

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place Washington State MD
 ZIP 56187 County USA
 Latitude 43-39-48.240 N Longitude 075-34-45.100 W
(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time

Date 05/31/2020 Local Time 4:45
 Time Zone Central

Collision with Other Aircraft: ☐ Mid-air ☐ On-ground ☒ Other

AIRCRAFT INFORMATION

Registration Number: 638RM

Manufacturer: Zenith

Model: 601 HD

Serial Number: _____

Year of Manufacture: 2012

Amateur-Built: ☒ Yes ☐ No If Yes: ☒ Kit/Plans ☐ Original Design Make Zenith

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1320 lbs

Weight at Time of Accident/Incident: 1100 lbs

Number of Seats: 2 Flight Crew Seats _____

Cabin Crew Seats _____ Passenger Seats _____

Number of Engines: 1

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard: ☐ Normal ☐ Restricted ☐ Limited ☐ Experimental
☐ Airplane ☐ Balloon ☐ Gyroplane ☐ Helicopter
☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown
☐ Utility ☐ Special Flight ☐ Special Light-Sport ☐ Experimental Light-Sport
☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown

Landing Gear

(Check all that apply)

☐ Retractable ☒ Fixed
☐ Tricycle ☒ Tailwheel
☐ Amphibian ☐ High Skid ☐ Skid
☐ Emergency Float ☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System ☐ None ☐ Unknown

Engine Type (Select one)

☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ PWC
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

☐ Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Overhaul (hours)
Eng. 1	<u>SABARU</u>	<u>EA-P1</u>			<u>100</u>	<u>230</u>	<u>2</u>	<u>230</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

☐ 100-Hour ☒ Continuous Airworthiness
☐ AAMP ☒ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 05/11/2020

Airframe Total Time: 238 hrs

hours measured at: *(Select one)*
☐ Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program (Select one)

☐ Annual
☒ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAMP)
☐ Continuous Airworthiness
☐ Other, specify _____

Description of Fire Extinguishing System

☐ None
☐ Specify _____

Propeller 1

☐ Fixed Pitch ☐ Constant-Speed
☒ Ground Adjustable

Manufacturer: Warp Drive

Model: 3 Blade G.E.

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☐ C119 (21.5 MHz) ☐ C115 (21.5 MHz)
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid In Locating Aircraft? ☐ Yes ☒ No

If not activated:

Indicate Reason: ☐ Impact Damage ☐ Fire Damage
☐ Battery Expired/Damaged ☐ Unknown

Propeller 2

☐ Fixed Pitch ☐ Constant-Speed
☐ Ground Adjustable

Manufacturer: _____

Model: _____

Additional Equipment (Check all that apply)

☐ ADS-B ☐ No Name Parachute
☐ Angle of Attack Indicator ☐ Autopilot
☐ Data Recorder ☒ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display
☐ Fuel/Battery GPs ☐ Heads Up Display
☐ Heads Up Display ☐ Onboard Weather
☐ Satellite Tracking Device ☐ Stall Warning System
☐ Video Recording Device ☐ Other, Specify _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Richard MIKULICHER

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: SILVER LAKE

State: MN

ZIP: 55381

Country: USA

Operator of Aircraft

☐ Same As Registered Owner

Name: GARLEN MIKOLICHER

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

☐ Same Address as Registered Owner

City: MYAHER

State: MN

ZIP: 55360

Country: USA

Operating Certificates Held

(Check all that apply)

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

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 411
☐ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial

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

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- ☐ Scheduled or Contract ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International
☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

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

Revenue Sighting Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Worthington

Airport Identifier: OTG

Proximity to Airport: ☐ Off Airport/Airship ☒ On Airport/Airship ☐ N/A

Distance From Airport Center: _____ mi

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: 18 (LROC) Length: 4200 ft. Width: 75 ft.

