

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>Westphalia</u> State: <u>KS</u> ZIP: <u>66093</u> Country: <u>USA</u> Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)		Date/Time Date: <u>09/28/2017</u> Local Time: <u>5:16 p.m.</u> mm/dd/yyyy Time Zone: <u>CST</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 10 ^{AGL} _{ft MSL}	

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility Facility ID: <u>Garnett Airport (K68)</u> Observation Time: <u>4:00 p.m.</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>11</u> NM Direction from Accident Site: <u>90</u> 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 10 + 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 <u>Clear</u> ft AGL		Ceiling Height <u>Clear</u> ft AGL			
Wind Direction ☐ Indicated: _____ degrees MAG ☒ Variable		Wind Speed Velocity: _____ KTS -or- ☐ Calm ☒ Light and Variable		Wind Gusts Velocity: <u>3-5</u> 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 ☒ None			

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

None reported by pilot - Local flight for Agricultural Aerial Application

Temperature: _____ (C) or <u>80</u> (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast <table style="width: 100%;"> <tr> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Type</th> </tr> <tr> <td>☒ None ☐ Moderate</td> <td>☐ Rime</td> </tr> <tr> <td>☐ Trace ☐ Severe</td> <td>☐ Clear</td> </tr> <tr> <td>☐ Light</td> <td>☐ Mixed</td> </tr> </table>		Amount	Type	☒ None ☐ Moderate	☐ Rime	☐ Trace ☐ Severe	☐ Clear	☐ Light	☐ 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	
Amount	Type												
☒ None ☐ Moderate	☐ Rime												
☐ Trace ☐ Severe	☐ Clear												
☐ Light	☐ Mixed												
		Icing Actual <table style="width: 100%;"> <tr> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Type</th> </tr> <tr> <td>☒ None ☐ Moderate</td> <td>☐ Rime</td> </tr> <tr> <td>☐ Trace ☐ Severe</td> <td>☐ Clear</td> </tr> <tr> <td>☐ Light</td> <td>☐ Mixed</td> </tr> </table>		Amount	Type	☒ None ☐ Moderate	☐ Rime	☐ Trace ☐ Severe	☐ Clear	☐ Light	☐ Mixed	Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy	
Amount	Type												
☒ None ☐ Moderate	☐ Rime												
☐ Trace ☐ Severe	☐ Clear												
☐ Light	☐ Mixed												

AIRCRAFT INFORMATION										
Manufacturer: <u>Piper</u> Model: <u>PA 25-235</u> Serial Number: <u>25-3285</u> Registration Number: <u>N7336Z</u>					Max Gross Weight: _____ lbs Weight at Time of Accident: _____ lbs Location of Center of Gravity at Time of Accident: _____ inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)					
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☐ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☒ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>1</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 ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Unknown ☒ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel				
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>01/01/2017</u> mm/dd/yyyy Airframe Total Time: _____ 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 _____				
ELT Installed ☐ Yes ☒ No ELT Activated ☐ Yes ☐ No			ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____							
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>Mozalley</u> Model: _____						
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)		
Eng. 1	<u>Lycam-ing</u>	<u>O-540-B4B5</u>			<u>260</u>		<u>110</u>	<u>218</u>		
Eng. 2										
Eng. 3										
Eng. 4										
OWNER/OPERATOR INFORMATION										
Registered Aircraft Owner Name: <u>Lynn L. Davison</u> Fractional Ownership Aircraft: ☐ Yes ☒ No					Owner Address City: <u>Garnett</u> State: <u>KS</u> ZIP: <u>66032</u> Country: <u>USA</u>					
Operator of Aircraft ☒ Same As Registered Owner Name: <u>Lynn L. Davison</u> Doing Business As: <u>Davison Aviation, LLC</u> Air Carrier/Operator Designator (4 Character Code): _____					Operator Address ☒ Same As Registered Owner City: <u>Garnett</u> State: <u>KS</u> ZIP: <u>66032</u> Country: <u>USA</u>					
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
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
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: _____	Distance From Airport Center: _____ SM	
Airport Name: _____	Direction From Airport: _____ degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip	Airport Elevation: _____ ft. MSL	
Approach Segment (Select one) ☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)		
IFR Approach (Check all that apply) ☐ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling		VFR Approach (Check all that apply) ☐ None ☐ Stop and Go ☐ Traffic Pattern ☐ Touch and Go ☐ Straight-In ☐ Simulated Forced Landing ☐ Valley/Terrain Following ☐ Forced Landing ☐ Go Around ☐ Precautionary Landing ☐ Full Stop ☐ Unknown
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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
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>K68</u> City: <u>Garnett</u> State: <u>KS</u> Country: <u>USA</u>	Time of Departure Time: <u>4:30 pm (est)</u> Time Zone: <u>CST</u>	Destination Airport ID: <u>K68</u> City: <u>Garnett</u> State: <u>KS</u> Country: <u>USA</u>
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		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No

Airspace where the accident occurred (Check all that apply)			
☐ Class A	☐ Class E	☐ Prohibited Area	☐ Jet Training Area
☐ Class B	☐ Class G	☐ Restricted Area	☐ TRSA
☐ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93
☐ Class D	☐ Warning Area	☐ Airport Advisory Area	☐ Special
Aircraft Load Description (Check all that apply)			
☐ None	☐ Towing Glider	☐ Parachutists	☐ Livestock
☐ Passengers	☐ Towing Banner	☒ Water	☐ Unknown
☐ Cargo	☐ Other External	☒ Chemical/Fertilizer/Seeds	
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type		
36 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
Engine failed, FAA supervising teardown to determine what & why			_____ Hours
			_____ Cycles
			Time Since This Part Inspected/Overhauled
			218 Hours
			TS110H
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage	Aircraft Fire	Aircraft Explosion	
☐ None	☒ None	☒ None	
☒ Substantial	☐ In-Flight	☐ In-Flight	
☐ Minor	☐ On-Ground	☐ On-Ground	
☐ Destroyed		☐ Both Ground and In-Flight	
		☐ Unknown Origin	
Description of Damage to Aircraft and Other Property (use additional sheet if necessary)			
No damage to Other Property. Aircraft damage- landing gear struts and left wing tip.			
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			
Single Seat, Pilot opened left door and exited normally.			

