

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

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

**BASIC INFORMATION**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                           |                                                            |
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| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>MENTONE AIRPORT</u> State: <u>IN</u><br>ZIP: <u>46539</u> Country: <u>USA</u><br>Latitude: <u>4109001560</u> (dd:mm:ss N/S) Longitude: <u>08603449880</u> (ddd:mm:ss E/W)                                                                                                                                                                                                                                       |  | <b>Date/Time</b><br>Date: <u>08/03/2017</u> Local Time: <u>10:00 AM</u><br><i>mm/dd/yyyy</i><br>Time Zone: <u>EDST</u>                                    |                                                            |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None | <b>Altitude of In-Flight Occurrence</b><br><u>0</u> ft MSL |

**AIRCRAFT INFORMATION**

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| <b>Manufacturer:</b> <u>JAMES F HAKE (AUTOGYRO GMBH KIT)</u><br><b>Model:</b> <u>MTO SPORT</u><br><b>Serial Number:</b> <u>M01269</u><br><b>Registration Number:</b> <u>N571UJ</u> <b>Amateur-built:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Max Gross Weight:</b> <u>1,000</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>775</u> lbs<br><b>Location of Center of Gravity at Time of Accident/Incident:</b><br><u>100</u> inches from <input checked="" type="checkbox"/> nose or <input type="checkbox"/> datum<br>-or- <u>        </u> Percent Mean Aerodynamic Cord (% MAC) |
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| <b>Category of Aircraft</b><br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input checked="" type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><b>Standard</b><br><input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional<br><input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>2</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: <u>        </u><br>Cabin Crew: <u>        </u><br>Passengers: <u>        </u> | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |
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| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input checked="" type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: <u>        </u> | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>07/26/2017</u><br><i>mm/dd/yyyy</i><br><b>Airframe Total Time:</b> <u>185</u> hrs<br>hours measured at (check one)<br><input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident |
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| <b>IFR Equipped</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Type of Fire Extinguishing System</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Specify <u>        </u> |
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|                                                                                                                                                                                      |                                                                                                                                                                                                        |
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| <b>ELT Installed</b> <b>ELT Activated</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>ELT Manufacturer:</b> <u>N/A</u><br><b>Model/Series:</b> <u>        </u><br><b>Serial Number:</b> <u>        </u><br><b>Battery Type:</b> <u>        </u> <b>Battery Exp. Date:</b> <u>        </u> |
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| <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch<br>Manufacturer: <u>HTC</u><br>Model: <u>3 BLADE 172 CCW 3B</u> |
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| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | ROTAX               | 912 ULS             | 6784231                      | 04/30/2015                        | 100                                                                                                                                       | 185                | 185                           |                             |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                                                           |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                                                           |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                                                           |                    |                               |                             |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |
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| <b>Registered Aircraft Owner</b><br>Name: JAMES F HAKE<br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                         | <b>Owner Address</b><br>City: WYOMING<br>State: MI ZIP: 49519<br>Country: USA                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                         | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                 |
| <b>Regulation Flight Conducted Under</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> FAR 91    <input type="checkbox"/> FAR 129    <input type="checkbox"/> FAR 91 Special Flight<br/> <input type="checkbox"/> FAR 103    <input type="checkbox"/> FAR 133    <input type="checkbox"/> Non-US, Commercial<br/> <input type="checkbox"/> FAR 121    <input type="checkbox"/> FAR 135    <input type="checkbox"/> Non-US, Non-commercial<br/> <input type="checkbox"/> FAR 125    <input type="checkbox"/> FAR 137    <input type="checkbox"/> Armed Forces </div> <div style="width: 50%;"> <input type="checkbox"/> Public Use (select type)<br/> <input type="checkbox"/> Federal    <input type="checkbox"/> State    <input type="checkbox"/> Local<br/> <input checked="" type="checkbox"/> Unknown </div> </div> |                                                                                                                                                                                                                                         | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |                                                                                                                                                 |
| <b>Purpose of Flight</b><br>for FAR 91, 103, 133, 137 (Select one)<br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                                                                                                                                                                                                       |                                                                                                                                                                                                                                         | <b>Revenue Operation</b><br>for FAR 121, 125, 129, 135 (Select one)<br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> International<br><br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail |                                                                                                                                                 |
| <b>Type of Commercial Operating Certificate Held</b><br>(Select all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><input type="checkbox"/> Other Operator of Large Aircraft                                                                                                                                                                                |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |
| Aircraft Registration Number<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Manufacturer: _____<br>Model: _____                                                                                                                                                                                                     | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                 |
| <b>Registered Owner of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |
| <b>Pilot of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Total Time/Cycles On Part</b><br>_____<br>Hours<br>_____<br>Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br>_____<br>Hours |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input 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                                                                                                                                                                                                                                                                 |                                                                                                                                                 |