Runway/Landing Surface (Check all that apply)

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

Condition of Runway/Landing Surface (Check all that apply)

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Cracked ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glossy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubble Deposits ☐ Soft
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure Clearance ☒ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Final ☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

- ☒ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Precision
☐ NDB ☐ Sideslip ☐ LDA ☐ GPS
☐ VOR/TVE ☐ JLS ☐ ASR ☐ Visual
☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ Contact
☐ TAUAN ☐ LOC-back course ☐ Contact ☐ Circling
☐ RNAV ☐ Circling ☐ Unknown

VFR Approach (Check all that apply)

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

FLIGHT CREWMEMBER 1 INFORMATION

*Flight Crewmember 1's Responsibilities at the Time of Accident/Incident
☒ Pilot ☐ Co-Pilot ☐ Instructor Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

*Flight Crewmember 1 was pilot flying ☒ Yes ☐ No

Flight Crewmember 1's Identification

First Name: GABRIEL City of Residence: MAYKE
 Middle Initial: J Name: MR ID: 55360
 Last Name: MIKOLINER Country: USA
 Age at Time of Accident/Incident: 65 Date of Birth: [REDACTED]
 Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Life-threatening
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Common ☐ Single

Restraint Type

Available: ☐ None ☐ Used
☐ Lap only ☐ None
☒ 5-point ☐ Lap only
☐ 4-point ☐ 4-point
☐ 3-point ☐ 3-point
☐ Unknown ☐ Unknown

Inflight Restraints

☒ Not installed
☐ Detached
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ 1st Military
☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 1
☐ Class 2 ☒ Class 3
☐ Class 4 ☐ Other's License (Sport Pilot only)
☐ Unknown ☐ Unknown

Medical Certificate Validity

☐ Without limitations/exceptions ☐ Unknown
☐ With limited exceptions ☐ N/A
☐ Special Issuance

Date of Last Medical

04/11/2020
Doc. Phys. - [REDACTED]
 (month/year)

Medical Certificate Limitations

fy under sport pilot using drivers license and class A
D.A.T. physical
Glasses + hearing aids

Medical Certificate Special Issuance

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/125 Check: 12/11/2019
 (month/year)

Flight Review Aircraft

Make: Zenith
 Model: 601 XL-B

Aircraft Ratings

(Check all that apply)
☐ None
☒ Single-engine Land
☐ Single-engine Sea
☐ Multi-engine Land
☐ Multi-engine Sea

Other Aircraft Ratings

(Check all that apply)
☒ None
☐ Airship
☐ Balloon
☐ Lighter
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Ratings

(Check all that apply)
☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☐ None ☐ Instrument Single-Engine
☐ Airplane Single-Engine ☐ Instrument Multi-Engine
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Other
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Check all that apply)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	One Make & Model	Airplane Single Engine	Airplane Multi-engine	None	Instrument		None	Other	Unknown
Total Time	710	30	710	-	58	6	80	-	-	-
Time as Command (PIC)	710	30	710	-	58	6	80	-	-	-
Time as Instructor										
Time as Student										
Last 90 Days	8.5	2.4								
Last 30 Days	5.6	2.4								
Last 24 hours										

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury

☐ None ☐ Faint
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

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

Restraint Type

Available
☐ None
☐ Lap only
☐ 5-point
☐ 4-point
☐ 3-point
☐ 2-point
☐ Unknown

Used
☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Installable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

☐ Without limitations/revisions ☐ Unknown
☐ With limitations/revisions ☐ N/A
☐ Special Issuance

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, including FAR 121/125 Check: _____ mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Aircraft Rating(s)

(Check all that apply)

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

Other Aircraft Rating(s)

(Check all that apply)

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

Instrument Rating(s)

(Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)

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

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each type)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Basicrft	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										

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

Crew Name and Address			Seat Occupied		Injury
First Name _____	City of Residence _____		☐ Left	☐ Front	☐ None
Middle Initial _____	State _____ ZIP _____		☐ Center	☐ Rear	☐ Unknown
Last Name _____	Country _____		☐ Right	☐ Single	☐ Fatal
Pilot Certificate(s): (Check all that apply) ☐ Private ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Student ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Flight Engineer			Restraint Type: Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints: ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
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 cabin crew, continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name _____ City _____ Middle Initial _____ State _____ ZIP _____ Last Name _____ Country _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 2 years If Under 2, ☐ Child Restraint ☐ Lap-held ☐ Unknown
First Name _____ City _____ Middle Initial _____ State _____ ZIP _____ Last Name _____ Country _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 2 years If Under 2, ☐ Child Restraint ☐ Lap-held ☐ Unknown
First Name _____ City _____ Middle Initial _____ State _____ ZIP _____ Last Name _____ Country _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 2 years If Under 2, ☐ Child Restraint ☐ Lap-held ☐ Unknown
First Name _____ City _____ Middle Initial _____ State _____ ZIP _____ Last Name _____ Country _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 2 years If Under 2, ☐ Child Restraint ☐ Lap-held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>HCD</u> City: <u>Hutchinson</u> State: <u>Minnesota</u> Country: <u>USA</u>	Time of Departure Time: <u>3:pm</u> Time Zone: <u>central</u>	Destination Airport ID: <u>OTG</u> City: <u>Washington</u> State: <u>Minnesota</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ VFR ☐ Company VFR ☐ Military VFR ☐ IFR Activated? ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☒ VFR ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ IFR ☐ VFR OM Top ☐ Traffic Advisory ☐ Unknown / N/A			
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☒ Class C ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Dismal Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Excluded Area ☐ TRSA ☐ Unknown ☐ Class E ☐ Restricted Area ☐ FARS ☐ Unknown			
Altitude of the Flight Occurrence: _____ ft			

