

# 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: Oshkosh State: WI

ZIP: 54901 Country: United States

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

(Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 08/27/2024 Local Time: 6:00pm  
mm/dd/yyyy

Time Zone: CT

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

## AIRCRAFT INFORMATION

Registration Number: N151GH

Manufacturer: HOBBS GREG H

Model: Esqual VM-1

Serial Number: 51

Year of Manufacture: 2005

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 1250 lbs

Weight at Time of Accident/Incident: 1216 lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

Number of Engines: 1

### Category of Aircraft

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

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

- ☐ Normal  
☐ Aerobatic  
☐ Balloon  
☐ Commuter  
☐ Transport  
☐ Utility

#### Special

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

☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear

(Check all that apply)

☐ Retractable

- ☒ Tricycle ☐ 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/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Rotax               | 912uls              |                              |                            | 114                                                                                                        |                       |                                      |                     |
| Eng. 2 |                     |                     |                              |                            |                                                                                                            |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                            |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                            |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: \_\_\_\_\_  
mm/dd/yyyy

Airframe Total Time: 505.1 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: Warp Drive

Model: \_\_\_\_\_

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: \_\_\_\_\_

Model or Part No.: \_\_\_\_\_

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

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: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: WHITING NATHANAEL JCity: THREE LAKESState: WIZIP: 54562-9313Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: United States**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered Owner

Name: \_\_\_\_\_

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

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

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

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

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

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
- ☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)  
☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local  
☐ Unknown

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

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic  
☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

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

(Select one)

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

**Revenue Sightseeing Flight**

Yes No

**Air Medical Flight**Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Wittman Airport

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: KOSH

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 808 ft. msl**Runway Information**Runway ID: 27 (L/R/C) Length: 6179 ft Width: 150 ft**Runway/Landing Surface (Check all that apply)**

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

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

- ☒ Dry ☐ 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 ☐ 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: AndrewMiddle Initial: JLast Name: McDougalAge at time of Accident/Incident:         Date of Birth:      mm/dd/yyyyCertificate 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**11/15/2023  
mm/dd/yyyy**Medical Certificate Limitations**

Must wear corrective lenses to meet vision standards at all required distances.

**Medical Certificate Special Issuance****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**02/17/2023  
mm/dd/yyyy**Flight Review Aircraft**Make: CessnaModel: 150**Airplane Rating(s)**

(Check all that apply)

☐ None  
☒ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea**Other Aircraft Rating(s)**

(Check all that apply)

☒ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift**Instrument Rating(s)**

(Check all that apply)

☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift**Instructor Rating(s)**

(Check all that apply)

☒ None  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport**Type Ratings****Student Endorsements** (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 300.8        | 2.3               | 300.8                  |                      | 36.5  |            | 14.7      |            |        |                  |
| Pilot in Command (PIC)                                      | 254.2        | 2.3               | 254.2                  |                      | 36.5  |            | 14.7      |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 29.9         | 2.3               | 29.9                   |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 19.6         | 1                 | 19.6                   |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 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

### "Flight Crewmember 2" Identification

First Name: Mike City of Residence: \_\_\_\_\_  
 Middle Initial: J State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: Long 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 or Equivalent, Including FAR 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 ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

