

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

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Boonville</u> State: <u>MO</u> ZIP: <u>65223</u> Country: <u>U. S. A.</u> Latitude: <u>N38°56'45"</u> (00:00:00 N/S) Longitude: <u>W92°40'58"</u> (000:00:00 E/W)		Date/Time Date: <u>08/20/2017</u> Local Time: <u>1:02</u> mm/dd/yyyy Time Zone: <u>Central</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☒ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	Altitude of In-Flight Occurrence <u>NA</u> ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) ☒ National Weather Service ☐ Company ☒ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)		Method of Briefing (Check all that apply) ☐ In Person ☐ Teletype ☒ Telephone/Computer ☒ Aircraft Radio ☐ TV/Radio ☐ Unknown
Briefing Type/Completeness ☐ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☐ Unknown ☒ Partial / Limited By Briefer ☐ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Not Reported		Visibility <u>10</u> miles
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL		
Wind Direction ☒ Indicated: <u>180</u> degrees MAG ☐ Variable	Wind Speed Velocity: <u>9</u> KTS -or- ☐ Calm ☐ Light and Variable	Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting	Type of Turbulence (Check all that apply) ☒ None ☐ In Clouds ☐ Clear Air ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop	

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

Temperature: _____ (C) or <u>85</u> (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow Shower ☐ Freezing Drizzle
	Icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed	

AIRCRAFT INFORMATION																																																						
Manufacturer: <u>Cessna</u> Model: <u>R182</u> Serial Number: <u>R18200982</u> Registration Number: <u>N739BM</u>			Max Gross Weight: <u>3100</u> lbs Weight at Time of Accident: <u>2575</u> lbs Location of Center of Gravity at Time of Accident: inches from ☒ nose or ☐ datum Percent Mean Aerodynamic Cord (% MAC)		Amateur-built: ☐ Yes ☒ No Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown																																																	
Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport			Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear ☒ Retractable Check any additional landing gear configuration that applies: ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown																																																	
Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown		Date Last Inspection: <u>03/16/2017</u> mm/dd/yyyy Airframe Total Time: <u>3021.9</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident																																																	
IFR Equipped ☒ Yes ☐ No ☐ Unknown			Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown		Type of Fire Extinguishing System ☐ None ☐ Specify <u>Handheld Extinguisher</u>																																																	
ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No			ELT Manufacturer: <u>ACK TECHNOLOGIES</u> Model/Series: <u>E04 ELT</u> Serial Number: <u>4015</u> Battery Type: <u>Lithium E-04.0</u> Battery Exp. Date: <u>Dec-2021</u>																																																			
ELT Aided in Locating Accident / Incident ☐ Yes ☐ No			Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected Propeller ☐ Fixed Pitch ☒ Controllable Pitch Manufacturer: <u>Hartzell</u> Model: <u>HC-C3YR-1RF/F8068</u>																																																			
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OWNER/OPERATOR INFORMATION																																																						
Registered Aircraft Owner Name: <u>Jones, Clifford D</u> Fractional Ownership Aircraft: ☐ Yes ☒ No					Owner Address City: <u>Clinton</u> State: <u>OR</u> ZIP: <u>97101</u> Country: <u>U.S.A.</u>																																																	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					Operator Address ☐ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____																																																	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces					Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No																																																	

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
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Registered Owner of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

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

Airport Identifier: <u>KVER</u> Airport Name: <u>Jesse Viertel Memorial</u> Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip	Distance From Airport Center: _____ SM Direction From Airport: _____ degrees MAG Airport Elevation: <u>715</u> ft. MSL
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Approach Segment (Select one)

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

IFR Approach (Check all that apply) ☐ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling	VFR Approach (Check all that apply) ☐ None ☐ Stop and Go ☒ Traffic Pattern ☐ Touch and Go ☐ Straight-In ☐ Simulated Forced Landing ☐ Valley/Terrain Following ☐ Forced Landing ☐ Go Around ☐ Precautionary Landing ☒ Full Stop <u>at Accident</u> ☐ Unknown
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Runway Information Runway ID: <u>18/36</u> (L/R/C) Length: <u>4000'</u> Width: <u>75'</u> ft	Condition of Runway/Landing Surface (Check all that apply) ☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush Covered ☐ Vegetation
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Runway/Landing Surface (Check all that apply)

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KCLK</u> City: <u>Clinton</u> State: <u>Oklahoma</u> Country: <u>U.S.A.</u>	Time of Departure Time: <u>10:45</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>KVER</u> City: <u>Boonville</u> State: <u>Missouri</u> Country: <u>U.S.A.</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☒ VFR Activated? ☒ Yes ☐ No
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Type of ATC Clearance/Service (Check all that apply)

