

# 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: Williston State: ND  
 ZIP: 58801 Country: USA  
 Latitude: 48.26 Longitude: 103.75  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 09/26/2022 Local Time: 13:39  
*mm/dd/yyyy* Time Zone: Central

Collision with Other Aircraft: Midair On-ground None

## AIRCRAFT INFORMATION

Registration Number: N93330

Manufacturer: Cessna

Model: 180

Serial Number: 31731

Year of Manufacture: 1955

Amateur-Built: Yes ☐ If Yes: Kit/Plans Make: \_\_\_\_\_  
 No ☒ Original Design

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

Maximum Gross Weight: 2950 lbs  
 Weight at Time of Accident/Incident: 2,500 lbs

Number of Seats: 4 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

Number of Engines: 1

### Category of Aircraft

Airplane  
 Balloon  
 Blimp/Dirigible  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift  
 Rocket  
 Ultralight  
 Unknown

### Type of Airworthiness Certificate

*(Check all that apply)*

#### Standard

Normal  
 Aerobatic  
 Balloon  
 Commuter  
 Transport  
 Utility

#### Special

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

Certificate of Authorization or Waiver (COA)  
 None Unknown

### Landing Gear

*(Check all that apply)*

Retractable

Tricycle

Amphibian  
 Emergency Float  
 Float  
 Hull

Other Launch/Recovery System

None

Tailwheel

High Skid  
 Skid  
 Ski  
 Ski/Wheel

Unknown

### Engine Type *(Select one)*

Reciprocating

Turbo Shaft  
 Turbo Prop  
 Turbo Jet  
 Turbo Fan  
 Electric

Liquid Rocket  
 Solid Rocket  
 Hybrid Rocket  
 None  
 Unknown

### Fuel System Type *(Reciprocating)*

Carburetor

Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br>Horsepower or<br>lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|-----------------------------------------------|-----------------------|-----------------------------------|------------------|
| Eng. 1 | <u>Continental</u>  | <u>O-520-F-TS</u>   | <u>18031731</u>              |                                   | <u>270</u>                                    | <u>4691.3</u>         | <u>2</u>                          | <u>57.67</u>     |
| Eng. 2 |                     |                     |                              |                                   |                                               |                       |                                   |                  |
| Eng. 3 |                     |                     |                              |                                   |                                               |                       |                                   |                  |
| Eng. 4 |                     |                     |                              |                                   |                                               |                       |                                   |                  |

### Last Inspection Type

100-Hour  
 AAIP  
Annual  
 Continuous Airworthiness  
 Conditional Inspection  
 Unknown

Date Last Inspection: 08/02/2022  
*mm/dd/yyyy*

Airframe Total Time: 4689.3 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: Fire extinguisher - left wing root

### Propeller 1

Fixed Pitch

Controllable Pitch  
 Ground Adjustable

Manufacturer: Hartzell

Model: HC-C3YF-1RF

ELT Installed: Yes No

If Yes:

ELT Manufacturer: Arctex

Model or Part No.: ME-406

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: JARVY'S Consulting, LLC

Fractional Ownership Aircraft: Yes No

City: Williston,State: ND ZIP: 58801Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: TRAVIS Wetherell

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Same Address as Registered Owner

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

☒ None

Flag Carrier Operating Certificate (FAR 121)

Supplemental

Air Cargo

Foreign Air Carriers (FAR 129)

Rotorcraft External Load (FAR 133)

Commuter Air Carrier (FAR 135)

On-Demand Air Taxi (FAR 135)

Commercial Air Tour (FAR 136)

Agricultural Aircraft (FAR 137)

Pilot School (FAR 141)

Certificate of Authorization or Waiver (COA)

Commercial Space Transportation

Experimental Permit

Commercial Space Transportation License

Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

FAR 91 FAR 129 FAR 415

FAR 103 FAR 133 FAR 431

FAR 121 FAR 135 FAR 435

FAR 125 FAR 137 FAR 437

FAR 91 Special Flight

Non-US, Commercial

Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces

Federal

State

Local

Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

Scheduled or Commuter

Non-Scheduled or Air Taxi

Domestic

International

Passenger

Cargo

Mail Contract Only

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

(Select one)