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (UATSI) ☐ Unknown ☐ Other Weather	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Day ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Hazy
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Temperature: _____ (C) or _____ (F) ☐ Part ☐ Thin Overcast ☐ Dew Point: _____ (C) or _____ (F) ☐ Cloud Obscured ☐ Unknown ☒ Not Used	Ceiling ☐ None (Clear) ☐ Unobserved ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown
Lowest Cloud Condition Height <u>5500</u> ft	Ceiling Height <u>8500</u> ft

Wind Direction ☒ Variable <u>160 to 180</u> Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>12</u> kts	Wind Gusts ☐ Not Using Speed: <u>19</u> kts	Visibility _____ miles RVR: _____ feet RVV: _____ feet
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Ice ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Ice ☐ Blowing Snow ☐ Ice Fog ☐ Dusting Spray ☐ Smoke ☐ Haze ☐ Unknown	

Icing Forecast Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type: (Check all that apply) ☒ None ☐ Clear Air ☐ Formed-Induced ☐ Convective Turbulence Severity: ☐ Light ☐ Moderate ☐ Severe ☐ Unknown
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NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
☐ Minor
☒ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

- ☒ None
☐ Fuel/Fight
☐ Uncontrolled
☐ Smoke Observed and no Fire
☐ Fire at Unknown Time
☐ Unknown

Aircraft Explosions

- ☒ None
☐ Fuel/Fight
☐ Uncontrolled
☐ Smoke Observed and no Fire
☐ Explosion at Unknown Time
☐ Unknown

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

Right main landing gear bent, skin wrinkled, fuel/air control down broke

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 weather conditions, direction of flight, etc. Attach extra sheets if needed. Include departure time and location, arrival time, and arrival location. Provide as much detail as possible.

Left HCD around 3pm for OTG, flew around 4500 most of flight. Arrived at OTG around 430pm, winds forecast Rwy 18, 160' - 180' gusting winds. Windsock showed wind up Rwy 18. I landed and on roll out a fox ran out of the tall grass on the left side of runway. I immediately applied both brakes hard to avoid hitting fox. I saw fox go under left wing in area of left main gear, aircraft made a sudden and violent turn to left and came completely 180° around and stopping Facing North. Plane never left the blacktop. I Taxied in and shut down aircraft.

DECLARATION OF FACT (This section is to be completed by the pilot in command of the aircraft.)

Operator: *Aviation Technology*

MECHANICAL MALFUNCTION/FAILURE (If none apply, so indicate. Attach to separate pages.)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

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

Total Value, price
for Part

_____ Name

_____ Title

Total Value of the Part
Replaced/Rebuilt

_____ Name

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(If none, then provide an estimate)

17 Gallons

Fuel Type

☒ Jet

☐ 100 Low Lead

☐ 100 Oct

☐ 100 Oct

☐ 80 Oct

☐ 80 Oct

☐ 80 Oct

☐ 80 Oct

☐ 80 Oct

Gravel, gravel

Other Services, if any, Fuel in quantity.

EVALUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit: (Indicate how the occupants exited and how many occupants remained on each aircraft.)

STANDARD exit

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

☐ Major

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name _____

Name _____

City _____

City _____

State _____ ZIP _____

State _____ ZIP _____

Country _____

Country _____

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

06/10/2020
month/year

Name of Pilot/Operator:

Signature:

- or -

☐ Check here to electronically sign this document.

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

- or -

☐ Check here to electronically sign this document.

FOR NTSB USE ONLY

NTSB Accident/Incident No.
CEN20CA206

Reviewed by NTSB Regional Office
CENTRAL

Name of Investigator
LINDBERG

Date Report Received
6/10/2020