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident occurred (Check all that apply)				
☐ Class A	☐ Class E	☐ Prohibited Area	☐ Jet Training Area	☐ Special
☒ Class B	☐ Class G	☐ Restricted Area	☐ TRSA	☐ Air Traffic Control Area
☒ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93	☐ Unknown
☐ Class D	☐ Warning Area	☐ Airport Advisory Area		
Aircraft Load Description (Check all that apply)				
☐ None	☐ Towing Glider	☐ Parachutists	☐ Livestock	
☒ Passengers <i>My Wife</i>	☐ Towing Banner	☐ Water	☐ Unknown	
☐ Cargo	☐ Other External	☐ Chemical/Fertilizer/Seeds		
FUEL & SERVICES INFORMATION				
Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type		
<u>92</u> Gallons		☐ 80/87	☐ 115/145	☐ JP3
		☒ 100 Low Lead	☐ Jet A	☐ JP4
		☐ 100/130	☐ Automotive	☐ JP5
Other Services, if Any, Prior to Departure				
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)				
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)				Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY				
Aircraft Damage		Aircraft Fire		Aircraft Explosion
☐ None	☒ Substantial	☒ None	☐ Both Ground and In-Flight	☒ None
☐ Minor	☐ Destroyed	☐ In-Flight	☐ Unknown Origin	☐ In-Flight
		☐ On-Ground		☐ On-Ground
Description of Damage to Aircraft and Other Property (use additional sheet if necessary) <i>Damage includes a Prop Strike.</i> <i>Possible damage to the engine.</i> <i>Extensive damage to the rear fuselage from the rear cabin window AFT.</i> <i>Damage to the rear stabilizer, twisted & badly bent.</i> <i>Damage to the right wing tip, curled up & bent</i>				
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 <i>My wife & myself were the only occupants & we exited out the cabin doors.</i>				

PILOT "A" INFORMATION																																																																																																			
Pilot "A" Responsibilities at the Time of Accident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
Pilot "A" Identification First Name: <u>Clifford</u> City: <u>Clinton</u> Middle Initial: <u>Dale</u> State: <u>OK</u> ZIP: <u>73601</u> Last Name: <u>Jones</u> Country: <u>U.S.A.</u> Age at time of Accident: <u>78</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] mm/dd/yyyy																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Seat Belt Used ☒ Yes ☐ No Available ☐ Yes ☐ No		Shoulder Harness Used ☐ Yes ☒ No Available ☐ Yes ☐ No																																																																																													
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military																																																																																																			
Principal Occupation ☐ Pilot ☒ Other <u>Retired</u> ☐ 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 <u>01/12/2017</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations <u>Shall possess glasses for near/intermediate vision.</u>																																																																																																			
Medical Certificate Waivers <u>N.A.</u>																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01/28/2017</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C172</u>																																																																																															
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																													
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PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____																																																																																																				
Age at time of Accident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			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 ☐ Private ☐ Flight Instructor ☐ Recreational ☐ Commercial ☐ Sport ☐ Airline Transport ☐ Flight Engineer ☐ Foreign ☐ 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																																																																																											
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy					Flight Review Aircraft Make: _____ Model: _____																																																																																															
Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Bertha --(wife)</u> City: <u>Clinton</u> Middle Initial: <u>Ann</u> State: <u>OK</u> ZIP: <u>73601</u> Last Name: <u>Jones</u> Country: <u>U.S.A.</u>	<u>Right Front</u>	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

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

August 20, 2017 my wife, Bertha and myself, Dale Jones made a flight from Clinton, Oklahoma (CLK) to Booneville, Missouri (VER) to visit my wife's sister and to observe the eclipse.

At 1:02 P.M. we arrived at VER. The approach on final was stabilized at 60 to 65 knots and the landing was a very good landing. I applied the brakes to slow the ground roll. The left brake locked up and the airplane started to turn left. I then immediately tried to correct by applying right rudder, right brake, and a right turn on the yoke. Nothing helped! By this time the plane was in the grass, vieriing into a deep ditch lined with large rocks and 6 foot high weeds and briers, causing a Prop Strike, and doing extensive damage to the rear fuselage, rear stabilizer, and right wing tip. My wife and I were not harmed, but it badly bent my bird!


Dale Jones

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

Stayed home

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

08/28/2017
mm/dd/yyyy

Signature and Name

Signature:

Type or Print Name:

Clifford Dale Jones

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN17LA326Reviewed by NTSB Regional Office
Central RegionName of Investigator
Jennifer S RodiDate Report Received
09/05/2017