Aerial Application

Aerial Observation

Air Drop

Air Race/Show

Banner Tow

Business

Executive/Corporate

External Load

Ferry

Firefighting

Flight Test

Glider Tow

Instructional

Other Work Use

☒ Personal

Positioning

Skydiving

Unknown

**Revenue Sightseeing Flight**

Yes

☒ No**Air Medical Flight**

Yes

☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Williston BASIN InternationalAirport Identifier: KXWAProximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip N/ADistance From Airport Center: Rwy 32 smDirection From Airport: Rwy 32 degrees trueAirport Elevation: 2,356' ft. msl**Runway Information**Runway ID: 14-32 (L/R/C) Length: 7,503 ft Width: 150 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

Holes

Ice Covered

Rough

Rubber Deposits

Slush-Covered

Snow-Compacted

Snow-Crusted

Snow-Dry

Snow-Wet

Soft

Vegetation

Water-Calm

Water-Choppy

Water-Glassy

Wet

Unknown

**Approach/Departure Segment (Select one)**

Taxi

Takeoff

Initial Climb

VFR Departure

IFR Departure Procedure/Clearance

☒ On Instrument Approach☒ Landing

Downwind

Base

Final

Crosswind

Low Approach

Go Around

Aborted Landing (after touchdown)

Unknown

**IFR Approach (Check all that apply)**☒ None

ADF/NDB

SDF

VOR/TVOR

VOR/DME

TACAN

PAR

Sidestep

ILS

Localizer Only

LOC-back course

RNAV

MLS

LDA

ASR

Visual

Contact

Circling

Practice

GPS

Unknown

**VFR Approach (Check all that apply)**

None

☒ Traffic Pattern

Straight-In

Valley/Terrain Following

Go Around

Full Stop

Stop and Go

Touch and Go

Simulated Forced Landing

Forced Landing

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: TRAVIS City of Residence: Williston  
 Middle Initial: R State: ND ZIP: 58801  
 Last Name: Wetherell Country: USA  
 Age at time of Accident/Incident: 41 Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Unknown           |                                   | <b>Restraint Type</b><br><table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input checked="" type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |  | Available                                                      | Used                                    | <input type="radio"/> None       | <input type="radio"/> None        | <input type="radio"/> Lap only | <input type="radio"/> Lap only     | <input type="radio"/> 3-point           | <input type="radio"/> 3-point | <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point | <input type="radio"/> 5-point         | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="radio"/> Not Installed<br><input type="radio"/> Installed<br><input type="radio"/> Not Deployed<br><input type="radio"/> Deployed<br><input type="radio"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|-----------------------------------------|----------------------------------|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------------|-------------------------------|------------------------------------------|------------------------------------------|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Used                                     |                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> None               |                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Lap only           |                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 3-point            |                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <input checked="" type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="radio"/> 4-point |                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 5-point            |                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Unknown            |                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><table border="0"> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> Flight Instructor</td> <td><input type="radio"/> Commercial</td> <td><input type="radio"/> US Military</td> </tr> <tr> <td><input type="radio"/> Private</td> <td><input type="radio"/> Recreational</td> <td><input type="radio"/> Airline Transport</td> <td><input type="radio"/> Foreign</td> </tr> <tr> <td><input checked="" type="radio"/> Student</td> <td><input type="radio"/> Sport</td> <td><input type="radio"/> Flight Engineer</td> <td></td> </tr> </table> |                                          |                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="radio"/> None                                     | <input type="radio"/> Flight Instructor | <input type="radio"/> Commercial | <input type="radio"/> US Military | <input type="radio"/> Private  | <input type="radio"/> Recreational | <input type="radio"/> Airline Transport | <input type="radio"/> Foreign | <input checked="" type="radio"/> Student | <input type="radio"/> Sport              | <input type="radio"/> Flight Engineer |                               |                               |                               |                                                                                                                                                                                                                            |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Flight Instructor  | <input type="radio"/> Commercial                                                                                                                                                                                                                            | <input type="radio"/> US Military |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <input type="radio"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Recreational       | <input type="radio"/> Airline Transport                                                                                                                                                                                                                     | <input type="radio"/> Foreign     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <input checked="" type="radio"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Sport              | <input type="radio"/> Flight Engineer                                                                                                                                                                                                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | <b>Medical Certificate</b><br><input type="radio"/> None <input checked="" type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown |                                   | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Date of Last Medical</b><br><u>05/15/2020</u><br>mm/dd/yyyy |                                         |                                  |                                   |                                |                                    |                                         |                               |                                          |                                          |                                       |                               |                               |                               |                                                                                                                                                                                                                            |

