

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: Harimore State: ND
 ZIP: 58251 Country: USA
 Latitude: 47.91A1 Longitude: 97.64W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 7-24-21 Local Time: 7:15am
 mm/dd/yyyy Time Zone: Central

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N 83411

Manufacturer: Piper

Model: PA-18-150

Serial Number: 18-7609122

Year of Manufacture: 1976

Amateur-Built: Yes No If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 1750 lbs

Weight at Time of Accident/Incident: 1640 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 1

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 **Special**
Normal Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility 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	<u>Lyc</u>	<u>O-320-B2B</u>	<u>L 4618-39</u>		<u>150</u>	<u>3586</u>	<u>11</u>	<u>432</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 7-7-20
 mm/dd/yyyy

Airframe Total Time: 2507 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: _____

Propeller 1

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:
 ELT Manufacturer: _____
 Model or Part No.: _____
 TSO No.: C91 (121.5 MHz) C91a (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

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____

Model: _____

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: Paul Mutch

City: harmore
 State: NID ZIP: 58251
 Country: USA

Fractional Ownership Aircraft: Yes ☐ No ☒

Operator of Aircraft

Same As Registered Owner

Name: Paul Mutch

Same Address as Registered Owner

City: _____
 State: _____ ZIP: _____
 Country: _____

Doing Business As: _____

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

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

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

(Select one)

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

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: Larmore Municipal
 Airport Identifier: 2L1
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: .4 sm
 Direction From Airport: South degrees true
 Airport Elevation: 1130 ft. msl

Runway Information

Runway ID: 30 (L/R/C) Length: 2900 ft Width: 50 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 VFR Departure On Instrument Approach Downwind Low Approach
Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
 Initial Climb Final Aborted Landing (after touchdown)
 Crosswind 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

"FLIGHT 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: Todd Yahwa City of Residence: Larmore

Middle Initial: M State: MD ZIP: 58251

Last Name: Yahwa Country: USA

Age at time of Accident/Incident: 57 Date of Birth: [REDACTED] 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	Used
None	None
Lap only	Lap only
☒ 3-point	☒ 3-point
4-point	4-point
5-point	5-point
Unknown	Unknown

Inflatable Restraints

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

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

Pilot
☒ Other
Unknown

Medical Certificate

None ☒ Class 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

12-7-20
mm/dd/yyyy

Medical Certificate Limitations

Available glasses for near vision

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

7-6-19
mm/dd/yyyy

Flight Review Aircraft

Make: Champ 76C Champion
Model: 76C

Airplane Rating(s)

(Check all that apply)

None
☒ Single-Engine Land
☒ Single-Engine Sea
Multiengine Land
Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)

None
Airship
Balloon
Glider
Gyroplane
Helicopter
Powered Lift

Instrument Rating(s)

(Check all that apply)

None
☒ Airplane
Helicopter
Powered Lift

Instructor Rating(s)

(Check all that apply)

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

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1169	41	1169		23	18	48			
Pilot in Command (PIC)	1022	38	1022		23					
Time as Instructor										
This Make/Model										
Last 90 Days	3	3	3							
Last 30 Days	3	3	3							
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying Yes No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> 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																																																																																												
Pilot Certificate(s) <i>(Check all that apply)</i> None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign																																																																																																				
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 _____ <i>mm/dd/yyyy</i>																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____																																																																																																
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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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time <i>(Enter appropriate number of hours in each box)</i></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> </thead> <tbody> <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> </tbody> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	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: _____		Left	Front	None
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor
Last Name: _____		Country: _____		Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None		Flight Instructor		Available		Used
Private		Recreational		None		None
Student		Sport		Lap Only		Lap Only
		Commercial		3-point		3-point
		Airline Transport		4-point		4-point
		Flight Engineer		5-point		5-point
		US Military		Unknown		Unknown
		Foreign				
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes No						

