

**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: Longmont State: CO
ZIP: 80501 Country: USA
Latitude: 40.16N Longitude: 105.16W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 10/24/2020 Local Time: 1230
mm/dd/yyyy Time Zone: Mountain

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: 9943W

Manufacturer: Cub Crafters

Model: CCX-2000

Serial Number: CCX-2000-0081

Year of Manufacture: 2020

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

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

Maximum Gross Weight: 2000 lbs

Weight at Time of Accident/Incident: 1767 lbs

Number of Seats: 2 Flight Crew Seats: 2

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
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special

☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☒ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

☐ Retractable

☐ Tricycle ☒ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ 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 ☐ None
☐ 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	Lycoming	CC363i	CC363i-2062	09/24/2019	186	56.9	56.9
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

☐ 100-Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 03/05/2020
mm/dd/yyyy

Airframe Total Time: 61.8 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 (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Description of Fire Extinguishing System

☐ None
☒ Specify: Hand held extinguisher.

Propeller 1

☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Hartzell

Model: 83"

Propeller 2

☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Kannad

Model or Part No.: AF-H Integra

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 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

Additional Equipment (Check all that apply)

☒ ADS-B
☐ Airframe Parachute
☒ Angle of Attack Indicator
☒ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ 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: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Da Plane LLC

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: Longmont

State: CO ZIP: 80501

Country: USA

Operator of Aircraft

☒ Same As Registered Owner

☒ Same Address as Registered Owner

Name:

City:

Doing Business As:

State:

ZIP:

Air Carrier/Operator Designator (4 Character Code):

Country:

Operating Certificates Held

(Check all that apply)

☒ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

☒ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ 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 Commuter
☐ Non-Scheduled or Air Taxi

☐ Domestic
☐ International

☐ Passenger
☐ Cargo
☐ Mail Contract Only

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

(Select one)

☐ 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

Revenue Sightseeing 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: Longmont Municipal

Airport Identifier: KLMO

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

Distance From Airport Center: .5 sm

Direction From Airport: 090 degrees true

Airport Elevation: 5055 ft. msl

Runway Information

Runway ID: 11 (L/R/C) Length: 4799 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

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

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

Approach/Departure Segment (Select one)

☐ 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

IFR Approach (Check all that apply)

☒ None

☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling

☐ Unknown

VFR Approach (Check all that apply)

☐ None

☒ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing

☐ Unknown

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"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No

City of Residence: Loveland

State: CO ZIP: 80538

Country: USA

Age at time of Accident/Incident: 47 Date of Birth: [REDACTED] 1973 mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☒ Rear ☐ Center ☐ Single		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
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☒ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer						
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 ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical <u>08/18/2020</u> <i>mm/dd/yyyy</i>

None

NA

08/24/2020
mm/dd/yyyy

Make: Embraer

Model: EMB-505

Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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EMB-505
SF-50

Student Endorsements *(Include dates)*

[illegible]

"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 ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		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																																																																																													
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Medical Certificate Limitations																																																																																																				
Medical Certificate Special Issuance																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
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Type Ratings						Student Endorsements (Include dates)																																																																																														
<table><tr><th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th><th rowspan="2">All Aircraft</th><th rowspan="2">This Make & Model</th><th rowspan="2">Airplane Single Engine</th><th rowspan="2">Airplane Multiengine</th><th rowspan="2">Night</th><th colspan="2">Instrument</th><th rowspan="2">Rotorcraft</th><th rowspan="2">Glider</th><th rowspan="2">Lighter Than Air</th></tr><tr><th>Actual</th><th>Simulated</th></tr><tr><td>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>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>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>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>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>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>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></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 CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Address			Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints		
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints		
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ 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: <u>Jason</u> City: <u>Marysville</u> Middle Initial: _____ State: <u>WA</u> ZIP: <u>98270</u> Last Name: <u>Smith</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☒ 4-point ☒ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ 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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ 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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
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FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KLMO

City: Longmont

State: CO

Country: USA

Time of Departure

Time: 1130

Time Zone: MTN

Destination

Airport ID: KLMO

City: Longmont

State: CO

Country: USA

Type Flight Plan Filed

☒ None

☐ VFR/IFR

☐ Company VFR

☐ IFR

☐ Military VFR

☐ Unknown

☐ VFR

Activated? ☐ Yes ☐ No ☐ Unknown

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/incident occurred (Check all that apply)

