

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM It is necessary that **ALL** questions on this report be answered completely and accurately. If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

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

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

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

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

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

20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

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

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

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

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

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

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

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

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

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

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

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

AERIAL OBSERVATION--These flights include aerial mapping/ photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

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

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

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

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

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

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

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

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

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

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

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

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

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

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

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

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

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

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

FORM APPROVED FOR USE THROUGH 5/31/2017 BY OMB NO. 3147-0001

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

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

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

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the

criteria for another injury category, select Minor.

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

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

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

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

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew.

State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

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

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

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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: Higginsville State: MO ZIP: 64037
Country: United States Latitude: _____
Longitude: _____ (Enter in decimal
degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 09/29/20 Local Time: 10:50pm mm/dd/yyyy
Time Zone: Central time

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N461CM

Manufacturer: Cessna

Model: 172R

Serial Number: _____

Year of Manufacture: _____

Amateur-Built: _____ Original

Yes If Yes: No Design

Kit/Plans Make: Cabin Crew Seats: _____

IFR-Equipped and Certified

Commercial Space Flight

Unmanned Aircraft

Maximum Gross Weight: 2450 lbs

Weight at Time of Accident/Incident: 2200

lbs Number of Seats: _____ **Flight Crew Seats:** _____

Passenger Seats: _____

Number of Engines: 1

Category of Aircraft

Type of Airworthiness Certificate

Landing Gear - tricycle

Engine Type (Select one)

Airplane Balloon **Standard Special** Retractable
(Check all that apply) (Check all that apply)

Blimp/Dirigible Glider Normal Aerobatic Balloon Provisional Special Flight
Gyroplane Commuter Transport Experimental Amphibian High Skid
Helicopter Restricted Tricycle Tailwheel Emergency Float Skid
Powered Lift Limited Float Ski

Rocket Ultralight Experimental Light-Sport Launch/Recovery System (Reciprocating) Carburetor
Utility Hull Ski/Wheel Other **Fuel-Injected**

Unknown (COA) None Unknown **Date** **Rated Power**
Certificate of **Manufacturer** Eng. Eng. 2 Eng. 4
Authorization or Waiver None Unknown **Engine**

Engine Engine 1 Eng. 3 **Engine**

Model/Series
Manufacturer's
Serial Number

Time Since:
of Mfg. mm/dd/yyyy
Horsepower or lbs
of Thrust

Time
(hours)
Inspection (hours)

Overhaul (hours)

Propeller 1**Fixed Pitch**

Controllable Pitch

Propeller 2

Fixed Pitch

Controllable Pitch

Last Inspection Type

100-Hour AAIP

Annual

Continuous Airworthiness Conditional

Inspection Unknown

Ground Adjustable

Manufacturer: _____

—

Model: _____

Date Last Inspection: _____

mm/dd/yyyy

ELT Installed: Yes No*If Yes:***ELT Manufacturer:** _____**Model or Part No.:** _____**Additional Equipment** (Check all that apply)**ADS-B**

Airframe Parachute

Angle of Attack Indicator**Autopilot****Electronic Flight Bag or Handheld Device****Type of Maintenance Program**

(Select one)

Annual

Conditional (Amateur-built only)

Manufacturer's Inspection Program

Other Approved Inspection Program (AAIP)

Continuous Airworthiness

Other, specify: _____

TSO No.: C91 (121.5 MHz) C126 (406 C91a (121.5 MHz)

MHz)

Data Recorder

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:***Description of Fire Extinguishing System**

None

Specify:

Indicate Reason: **Impact Damage**

Fire Damage

Battery Expired/Damaged

Unknown

Electronic Multifunction Display Electronic

Primary Flight Display Handheld GPS

Heads Up Display

Onboard Weather

Satellite Tracking Device

Stall Warning System

Video Recording Device

Other, Specify:

Was ELT still mounted in aircraft? **Yes** No Was

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OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: _____

City: _____ State: _____

____ ZIP: _____ Country: _____

____ Fractional Ownership Aircraft: Yes No

Operator of Aircraft *Same As Registered Owner*

Name: _____

Same Address as Registered Owner

City: _____

Doing Business As: _____

State: _____

ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____
*apply)***Operating Certificates Held** (Check all that**Regulation Flight Conducted Under****Revenue Operation for FAR 121, 125, 129, 135** (Select one for each group)**None**Flag Carrier Operating
Certificate (FAR 121)
Supplemental
Air CargoForeign Air Carriers (FAR
129)
Rotorcraft External Load
(FAR 133) Commuter Air
Carrier (FAR 135)
On-Demand Air Taxi (FAR135)
FAR 91 FAR 129 FAR 103
FAR 133 FAR 121 FAR 135
FAR 125 FAR 137
FAR 91 Special FlightNon-US, Commercial
Non-US, Non-commercial
FAR 415 FAR 431 FAR 435
FAR 437
Scheduled or Commuter
Non-Scheduled or Air TaxiPassenger
Cargo
Mail Contract Only
Domestic International

