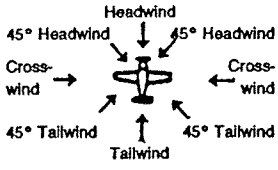
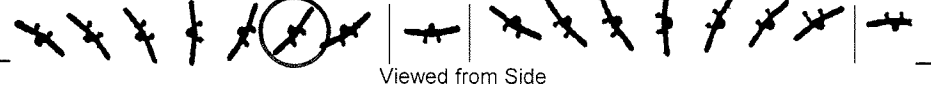




# Investigator's Report

CAD # **P 2 1 0 5 2 7 0 0 0 0 0 6 6 1**

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>TERRAIN FEATURES</b><br><input type="checkbox"/> Level<br><input type="checkbox"/> Rolling<br><input type="checkbox"/> Hilly<br><input type="checkbox"/> Wooded<br><input type="checkbox"/> Brush<br><input checked="" type="checkbox"/> Swamp<br><input type="checkbox"/> Plowed Field<br><input type="checkbox"/> Crops<br><input type="checkbox"/> River<br><input type="checkbox"/> City Area<br><input checked="" type="checkbox"/> Other <u>CREEK</u> |                                                                                                            | <b>GRADE</b><br><input checked="" type="checkbox"/> Up<br><input type="checkbox"/> Down<br><br><b>CONDITION OF GROUND</b><br><input checked="" type="checkbox"/> Soft<br><input type="checkbox"/> Hard<br><input type="checkbox"/> Rocky                                                                                                                                                                                                          |                                  | <b>WEATHER</b><br><input type="checkbox"/> Clear<br><input checked="" type="checkbox"/> Cloudy<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Light Rain<br><input type="checkbox"/> Heavy Rain<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Thunderstorm<br><input type="checkbox"/> Light Snow<br><input type="checkbox"/> Heavy Snow<br><br><b>RESTRICTIONS TO VISIBILITY</b><br><input type="checkbox"/> Haze<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing<br><input type="checkbox"/> Other _____<br><br><input type="checkbox"/> None<br><br><b>HOW OBTAINED</b><br><input type="checkbox"/> Estimated<br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> FAA Facility<br><input checked="" type="checkbox"/> Other <u>WILMINGTON</u><br><u>WEATHER</u> _____<br><small>Name of Station</small><br><br>Moved after principal impact? <input type="checkbox"/> No <input type="checkbox"/> Yes Distance _____<br><br>Fire? <input type="checkbox"/> On Ground <input type="checkbox"/> In Flight <input type="checkbox"/> None |  | <b>AIRCRAFT COMPONENT INVOLVED WITH OBSTACLE OR GROUND</b><br><input checked="" type="checkbox"/> Propeller<br><input type="checkbox"/> Nose<br><input checked="" type="checkbox"/> Right Wing<br><input type="checkbox"/> Left Wing<br><input checked="" type="checkbox"/> Fuselage<br><input type="checkbox"/> Empenage<br><input type="checkbox"/> Main Rotor<br><input type="checkbox"/> Tail Rotor<br><input checked="" type="checkbox"/> Nose Landing Gear<br><input checked="" type="checkbox"/> Right Landing Gear |  |
| <b>OBSTACLE STRUCK</b><br><input type="checkbox"/> Wires<br><input type="checkbox"/> Trees<br><input type="checkbox"/> Building<br><input type="checkbox"/> Other Aircraft in Air<br><input type="checkbox"/> Other Aircraft on Ground<br><input type="checkbox"/> Runway – Taxi Light<br><input checked="" type="checkbox"/> Other <u>WATER, DITCH</u>                                                                                                        |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                  |                                  | <b>AIRCRAFT WAS</b><br><input checked="" type="checkbox"/> Taking Off<br><input type="checkbox"/> Landing<br><input type="checkbox"/> Taxiing<br><input type="checkbox"/> Parked<br><input type="checkbox"/> In Flight<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>FLIGHT DATA (If Available)</b><br>Was a Flight Plan Filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If Yes, Check Type <input type="checkbox"/> VFR <input type="checkbox"/> IFR<br>DEPARTURE POINT<br><u>LAKEFIELD AIRPORT</u><br>DATE<br><u>5/27/2021</u><br>TIME<br><u>0748</u><br>DESTINATION<br>ESTIMATED TIME OF ARRIVAL                                                                                                |                                                                                                            | <b>APPROXIMATE ATTITUDE AT IMPACT IN RELATION TO HORIZON</b><br>Viewed from Front<br>(Circle One)<br>150° 135° 120° 90° 60° 45° 30° 0° 30° 45° 60° 90° 120° 135° 150° 180°<br><br>Viewed from Side<br>(Circle One)<br>-10° 0° 10° 30° 45° 60° 90° 120° 135° 150° 180°<br> |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| CAUSE <input checked="" type="checkbox"/> Engine Failure <input type="checkbox"/> Structural Failure <input type="checkbox"/> Pilot Error <input type="checkbox"/> Pilot Inexperience <input type="checkbox"/> Weather <input type="checkbox"/> Other _____                                                                                                                                                                                                    |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| OTHER AIRCRAFT INVOLVED:<br>MAKE AND MODEL<br>REGISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            | NAME AND ADDRESS OF OWNER                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| DESCRIBE WHAT HAPPENED:<br><b>MARK GAERTE WAS TAKING OFF FROM LAKFIELD AIRPORT AND FAILED TO GAIN ENOUGH ALTITUDE. HIS PLANE STRUCK A WATERWAY, AND AN EMBANKMENT, THEN OVERTURNED INTO BEAVER CREEK.</b>                                                                                                                                                                                                                                                      |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| FAA:<br><input checked="" type="checkbox"/> Notified<br><input checked="" type="checkbox"/> Investigating                                                                                                                                                                                                                                                                                                                                                      | NTSB:<br><input checked="" type="checkbox"/> Notified<br><input checked="" type="checkbox"/> Investigating | FAA MEDICAL EXAMINER:<br><input checked="" type="checkbox"/> Notified<br><input type="checkbox"/> Investigating                                                                                                                                                                                                                                                                                                                                   | Hours on Investigation <u>10</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| CRASH REPORTED BY<br><u>MERCER COUNTY CENTRAL DISPATCH</u>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TIME REPORTED<br><u>0751</u>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |



OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                     |
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| LOCAL REPORT NUMBER<br>06-51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | REPORTING AGENCY<br>OHIO STATE HIGHWAY PATROL               | DATE OF CRASH<br>M05   D27   Y 2021 |
| IN COUNTY OF<br>Mercer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CRASH LOCATION<br>Cassella-Montezuma Road at Guadalupe Road |                                     |
| <p>The Wapakoneta Post of the Highway Patrol received a call for service from the Mercer County Central Dispatch in reference a plane crash. The crash was near the intersection of Cassella-Montezuma Road near Guadalupe Road. Sergeant Bennett arrived on scene first and advised it was down a long lane in a field and partially submerged in the creek. Myself, Sergeant Kiefer and Lieutenant Westerfield all responded.</p> <p>The investigation shows that the plane left the runway at the Lakefield airport and shortly after he touched down in the marsh area south of the launching sight. His plane continued down until striking the embankment, sliding across a stone access road then overturned into a creek. Due to the damage sustained from the impact, the chemicals held in the plane and the fuel from the plane started to leak onto the pilot. The pilot was able to remove himself from the plane and climb up to the dry ground. Witnesses on scene started to douse the pilot with water to wash the chemicals off of him. Coldwater Fire and EMS were already enroute. The pilot's airway was constricting and his eyes were burning from the chemicals. He was loaded up into the ambulance and rushed to Coldwater hospital. The pilot was transported by Lutheran care flight from Coldwater hospital to Miami Valley Hospital. During the investigation it was noted that the two chemicals in the plane were: 1.) Caramba Fungicide, EPA # 7969-246 and 2.) Province II insecticide, EPA # 1295-55467.</p> <p>While speaking to witnesses it appears the plane may have experienced engine trouble as one witness described hearing sputtering sounds coming from the engine as he was taking off. The other witness was not close enough to hear engine sounds but stated he didn't have enough elevation when he took off.</p> <p>The pilot was not able to be questioned due to his condition at this point.</p> <p>Mercer County Emergency Management were on scene for the chemical spill and fuel leak into Beavercreek. They were assisted by Motezuma Fire Department. The fire department moved the aircraft after photographs were taken. They used the winch on their trucks and dragged the aircraft across the rocks to remove the hazard from the water. The Ohio Department of Natural Resources also had officers on scene for the fish and other water life that were dying as a result of the spill. Mercer County Sheriffs Department assisted with the use of their drone. The Lakefield airport allowed the crew to store the airplane in one of their empty hangars until the Federal Aviation Association could investigate it. The aircraft was lifted up onto a flatbed trailer using chains and an excavator. A private construction company lent their equipment to move the aircraft to a safe location.</p> |                                                             |                                     |
| OFFICER'S SIGNATURE<br>X [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | BADGE NUMBER<br>[REDACTED]          |