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| <b>Description of Damage to Aircraft and Other Property</b> <i>(use additional sheet if necessary)</i><br>ROTORS AND PROPELLER DAMAGED.<br>FIBERGLASS FUSELAGE HAS SCUFFING NEAR NOSE.<br>2 PUSHRODS BENT.<br>MINOR TAIL FIBERGLASS DAMAGE.<br>WINDSCREEN DAMAGED.<br>A FEW OTHER PARTS BENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>AIRPORT INFORMATION</b> <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Airport Identifier:</b> <u>C92</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Distance From Airport Center:</b> <u>0</u> SM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Airport Name:</b> <u>MENTONE AIRPORT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Direction From Airport:</b> <u>0</u> degrees MAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Proximity to Airport</b> <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Airport Elevation:</b> <u>860</u> ft. MSL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Approach Segment</b> <i>(Select one)</i><br><input type="checkbox"/> On Instrument Approach <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around<br><input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sideslip <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact<br><input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling          |  | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None <input type="checkbox"/> Stop and Go<br><input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown                                                                                                                                                 |  |
| <b>Runway Information</b><br>Runway ID: <u>36</u> (L/R/C) Length: <u>2,521</u> ft Width: <u>40</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown<br><input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>FLIGHT ITINERARY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Last Departure Point</b><br>Airport ID: <u>C92</u><br>City: <u>MENTONE</u><br>State: <u>IN</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Time of Departure</b><br>Time: <u>9:30 AM</u><br>Time Zone: <u>EDST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Destination</b><br>Airport ID: <u>C92</u><br>City: <u>MENTONE</u><br>State: <u>IN</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>Type Flight Plan Filed</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> Company VFR <input type="checkbox"/> IFR<br><input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown<br><input type="checkbox"/> VFR<br>Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i><br><input type="checkbox"/> Class A <input type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Aircraft Load Description</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock<br><input type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown<br><input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>FUEL &amp; SERVICES INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Fuel on Board at Last Takeoff</b><br><i>(convert from pounds, as necessary)</i><br><u>8</u> Gallons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Fuel Type</b><br><input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____<br><input type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4<br><input type="checkbox"/> 100/130 <input checked="" type="checkbox"/> Automotive <input type="checkbox"/> JP5                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Other Services, if Any, Prior to Departure</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

