

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: Hayward State: CA
 ZIP: 54843 Country: USA
 Latitude: 46°02'N Longitude: 91°27'W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 02/02/2024 Local Time: 1500
mm/dd/yyyy Time Zone: CST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N1887V

Manufacturer: Cessna

Model: 140

Serial Number: 14067

Year of Manufacture: 1947

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

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 1450 lbs

Weight at Time of Accident/Incident: 1375 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate (Check all that apply)

Standard Normal Special
 Aerobatic
 Balloon
 Commuter
 Transport
 Utility
 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
Tailwheel
 High Skid
 Skid
 Ski
 Ski/Wheel
 Other Launch/Recovery System
None Unknown

Engine Type (Select one)

Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	<u>Continental</u>	<u>O-200-A</u>	<u>251679-A-48</u>	<u>?</u>	<u>100</u>	<u>553</u>	<u>3</u>	<u>23</u>
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

100-Hour
AAIP
Annual
 Continuous Airworthiness
 Conditional Inspection
 Unknown

Date Last Inspection: 12/03/2023
mm/dd/yyyy

Airframe Total Time: 3665.4 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: McCaughey
 Model: 1A100/MCM6853

ELT Installed: Yes No

If Yes:

ELT Manufacturer: unknown

Model or Part No.: unknown

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: N/A
 Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: N/A
 Model: N/A

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: Dale SchullCity: HaywardState: CA ZIP: 54843Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**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

N/A**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: San Diego CountyDistance From Airport Center: 0 smAirport Identifier: KHYR

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/AAirport Elevation: 1220 ft. msl**Runway Information**Runway ID: 21 (L/R/C) Length: 5002 ft Width: 100 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 N/A

ADF/NDB PAR MLS Practice

SDF Sidestep LDA GPS

VOR/TVOR ILS ASR Visual

VOR/DME Localizer Only Contact

TACAN LOC-back course Circling

RNAV 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>Dale</u> Middle Initial: <u>B</u> Last Name: <u>Schull</u> City of Residence: <u>Hayward</u> State: <u>Ca</u> ZIP: <u>54843</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>60</u> Date of Birth: [REDACTED] mm/dd/yyyy																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☒ Front ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown N/A																																																																																													
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☒ Commercial ☒ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign																																																																																																				
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☒ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance			Date of Last Medical ☐ Unknown ☐ N/A 12/12/2023 mm/dd/yyyy																																																																																												
Medical Certificate Limitations None																																																																																																				
Medical Certificate Special Issuance N/A																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/08/2023</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Falcon</u> Model: <u>50EX</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																																																																																														
Type Ratings CE 500 CE 525 LR 60 DA 50						Student Endorsements (Include dates) N/A																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>10,887</td> <td>64</td> <td>3033</td> <td>7772</td> <td>1282</td> <td>1445</td> <td>313</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>10,072</td> <td>64</td> <td>3033</td> <td>7206</td> <td>1164</td> <td>1373</td> <td>313</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>40</td> <td>6</td> <td>6</td> <td>34</td> <td>0</td> <td>7</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>7</td> <td>4</td> <td>4</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>											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	10,887	64	3033	7772	1282	1445	313	0	0	0	Pilot in Command (PIC)	10,072	64	3033	7206	1164	1373	313	0	0	0	Time as Instructor	-	-	-	-	-	-	-	-	-	-	This Make/Model					0	0	0				Last 90 Days	40	6	6	34	0	7	0	0	0	0	Last 30 Days	7	4	4	3	0	0	0	0	0	0	Last 24 Hours	0	0	0	0	0	0	0	0	0	0
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Last 24 Hours	0	0	0	0	0	0	0	0	0	0																																																																																										

"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 N/A											
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy											
Certificate Number: _____											
Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown			Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown			
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			Date of Last Medical mm/dd/yyyy			
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown			Medical Certificate Limitations 			Medical Certificate Special Issuance 			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy					Flight Review Aircraft Make: _____ Model: _____						
Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift			Student Endorsements <i>(Include dates)</i> 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 Actual Simulated		Rotorcraft	Glider	Lighter Than Air
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: _____			Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown		
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Private Student		Flight Instructor Recreational Sport		Commercial Airline Transport Flight Engineer	US Military Foreign	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown		
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Private Student		Flight Instructor Recreational Sport		Commercial Airline Transport Flight Engineer	US Military Foreign	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	
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: <u>Sharon</u> City: <u>Hayward</u>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	N/A Not Installed Installed Not Deployed Deployed Unknown	N/A Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: <u>L</u> State: <u>CA</u> ZIP: <u>94843</u>									
Last Name: <u>Krupske</u> Country: <u>USA</u>									
Crew Passenger Other									
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
Crew Passenger Other									
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
Crew Passenger Other									
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
Crew Passenger Other									

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>KHYR</u> City: <u>Hayward</u> State: <u>W.I.</u> Country: <u>USA</u>		Time of Departure Time: <u>1345</u> Time Zone: <u>CST</u>		Destination Airport ID: <u>KHYR</u> City: <u>Hayward</u> State: <u>W.I.</u> Country: <u>USA</u>
Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA		Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR Activated? Yes ☒ No ☐ Unknown		
Airspace where the accident/incident occurred (Check all that apply) Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special Air Traffic Control Area ☐ Unknown Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93 ☐				Altitude of In-Flight Occurrence: _____ ft msl <u>on runway</u>
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service Flight Service Station ☒ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather Company ☐ Military ☐ Internet ☐ None ☐ Unknown			Weather Observation Facility Facility ID: <u>HYP</u> Observation Time: <u>1300</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>0</u> 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 ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured Indefinite ☐ Unknown		Temperature: _____ (C) or <u>43°</u> (F) Dew Point: _____ (C) or <u>5°</u> (F) Altimeter Setting: <u>29.96</u> in. Hg or _____ MB
Lowest Cloud Condition Height <u>None</u> ft agl		Ceiling Height <u>Clear</u> ft agl		
Wind Direction ☒ Variable ☐ -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable ☐ -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting ☐ -or- Speed: _____ kts	Visibility <u>Unlimited</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>Unknown</u> ft	
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 ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
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	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>N/A</u>				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Aircraft Wings, Fuselage, and Tail Damaged
No other property damage

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

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

Departed KHYR airport at 13:45 CST for local flight. After flying for about 1 hr 15 min approached airport to land. After landing and on rollout applied rudder and brakes. Aircraft tail rose off runway and aircraft nosed ~~over~~ over and stopped upside down on runway center line. No injuries to myself or passenger.

RECOMMENDATION (If you think an accident/incident has been prevented)

Operator/Owner Safety Recommendation

By applying less pressure to rudder and brake pedals?

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)

12

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

None

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

N/A

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: _____

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

02/05/2024
mm/dd/yyyy

Name of Pilot/Operator:

Dale Schull

Signature:

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

N/A

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN24LA106Reviewed by NTSB Regional Office
Central RegionName of Investigator
T. SorensenDate Report Received
February 6, 2024