## **Medical Certificate Limitations**

## **Medical Certificate Special Issuance**

|                                                                                                                   |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>08/16/2022</u><br>mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: <u>CESSNA</u><br>Model: <u>180 Skywagon</u> |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="radio"/> None<br><input checked="" type="radio"/> Single-Engine Land<br><input type="radio"/> Single-Engine Sea<br><input type="radio"/> Multiengine Land<br><input type="radio"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input checked="" type="radio"/> None<br><input type="radio"/> Airship<br><input type="radio"/> Balloon<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input checked="" type="radio"/> None<br><input type="radio"/> Airplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input checked="" type="radio"/> None<br><input type="radio"/> Airplane Single-Engine<br><input type="radio"/> Airplane Multi-Engine<br><input type="radio"/> Gyroplane<br><input type="radio"/> Powered Lift<br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Instrument Airplane<br/> <input type="radio"/> Instrument Helicopter<br/> <input type="radio"/> Helicopter<br/> <input type="radio"/> Glider<br/> <input type="radio"/> Sport                             </div> </div> |
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|                                                                     |                                                                                                                                                  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type Ratings</b><br><u>High performance</u><br><u>Tail wheel</u> | <b>Student Endorsements</b> (Include dates)<br><u>High performance 10/6/20</u><br><u>Tail wheel 10/6/20</u><br><u>Solo cross country 9/13/21</u> |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

| 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                                                  | 72.4         | 53.1              | 72.4                   | —                    | 3.0   |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 11.5         | 11                | 11.5                   | —                    | 0     |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      | 3.5   |            |           |            |        |                  |
| Last 90 Days                                                | 2.4          | 2.4               | 2.4                    | —                    | 0     |            |           |            |        |                  |
| Last 30 Days                                                | 1.0          | 1.0               | 1.0                    |                      | 0     |            |           |            |        |                  |
| Last 24 Hours                                               |              |                   |                        |                      |       |            |           |            |        |                  |

### **"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

|                                        | Yes | No |
|----------------------------------------|-----|----|
| "Flight Crewmember 2" was pilot flying |     |    |

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
Certificate Number: \_\_\_\_\_

| Degree of Injury                                   |                   | Seat Occupied                       |             | Restraint Type               |          | Inflatable Restraints                                             |
|----------------------------------------------------|-------------------|-------------------------------------|-------------|------------------------------|----------|-------------------------------------------------------------------|
| None                                               | Fatal             | Left                                | Front       | Available                    | Used     | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |
| Minor                                              | Unknown           | Right                               | Rear        |                              |          |                                                                   |
| Serious                                            |                   | Center                              | Single      |                              |          |                                                                   |
| Pilot Certificate(s) <i>(Check all that apply)</i> |                   |                                     |             |                              |          |                                                                   |
| None                                               | Flight Instructor | Commercial                          | US Military | None                         | None     |                                                                   |
| Private                                            | Recreational      | Airline Transport                   | Foreign     | Lap only                     | Lap only |                                                                   |
| Student                                            | Sport             | Flight Engineer                     |             | 3-point                      | 3-point  |                                                                   |
|                                                    |                   |                                     |             | 4-point                      | 4-point  |                                                                   |
|                                                    |                   |                                     |             | 5-point                      | 5-point  |                                                                   |
|                                                    |                   |                                     |             | Unknown                      | Unknown  |                                                                   |
| Principal Occupation                               |                   | Medical Certificate                 |             | Medical Certificate Validity |          | Date of Last Medical                                              |
| Pilot                                              | None              | Class 3                             |             | Without limitations/waivers  | Unknown  |                                                                   |
| Other                                              | Class 1           | Driver's License (Sport Pilot only) |             | With limitations/waivers     | N/A      |                                                                   |
| Unknown                                            | Class 2           | Unknown                             |             | Special Issuance             |          | <u>mm/dd/yyyy</u>                                                 |