|                             |                                               |                                 |
|-----------------------------|-----------------------------------------------|---------------------------------|
| LOCAL REPORT NUMBER<br>6-51 | REPORTING AGENCY<br>OHIO STATE HIGHWAY PATROL | DATE OF CRASH<br>M 05 D 27 Y 21 |
|-----------------------------|-----------------------------------------------|---------------------------------|

**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Allen Grass PRINTED \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO \_\_\_\_\_  
TORRIN GATCHE OFFICER'S NAME \_\_\_\_\_ AT (ON SCENE) LOCATION \_\_\_\_\_

Q: WHAT DO YOU SEE?

A) THE AIRPLANE LEFT THE AIRPORT, BANKED TOWARDS THE SOUTH IT APPEARED. I LOST SIGHT OF THE PLANE AND ASSUMED THE CRASHED. I HEARD SOME NOISE WHEN I GOT NEAR THE HELICOPTER WAS OFF THE AIR WAS STATIONARY WAS OFF.

Q) Where were you?

A<sup>3</sup> I WAS STRAIGHT SOUTH ON THE OTHER SIDE OF THE LAGOON.

Q. Do you render most aid?

AS WE JUST KEPT DUMPING WATER ON HIM. HE SAID HIS EYES WERE  
BURNING AND HIS THROAT WAS BURNING AND SWELLING.

Q: DID YOU HEAR ANY NOISES?

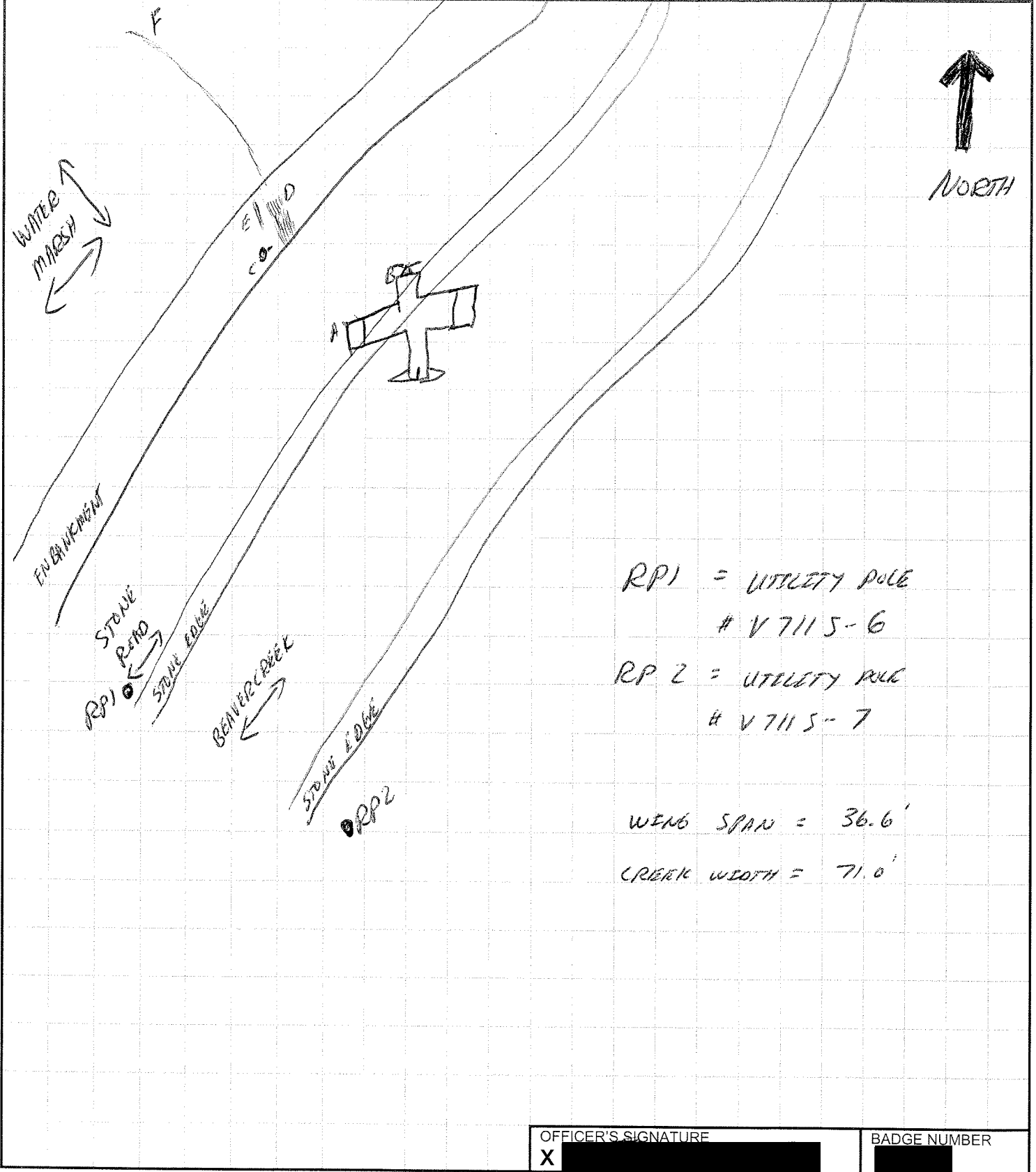
A: NOT OUT OF NORMAL. HE SAID IT WAS SPUTTERING.

