving any ram air. My plan at this point was to return for landing and have maintenance tighten the pitot tube. I entered the left downwind leg for 22 and was at a pattern altitude of 6000 ft. I conducted a before landing check followed by verifying the checklist and abeam the numbers brought the power back to 15" manifold pressure and began my descent. Both fuel pumps were on at this point and listening to the engine I sensed something wasn't right and applied power in which there was no response. I had turned left base and started to realize I had a serious problem and proceeded directly for the runway numbers. Without an airspeed indicator I maintained what I thought was the best glide pitch attitude and tried to manage the energy I had left on the airplane. The propeller was still turning but after multiple attempts of adjusting the throttle I soon realized the engine did not have any power to give. I made one final radio call on Cody CTAF frequency stating I was making an emergency landing short of runway 22. There was a small snow bank just in front of the blast pad from the snow removal conducted on the runway. I knew I didn't want to risk running into the snow bank so I made a decision to set the aircraft in the grass prior to runway 22 as soon as I cleared the airport fence. The landing was firm but touched down on the mains first. Once the nose wheel hit I rolled for approximately 75 ft then the nose gear collapsed and the propeller hit the dirt. I then continued to slide for another 90 ft and the aircraft came to a stop. I

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

### **Operator/Owner Safety Recommendation**

There were many different things that may have prevented this unfortunate outcome. Joe and I did lots of research and we were both knowledgeable of the correct operation of the aircraft. We also took lots of advice from the owner Mike Frost who was very knowledgeable and had attended training from Rotax. We read through the engine manual and Kit Fox manual several times. However I felt that the operation of the fuel system and especially the fuel pumps were very vague in the operation manuals.

The pitot tube that was installed on the aircraft was in my opinion of poor design and needed to be more secure so that it would not turn in flight.

Lastly I think the snow bank at the end of the runway did play a factor. I can't say for certain if I would have made the runway with the bank not being there but it was a hazard that I wanted to avoid hitting which resulted in setting the aircraft down a few hundred ft earlier than what I had to.

**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**12/29/2016*mm/dd/yyyy***Signature and Name of Pilot/Operator**Signature:  \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**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.**

CEN17LA 065

**Reviewed by NTSB Regional Office**

CHICAGO IL

**Name of Investigator**

MG

**Date Report Received**

12/30/16