

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION
Accident/Incident Location

 Nearest City/Place: Rowlesburg State: WV

 ZIP: 26425 Country: USA

 Latitude: 39.326N Longitude: 79.662W

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

Accident/Incident Date/Time

 Date: 10/11/2024 Local Time: 18:40
 mm/dd/yyyy HH:MM

 Time Zone: EDT

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

AIRCRAFT INFORMATION

 Registration Number: N79HY

 Manufacturer: Aviat

 Model: A1-B

 Serial Number: 2289

 Year of Manufacture: 2,005

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

Make: _____

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

 Maximum Gross Weight: 2,000 lbs.

Weight at Time of Accident/Incident: _____ lbs.

 Number of Seats: 2 Flight Crew Seats: 1

 Cabin Crew Seats: _____ Passenger Seats: 1

 Number of Engines: 1
Category of Aircraft
 (Select one)

- ☒ 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
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear
 (Check all that apply)

- ☐ Retractable
☐ Tricycle
☒ Tailwheel
☐ Emergency Float
☐ Float
☐ Amphibian
☐ Other Launch/Recovery System
☐ None
- ☐ High Skid
☐ Skid
☐ Ski/Wheel
☐ Hull
☐ Ski
☐ Unknown

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	O-360-A1P	L-39952-36A	11/22/2004	180	911	29	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

 Date of Last Inspection: 05/24/2024
 mm/dd/yyyy

 Airframe Total Time: 911.0 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: _____

Additional Equipment

- ☒ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Autopilot/FMS, Model: _____
☐ Coupled Flight Director
☐ Data Recorder
☐ Device Stall Warning System
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☒ Electronic Primary Flight Display
☒ Flight Management System

- ☐ Handheld GPS
☐ Heads Up Display
☐ Night Vision Goggles
☐ Onboard Weather
☐ Primary Flight Display
☐ SAS, Number of Axes: _____ Model: _____
☐ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
☐ Wire Strike Detection
☐ Wire Strike Protection
☐ Other, Specify: _____

 ELT Installed: ☒ Yes ☐ No If Yes:

 ELT Manufacturer: Ameri-King

 Model or Part No.: AK-450 ELT

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

 Was ELT still mounted in aircraft? ☒ Yes ☐ No

 Was ELT still connected to antenna? ☐ Yes ☐ No

 Did ELT activate? ☐ Yes ☒ No

 If activated: Did ELT aid in locating aircraft? ☐ Yes ☐ No

 If not activated: Indicate Reason: ☐ Impact Damage

☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

 Manufacturer: Hartzell

 Model: HC-C2Y2
Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Bobcat Ag LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>Wooster</u> State: <u>AR</u> ZIP: <u>72181</u> Country: <u>USA</u>			
Operator of Aircraft ☐ <i>The Operator is also the Registered Owner</i> ☒ <i>Same address as Registered Owner</i> Name: <u>Travis D Burchfield</u> Doing Business As: _____ City: _____ State: _____ Air Carrier/Operator Designator (4-character code): _____ ZIP: _____ Country: _____			
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 450 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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 <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Cheat River Island</u> Airport Identifier: <u>56WV</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>0.00</u> sm. Direction From Airport: <u>0.00</u> degrees true Airport Elevation: <u>1,410.00</u> ft. MSL	
Runway Information Runway ID: <u>31</u> Length: <u>2,000</u> ft. Width: <u>50</u> ft.		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Holes ☐ Ice Covered ☒ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Elevated Heliport ☒ Grass/Turf ☐ Gravel ☐ Helideck ☐ Helistop ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Off-site landing area ☐ Snow ☐ Water ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ 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**

☐ Captain ☐ First Officer ☒ 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: Travis

City of Residence: Wooster

Middle Initial: D

State: AR ZIP: 72181

Last Name: Burchfield

Country: USA

Age at time of Accident/Incident: 57

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

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

Supplemental Restraint, specify: _____

Pilot Certificate(s) (Check all that apply)

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

10/26/2023
 mm/dd/yyyy

Medical Certificate Limitations

Must use corrective lens(es) to meet vision standards at all required distances.