**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

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

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| <b>Weather Observation Facility</b><br>Facility ID: <u>C92</u><br>Observation Time: <u>9:30 AM</u><br>Time Zone: <u>EDST</u><br>Distance from Accident Site: <u>0</u> NM<br>Direction from Accident Site: <u>0</u> degrees MAG                                                                                             |                                                                                                                                     | <b>Source of Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input checked="" type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Method of Briefing</b><br>(Check all that apply)<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Teletype<br><input type="checkbox"/> Telephone/Computer<br><input type="checkbox"/> Aircraft Radio<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Briefing Type/Completeness</b><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial / Limited By Pilot<br><input type="checkbox"/> Partial / Limited By Briefer<br><input type="checkbox"/> Abbreviated<br><input checked="" type="checkbox"/> Unknown<br><input type="checkbox"/> Not Pertinent        |                                                                                                                                     | <b>Light Condition</b><br><input type="checkbox"/> Dawn<br><input checked="" type="checkbox"/> Day<br><input type="checkbox"/> Dusk<br><input type="checkbox"/> Night<br><input type="checkbox"/> Dark Night<br><input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Visibility</b><br><u>10</u> miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Sky/Lowest Cloud Condition</b><br><input type="checkbox"/> Clear<br><input type="checkbox"/> Few<br><input type="checkbox"/> Partial Obscuration<br><input type="checkbox"/> Scattered<br><input type="checkbox"/> Thin Broken<br><input checked="" type="checkbox"/> Thin Overcast<br><input type="checkbox"/> Unknown |                                                                                                                                     | <b>Ceiling</b><br><input type="checkbox"/> None (clear)<br><input type="checkbox"/> Broken<br><input checked="" type="checkbox"/> Overcast<br><input type="checkbox"/> Obscured<br><input type="checkbox"/> Indefinite<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                   |  |
| <b>Lowest Cloud Condition Height</b><br><u>3,000</u> ft AGL                                                                                                                                                                                                                                                                |                                                                                                                                     | <b>Ceiling Height</b><br><u>5,000</u> ft AGL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Indicated:<br><u>225</u> degrees MAG<br><input type="checkbox"/> Variable                                                                                                                                                                                     | <b>Wind Speed</b><br>Velocity: <u>5</u> KTS<br>-or-<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable | <b>Wind Gusts</b><br>Velocity: <u>0</u> KTS<br><input type="checkbox"/> Gusting<br><input checked="" type="checkbox"/> Not Gusting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Type of Turbulence</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> In Clouds<br><input type="checkbox"/> Vicinity of Thunderstorm<br><b>Severity of Turbulence</b><br><input type="checkbox"/> Extreme<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Moderate Chop<br><input type="checkbox"/> Light |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b><br>NONE                                                                                                                                                                                                              |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Temperature:</b> _____ (C)<br>or <u>65</u> (F)<br><b>Altimeter Setting:</b> _____ in. HG<br>or _____ MB<br><b>Density Altitude:</b> _____ ft<br><b>Dew Point:</b> _____ (C)<br>or _____ (F)                                                                                                                             |                                                                                                                                     | <b>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed<br><b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle<br><b>Intensity of Precipitation</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy |  |