#### Type Ratings

#### Student Endorsements (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  |              |                   |                        |                      |       |            |           |            |        |                  |
| 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)                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                        | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | <b>Injury</b>                                                                                                                                                                                                                  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                        | <input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Center <input type="checkbox"/> Rear<br><input type="checkbox"/> Right <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown <input type="checkbox"/> Unknown                                                                                                                                                                                                             |                                                                                                                                                                                                | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown                                                      |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                        | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="checkbox"/> None <input type="checkbox"/> None<br><input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point <input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point <input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point <input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown <input type="checkbox"/> Unknown |                                                                                                                                                                                                | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                 |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                        | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | <b>Injury</b>                                                                                                                                                                                                                  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                        | <input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Center <input type="checkbox"/> Rear<br><input type="checkbox"/> Right <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown <input type="checkbox"/> Unknown                                                                                                                                                                                                             |                                                                                                                                                                                                | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown                                                      |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                        | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="checkbox"/> None <input type="checkbox"/> None<br><input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point <input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point <input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point <input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown <input type="checkbox"/> Unknown |                                                                                                                                                                                                | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                 |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Seat</b>                                                                                                                                          | <b>Injury</b>                                                                                                                                                             | <b>Restraint Type</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Inflatable Restraints</b>                                                                                                                                                                   | <b>Age</b>                                                                                                                                                                                                                     |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other                                                                                                                                                                                                                                                 | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown                                                     |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other                                                                                                                                                                                                                                                 | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown                                                     |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other                                                                                                                                                                                                                                                 | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown                                                     |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other                                                                                                                                                                                                                                                 | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown                                                     |

## FLIGHT ITINERARY INFORMATION

|                                                                                                                                     |                                                                         |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KOSH</u><br>City: <u>Oshkosh</u><br>State: <u>WI</u><br>Country: <u>United States</u> | <b>Time of Departure</b><br>Time: <u>5:20pm</u><br>Time Zone: <u>CT</u> | <b>Destination</b><br>Airport ID: <u>KOSH</u><br>City: <u>Oshkosh</u><br>State: <u>WI</u><br>Country: <u>United States</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Company VFR<br><input type="checkbox"/> Military VFR<br><input type="checkbox"/> VFR<br><input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> IFR<br><input type="checkbox"/> Unknown<br><b>Activated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Type of ATC Clearance/Service (Check all that apply)

|                                          |                                      |                                      |                                               |                                       |
|------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input type="checkbox"/> VFR             | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

### Airspace where the accident/incident occurred (Check all that apply)

|                                             |                                          |                                                         |                                                   |                                                               |
|---------------------------------------------|------------------------------------------|---------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Class A            | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  | <b>Altitude of In-Flight Occurrence:</b><br><u>797</u> ft msl |
| <input type="checkbox"/> Class B            | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |                                                               |
| <input type="checkbox"/> Class C            | <input type="checkbox"/> Warning Area    | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |                                                               |
| <input checked="" type="checkbox"/> Class D | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA                           |                                                   |                                                               |
| <input type="checkbox"/> Class E            | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         |                                                   |                                                               |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

### Source of Pilot Weather Information

(Check all that apply)

|                                                             |                                   |
|-------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> National Weather Service           | <input type="checkbox"/> Company  |
| <input type="checkbox"/> Flight Service Station             | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio                           | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report                   | <input type="checkbox"/> None     |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> 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

|                                |               |
|--------------------------------|---------------|
| <input type="checkbox"/> 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)

|                                          |                                       |                                             |
|------------------------------------------|---------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle      | <input type="checkbox"/> Freezing Rain      |
| <input type="checkbox"/> Rain            | <input type="checkbox"/> Ice Pellets  | <input type="checkbox"/> Snow Shower        |
| <input type="checkbox"/> Snow            | <input type="checkbox"/> Snow Pellets | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Hail            | <input type="checkbox"/> Snow Grains  | <input type="checkbox"/> Freezing Drizzle   |
| <input type="checkbox"/> Rain Showers    | <input type="checkbox"/> Ice Crystals |                                             |

### Restriction to Visibility (Check all that apply)

|                                          |                                     |
|------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog        |
| <input type="checkbox"/> Blowing Dust    | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand    | <input type="checkbox"/> Haze       |
| <input type="checkbox"/> Blowing Snow    | <input type="checkbox"/> Ice Fog    |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke      |
| <input type="checkbox"/> Dust            | <input type="checkbox"/> 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                          |
|------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None       | <input type="checkbox"/> Light    |
| <input type="checkbox"/> Clear Air             | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Terrain-Induced       | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> 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**