Medical Certificate Special Limitations**Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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

12/05/2023
 mm/dd/yyyy

Flight Review Aircraft

Make: Aviat

Model: A1-B

Airplane Rating(s)

(Check all that apply)

☒ 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 Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

Tailwheel 3/31/2020
 IFR 11/18/2021

Student Endorsements (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	429	368	429		11	1	46					375
Pilot in Command (PIC)	382	348	382		7	1	44					355
Time as Instructor												
This Make/Model					8	1	44					
Last 90 Days	22	22	22									
Last 30 Days	8	8	8									
Last 24 Hours	7	7	7									

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**
☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No
"Flight Crewmember 2" Identification

First Name: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____

Date of Birth: _____ (mm/dd/yyyy)

Certificate Number: _____

Degree of Injury ☐ None ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor		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 ☐ Sport ☐ Student ☐ Flight Engineer				Supplemental Restraint, specify: _____																	
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 Limitations																	

Personal Flight Equipment (Check all that apply)
☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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) ☐ 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 Multiengine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered lift ☐ Sport
---	---	---	--

Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						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.)**Additional Crewmember Information**

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ Zip: _____
 Last Name: _____ Country: _____

Seat Occupied

☐ Left ☐ Rear
☐ Center ☐ Single
☐ Right ☐ Unknown
☐ Front

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Pilot Certificate(s) (Check all that apply)

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

Restraint Type

Available **Used**
☐ None ☐ None
☐ Lap Only ☐ Lap Only
☐ 3-point ☐ 3-point
☐ 4-point ☐ 4-point
☐ 5-point ☐ 5-point
☐ Unknown ☐ Unknown

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs.

Supplemental Restraint, specify: _____

Additional Crewmember Information

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ Zip: _____
 Last Name: _____ Country: _____

Seat Occupied

☐ Left ☐ Rear
☐ Center ☐ Single
☐ Right ☐ Unknown
☐ Front

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Pilot Certificate(s) (Check all that apply)

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

Restraint Type

Available **Used**
☐ None ☐ None
☐ Lap Only ☐ Lap Only
☐ 3-point ☐ 3-point
☐ 4-point ☐ 4-point
☐ 5-point ☐ 5-point
☐ Unknown ☐ Unknown

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs.

Supplemental Restraint, specify: _____

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)

Number of Passengers _____

Passenger Information

First Name: _____ City: _____
 Middle Initial: _____ State: _____ Zip: _____
 Last name: _____ Country: _____

☐ Crew ☐ Passenger ☐ Other

Seat

☐ Left
☐ Center
☐ Right
☐ Unknown

Row: _____

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

Restraint Type

Available **Used**
☐ None ☐ None
☐ Lap Only ☐ Lap Only
☐ 3-point ☐ 3-point
☐ 4-point ☐ 4-point
☐ 5-point ☐ 5-point
☐ Unknown ☐ Unknown

Supplemental Restraint, specify: _____

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Age

☐ Under 5 years
 If under 5 years,
☐ Child Restraint
☐ Lap-Held
☐ Unknown

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit
☐ Helmet
☐ Laser protective visor/glasses
☐ PLB
☐ Fire resistant gloves
☐ Night vision goggles
☐ Helmet visor
☐ Personal flotation
☐ Other: _____

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Supplemental Restraint, specify: _____						

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Supplemental Restraint, specify: _____						

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Supplemental Restraint, specify: _____						

