

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents																																																					
BASIC INFORMATION																																																					
Accident/Incident Location Nearest City/Place: <u>Town of Norway</u> State: <u>WI</u> ZIP: <u>53185</u> Country: <u>US</u> Latitude: <u>42.8198468</u> Longitude: <u>-88.0956175</u> (Enter in decimal degrees or degrees:minutes:seconds)				Accident/Incident Date/Time Date: <u>10/15/2023</u> Local Time: <u>0900</u> mm/dd/yyyy Time Zone: <u>Central</u>																																																	
Collision with Other Aircraft: Midair On-ground <u>None</u>																																																					
AIRCRAFT INFORMATION																																																					
Registration Number: <u>N42VZ</u> Manufacturer: <u>Robert E Van Zant</u> Model: <u>TUAP-4</u> Serial Number: <u>1080</u> Year of Manufacture: <u>2017</u> Amateur-Built: ☒ Yes ☐ No If Yes: Kit/Plans Make: <u>BEDE/TUAP</u> Original Design				IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>2400</u> lbs Weight at Time of Accident/Incident: <u>1956</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>1</u> Number of Engines: <u>1</u>																																																	
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Standard Normal Aerobatic Balloon Commuter Transport Utility </td> <td style="width: 50%; vertical-align: top;"> Special Restricted Limited Provisional Special Flight ☒ Experimental Special Light-Sport Experimental Light-Sport </td> </tr> </table> Certificate of Authorization or Waiver (COA) None Unknown		Standard Normal Aerobatic Balloon Commuter Transport Utility	Special Restricted Limited Provisional Special Flight ☒ Experimental Special Light-Sport Experimental Light-Sport	Landing Gear (Check all that apply) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> ☒ Tricycle Amphibian Emergency Float Float Hull </td> <td style="width: 50%; vertical-align: top;"> Retractable Tailwheel High Skid Skid Ski Ski/Wheel </td> </tr> </table> Other Launch/Recovery System None Unknown		☒ Tricycle Amphibian Emergency Float Float Hull	Retractable Tailwheel High Skid Skid Ski Ski/Wheel																																												
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Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown Fuel System Type (Reciprocating) Carburetor ☒ Fuel-Injected																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm dd/yyyy</th> <th>Rated Power Horsepower or lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since: Inspection (hours)</th> <th>Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng 1</td> <td><u>Lycoming</u></td> <td><u>I0360</u></td> <td><u>N/A Unknown</u></td> <td><u>N/A Unknown</u></td> <td><u>200</u></td> <td><u>Unknown</u></td> <td><u>54.6</u></td> <td></td> </tr> <tr> <td>Eng 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)	Eng 1	<u>Lycoming</u>	<u>I0360</u>	<u>N/A Unknown</u>	<u>N/A Unknown</u>	<u>200</u>	<u>Unknown</u>	<u>54.6</u>		Eng 2									Eng 3									Eng 4																
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Last Inspection Type 100-Hour Continuous Airworthiness AAIP ☒ Conditional Inspection Annual Unknown Date Last Inspection: <u>2/22/23</u> mm/dd/yyyy Airframe Total Time: <u>63.6</u> hrs hours measured at (Select one) ☒ Last Inspection Time of Accident/Incident				Propeller 1 Fixed Pitch Controllable Pitch ☒ Ground Adjustable Manufacturer: <u>Whirlwind</u> Model: <u>GA-200</u>				Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____																																													
Type of Maintenance Program (Select one) ☒ Annual ☒ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness Other, specify: _____				ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? ☒ Yes ☐ No If activated: Did ELT Aid in Locating Aircraft: Yes ☒ No If not activated: Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown				Additional Equipment (Check all that apply) ☒ ADS-B ☐ Airframe Parachute ☒ Angle of Attack Indicator ☐ Autopilot ☐ Data Recorder ☒ Electronic Flight Bag or Handheld Device ☒ Electronic Multifunction Display ☒ Electronic Primary Flight Display ☐ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device Other, Specify: _____																																													
Description of Fire Extinguishing System None Specify: _____																																																					

