

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

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

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

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

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

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

A. APPLICABILITY

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

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

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

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

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

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

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

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

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

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

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

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

B. DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Town: <u>St. Charles</u> State: <u>NC</u> ZIP: <u>27263</u> Country: <u>USA</u> Latitude: <u>35.092521</u> Longitude: <u>-79.884102</u> (Enter in decimal degrees or degrees minutes seconds)		Accident/Incident Date/Time Date: <u>11-29-2022</u> Local Time: <u>2:30</u> mm/dd/yyyy Time Zone: <u>Eastern</u>	
		Collision with Other Aircraft: ☐ In-flight ☒ On-ground	

AIRCRAFT INFORMATION

Registration Number: _____ Manufacturer: <u>Phantom</u> Model: <u>A1</u> Serial Number: _____ Year of Manufacture: <u>2001</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design		FAA-Approved and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>250</u> lbs Weight at Time of Accident/Incident: <u>250</u> lbs Number of Seats: <u>1</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u>	
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Category of Aircraft Airplane Balloon Blimp/D dirigible Glider Gyroplane Helicopter Powered Lift Rocket <u>Unpowered</u> Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td>Normal</td> <td>Restricted</td> </tr> <tr> <td>Aerobatic</td> <td>Limited</td> </tr> <tr> <td>Balloon</td> <td>Provisional</td> </tr> <tr> <td>Commuter</td> <td>Special Flight</td> </tr> <tr> <td>Transport</td> <td>Experimental</td> </tr> <tr> <td>Utility</td> <td>Special Light-Sport</td> </tr> <tr> <td></td> <td>Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None ☒ Unknown		Standard	Special	Normal	Restricted	Aerobatic	Limited	Balloon	Provisional	Commuter	Special Flight	Transport	Experimental	Utility	Special Light-Sport		Experimental Light-Sport	Landing Gear (Check all that apply) Retractable <table style="width: 100%;"> <tr> <td><u>Tricycle</u></td> <td>Tailwheel</td> </tr> <tr> <td>Amphibious</td> <td>High Skid</td> </tr> <tr> <td>Emergency Float</td> <td>Skid</td> </tr> <tr> <td>Float</td> <td>Ski</td> </tr> <tr> <td>Hull</td> <td>Ski/Wheel</td> </tr> </table> Other Launch/Recovery System None ☐ Unknown		<u>Tricycle</u>	Tailwheel	Amphibious	High Skid	Emergency Float	Skid	Float	Ski	Hull	Ski/Wheel	Engine Type (Select one) Reciprocating ☒ Liquid Rocket Turbo Shaft ☐ Solid Rocket Turbo Prop ☐ Hybrid Rocket Turbo Jet ☐ None Electric ☐ Unknown Fuel System Type (Reciprocating) Carburetor ☒ Fuel-Injected
	Standard	Special																													
Normal	Restricted																														
Aerobatic	Limited																														
Balloon	Provisional																														
Commuter	Special Flight																														
Transport	Experimental																														
Utility	Special Light-Sport																														
	Experimental Light-Sport																														
<u>Tricycle</u>	Tailwheel																														
Amphibious	High Skid																														
Emergency Float	Skid																														
Float	Ski																														
Hull	Ski/Wheel																														

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Rotax</u>	<u>4839514</u>			<u>50 HP</u>	<u>250</u>		<u>22</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type Follow-up ☐ Continuous Airworthiness AAIIP ☐ Conditional Inspection Annual ☒ <u>Unknown</u>		Propeller 1 Fixed Pitch ☐ Controllable Pitch ☒ Ground Adjustable Manufacturer: <u>PRINCE FLN</u> Model: <u>N/A</u>		Propeller 2 Fixed Pitch ☐ Controllable Pitch ☒ Ground Adjustable Manufacturer: _____ Model: _____	
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Date Last Inspection: _____ mm/dd/yyyy		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)		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 Outboard Weather Satellite Tracking Device Stall Warning System Video Recording Device Other, Specify: _____	
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Type of Maintenance Program (Select one) Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____		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	
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Description of Fire Extinguishing System <u>None</u> Specify: _____	
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OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: David Hahn
 Fractional Ownership Aircraft: Yes ☐ No ☒

City: Archdale NC
 State: NC ZIP: 27243
 Country: USA

Operator of Aircraft

Same As Registered Owner

Name: David Hahn
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

Same Address as Registered Owner

City: _____
 State: _____ ZIP: _____
 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
 Non-Scheduled or Air Taxi

Domestic
 International

Passenger
 Cargo
 Mail Contract Only

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

Aerial Application
 Aerial Observation
 Air Drop
 Air Race/Show
 Banner Tow
 Business
 Executive/Corporate
 External Load
 Ferry