Aircraft (FAR 137)

Public Aircraft (Select one)

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)

Commercial Air Tour (FAR 136) Agricultural

Pilot School (FAR 141)

Certificate of Authorization or

Waiver (COA) Commercial

Space Transportation

Experimental Permit

Commercial Space

Transportation License Other

Operator of Large Aircraft

Revenue Sightseeing Flight

Yes **No**

Armed Forces

Federal

State

Local

Unknown

Air Medical Flight Yes **No**

Aerial Application Aerial

Observation Air Drop

Air Race/Show

Banner Tow

Business

Executive/Corporate External

Load

Ferry

Firefighting

Flight Test

Glider Tow

Instructional Other Work Use

Personal

Positioning

Skydiving

Unknown

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

Airport Name: Higginsville Industrial Municipal

Airport _____ **Airport Identifier:**

KHIG _____

Proximity to Airport: Off Airport/ **Airstrip On Airport** /Airstrip N/A

Distance From Airport Center: <1 sm

Direction From Airport: On runway degrees true

Airport Elevation: 840 ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: 4400 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water **Concrete** Gravel Metal/Wood

Dirt Ice Snow Unknown **Approach/Departure Segment** (Select

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

Slush-Covered Vegetation Unknown

Taxi

Takeoff

Initial Climb

VFR Departure

IFR Departure

Procedure/Clearance

On Instrument Approach

Landing

Downwind Base

Final

Crosswind

Low Approach

Go Around

Aborted Landing (after

touchdown) Unknown

VFR Approach (Check all that apply) None

IFR Approach (Check all that apply)

None

Traffic Pattern

Straight-In

Valley/Terrain Following

ADF/NDB PAR MLS Practice SDF Sidestep LDA

GPS VOR/TVOR ILS ASR

VOR/DME

Localizer Only Visual

Go Around

Forced Landing

TACAN LOC-back course Contact

RNAV Circling

Unknown

Stop and Go

Touch and Go

Simulated Forced Landing

Full Stop

Precautionary Landing Unknown

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IFLIGHT CREWMEMBER 1 INFORMATION

Flight Crewmember 1 Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew **Flight Crewmember 1 was pilot**

flying Yes **No**

Flight Crewmember 1 Identification

First Name: **Matthew** Middle Initial: C

State: KS ZIP: 66212 Country:

Last Name: Peck

City of Residence: Overland Park

Age at time of Accident/Incident: 21 Date of Birth: 1999 mm/dd/yyyy

Certificate Number: _____

Degree of Injury

None Fatal

Minor Unknown Serious

Seat Occupied

Left Front

Unknown Center Single

Right Rear **Restraint Type**

Available

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

Certificate Number: _____

Degree of Injury

None Fatal
Minor Unknown Serious

Left Front Unknown Right Rear
Center Single

Restraint Type

None
Lap only

Used

None
Lap only

Not Installed
Installed

Seat Occupied

Available

Pilot Certificate(s) (Check all that apply)
3-point

3-point

Not Deployed

None

Flight Instructor

Commercial

US Military

4-point
4-point

Deployed

Private Foreign

5-point

5-point

Unknown

Student

Recreational Sport Engineer
Airline Transport Flight

Unknown

Unknown

Medical Certificate

Date of Last Medical

Principal Occupation

Medical Certificate Validity

Pilot
Other

Unknown

Class 3

Without

Special Issuance

None Class 1 Class 2

Driver's License (Sport
Pilot only) Unknown

limitations/waivers With
limitations/waivers

Unknown N/A

mm/dd/yyyy

Medical Certificate Limitations

FAR 121/135 Checks: mm/dd/yyyy

Flight Review Aircraft

Make:

Model:

Medical Certificate Special Issuance

**Date of Last Flight Review
or Equivalent, Including**

Airplane Rating(s) (Check all that apply) Airship
None

Single-Engine Land Single-Engine Sea
Multiengine Land Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

None

Balloon

Glider

Gyroplane

Helicopter
Powered Lift

Instructor Rating(s)

(Check all that apply)

Instrument Rating(s) (Check all that apply) None

Airplane
Helicopter
Powered Lift

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

Type Ratings Student Endorsements (Include dates)