Crew Name and Address				Seat Occupied		Injury
First Name: _____		City of Residence: _____		Left	Front	None
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor
Last Name: _____		Country: _____		Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None		Flight Instructor		Available		Used
Private		Recreational		None		None
Student		Sport		Lap Only		Lap Only
		Commercial		3-point		3-point
		Airline Transport		4-point		4-point
		Flight Engineer		5-point		5-point
		US Military		Unknown		Unknown
		Foreign				
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes No						

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>Paul</u> City: <u>Lawrence</u>	Left Center Right Unknown Row: <u>Back</u>	None <u>Minor</u> Serious Fatal Unknown	Available None Lap Only <u>3-point</u> 4-point 5-point Unknown	Used None Lap Only <u>3-point</u> 4-point 5-point Unknown	Not Installed <u>Installed</u> Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: <u>ND</u> ZIP: <u>58051</u>						
Last Name: <u>Match</u> Country: _____						
Crew <u>Passenger</u> Other						
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: 2L1
City: Larimore
State: ND
Country: USA

Time of Departure

Time: 7:15 am
Time Zone: Central

Destination

Airport ID: 4V4
City: Northwood
State: ND
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 VFR Special VFR IFR Special IFR VFR On Top VFR Flight Following Traffic Advisory Cruise Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

Class A ☐ Class G ☒ Military Operations Area (MOA) Special Air Traffic Control Area Unknown
Class B ☐ Demo Area Airport Advisory Area
Class C ☐ Warning Area Jet Training Area
Class D ☐ Prohibited Area TRSA
Class E ☐ Restricted Area FAR 93

Altitude of In-Flight Occurrence: 1160 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
☒ V/Radio Internet
☒ Automated Report None
Commercial Weather Service (DUATS) Unknown
On-Board Weather

Weather Observation Facility

Facility ID: KGEK
Observation Time: 7:00 am
Time Zone: Central
Distance from Accident Site: 10 nm
Direction from Accident Site: East 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
☐ Scattered ☐ Unknown

Ceiling

☒ None (Clear) Obscured
☐ Broken Indefinite
☐ Overcast Unknown

Temperature: _____ (C) or 65 (F)

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

Altimeter Setting: _____ in. Hg
or _____ MB

Lowest Cloud Condition Height

None ft agl

Ceiling Height

_____ ft agl

set alt. to 1130

Wind Direction

Variable

Wind Speed

☒ Calm
☐ Light and Variable

Speed: 3-4 kts

Wind Gusts

☒ Not Gusting

Speed: _____ kts

Visibility +10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

Light
Moderate
Heavy
N/A
Unknown

Type of Precipitation (Check all that apply)

☒ None Drizzle Freezing Rain
☐ Rain 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
☐ Clear Air Light
☐ Terrain-Induced Moderate
☐ Convective Turbulence Severe
☐ Extreme

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

TFR at Airbase 2400'-18,000' msl
Extends up to 2L1 to the East of Airport

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor

Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

Aircraft totalled, hit trees to south of runway

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.

Departed 7:15am to 4V4

Did walk around checked oil and gas, drained 3 fuel sumps, pushed out
Got in Paul and I buckled up, warmed up cub checked gauges, talked with Paul
Taxi out to rwy 30 ramp, mag, fuel, fuel gauges checked out ok
Radio call 30 83411 take off, Pushed throttle ahead and stick, when
front wheels lifted off remember cub only wanted to go left,
trying to turn right and climb but still was going left. Remember
thinking we were going to hit building, don't remember much but
glad I missed buildings, but ~~how~~ we were going to hit trees
Remember trying to pull back as we hit trees and then nose
fell down to ground. Remember exiting with Paul's help
out of airplane as fuel poured out left wing.

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.)

Don't Know

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

20

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

Paul broke plexiglass exited out side, grabbed me and helped me out the side, had trouble walking, fell after a step or two as leg was broke

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

8-30-21

mm/dd/yyyy

Name of Pilot/Operator: Todd Kahne

Signature: [Redacted]

-- 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.

CEN21LA337

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

T. Sorensen

Date Report Received

July 24, 2021