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>2A1</u> City: <u>Jamestown</u> State: <u>TN</u> Country: <u>USA</u>	Time: <u>14:40</u> HH:MM Time Zone: <u>CDT</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>56WV</u> City: <u>Rowlesburg</u> State: <u>WV</u> Country: <u>USA</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)					
☐ Certificate of Authorization	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise	
☒ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA	
				☐ None	
Airspace where the accident/incident occurred (Check all that apply)					
☐ Class A	☒ Class G	☐ Military Operations Area (MOA)	☐ Special		
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area		
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown		
☐ Class D	☐ Prohibited Area	☐ TRSA			
☐ Class E	☐ Restricted Area	☐ FAR 93			
				Altitude of In-Flight Occurrence: _____ ft. MSL	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply)			Weather Observation Facility		
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☒ Electronic Flight Bag-Application:			☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown		
☐ On-Board Weather			Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
Basic Conditions		Lowest Cloud Condition		Light Condition	
☒ VMC ☐ IMC ☐ Unknown		_____ ft. AGL		☐ Dawn ☐ Day ☒ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition		Ceiling		Ceiling Height	
☒ Clear ☐ Few ☐ Partial ☐ Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown		_____ ft. AGL	
				Temperature: _____ (°C) or _____ (°F) Dewpoint: _____ (°C) or _____ (°F)	
Altimeter Setting:		Wind Direction		Wind Speed	
30.20 (Hg), or _____ (mb)		☐ Variable or Direction: 260.00 degrees true		☐ Calm ☐ Light and Variable or Speed: 5.0 kts	
				Wind Gusts ☐ Not Gusting or Speed: _____ kts	
				Visibility 10.0 miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft.	
Type of Precipitation (Check all that apply)				Restriction to Visibility (Check all that apply)	
☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle				☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast		Intensity of Precipitation		Icing Actual	
Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
				Turbulence (Check all that apply) Type ☐ None ☐ Clean Air ☒ Terrain-Induced ☐ Convective Turbulence Severity ☒ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:					

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
☐ Fire at Unknown Time
☐ Unknown

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

Right wing has 2 big dents and torn fabric from hitting trees. Left wing one small dent. Sapling protruding into fuselage where bungee cords are located. Top plexiglas cracked.

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.

Left home strip in Arkansas 7:45 CDT. Landed at 0M4 for first fuel stop. 2nd fuel stop was 2A1. Flew to Cheat River Island after fueling at 2A1 Jamestown, TN. Day was coming to an end as we arrived. Approached 56VV from the SW and announced position 5 miles out. Entered a left downwind for runway 31. Was in contact with air boss on the ground at Cheat River. Took a long downwind to set up approach. The final approach was fine. Touched down very gently. Upon rollout, the airplane bounced up and came back down. The airplane was rolling and then started veering left. I tried to use the right brake to get lined back up but this did not seem to help at all. By this time, I was closing in on the trees lining the left side of runway and I just rode it out until contact with trees. I turned off master switch and exited the airplane. This is the first time I have not been able to make the airplane get back to where it needed to be after 368 hours and hundreds of landings (most on grass strips or fields). The airplane ran into 2 bigger trees that substantially damaged the right wing. I was not injured, and the next day had no soreness from the wreck. Witnesses on the ground said it was a beautiful landing. They turned their attention to the next airplane landing and did not see the accident as I was well past them. The air boss even gave instructions to taxi as I was rolling out. I tell this to say the landing was good, the rollout was not.

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

I am somewhat of a loss as to why I could not prevent this accident. This airstrip ranks in the middle of challenging airstrips I have landed on. I plan to refocus on the basics of being vigilant on the rudder and holding the stick back. I cannot think of any one thing I did that caused this but all I know to do is go back to the basics and do more practice on my grass strips at home before I set out on another flying adventure. I plan to fly with an older tailwheel pilot to see if there are any corrections that need to be made in my landings.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a 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.)

Don't know.

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)

48.0 _____ Gallons

Fuel Type

☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ Other, specify _____

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☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

10/18/2024

mm/dd/yyyy

Name of Pilot/Operator: Travis D Burchfield

Signature: _____

-or- ☐ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name: _____

Title: _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
ERA25LA015	ERA-Washington, DC	Monville	10/18/2024