- ☐ None ☐ Substantial  
☒ Minor ☐ Destroyed  
☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Left axel sheared  
Left wheel scuffs  
Left brake disc broken into 4 pieces  
Left horizontal stab impact damage from wheel assembly  
Left fuselage crack near horizontal stab

**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.

A familiarization flight was to take place at KOSH between 5pm-7pm in N151GH. The goal of the flight was to practice standard patterns and stable approaches. The PIC for the flight was Mike Long flying left seat and Andrew McDoual was right seat assisting in calling out airspeeds, decent rates and making radio calls if needed. The flight was briefed for about 20-30 minutes. We briefed the runway in use, target airspeeds, decent rates, power settings, flap settings and what the patterns were to look like. During the brief it was discussed that the aircraft had noticable toe out on the left gear, which wore the tire quickly, for that reason it was decided to do touch and goes minimizing taxi time. Additionally it was discussed that we would hold the aircraft off the runway and execute a "low approach/go around" until we were satified with a stablized approach. With the briefing complete we proceeded with the flight. The first lap went well and the approach was stable and the go around was executed well, adding power letting the aircraft accelerate in ground affect, bring flaps up and climbing. On the second lap the approach was stable, on the go around full power was added and the flaps were brought up a little early resulting in some sink, this was discussed in the pattern noting that they were brought up too early. There was positive exchange of this between Mike and Andrew. At this point on the third lap it was decided that the approaches looked good and a touch and go was to be conducted. With the approach stable and the runway made a landing was conducted, on the go power was added and the flaps were being brought up to the full up position. Before the flaps were all the way up and before rotation speed AFT stick was added by the PIC, resulting in the aircraft taking off, with out sufficient speed and flaps continuing to be removed the aircraft sank back on to the runway and side loaded the gear. This resulted in the left axel breaking and the left wheel assembly departing the aircraft, power was still kept in and the aircraft was able to takeoff. This impact should be noted as more of a bounce. It should also be noted that we were not aware the tire impacted the horizontal stab as it departed the aircraft. Mike was still acting as PIC at this time and was at the controls, Andrew made the radio calls asking for an inspection pass as we were suspecting that there was a gear issue. Tower issued clearance for an inspection pass on runway 36 and confirmed there was no left wheel on the aircraft. After the inspection pass there was a positive exchange of control, Mike handed the controls over to Andrew and Andrew was now acting as PIC. Another aircraft offered to form up with N151GH to do an air to air inspection, which confirmed the gear leg and brake caliber were still attached to the aircraft. N151GH was instructed to orbit the airport so gound personel could clear the runway and first responders could arrive. While orbiting the landing was briefed 2-3 times, Andrew was to conduct the landing keeping the aircraft on its right main gear for as long as possible, Mike would shut the engine and fuel off once the runway was made and a verbal request was made by Andrew, Mike would also assist in braking when asked. We were cleared to land and the landing was executed per the brief. The aircraft came to a stop with no further incident.

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

Operator/Owner Safety Recommendation

For future operations full stop taxi backs would reduce pilot work load in critical phases of flight.

Further inspection of landing gear axles during condition inspection.

A proper flight instructor on board could have been more closely following the PIC on the controls maybe preventing the early rotation.

**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)

16 Gallons**Fuel Type**☐ 80/87☐ 115/145☐ Jet B☒ Other, specify 91☐ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)****Aircraft Registration Number**

\_\_\_\_\_

**Manufacturer:** \_\_\_\_\_**Model:** \_\_\_\_\_**Damage to Other Aircraft**☐ Destroyed☐ Minor☐ Substantial☐ None**Registered Owner of Other Aircraft**

Name: \_\_\_\_\_

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

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

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

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

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

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

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

**ADDITIONAL INFORMATION** (Please type or print in ink)

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

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

Date of this Report

09/06/2024

mm/dd/yyyy

Name of Pilot/Operator: Andrew McDougal

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.

CEN24LA330

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

Lemishko

Date Report Received

9/7/2024