### Medical Certificate Special Issuance

|                                                                                                           |                                                                            |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____<br><i>mm/dd/yyyy</i> | <b>Flight Review Aircraft</b><br><b>Make:</b> _____<br><b>Model:</b> _____ |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

| <b>Airplane Rating(s)</b><br>(Check all that apply) | <b>Other Aircraft Rating(s)</b><br>(Check all that apply) | <b>Instrument Rating(s)</b><br>(Check all that apply) | <b>Instructor Rating(s)</b><br>(Check all that apply) |
|-----------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| None                                                | None                                                      | None                                                  | None                                                  |
| Single-Engine Land                                  | Airship                                                   | Airplane                                              | Airplane Single-Engine                                |
| Single-Engine Sea                                   | Balloon                                                   | Helicopter                                            | Airplane Multi-Engine                                 |
| Multiengine Land                                    | Glider                                                    | Powered Lift                                          | Gyroplane                                             |
| Multiengine Sea                                     | Gyroplane                                                 |                                                       | Powered Lift                                          |
|                                                     | Helicopter                                                |                                                       |                                                       |
|                                                     | Powered Lift                                              |                                                       |                                                       |
|                                                     |                                                           |                                                       | Instrument Airplane                                   |
|                                                     |                                                           |                                                       | Instrument Helicopter                                 |
|                                                     |                                                           |                                                       | Helicopter                                            |
|                                                     |                                                           |                                                       | Glider                                                |
|                                                     |                                                           |                                                       | Sport                                                 |

| Type Ratings | Student Endorsements <i>(Include dates)</i> |
|--------------|---------------------------------------------|
|              |                                             |

[illegible]