Instrument Flight Time (Enter appropriate

number of hours in each box) ^{All}

Aircraft

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Airplane

Last 90 Days

Last 30 Days

Last 24 Hours

This Make & Model

Single Engine

Airplane

Multiengine Night Actual Simulated

Rotorcraft Glider

Lighter Than Air

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Seat Occupied Injury

Crew Name and Address

First Name: _____ Middle Initial: _____

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

Crew Name and Address							
First Name: _____		Middle Initial: _____		_____		Front Rear Single	
_____ City of Residence: _____		State: _____ ZIP: _____		Left Center		None Minor Serious	
Last Name: _____		Pilot Certificate(s) (Check all that apply)		Country: _____		Fatal Unknown	
_____		_____		Right Unknown		Restraint Type: Inflatable	

None		Commercial		Available Used		Restraints	
Flight Instructor		US Military					
Airline Transport		Private Foreign Recreational		Lap Only None		Lap Only Not Installed	
Student		None					
Sport		3-point 4-point		3-point 4-point		Not Deployed	
Flight Engineer		Installed					
Type Rating/Endorsement for		Accident/Incident Aircraft? Yes No 5-point				Unknown Deployed Unknown	
Total Flight Time at the Time		of this Accident/Incident:		Unknown 5-point			
_____ hrs							

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) Inflatable

Name and Address		Seat Injury Restraint		Restraints			
_____		Type Available Used		Age			
First Name: _____		City : _____					
_____ Last		_____		Unknown		Lap Only 3-point	
Name: _____		State: _____ ZIP: _____		None		4-point	
Middle Initial: _____		Country: Left Center Right		Minor Serious Fatal		None	
_____		_____		None		Lap Only 3-point	
						4-point	
Crew Passenger Other		Unknown 5-point		Unknown 5-point		Unknown	
Row: _____		_____		Unknown		Lap-Held Unknown	
City : _____							
Available Used							
First Name: _____		_____		Unknown		Lap Only 3-point	
Name: _____		State: _____ ZIP: _____		None		4-point	
Middle Initial: _____		Country: Left Center Right		Minor Serious Fatal		None	
_____ Last		_____		None		Lap Only 3-point	
						4-point	
Crew Passenger Other		Unknown 5-point		5-point		Unknown	
Row: _____		Unknown		Unknown		Lap-Held Unknown	
City : _____							
Available Used							
First Name: _____		_____		Unknown		Lap Only 3-point	
Name: _____		State: _____ ZIP: _____		None		4-point	
Middle Initial: _____		Country: Left Center Right		Minor Serious Fatal		None	
_____ Last		_____		None		Lap Only 3-point	
						4-point	
Crew Passenger Other		Unknown 5-point		5-point		Unknown	
Row: _____		Unknown		Unknown		Lap-Held Unknown	
City : _____							
Available Used							
First Name: _____		_____		Unknown		Lap Only 3-point	
Name: _____		State: _____ ZIP: _____		None		4-point	
Middle Initial: _____		Country: Left Center Right		Minor Serious Fatal		None	
_____ Last		_____		None		Lap Only 3-point	
						4-point	
Crew Passenger Other		Unknown 5-point		5-point		Unknown	
Row: _____		Unknown		Unknown		Lap-Held Unknown	
City : _____							
Available Used							

City : _____
First Name: _____
Name: _____
Middle Initial: _____
Last _____
State: _____ ZIP: _____
Country: _____
Left _____
Center _____
Right _____
5-point _____
Unknown _____
Crew Passenger Other _____
Unknown _____
Row: _____
Unknown _____
Unknown _____
None _____
Minor Serious Fatal _____
None _____
5-point _____
Unknown _____
Lap Only 3-point _____
4-point _____
None _____
Lap Only 3-point _____
4-point _____
Unknown _____
Lap-Held Unknown _____
Not Installed _____
Installed _____
Not Deployed _____
Deployed _____
Under 5 years _____
If Under 5, _____
Child Restraint _____

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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____
Type Flight Plan Filed _____
Time of Departure Time: _____
Destination _____
Company VFR _____
IFR _____
State: _____
Time Zone: _____
State: _____
Military VFR Unknown VFR _____
Country: _____
Type of ATC Clearance/Service _____
(Check all that apply)
Country: _____
Activated? Yes No _____
Unknown _____

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

Airspace where the accident/incident occurred (Check all that apply) Altitude of In-Flight
Class A Class B Class C Demo Area Airport Advisory Area Special
Class D Class E Warning Area Prohibited Area Jet Training Area Air Traffic Control Area Occurrence:
Class G Restricted Area TRSA Unknown _____ ft msl
Military Operations Area (MOA) FAR 93