Firefighting
 Flight Test
 Glider Tow
 Instructional
 Other Work Use
☒ Personal
 Positioning
 Skydiving

Unknown

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: Asheboro
 Airport Identifier: _____
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm
 Direction From Airport: N/A degrees true
 Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: 900 ft Width: 65 ft

Runway/Landing Surface (Check all that apply)

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

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 Unknown
 Slush-Covered Vegetation

Approach/Departure Segment (Select one)

Taxi
☒ Takeoff
 Initial Climb

VFR Departure
 IFR Departure Procedure/Clearance

On Instrument Approach
 Landing

Downwind
 Base
 Final
 Crosswind

Low Approach
 Go Around
 Aborted Landing (after touchdown)
 Unknown

IFR Approach (Check all that apply)

☒ None

ADF/NDB
 SDF
 VOR/TWOR
 VOR/DME
 TACAN

PAR
 Sidestep
 ILS
 Localizer Only
 LOC-back course
 RNAV

MLS
 LDA
 ASR
 Visual
 Contact
 Circling

Practice
 GPS

Unknown

VFR Approach (Check all that apply)

☒ None

Traffic Pattern
 Straight-In
 Valley/Terrain Following
 Go Around
 Full Stop

Stop and Go
 Touch and Go
 Simulated Forced Landing
 Forced Landing
 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: ND 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 ☒ Minor ☐ Fatal ☐ Serious ☐ Unknown ☐	Seat Occupied Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ ☒ Center ☐ Single ☐	Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None ☐</td> <td>None ☐</td> </tr> <tr> <td>Lap only ☐</td> <td>Lap only ☐</td> </tr> <tr> <td>3-point ☐</td> <td>3-point ☐</td> </tr> <tr> <td>☒ 4-point ☐</td> <td>4-point ☐</td> </tr> <tr> <td>5-point ☐</td> <td>5-point ☐</td> </tr> <tr> <td>Unknown ☐</td> <td>Unknown ☐</td> </tr> </table>	Available	Used	None ☐	None ☐	Lap only ☐	Lap only ☐	3-point ☐	3-point ☐	☒ 4-point ☐	4-point ☐	5-point ☐	5-point ☐	Unknown ☐	Unknown ☐	Inflatable Restraints ☒ Not Installed ☐ ☐ Installed ☐ ☐ Not Deployed ☐ ☐ Deployed ☐ ☐ Unknown ☐
Available	Used																
None ☐	None ☐																
Lap only ☐	Lap only ☐																
3-point ☐	3-point ☐																
☒ 4-point ☐	4-point ☐																
5-point ☐	5-point ☐																
Unknown ☐	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 ☐ Class 2 ☐ Driver's License (Sport Pilot only) ☐ Unknown	Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☒ N/A	Date of Last Medical <u>8-20-21</u> mm/dd/yyyy														

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

N/A

mm/dd/yyyy

Flight Review Aircraft

Make: _____
 Model: _____

N/A

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	300	300	0	0	0	0	0	0	0
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"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: NO 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 Other
 Fatal
 Unknown

Seat Occupied

Left Front Unknown
 Right Rear
Center Single

Restraint Type

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

Inflatable Restraints

Not installed
 Installed
 Not Deployed
 Deployed
 Unknown

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

Pilot Other
 Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: N/A
 mm/dd/yyyy

Flight Review Aircraft

Make: N/A
 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

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
Total Time	<u>300</u>	<u>300</u>	<u>300</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Address <u>None</u>				Seat Occupied		Injury	
First Name _____		City of Residence _____		Left	Front	None	
Middle Initial _____		State _____ ZIP _____		Center	Rear	Minor	
Last Name _____		Country _____		Right	Single	Serious	
					Unknown	Fatal	
						Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
None		Flight Instructor		Available		Used	
Private		Recreational		None		None	
Student		Sport		Lap Only		Lap Only	
		Commercial		3-point		3-point	
		Airline Transport		4-point		4-point	
		Flight Engineer		5-point		5-point	
		US Military		Unknown		Unknown	
		Foreign					
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No				Total Flight Time at the Time of this Accident/Incident: _____ hrs			

Crew Name and Address				Seat Occupied		Injury	
First Name: _____		City of Residence: _____		Left	Front	None	
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor	
Last Name: _____		Country: _____		Right	Single	Serious	
					Unknown	Fatal	
						Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
None		Flight Instructor		Available		Used	
Private		Recreational		None		None	
Student		Sport		Lap Only		Lap Only	
		Commercial		3-point		3-point	
		Airline Transport		4-point		4-point	
		Flight Engineer		5-point		5-point	
		US Military		Unknown		Unknown	
		Foreign					
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No				Total Flight Time at the Time of this Accident/Incident: _____ hrs			

