

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location

Accident/Incident Date/Time	
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Date: 08/18/2023 Local Time: 1300
mm/dd/yyyy Time Zone: central

Collision with Other Aircraft:	Midair	On-ground	None
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Registration Number: N8847L
 Manufacturer: Piper
 Model: Pa-25-235
 Serial Number: _____
 Year of Manufacture: _____
 Amateur-Built: Yes ☐ If Yes: _____ Kit/Plans Make: _____
 No ☒ Original Design

**IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft**

Maximum Gross Weight: _____ lbs
Weight at Time of Accident/Incident: _____ lbs
Number of Seats: 1 Flight Crew Seats: _____
Cabin Crew Seats: 0 Passenger Seats: 0
Number of Engines: 1

Category of Aircraft

Type of Airworthiness Certificate
(Check all that apply)

Landing Gear

(Check all that apply)

Engine Type (Select one)

<u>Reciprocating</u>	Liquid Rocket
Turbo Shaft	Solid Rocket
Turbo Prop	Hybrid Rocket
Turbo Jet	None
Turbo Fan	Unknown

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

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

Last Inspection Type

100-Hour	Continuous Airworthiness
AAIP	Conditional Inspection
Annual	Unknown

Date Last Inspection: _____
mm/dd/yyyy

Airframe Total Time: _____ hrs
 hours measured at (Select one)
 Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

Annual
Conditional (Amateur-built only)
Manufacturer's Inspection Program
Other Approved Inspection Program (AAIP)
Continuous Airworthiness
Other, specify:

Description of Fire Extinguishing System

None
Specify:

Propeller 1

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____
Model: _____

ELT Installed: Yes No
If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft?	Yes	No
Was ELT still connected to antenna?	Yes	No
Did ELT Activate?	Yes	No
<i>If activated:</i>		
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: _____

City: _____

Fractional Ownership Aircraft: Yes No

State: _____ ZIP: _____

Country: _____

Operator of Aircraft*Same As Registered Owner**Same Address as Registered Owner*

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held*(Check all that apply)*

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

Regulation Flight Conducted Under

FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft *(Select one)*
Armed Forces
Federal
State
Local
Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137*(Select one)*

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

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: HartingtonDistance From Airport Center: 2.5 smAirport Identifier: 0B4Direction From Airport: NE degrees trueProximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 1388 ft. msl**Runway Information**

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface *(Check all that apply)*

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

Condition of Runway/Landing Surface *(Check all that apply)*

Dry Snow-Compacted Water-Calm
Holes Snow-Crusted Water-Choppy
Ice Covered Snow-Dry Water-Glassy
Rough Snow-Wet Wet
Rubber Deposits Soft
Slush-Covered Vegetation Unknown

Approach/Departure Segment *(Select one)*

Taxi VFR Departure On Instrument Approach Downwind Low Approach
Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
Initial Climb Final Aborted Landing (after touchdown)
Crosswind Unknown

IFR Approach *(Check all that apply)*

None
ADF/NDB PAR MLS Practice
SDF Sidestep LDA GPS
VOR/TVOR ILS ASR
VOR/DME Localizer Only Visual
TACAN LOC-back course Contact
RNAV Circling
Unknown

VFR Approach *(Check all that apply)*

None
Traffic Pattern Stop and Go
Straight-In Touch and Go
Valley/Terrain Following Simulated Forced Landing
Go Around Forced Landing
Full Stop Precautionary Landing
Unknown

"FLIGHT CREWMEMBER 1" 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: William

City of Residence: Hawarden

Middle Initial: T

State: IA ZIP: 57023

Last Name: Allen

Country: USA

Age at time of Accident/Incident: 45 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

None Fatal
Minor Unknown
Serious

Seat Occupied

Left Front
Right Rear
Center Single Unknown

Restraint Type

Available Used
None None
Lap only Lap only
3-point 3-point
4-point 4-point
5-point 5-point
Unknown Unknown

Inflatable Restraints

Not Installed
Installed
Not Deployed
Deployed
Unknown

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

Pilot
Other
Unknown

Medical Certificate

None Class 3
Class 1 Driver's License (Sport Pilot only)
Class 2 Unknown

Medical Certificate Validity

Without limitations/waivers Unknown
With limitations/waivers N/A
Special Issuance

Date of Last Medical

07/04/2023
mm/dd/yyyy

Medical Certificate Limitations

corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 08/05/2024
mm/dd/yyyy

Flight Review Aircraft

Make: Piper
Model: PA-28-151

Airplane Rating(s) (Check all that apply)

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

Other Aircraft Rating(s) (Check all that apply)

None
Airship
Balloon
Glider
Gyroplane
Helicopter
Powered Lift

Instrument Rating(s) (Check all that apply)

None
Airplane
Helicopter
Powered Lift

Instructor Rating(s) (Check all that apply)

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

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1354	238	1324	49	113	7	61		9.8	
Pilot in Command (PIC)	1239	238								
Time as Instructor										
This Make/Model										
Last 90 Days	393	238	393		6					
Last 30 Days	229	229	229							
Last 24 Hours	20	20	20							

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>0B4</u> City: <u>Hartington</u> State: <u>NE</u> Country: <u>USA</u>	Time of Departure Time: <u>1255</u> Time Zone: <u>central</u>	Destination Airport ID: <u>0B4</u> City: <u>Hartington</u> State: <u>NE</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)				
☒ VFR	☐ Special VFR IFR	☐ Special IFR VFR On Top	☐ VFR Flight Following Traffic Advisory	☐ Cruise Unknown / NA
Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence: _____ ft msl
Class A Class B Class C Class D Class E	☒ Class C Demo Area Warning Area Prohibited Area Restricted Area	Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93	Special Air Traffic Control Area Unknown	

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition Dawn ☒ Day Dusk Night Dark Night Bright Night Unknown
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft agl
Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction Variable -or- Direction: <u>180</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>7</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown
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Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity Light Moderate Severe Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Aircraft: Bent Propeller, Left gear removed from Aircraft, Fuselage Aft of cockpit Bent, Right wing damaged, Left wing damaged.
Property: Approximately 200' ^{x 50'} Beans Flattened.

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.

From Reconnaissance Pass completely surrounding field, unable to determine Elevation changes in field. Field ~~was~~ appeared to be completely flat. Approached field to apply product (Fungicide, Insecticide, Adjuvant) From North, heading South, on west end of field, I crossed over high tension power lines, descending into field, field takes an abrupt Elevation change heading south approx 20-30' uphill to south. From the point above power lines, I could not determine field Elevation change. Landing gear made contact with Beans, slowing Aircraft. Application of Full Throttle, and Full Elevator control was insufficient to escape the hold of the Beans. From that point, until stopped various swear words had come out of my mouth. Once plane stopped, I looked for signs of fire, none were observed. I closed throttle, mixture, Fuel shut off, turned off all electrical switches, unbuckled and exited the aircraft.

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

Operator/Owner Safety Recommendation

Lower Reconnaissance pass to determine contour of field. At 500' AGL, Elevation changes were undetectable.

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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)38 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☐ No ☒

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

open door Exit aircraft

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
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____