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information
(Check all that apply)
National Weather Service
Flight Service Station
TV/Radio
Automated Report
Commercial Weather Service (DUATS) On-Board
Weather
Company
Military
Internet
None
Unknown
Observation Time: _____
Central _____ Time Zone: _____
Distance from Accident Site: _____ 1 _____
nm
Direction from Accident Site: _____
degrees true
Basic Conditions
Light Condition
Weather Observation Facility
Facility ID: _____
IMC
Unknown
Dawn Dusk Day Night Unknown
Dark Night Bright Night
Ceiling
Temperature: _____ (C) or _____ 45 _____ (F)
Sky/Lowest Cloud Condition
Clear
Few
Partial Obscuration Scattered
Thin Broken Thin Overcast Unknown
None (Clear) Obscured Broken
Indefinite Overcast Unknown
Dew Point: _____ (C) or _____
Altimeter Setting: _____ in.

ft agl Ceiling Height
Lowest Cloud Condition Height
ft agl
Wind Direction
Variable
-or
Direction: _____ degrees true
Wind Speed
Visibility
Calm
Light and Variable
-or
Speed: _____ kts
Not Gusting
Type of Precipitation (Check all that apply)
Moderate
Heavy
Wind Gusts _____ miles
RVV: _____ miles
Density Altitude: _____ ft
Restriction to Visibility (Check all that apply)
N/A

Unknown

Freezing Rain
Snow Shower Ice Pellets Shower
Freezing Drizzle
None Fog
Blowing Dust Ground Fog Blowing
Sand Haze
Blowing Snow Ice Fog Blowing
Spray Smoke Dust Unknown

Turbulence
Amount Type
Amount Type
Type (*Check all that apply*)
Severity
None
N/A N/A None

None
Light
Trace Rime Light Clear
Trace Rime Light Clear
Clear Air
Terrain-Induced
Moderate Severe

Icing Forecast

None Drizzle Rain Ice Pellets
Snow Snow Pellets Hail Snow Grains
Rain Showers Ice Crystals

Icing Actual

Moderate Severe	Mixed	Moderate Severe	Mixed	Convective Turbulence
Unknown	Unknown	Unknown	Unknown	Extreme

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

8

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None **Substantial** Minor
Destroyed
Unknown

Aircraft Fire None

In-Flight

Both Ground and In-Flight Fire
at Unknown Time

On-Ground Unknown

Aircraft Explosion **None**

In-Flight

On-Ground Unknown

Both Ground and In-Flight
Explosion at Unknown Time

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

Bottom left side of the power plant was damaged. Left wheel leg was detached. The deer was wrapped around the leg.

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

I was in my commercial training for my Part 141 flight school (University of Central Missouri) and had a 5 hour solo flight requirement...but was splitting it up into two flights of 2.5 hours. On Sept. 29, 2020 I planned on doing my first of those two flights. I took off from Skyhaven Airport (KRCM) at 7:15 pm and flew to Jefferson City, MO (KJEF) to grab dinner. I then flew to Columbia (KCOU) and did two touch & go's around 9:45 pm. I departed Columbia and decided to burn off some more time and either go to Lees Summit (LXT) or Higginsville (HIG), and then back to Skyhaven. I decided to do one touch & go at Higginsville, and with strong headwinds aloft from the west, it took quite a while to reach Higginsville. I landed on runway 16 at HIG around 10:45pm, came to a stop, regrouped, and prepared for takeoff. I reached 55 knots, rotating speed for the C-172R, and had my nosewheel just off the ground..and out of nowhere..a large deer bolted across the runway from the left side and slammed into my plane. Right away, the alarms went off inside of the plane, and I realized what had happened and immediately used brakes and rudder to align myself and simultaneously pulled the throttle to idle to come to a stop towards the end of the runway. I went through an after landing / engine shutdown checklist to shut the plane down. Besides the ELT lighting up, nothing had ignited or flamed up inside. I opened my door to see a completely cut up and bloodied dead deer off my left wheel / leg. It was 10:50 pm by this time and completely dark out. I then called my instructor and he got ahold of my flight school's supervisor who eventually came out to the scene and picked me up. Higginsville, where my deer accident was, is 35 minutes north of Warrensburg (Skyhaven Airport).

RECOMMENDATION (How could this accident/incident have been prevented?) Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No

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

_____ Hours _____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

_____ Gallons Other Services, if Any, Prior to

Departure

FUEL & SERVICES INFORMATION

EVACUATION OF AIRCRAFT

Fuel Type

80/87 115/145 Jet B Other, specify _____ 100 Low Lead

Jet A JP8

100/130 Jet A-1 Automotive

Total Time/Cycles On Part

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit ñ Describe how the occupants exited and how many occupants evacuated each location **OTHER**

AIRCRAFT ñ COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number

Model:

Manufacturer:

Registered Owner of Other Aircraft

Name: _____

City: _____

Damage to Other Aircraft Destroyed Minor
Substantial None

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____
City: _____

State: _____ ZIP: _____
Country: _____

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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

____ mm/dd/yyyy

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

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