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>Lynn</u>					City: <u>Gurnett</u>						
Middle Initial: <u>L</u>					State: <u>KS</u>			ZIP: <u>66032</u>			
Last Name: <u>Devine</u>					Country: <u>USA</u>						
Age at time of Accident: <u>43</u>			Date of Birth: <u> </u> mm/dd/yyyy			Certificate Number: <u> </u>					
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness		
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☒ Center ☐ Single			Used ☒ Yes ☐ No Available ☐ Yes ☐ No			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		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
☐ Pilot ☒ Other ☐ Unknown		☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown			☒ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown			<u>05/11/2017</u> mm/dd/yyyy			
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01/05/2017</u> mm/dd/yyyy			Flight Review Aircraft								
			Make: <u>Piper</u> <u>PA-24-180</u>								
			Model: <u>Cessna</u>								
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings						Student Endorsements (Include dates)					
						<u>Tailwheel</u> <u>12/09/15</u> <u>FAA Reg 137</u> <u>High Performance</u> <u>01/11/2016</u> <u>06/29/2017</u> <u>Ag Ops</u> <u>02/01/2016</u>					
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		<u>463.1</u>	<u>233.0</u>	<u>462.0</u>	<u>1.1</u>	<u>22.2</u>		<u>10.8</u>			
Pilot in Command (PIC)		<u>408.3</u>	<u>233.0</u>	<u>407.2</u>							
Time as Instructor											
This Make/Model											
Last 90 Days		<u>96.0</u>	<u>96.0</u>	<u>96.0</u>							
Last 30 Days		<u>32.3</u>	<u>32.3</u>	<u>32.3</u>							
Last 24 Hours		<u>5.0</u>	<u>5.0</u>	<u>5.0</u>							

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: _____					City: _____						
Middle Initial: _____					State: _____			ZIP: _____			
Last Name: _____					Country: _____						
Age at time of Accident: _____			Date of Birth: _____			Certificate Number: _____					
			<i>mm/dd/yyyy</i>								
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness		
☐ None ☐ Fatal			☐ Left ☐ Front ☐ Unknown			Used ☐ Yes ☐ No			Used ☐ Yes ☐ No		
☐ Minor ☐ Unknown			☐ Right ☐ Rear			Available ☐ Yes ☐ No			Available ☐ Yes ☐ No		
☐ Serious			☐ Center ☐ Single								
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		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
☐ Pilot		☐ None ☐ Class 3			☐ Without limitations/waivers			_____ <i>mm/dd/yyyy</i>			
☐ Other		☐ Class 1 ☐ Driver's License (Sport Pilot only)			☐ With limitations/waivers						
☐ Unknown		☐ Class 2 ☐ Unknown			☐ Unknown						
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____				Flight Review Aircraft							
				Make: _____							
				Model: _____							
Airplane Rating(s)		Other Aircraft Rating(s)		Instrument Rating(s)		Instructor Rating(s)					
(Check all that apply)		(Check all that apply)		(Check all that apply)		(Check all that apply)					
☐ None		☐ None		☐ None		☐ None					
☐ Single-Engine Land		☐ Airship		☐ Airplane		☐ Airplane Single-Engine					
☐ Single-Engine Sea		☐ Free Balloon		☐ Helicopter		☐ Airplane Multi-Engine					
☐ Multiengine Land		☐ Glider		☐ Powered Lift		☐ Gyroplane					
☐ Multiengine Sea		☐ Gyroplane				☐ Powered Lift					
		☐ Helicopter				☐ Instrument Airplane					
		☐ Powered Lift				☐ Instrument Helicopter					
Type Ratings						Student Endorsements (Include dates)					
Flight Time (enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

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

Had waited for 'perfect spraying conditions' - Cooler weather, very light breeze to spray pasture. Left from Garnett, KS airport full of fuel at or shortly after 4:30 pm CST on 9-28-2017. Flew west approximately 11 miles to pasture. Circled pasture (for observation and planning of application) a couple times. Began spraying with east/west swaths to avoid powerlines. Made several swaths, plane was running perfect and product tank nearly empty. Dropped into pasture heading west, engine lost RPM, seemed to lug, and I quickly searched for smoothest place I could expect to get to and land. Jetted load, gained $\emptyset$ lift. Landing spot chosen appeared rough, so I delayed landing to bleed off speed. Stalled a few inches too high, damaged landing gear and left wing. Sometime from engine losing RPM to my landing, engine had completely quit

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

- 1) Don't have engine failure (forced landing)
- 2) When you arrive at spot you've chosen in case of a forced landing, land plane as planned - don't chicken out and stall a few inches too high.

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 <u>10/05/2017</u> mm/dd/yyyy		Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>Lynn L. O'Brien</u>	
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. CEN17LA372	Reviewed by NTSB Regional Office CEN	Name of Investigator Sauer	Date Report Received 10/16/17