

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: <u>Coldwater</u> State: <u>MI</u> ZIP: <u>49036-1904</u> Country: <u>USA</u> Latitude: <u>41.93 deg N</u> Longitude: <u>85.05 deg W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>09/02/2022</u> Local Time: <u>1430hrs approx</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None
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AIRCRAFT INFORMATION

Registration Number: <u>N21GL</u> Manufacturer: <u>WACO Aircraft Corporation</u> Model: <u>2T-1A-2</u> Serial Number: _____ Year of Manufacture: _____ Amateur-Built: ☐ Yes ☒ No <i>If Yes:</i> ☐ Kit/Plans ☐ Original Design Make: _____	☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☐ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☒ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard	Special	☐ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☒ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> ☐ 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
Standard	Special																		
☐ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☒ Experimental																		
☐ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: _____ <i>mm/dd/yyyy</i> Airframe Total Time: _____ hrs hours measured at (Select one) ☐ Last Inspection ☐ Time of Accident/Incident	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: ☒ Yes ☐ No <i>If Yes:</i> 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 <i>If activated:</i> Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No <i>If not activated:</i> Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown
Type of Maintenance Program (Select one) ☐ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	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: _____	
Description of Fire Extinguishing System ☐ None ☐ Specify: _____		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: _____

City: _____

Fractional Ownership Aircraft: ☐ Yes ☐ No

State: _____ ZIP: _____

Country: _____

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 ☐ 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: Branch County MemorialAirport Identifier: KOEBProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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" 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: <u>John</u>						City of Residence: <u>Matthews</u>					
Middle Initial: <u>C</u>						State: <u>NC</u>			ZIP: <u>28105</u>		
Last Name: <u>Watts</u>						Country: <u>USA</u>					
Age at time of Accident/Incident: <u>52</u>						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 ☐ 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>10/22/2021</u> mm/dd/yyyy	
Medical Certificate Limitations											
Must wear corrective lenses											
NOTE FOR CLARITY: I only have Private Pilot privileges for Airplane Single Engine Land											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/18/2021</u> mm/dd/yyyy						Flight Review Aircraft Make: <u>Extra</u> Model: <u>300</u>					
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					
Type Ratings None. Tailwheel endorsement: 01/12/2021 NOTE FOR CLARITY: all flight times below are in reference to the time / date of the accident, and are approximate						Student Endorsements (<i>Include dates</i>)					
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	1,148	3	413	0	200	18	142	734	0	0	
Pilot in Command (PIC)	388	0	340	0	47	7	31	47	0	0	
Time as Instructor	0	0	0	0	0	0	0	0	0	0	
This Make/Model					0	0	0				
Last 90 Days	12	3	8	0	0	0	0	4	0	0	
Last 30 Days	7	3	7	0	0	0	0	0	0	0	
Last 24 Hours	2	2	2	0	0	0	0	0	0	0	

[illegible]

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? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ 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? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KOEB</u> City: <u>Coldwater</u> State: <u>MI</u> Country: <u>USA</u>	Time of Departure Time: <u>1426hrs</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>KOEB</u> City: <u>Coldwater</u> State: <u>MI</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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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	Altitude of In-Flight Occurrence: _____ ft msl
☐ 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		

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: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ 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

Ceiling

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

Ceiling Height

3500 approx ft agl

Temperature: _____ (C) or _____ (F)

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

Altimeter Setting: _____ in. Hg
 or _____ MB

Lowest Cloud Condition Height

_____ ft agl

Wind Direction

☐ Variable
 -or-
 Direction: _____ degrees true

Wind Speed

☐ Calm
☐ Light and Variable
 -or-
 Speed: 5 kts

Wind Gusts

☐ Not Gusting
 -or-
 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	☐ 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)*

Aircraft came to rest upside down.

Landing gear sheared off. Prop sheared off (all three blades). Top wing compressed to fuselage. Cabine struts collapsed. Flying and landing wires buckled. Rudder buckled.

