

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: East Troy State: WI
 ZIP: 53120 Country: USA
 Latitude: 42°47'49.8000N Longitude: 088°22'21.4000W
(Enter in decimal degrees or degrees/minutes/seconds)

Accident/Incident Date/Time

Date: 06/19/2024 Local Time: 10:30 AM
mm/dd/yyyy Time Zone: Central

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N355VT

Manufacturer: Zenith

Model: CH 750 Cruiser

Serial Number: 75-11725

Year of Manufacture: 2024

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

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

Maximum Gross Weight: 1440 lbs

Weight at Time of Accident/Incident: 1427 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 0 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
☐ Aerobute
☐ 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 ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☒ None ☐ Unknown

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

- ☐ Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg.	Rated Power ● Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng 1	<u>UL Power</u>	<u>350is</u>	<u>224605</u>	<u>11/06/2023</u>	<u>130</u>	<u>33.5</u>	<u>33.5</u> <u>NA</u>
Eng 2							
Eng 3							
Eng 4							

Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness
☐ AAIIP ☒ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 01/06/2024
mm/dd/yyyy

Airframe Total Time: 44.3 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:

Propeller 1

- ☐ Fixed Pitch
☐ Controllable Pitch
☒ Ground Adjustable

Manufacturer: Whirlwind

Model: UL350-28-2010

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACE-04 ELT

Model or Part No.: Serial # 1863A

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: **James J. Foskett**

Functional Ownership Aircraft: ☐ Yes ☒ No

City: **Pewaukee**

State: **WI**

ZIP: **53072**

Country: **USA**

Operator of Aircraft

☒ Same As Registered Owner

☒ Same Address as Registered Owner

Name:

City:

Operating 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 135)
☐ 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-415, Commercial
☐ Non-415, 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: **East Troy Municipal Airport**

Airport Identifier: **57C**

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: **Approach End Runway 26**

Direction From Airport: **NA** degrees true

Airport Elevation: **860.2** ft. msl

Runway Information

Runway ID: **8/26** (L/R/A) Length: **3900** ft Width: **75** 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 ☐ Crosswind ☐ Aborted Landing (after touchdown)
☐ Unknown

VFR Approach (Check all that apply)

☐ None
☐ IAD/NDP ☐ 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: **James**

City of Residence: **Pewaukee**

Middle Initial: **J**

State: **WI** ZIP: **53072**

Last Name: **Foskett**

Country: **USA**

Age at time of Accident/Incident: **69**

Date of Birth: **[REDACTED]** mm/dd/yyyy

Certificate Number: **[REDACTED]**

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type Available ☐ None ☐ Lap only ☐ 5-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 5-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) (Check all that apply) ☒ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign		Medical Certificate Validity ☐ Without limitations/waivers ☐ With limitations/waivers ☒ Special Issuance ☐ Unknown ☐ N/A	Date of Last Medical 10/26/22 mm/dd/yyyy
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 1 ☐ Class 2 ☒ Class 1 Basic Med ☐ Driver's License (Sport Pilot only) ☐ Unknown		

Medical Certificate Limitations **Must use corrective lenses to meet vision standards at all required distances.**

Medical Certificate Special Issuance **August 29, 2023 (expires Oct 31, 2028)**
[Now flying on Basic Med]

Date of Last Flight Review

Equivalent, Including
 FAR 121/135 Checks: **09/09/2023**
 mm/dd/yyyy

Flight Review Aircraft

Make: **Cessna**
 Model: **C172N**

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
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Other Ratings **NA**

Student Endorsements (Include dates)

1) Tail Wheel: 1998
 2) Complex: 1998

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	1,142	8.7	1,142	0	est. 30	10	0	0	0	0
Time in Command (PIC)	1,115	8.7	1,115	0	30	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
Time as Pilot/Model					0	0	0			
Last 90 Days	10.1	8.7	10.1	0	0	0	0	0	0	0
Last 30 Days	10.1	8.7	10.1	0	0	0	0	0	0	0
Last 24 Hours	2.5	2.5	2.5	0	0	0	0	0	0	0

FLIGHT CREWMEMBER 2" INFORMATION

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

NA

☐ 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 ☐ 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) (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 _____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review

Equivalent, Including

AR 121/135 Checks:

_____ mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

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
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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										
Time in Command (PIC)										
Time as Instructor										
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 NA		Seat Occupied		Injury	
First Name _____ City of Residence _____		☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ 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 ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	
Type Rating/Endorsement for accident/incident aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	

Crew Name and Address NA		Seat Occupied		Injury	
First Name _____ City of Residence _____		☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ 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 ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	
Type Rating/Endorsement for accident/incident aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	

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 John City Mobile Middle Initial E State AL ZIP 36607 Last Name Shepler Country USA ☐ Crew ☒ Passenger ☐ Other	☐ 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
First Name _____ City _____ Middle Initial _____ State _____ ZIP _____ Last Name _____ Country _____ ☐ Crew ☐ Passenger ☐ Other	☐ 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
First Name _____ City _____ Middle Initial _____ State _____ ZIP _____ Last Name _____ Country _____ ☐ Crew ☐ Passenger ☐ Other	☐ 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
First Name _____ City _____ Middle Initial _____ State _____ ZIP _____ Last Name _____ Country _____ ☐ Crew ☐ Passenger ☐ Other	☐ 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