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| ADDRESS OF [REDACTED]                | Ohio                                |
| SIGNATURE OF WITNESS<br>X [REDACTED] | OFFICER'S SIGNATURE<br>X [REDACTED] |

## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

Pb 1622

|                                    |                                                                    |                                        |
|------------------------------------|--------------------------------------------------------------------|----------------------------------------|
| LOCAL REPORT NUMBER<br><b>6-51</b> | REPORTING AGENCY<br><b>OHIO STATE HIGHWAY PATROL</b>               | DATE OF CRASH<br><b>M 05 D 27 Y 21</b> |
| IN COUNTY OF<br><b>MARSH</b>       | CRASH LOCATION<br><b>CASSIDIA - MONTEUMA Road at GUNDOLPH ROAD</b> |                                        |





OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

Pl 6 of 2

|                                                                                                                          |       |                                                              |                            |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|----------------------------|---------------------------------|--|
| LOCAL REPORT NUMBER<br>6-51                                                                                              |       | REPORTING AGENCY<br>OHIO STATE HIGHWAY PATROL                |                            | DATE OF CRASH<br>M 05 D 27 Y 21 |  |
| IN COUNTY OF<br>MERCER                                                                                                   |       | CRASH LOCATION<br>CASSELLA - MONTIZUMA Road AT Guadalupe Rd. |                            |                                 |  |
|                                                                                                                          | RP1   | RP2                                                          | DESCRIPTION                |                                 |  |
| A                                                                                                                        | 368.3 | 310.4                                                        | LEFT WHEEL OVERTURNED      |                                 |  |
| B                                                                                                                        | 386.2 | 330.5                                                        | PROPELLER NOSE, FINAL REST |                                 |  |
| C                                                                                                                        | 450.3 | 357.9                                                        | LANDING WHEEL              |                                 |  |
| D                                                                                                                        | 479.6 | 395.6                                                        | START OF GROVE IN GRASS    |                                 |  |
| E                                                                                                                        | 481.4 | 398.1                                                        | START OF RUT               |                                 |  |
| F                                                                                                                        | 537.2 | 568.1                                                        | FIRST TOUCHDOWN POINT      |                                 |  |
| <p>- INSURANCE COMPANY: OLD REPUBLIC [REDACTED]</p> <p>- POLICY I.D.: [REDACTED]</p> <p>- CONTACT NUMBER: [REDACTED]</p> |       |                                                              |                            |                                 |  |
| OFFICER'S SIGNATURE<br>X [REDACTED]                                                                                      |       |                                                              | BADGE NUMBER<br>[REDACTED] |                                 |  |