NARRATIVE HISTORY OF FLIGHT *(Please type or print in ink)*

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Prior to September 2, 2022, I contracted to purchase a new Great Lakes biplane from WACO Aircraft Corporation (WACO). As part of its obligations under the purchase agreement, WACO was required to conduct a "Delivery Flight" of no more than 25 hours, conducted and controlled by WACO's designated pilot. WACO was also required to provide "Transition Training" to me as part of the same 25 hours. My insurance also required me to obtain at least four hours of training in the Great Lakes model. In order to satisfy its Transition Training obligation, WACO provided me with a CFI, Jerry Kemp, who was under contract to WACO. Additionally, WACO provided N21GL for the training as the aircraft I purchased had not yet been issued its airworthiness certificate.

On the morning of September 2, 2022, Jerry and I flew for 2.0 hours in N21GL in the vicinity of KBTL. We conducted multiple takeoffs and landings from Runway 7 at KOEB. All landings were tailwheel low, wheel-landings. Jerry was in the front seat, and I was in the rear (although, my only prior experience in a Great Lakes had been from the front seat). As I was a Pilot in Training and relatively unfamiliar with the aircraft, Jerry was PIC and provided flight instruction. After the lesson, we returned to KBTL for lunch.

Over lunch, Jerry briefed me on the plan for the afternoon flight. We would return to KOEB for more landing practice. This time, however, we would practice 3-point landings on the "grass strip" at KOEB. He stated the procedure is to "reach for the ground" with the tailwheel in an effort to touch all wheels simultaneously. He also stated the grass at KOEB is wide and creates a visual illusion that induces pilots to flare too high.

After lunch, we departed KBTL for the next lesson. For this flight, I was again in back and Jerry was in front. Jerry was the CFI and PIC. Once at KOEB, we conducted three tailwheel low wheel-landings on Runway 7 without incident. After taking off from the third landing, Jerry announced we would make the next landing a 3-point landing in the grass parallel to Runway 7 (rather than the actual grass Runway 16/34). Jerry indicated the airport keeps the grass parallel to Runway 7 mowed for landings and said it was safe to land there. Jerry did not demonstrate a 3-point landing; I was on the controls.

We flew a normal traffic pattern, and the approach was stabilized at 75 mph. Over the grass parallel to the paved Runway 7 threshold, I began to flare. Jerry indicated the flare was initiated too high but said to keep going (rather than go around). The aircraft leveled out briefly and Jerry instructed, "keep pulling, keep pulling". Jerry then began to manipulate the controls with me and pulled back on the stick. The aircraft achieved what appeared to be an extreme nose-high attitude (in excess of its pitch angle when sitting on the ground).

The aircraft impacted the ground with the wings level but with a significant pitching down rate. It is unclear to me whether the tailwheel touched the ground and exacerbated the downward movement, or if the aircraft simply stalled and "fell through". The main gear impacted, and the aircraft slid approximately 20 feet. The main gear then dug in the soft ground as it had rained a few days prior, and flipped forward over its nose, coming to rest upside down. I exited the aircraft and assisted Jerry out of the aircraft and slightly away from the wreckage, where I sat him on the ground. Jerry was bleeding profusely from above his left eye, stated he was dizzy, and appeared disoriented. I was not injured except for three minor cuts. I was not dizzy or nauseous, and my head never impacted anything in the accident. I rendered first aid, then called 911. I then returned to and secured the aircraft. I then called WACO to notify them of the accident. I recommended they contact the FAA to explain the ELT signal, and the NTSB to meet the accident notification requirement. I followed up with WACO employees later that day to confirm they notified the NTSB.

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.)

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)

20 at last t/o from KOEB 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

NOTE FOR CLARITY: we fully refueled the aircraft at KBTL prior to departure.

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

Pilot in back unclipped his harness and crawled out of the aircraft to his left. PIC in front unclipped his harness but had difficulty getting out. Pilot in back assisted the PIC in front out to his right.

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ 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

09/10/2022

mm/dd/yyyy

Name of Pilot/Operator: John C. Watts

Signature: _____

-- or -- ☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN22LA410

Reviewed by NTSB Regional Office

CEN

Name of Investigator

Sauer

Date Report Received

09/12/22