| <b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                   |  |  |                                                                           |                                                 |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                   |                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                         |  |  |                                                                           |                                                 | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                          | <b>Injury</b>                                                                                     |                                                                   |                                                                                   |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                       |  |  |                                                                           |                                                 | Left<br>Center<br>Right                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                          | Front<br>Rear<br>Single<br>Unknown                                                                |                                                                   | None<br>Minor<br>Serious<br>Fatal<br>Unknown                                      |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> None<br/>Private<br/>Student </div> <div> Flight Instructor<br/>Recreational<br/>Sport </div> <div> Commercial<br/>Airline Transport<br/>Flight Engineer </div> <div> US Military<br/>Foreign </div> </div> |  |  |                                                                           |                                                 | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |                                                                                                                                                                                                                                                                          | <b>Inflatable Restraints</b><br>Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |                                                                   |                                                                                   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes No                                                                                                                                                                                                                                                                |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                                 |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                   |                                                                                   |  |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                         |  |  |                                                                           |                                                 | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                          | <b>Injury</b>                                                                                     |                                                                   |                                                                                   |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                       |  |  |                                                                           |                                                 | Left<br>Center<br>Right                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                          | Front<br>Rear<br>Single<br>Unknown                                                                |                                                                   | None<br>Minor<br>Serious<br>Fatal<br>Unknown                                      |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> None<br/>Private<br/>Student </div> <div> Flight Instructor<br/>Recreational<br/>Sport </div> <div> Commercial<br/>Airline Transport<br/>Flight Engineer </div> <div> US Military<br/>Foreign </div> </div> |  |  |                                                                           |                                                 | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |                                                                                                                                                                                                                                                                          | <b>Inflatable Restraints</b><br>Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |                                                                   |                                                                                   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes No                                                                                                                                                                                                                                                                |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                                 |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                   |                                                                                   |  |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                  |  |  |                                                                           |                                                 |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                   |                                                                                   |  |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                              |  |  |                                                                           | <b>Seat</b>                                     | <b>Injury</b>                                                                                                                                                                                                                                                                                      | <b>Restraint Type</b>                                                                                                                                                                                                                                                    |                                                                                                   | <b>Inflatable Restraints</b>                                      | <b>Age</b>                                                                        |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                 |  |  |                                                                           | Left<br>Center<br>Right<br>Unknown<br>Row: ____ | None<br>Minor<br>Serious<br>Fatal<br>Unknown                                                                                                                                                                                                                                                       | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |                                                                                                   | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br><br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                 |  |  |                                                                           | Left<br>Center<br>Right<br>Unknown<br>Row: ____ | None<br>Minor<br>Serious<br>Fatal<br>Unknown                                                                                                                                                                                                                                                       | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |                                                                                                   | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br><br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                 |  |  |                                                                           | Left<br>Center<br>Right<br>Unknown<br>Row: ____ | None<br>Minor<br>Serious<br>Fatal<br>Unknown                                                                                                                                                                                                                                                       | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |                                                                                                   | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br><br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                 |  |  |                                                                           | Left<br>Center<br>Right<br>Unknown<br>Row: ____ | None<br>Minor<br>Serious<br>Fatal<br>Unknown                                                                                                                                                                                                                                                       | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/>None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |                                                                                                   | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br><br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown |  |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                             |                                                                         |                                                                                                                    |                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KXWA</u><br>City: <u>Williston</u><br>State: <u>ND</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>12:30</u><br>Time Zone: <u>CST</u> | <b>Destination</b><br>Airport ID: <u>KXWA</u><br>City: <u>Williston</u><br>State: <u>ND</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br>Activated? Yes No Unknown |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><input checked="" type="radio"/> None VFR<br><input type="radio"/> Special VFR IFR<br><input type="radio"/> Special IFR VFR On Top<br><input type="radio"/> VFR Flight Following Traffic Advisory<br><input type="radio"/> Cruise Unknown / NA                                                                                         |  |  |  |                                                          |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br>Class A<br>Class B<br>Class C<br>Class D<br><input checked="" type="radio"/> Class E<br>Class G<br>Demo Area<br>Warning Area<br>Prohibited Area<br>Restricted Area<br>Military Operations Area (MOA)<br>Airport Advisory Area<br>Jet Training Area<br>TRSA<br>FAR 93<br>Special<br>Air Traffic Control Area<br>Unknown |  |  |  | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input checked="" type="radio"/> National Weather Service<br><input checked="" type="radio"/> Flight Service Station<br><input type="radio"/> TV/Radio<br><input type="radio"/> Automated Report<br><input type="radio"/> Commercial Weather Service (DUATS)<br><input type="radio"/> On-Board Weather<br>Company<br>Military<br>Internet<br>None<br>Unknown | <b>Weather Observation Facility</b><br>Facility ID: <u>KXWA</u><br>Observation Time: <u>12:20</u><br>Time Zone: <u>CST</u><br>Distance from Accident Site: <u>0</u> nm<br>Direction from Accident Site: <u>W Airport</u> degrees true |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                   |                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br>VMC<br>IMC<br>Unknown                                                                                                                  | <b>Light Condition</b><br>Dawn<br><input checked="" type="radio"/> Day<br>Dusk<br>Night<br>Dark Night<br>Bright Night<br>Unknown                                    |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear<br>Few<br>Partial Obscuration<br>Scattered<br>Thin Broken<br>Thin Overcast<br>Unknown | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear)<br>Broken<br>Overcast<br>Obscured<br>Indefinite<br>Unknown<br><b>Ceiling Height</b><br>_____ ft agl |
| <b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                              | <b>Temperature:</b> _____ (C) or <u>74</u> (F)<br><b>Dew Point:</b> <u>05</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>30.13</u> in. Hg<br>or _____ MB      |