| PILOT "A" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>Pilot "A" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|  |  |  |   |  |  |
| <b>Pilot "A" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: JAMES<br/>           Middle Initial: F<br/>           Last Name: HAKE         </div> <div>           City: WYOMING<br/>           State: MI    ZIP: 19519<br/>           Country: USA         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: 71    Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span>    Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span> </div>                                                                                                                                                                                                                                                                                                                                                                     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|  |  |  |   |  |  |
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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             | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single |                                                                                                                                                                                                                        |                                                                                                                                                                                      | <b>Seat Belt</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                   |                                                                                  | <b>Shoulder Harness</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |  |  |  |  |  |     |  |  |                        |     |     |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |  |  |  |  |  |    |  |  |              |  |    |  |  |  |  |  |    |  |  |               |  |   |  |  |  |  |  |   |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date of Last Medical</b><br><div style="text-align: center;">mm/dd/yyyy</div> |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |  |  |  |  |  |     |  |  |                        |     |     |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |  |  |  |  |  |    |  |  |              |  |    |  |  |  |  |  |    |  |  |               |  |   |  |  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| <b>Medical Certificate Limitations</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <b>Medical Certificate Waivers</b><br>SPORT PILOT - NO MEDICAL REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|  |  |  |   |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> 09/10/2015<br><div style="text-align: center;">mm/dd/yyyy</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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             |                                                                                                                                                                                                                                                                     | <b>Flight Review Aircraft</b><br>Make: JAMES F HAKE [AUTOGYRO KMBH KIT BUILT]<br>Model: MTO SPORT                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |  |  |  |  |  |     |  |  |                        |     |     |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |  |  |  |  |  |    |  |  |              |  |    |  |  |  |  |  |    |  |  |               |  |   |  |  |  |  |  |   |  |  |
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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Powered Lift |                                                                                                                                                                                                                                                                     | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                      | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider<br><input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport |                                                                                  |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |  |  |  |  |  |     |  |  |                        |     |     |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |  |  |  |  |  |    |  |  |              |  |    |  |  |  |  |  |    |  |  |               |  | 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| <b>Type Ratings</b><br>GYROPLANE<br>POWERED PARACHUTE LAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                                                                                                                                                      | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |  |  |  |  |  |     |  |  |                        |     |     |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |  |  |  |  |  |    |  |  |              |  |    |  |  |  |  |  |    |  |  |               |  |   |  |  |  |  |  |   |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Time</td> <td style="padding: 2px;">475</td> <td style="padding: 2px;">185</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">185</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Pilot in Command (PIC)</td> <td style="padding: 2px;">475</td> <td style="padding: 2px;">185</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">185</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Time as Instructor</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">This Make/Model</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 90 Days</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">60</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">60</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 30 Days</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">30</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">30</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 24 Hours</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">5</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">5</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                                                                                                           |        |                  | 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 | 475 | 185 |  |  |  |  |  | 185 |  |  | Pilot in Command (PIC) | 475 | 185 |  |  |  |  |  | 185 |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  | 60 |  |  |  |  |  | 60 |  |  | Last 30 Days |  | 30 |  |  |  |  |  | 30 |  |  | Last 24 Hours |  | 5 |  |  |  |  |  | 5 |  |  |
| Flight Time (enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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             | Airplane Single Engine                                                                                                                                                                                                                                              | Airplane Multiengine                                                                                                                                                                                                   | Night                                                                                                                                                                                | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | Rotorcraft                                                                                                                                                                | Glider | Lighter Than Air |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |  |  |  |  |  |     |  |  |                        |     |     |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |  |  |  |  |  |    |  |  |              |  |    |  |  |  |  |  |    |  |  |               |  |   |  |  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| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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**PILOT "B" INFORMATION****Pilot "B" Responsibilities at the Time of Accident/Incident**

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

**Pilot "B" Identification**

First Name: N/A City: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 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<br>number of hours in each box) | All<br>Aircraft | This Make<br>& Model | Airplane<br>Single<br>Engine | Airplane<br>Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter<br>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                                                  |                 |                      |                              |                         |       |            |           |            |        |                     |

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

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

Departed Mentone airport runway 36 approx 9:30 am on Thursday, August 3, 2017 to take a short pleasure flight in local area.

Weather was perfect: high ceiling. light haze, winds about 225 degrees at estimated 5 knots.

Downwind, base, approach, descent and flare all went well and routine.

At time to touchdown on main landing gear, I applied moderate right rudder to maintain runway alignment/avoid slip.

At that time, I should have gotten nose higher to reduce forward speed - and lower it only upon full stop or near full stop.

However, I accidentally allowed nose to lower and contact runway.

On MTO Sport, nosewheel and rudder are engaged simultaneously; the nose wheel does not pivot on a caster.

Accordingly, upon contact with runway, the plane jerked abruptly to the right and tipped over.

In my opinion, this accident was the result of pilot error - there was no malfunction in the aircraft.

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

Operator/Owner Safety Recommendation

**ADDITIONAL INFORMATION** *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE****Date of this Report**

08/08/2017

*mm/dd/yyyy***Signature and Name of Pilot/Operator**

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

Type or Print Name: JAMES F. HAKE

**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.**

CEN17LA302

**Reviewed by NTSB Regional Office**

DENVER, COLORADO

**Name of Investigator**

ARNOLD W. SCOTT

**Date Report Received**

08/14/2017