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)							
Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____ State: _____ ZIP: _____			None	None			
Last Name: _____ Country: _____			Lap Only	Lap Only			
			3-point	3-point			
			4-point	4-point			
Crew Passenger Other			5-point	5-point			
			Unknown	Unknown			
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____ State: _____ ZIP: _____			None	None			
Last Name: _____ Country: _____			Lap Only	Lap Only			
			3-point	3-point			
			4-point	4-point			
Crew Passenger Other			5-point	5-point			
			Unknown	Unknown			
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____ State: _____ ZIP: _____			None	None			
Last Name: _____ Country: _____			Lap Only	Lap Only			
			3-point	3-point			
			4-point	4-point			
Crew Passenger Other			5-point	5-point			
			Unknown	Unknown			
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____ State: _____ ZIP: _____			None	None			
Last Name: _____ Country: _____			Lap Only	Lap Only			
			3-point	3-point			
			4-point	4-point			
Crew Passenger Other			5-point	5-point			
			Unknown	Unknown			

FLIGHT ITINERARY INFORMATION

Last Departure Point		Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>N/A</u>		Time: <u>2:30</u>	Airport ID: <u>N/A</u>	☒ None VFR/IFR
City: <u>N/A</u>		Time Zone: <u>Eastern</u>	City: <u>N/A</u>	☐ Company VFR IFR
State: <u>N/A</u>			State: <u>N/A</u>	☐ Military VFR Unknown
Country: <u>N/A</u>			Country: <u>N/A</u>	Activated? Yes No Unknown

Type of ATC Clearance/Service (Check all that apply)				
☒ None VFR	☐ Special VFR	☐ Special IIR	☐ VFR Flight Following	☐ Cruise
	☐ 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	Altitude of In-Flight Occurrence: <u>100</u> ft msl
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	☒ Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
National Weather Service	Company	Facility ID: <u>N/A</u>	
Flight Service Station	Military	Observation Time: <u>N/A</u>	
☒ V Radio	Internet	Time Zone: <u>N/A</u>	
Automated Report	None	Distance from Accident Site: _____ nm	
Commercial Weather Service (DUATS)	Unknown	Direction from Accident Site: _____ degrees true	
On-Board Weather			

Basic Conditions		Light Condition		Temperature: <u>50</u> (C) or <u>50</u> (F)
VMC		Dawn	Dusk	
IMC		☒ Day	Night	
☒ Unknown				Dew Point: _____ (C) or _____ (F)
Sky/Lowest Cloud Condition		Ceiling		Altimeter Setting: _____ in. Hg
☒ Clear	Thin Broken	☒ None (Clear)	Obscured	or _____ MB
Few	Thin Overcast	Broken	Indefinite	
Partial Obscuration	Unknown	Overcast	Unknown	
Scattered				
Lowest Cloud Condition Height		Ceiling Height		
_____ ft agl		_____ ft agl		

Wind Direction	Wind Speed	Wind Gusts	Visibility
☒ Variable	Calm	Not Gusting	<u>3</u> miles
-or-	Light and Variable		RVR: _____ feet
Direction: _____ degrees true	Speed: <u>20</u> kts	Speed: <u>10 to 30</u> kts	RVV: _____ miles
			Density Altitude: _____ ft

Intensity of Precipitation	Type of Precipitation (Check all that apply)		Restriction to Visibility (Check all that apply)
Light	☒ None	Drizzle	☒ None
Moderate	☐ Rain	Freezing Rain	Fog
Heavy	☐ Snow	Snow Shower	Ground Fog
N/A	☐ Hail	Ice Pellets Shower	Haze
Unknown	☐ Rain Showers	Freezing Drizzle	Ice Fog
			Smoke
			Unknown

Icing Forecast		Icing Actual		Turbulence	
Amount	Type	Amount	Type	Type (Check all that apply)	Severity
None	N/A	☒ None	N/A	☐ None	Light
Trace	Rime	Trace	Rime	☐ Clear Air	☒ Moderate
Light	Clear	Light	Clear	☐ Terrain-Induced	Severe
Moderate	Mixed	Moderate	Mixed	☐ Convective Turbulence	Extreme
Severe	Unknown	Severe	Unknown		
☒ Unknown		☒ Unknown			

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

The wind was East North East. When I was climbing out the wind was much stronger and blew my wheel out of control.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

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.

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

Operator/Owner Safety Recommendation

By not trying to fly in to much wind!

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)

_____ 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

Just myself, 1 climbed out of the tail.

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

Aircraft Registration Number

N20

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

12-11-22

Name of Pilot/Operator:

David Habel

Signature:

- or -

Check here to electronically sign this document

If Person Other than Pilot/Operator is Filing Report

Name:

ND

Title:

Signature:

- or -

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA23LA076

Reviewed by NTSB Regional Office

AS-ERA

Name of Investigator

Christopher Freeze

Date Report Received

13 Dec 2022