☐ Class A

☒ Class G

☐ Military Operations Area (MOA)

☐ Special

☐ Class B

☐ Demo Area

☐ Airport Advisory Area

☐ Air Traffic Control Area

☐ Class C

☐ Warning Area

☐ Jet Training Area

☐ Unknown

☐ Class D

☐ Prohibited Area

☐ TRSA

☐ Class E

☐ Restricted Area

☐ FAR 93

Altitude of In-Flight Occurrence: _____ ft msl

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 (DUATS)

☐ Unknown

☐ On-Board Weather

Weather Observation Facility

Facility ID: KLMO

Observation Time: 1000

Time Zone: Mountain

Distance from Accident Site: 0 nm

Direction from Accident Site: 0 degrees true

Basic Conditions

☒ VMC

☐ IMC

☐ Unknown

Light Condition

☐ Dawn

☐ Dusk

☐ Dark Night

☐ Unknown

☒ Day

☐ Night

☐ Bright Night

Sky/Lowest Cloud Condition

☒ Clear

☐ Thin Broken

☐ Few

☐ Thin Overcast

☐ Partial Obscuration

☐ Unknown

☐ Scattered

Lowest Cloud Condition Height _____ ft agl

Ceiling

☒ None (Clear)

☐ Obscured

☐ Broken

☐ Indefinite

☐ Overcast

☐ Unknown

Ceiling Height _____ ft agl

Temperature: 04 (C) or _____ (F)

Dew Point: -04 (C) or _____ (F)

Altimeter Setting: 29.85 in. Hg or _____ MB

Wind Direction

☐ Variable

-or- _____ degrees true

Wind Speed

☒ Calm

☐ Light and Variable

-or- _____ kts

Wind Gusts

☒ Not Gusting

-or- _____ kts

Visibility 10+ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 5055 ft

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

☐ Hail

☐ Snow Grains

☐ Freezing Drizzle

☐ Rain Showers

☐ Ice Crystals

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

Icing Forecast

Amount

Type

☒ None

☐ N/A

☐ Trace

☐ Rime

☐ Light

☐ Clear

☐ Moderate

☐ Mixed

☐ Severe

☐ Unknown

☐ Unknown

Icing Actual

Amount

Type

☒ None

☐ N/A

☐ Trace

☐ Rime

☐ Light

☐ Clear

☐ Moderate

☐ Mixed

☐ Severe

☐ Unknown

☐ Unknown

Turbulence

Type (Check all that apply)

Severity

☒ None

☐ Light

☐ Clear Air

☐ Moderate

☐ Terrain-Induced

☐ Severe

☐ Convective Turbulence

☐ Extreme

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 ☒ Substantial
☐ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

The aircraft sustained damage to right wing, left wing, empennage, landing gear, propeller.

There was one airport sign impacted.

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

Upon landing the aircraft yawed to the right. I corrected to the left and decided to abort the takeoff. Upon rotation the aircraft impacted the airport sign. The aircraft was climbing normally until it started to roll to the left. As I tried to correct the roll with right control stick force, the aircraft continued to roll left. At that point I decided to descend in to the field off the end of the runway to try and get on the ground before the aircraft rolled to a point where I had no control. The terrain where we landed was a grass field. Upon ground contact the left wing and left tire impacted first. Beyond that point I'm not sure what the aircraft did. The first impact appeared to be about 150-200 feet from where we came to rest upright on the sidewalk of airport road. I opened the window and door and exited the aircraft. Jason remained in the aircraft until emergency personnel arrived.

We were on a local flight just enjoying the new aircraft. We departed from KLMO around 1130 and flew to KGXY, doing a touch and go there, then returned to KLMO. We did not receive any services at either location that day.

RECOMMENDATION (How could this accident/incident have been prevented?)		
Operator/Owner Safety Recommendation Hindsight now tells me that the aborted landing was not necessarily a bad plan, but as soon as I struck the sign it would have been better to try and land on the remaining runway.		
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.)		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 27 _____ Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP8 ☐ 100/130 ☐ Jet A-1 ☐ Automotive	
Other Services, if Any, Prior to Departure		
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 Exited the aircraft through the normal exit.		
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 Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ 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 <u>10/28/2020</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Wade Tagg</u> Signature: <u>[Signature]</u> -- 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. CEN21LA027	Reviewed by NTSB Regional Office	Name of Investigator K. Dunks	Date Report Received 10/28/2020
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