|                                                                                                             |                                                                                                              |                                                                 |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input checked="" type="radio"/> Variable<br>-or-<br>Direction: _____ degrees true | <b>Wind Speed</b><br>Calm<br><input checked="" type="radio"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br>Not Gusting<br>-or-<br>Speed: <u>7</u> kts | <b>Visibility</b> <u>6+</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                   |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Intensity of Precipitation</b><br>Light<br>Moderate<br>Heavy<br>N/A<br>Unknown | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="radio"/> None<br>Rain<br>Snow<br>Hail<br>Rain Showers<br>Drizzle<br>Ice Pellets<br>Snow Pellets<br>Snow Grains<br>Ice Crystals<br>Freezing Rain<br>Snow Shower<br>Ice Pellets Shower<br>Freezing Drizzle | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="radio"/> None<br>Blowing Dust<br>Blowing Sand<br>Blowing Snow<br>Blowing Spray<br>Dust<br>Fog<br>Ground Fog<br>Haze<br>Ice Fog<br>Smoke<br>Unknown |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Icing Forecast</b><br>Amount<br><input checked="" type="radio"/> None<br>Trace<br>Light<br>Moderate<br>Severe<br>Unknown<br>Type<br>N/A<br>Rime<br>Clear<br>Mixed<br>Unknown | <b>Icing Actual</b><br>Amount<br><input checked="" type="radio"/> None<br>Trace<br>Light<br>Moderate<br>Severe<br>Unknown<br>Type<br>N/A<br>Rime<br>Clear<br>Mixed<br>Unknown | <b>Turbulence</b><br>Type (Check all that apply)<br><input checked="" type="radio"/> None<br>Clear Air<br>Terrain-Induced<br>Convective Turbulence<br>Severity<br><input checked="" type="radio"/> Light<br>Moderate<br>Severe<br>Extreme |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

NONE

**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)

Left wing tip, left elevator, left wheel

**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.

While plane was settling to runway 32 on landing, while making rudder corrections, a gust of wind lifted the left wing AND wheel from the ground.

Left control was applied until gear was back on surface, but had still been applying right rudder.

Before tail could be straightened, center of gravity shifted, causing airplane to ground loop.

When plane turned sideways, the left wing AND <sup>elevator</sup> ~~rudder~~ made contact with runway 32.

After plane oriented itself upright again, taxied to Overland Aviation FBO, where damage was observed on left wing, left elevator, AND left wheel.

Plane was parked in hanger waiting for insurance to contact

**RECOMMENDATION** (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

More work on crosswind landings

**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)

56

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify \_\_\_\_\_

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

**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: \_\_\_\_\_

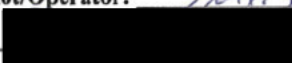
State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

|                                                                              |                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of this Report</b><br><u>10/05/2022</u><br><small>mm/dd/yyyy</small> | <b>Name of Pilot/Operator:</b> <u>TRAVIS DeHeerck</u><br><b>Signature:</b> <br><b>-- or --</b> Check here to electronically sign this document |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**If a Person Other than Pilot/Operator is Filing Report**

|                                                                 |                     |
|-----------------------------------------------------------------|---------------------|
| <b>Name:</b> _____                                              | <b>Title:</b> _____ |
| <b>Signature:</b> _____                                         |                     |
| <b>-- or --</b> Check here to electronically sign this document |                     |

**FOR NTSB USE ONLY**

|                                                 |                                                                          |                                                  |                                           |
|-------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|
| <b>NTSB Accident/Incident No.</b><br>CEN22LA439 | <b>Reviewed by NTSB Regional Office</b><br>CEN - Central Regional Office | <b>Name of Investigator</b><br>Michael J. Hodges | <b>Date Report Received</b><br>10/06/2022 |
|-------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|