LIGHT ITINERARY INFORMATION

Departure Point Airport ID: 57C City: East Troy State: WI Country: USA	Time of Departure Time: 9:15 AM Time Zone: Central	Destination Airport ID: 57C City: East Troy State: WI Country: USA	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated?: ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown/NA			
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ 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 91			
			Altitude of In-Flight Occurrence: 1 ft msl

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 (D/ATS) ☐ On-Board Weather	☐ Company ☐ Military ☒ Internet Foreflight (metar) ☐ None ☐ Unknown	Weather Observation Facility Facility ID: KUES (metar) Observation Time: 10:55 AM (CDT) Time Zone: Central Distance from Accident Site: 15.8 nm Direction from Accident Site: 202 degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
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Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	Temperature: 28 (C) or 82 (F) Dew Point: 21 (C) or 70 (F) Altimeter Setting: 30.18 in Hg or MB
Lowest Cloud Condition Height 3,100 ft agl	Ceiling Height NA ft agl	

Wind Direction ☐ Variable Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: 5 kts	Wind Gusts ☐ Not Gusting Speed: 12 (estimate) kts	Visibility 10 miles RVR: _____ feet RVV: _____ miles Density Altitude: 2,569 ft
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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
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Forecast Amount: _____ Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Iceing Actual Amount: _____ Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ 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:

NA

ACCIDENT REPORT

Aircraft Damage

☐ None
☐ Minor
☒ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

☒ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Fire in 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)

Nose wheel fork connection to its strut (separation).
 Fire wall bent aft approximately 6 inches by nosewheel
 strut (attached/mounted against fire wall). 2) Floor of the
 fuselage and belly skin also bent by same degree and
 by same mechanism. 3) Prop damage severe 4) Engine precipitous
 stop; requires engine tear down, inspect, repair or rebuild as needed.

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

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

This flight was planned and conducted by the pilot in command for the
 purpose of increased proficiency in the aircraft by the practice of
 take offs and landings within the airport pattern. Prior to depart-
 ure, a preflight briefing was obtained, including weather and
 airport conditions. A pre flight inspection was performed, the
 aircraft was fueled with 16.5 g of LL100 and wt. and balance was
 calculated. The flight commenced at or about 9:45 am CDT
 at East Troy, 57C using RWY 26 and remained in the pattern.
 The accident occurred some 45 to 55 minutes into the flight at or
 about 10:40 am. Current winds were 220° at 5 knots by Metar (KUES).
 However, the winds were noted by the pilot to be more variable
 than the Metar, both in direction and velocity. This could be
 observed by the airport wind sock which varied up to about 60°
 in direction and was intermittently made straight/horizontal by
 wind velocity.

The accident occurred at about 10:40 am on landing for a touch and go
 on RWY 26. Four prior uneventful touch and goes had been made on 26.
 During approach final and landing the aircraft was stabilized. During
 the landing flare at a height of approximately 1 ft above the runway, a
 left quartering gust from behind suddenly lifted the tail of the air-
 craft upward and to the right. Immediately, the nose wheel and
 right main wheel contacted the runway, and the nose wheel separated
 from the aircraft. The airplane settled into the nose gear strut and
 traveled about 200 more feet departing just off the left of the
 runway, remaining in a nose down attitude. Fuel ported out of the
 left wing fuel vent. The pilot immediately turned off master, battery
 and fuel pump switches and put fuel selector to off. The 2 occupants
 immediately egressed via the undamaged cabin doors. There were no
 injuries. A collection hose was attached to the porting fuel vent. Local
 authorities, the FAA and NTSB were notified in a timely fashion.

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

Operator/Owner Safety Recommendation

None

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)

19

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

Pilot - Left crew door

Passenger - Right passenger door

Both doors functioning and undamaged.

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

Aircraft Registration Number

NA

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: _____

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

• This event occurred extremely quickly, from my perspective as the pilot. Being within 1 foot of the runway and settling for touch down when the gust occurred, there was, from my perspective, essentially no time for the pilot to effectively react to the gust through control inputs. Therefore, although this event may, of course, be technically classified as involving "loss of control", it may have been essentially nearly unavoidable from the perspective of corrective control inputs.

• The approach was well stabilized. The pilot observed that the winds at the approach end of runway 26 were both higher and more variable than those reported in the preflight Metar (KUES weather station).

• It is also my opinion that, had the accident airplane been standard category with a more mechanically robust fork attachment of the nosewheel to the nosewheel strut (see accompanying photo of separated nosewheel and its attachment bolts) and with perhaps, an oleo strut, the nose wheel may not have separated.

• Another significant factor which may have contributed to the accident is the down sloping runway grade at the approach end on runway 26. The published runway elevation difference at 26-08, 57C, is 20 feet end to end. This change in elevation occurs almost entirely at the first 1/3 of runway 26. This may affect both variance of winds and landing perspective.

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

Date of this Report

06/26/2024

Name of Pilot/Operator:

James J. Foskett

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.

CEN24LA231

Reviewed by NTSB Regional Office

CENTRAL

Name of Investigator

LINDBERG

Date Report Received

6/27/2024