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Thomas CoxCity: [REDACTED]State: [REDACTED] ZIP: [REDACTED]Fractional Ownership Aircraft: Yes ☐ No ☒Country: [REDACTED]**Operator of Aircraft**Same As Registered OwnerSame 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 FlightYes ☐ 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: Cindy Gunthly MemorialDistance From Airport Center: .5 smAirport Identifier: 62CDirection From Airport: 350 degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 784 ft. msl**Runway Information**Runway ID: 01 (L/R/C) Length: 2,381 ft Width: 70 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: <u>Thomas</u> City of Residence: <u>[REDACTED]</u> Middle Initial: <u>A</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u> Last Name: <u>Cox</u> Country: <u>US</u> Age at time of Accident/Incident: <u>38</u> Date of Birth: <u>[REDACTED]</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☒ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown		Restraint Type <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>			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																																																																															
Available	Used																																																																																																			
☐ None	☐ None																																																																																																			
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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 <u>08/24/2022</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>Must wear corrective lenses</u>																																																																																																				
Medical Certificate Special Issuance																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/01/2022</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Zenith</u> Model: <u>601 XL</u>																																																																																																
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 ☐ Glider ☐ Sport																																																																																														
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"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident											
Pilot	Co-Pilot	Student Pilot	Flight Instructor	Check Pilot	Flight Engineer	Other Flight Crew					
"Flight Crewmember 2" was pilot flying Yes No											
"Flight Crewmember 2" Identification											
First Name: _____				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	Unknown		Available		Used			
Minor	Unknown	Right	Rear			None	None				
Serious		Center	Single			Lap only	Lap only				
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					3-point	3-point		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown			
					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		mm/dd/yyyy		
Other	Class 1		Driver's License (Sport Pilot only)		With limitations/waivers		N/A				
Unknown	Class 2		Unknown		Special Issuance						
Medical Certificate Limitations											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____					Flight Review Aircraft						
mm/dd/yyyy					Make: _____						
					Model: _____						
Airplane Rating(s) <i>(Check all that apply)</i>		Other Aircraft Rating(s) <i>(Check all that apply)</i>		Instrument Rating(s) <i>(Check all that apply)</i>		Instructor Rating(s) <i>(Check all that apply)</i>					
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		None Airship Balloon Glider Gyroplane Helicopter Powered Lift		None Airplane Helicopter Powered Lift		None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport					
Type Ratings						Student Endorsements <i>(Include dates)</i>					
Flight Time <i>(Enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
		Actual	Simulated								
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

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

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____		Time of Departure Time: _____ Time Zone: _____		Destination Airport ID: _____ City: _____ State: _____ Country: _____
				Type Flight Plan Filed ☒ None VFR/IFR ☐ Company VFR IFR ☐ Military VFR Unknown ☐ VFR Activated? Yes No Unknown
Type of ATC Clearance/Service (Check all that apply) ☒ None Special VFR Special IFR VFR Flight Following Cruise ☐ VFR IFR VFR On Top Traffic Advisory Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A ☒ Class G Military Operations Area (MOA) Special Class B Demo Area Airport Advisory Area Air Traffic Control Area Class C Warning Area Jet Training Area Unknown Class D Prohibited Area TRSA Class E Restricted Area FAR 93				Altitude of In-Flight Occurrence: <u>1000</u> ft msl <u>estimated</u>
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) National Weather Service Company Flight Service Station Military TV/Radio Internet ☒ Automated Report None Commercial Weather Service (DUATS) Unknown On-Board Weather			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition Dawn Dusk Dark Night Unknown ☒ Day Night Bright Night		
Sky/Lowest Cloud Condition ☒ Clear Thin Broken Few Thin Overcast Partial Obscuration Unknown Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) Obscured Broken Indefinite Overcast 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: _____ degrees true	Wind Speed Calm Light and Variable -or- Speed: _____ kts	Wind Gusts Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) ☒ None Drizzle Freezing Rain Rain Ice Pellets Snow Shower Snow Snow Pellets Ice Pellets Shower Hail Snow Grains Freezing Drizzle Rain Showers Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None Fog Blowing Dust Ground Fog Blowing Sand Haze Blowing Snow Ice Fog Blowing Spray Smoke Dust Unknown	
Icing Forecast Amount Type ☒ None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown		Icing Actual Amount Type ☒ None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown		Turbulence Type (Check all that apply) Severity ☒ None Light Clear Air Moderate Terrain-Induced Severe Convective Turbulence Extreme
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None	☒ Substantial	☒ None	Both Ground and In-Flight	☒ None	Both Ground and In-Flight
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown

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

Nose wheel structure pushed in and bent fire wall. Cowling damaged. Wings pushed out of position.

Minimal soil disturbance to field.

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.

My morning began at C89 where I preflighted the airplane including checking oil and fuel levels and sumping the fuel tanks. I onboarded 20 gallons of 100LL from the fuel pumps, 13 gal Left and 7 gal Right.

I re sumped the fuel tanks after fueling with no signs of contaminants. I departed C89 at approximately 0800 and made the short flight to 62C with no abnormalities. At approximately 0900 I departed 62C with KVOK as my destination. While on initial climb just after takeoff I completely lost all engine power at an estimated 200 ft AGL. I landed the plane in a sod field. The plane rolled for about 100 feet before the gear dug into very soft terrain causing the plane to nose over and come to rest on its roof. Heavy amounts of rain prior made walking on the ground almost feel like walking on a waterbed.

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Unknown at this time. I have been instructed not
to touch the airplane.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)

35

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

✓ 100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

None

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

While still inverted I shut down all systems and turned the
fuel selector to OFF. I unbuckled and exited out the left door.**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

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____

ZIP: _____

State: _____

ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

11/06/2023
mm/dd/yyyyName of Pilot/Operator: Thomas Cox

Signature: _____

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN24LA012

Reviewed by NTSB Regional Office

Central

Name of Investigator

Mitchell Gallo

Date Report Received

11/06/23