

# 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: Cairo State: NE  
 ZIP: 68824 Country: USA  
 Latitude: 41.000965 Longitude: 98.615689  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 07/03/2016 Local Time: 1900  
*mm/dd/yyyy* Time Zone: CT

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

## AIRCRAFT INFORMATION

Registration Number: N321WL

Manufacturer: SkyReach

Model: BushCat

Serial Number: CH172B

Year of Manufacture: 2015

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

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

Maximum Gross Weight: 1320 lbs

Weight at Time of Accident/Incident: 1250 lbs

Number of Seats: 2 Flight Crew Seats: \_\_\_\_\_

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
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None ☐ 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 | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br><i>(hours)</i> | Time Since:<br>Inspection<br><i>(hours)</i> | Overhaul<br><i>(hours)</i> |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|----------------------------|
| Eng. 1 | Rotax               | 912ULS              | CH172B                       | 11/20/2015                        | 100                                                                                                  | 66.0                         | 22                                          |                            |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                      |                              |                                             |                            |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                      |                              |                                             |                            |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                      |                              |                                             |                            |

### Last Inspection Type

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

Date Last Inspection: 06/28/2016  
*mm/dd/yyyy*

Airframe Total Time: 66.0 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: \_\_\_\_\_

### Propeller 1

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☒ Ground Adjustable

Manufacturer: Kiev

Model: 3 blade composite

### Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Ameriking

Model or Part No.: AK-450

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: Ipad, Garmin Pilot, ADS-B in, Garmin and XM weather. 796 GPS

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: John PadghamCity: ColbertState: WAZIP: 99005-9115Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**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: \_\_\_\_\_

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

Airport Identifier: \_\_\_\_\_

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

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

Airport Elevation: \_\_\_\_\_ ft. msl

**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

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

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

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

- ☒ Dry    ☐ Snow-Compacted    ☐ Water-Calm  
☐ Holes    ☐ Snow-Crusted    ☐ Water-Choppy  
☐ Ice Covered    ☐ Snow-Dry    ☐ Water-Glassy  
☐ Rough    ☐ Snow-Wet    ☐ Wet  
☐ Rubber Deposits    ☒ Soft  
☐ Slush-Covered    ☐ Vegetation    ☐ Unknown

**Approach/Departure Segment (Select one)**

- ☐ Taxi    ☐ VFR Departure    ☐ On Instrument Approach    ☐ Downwind    ☐ Low Approach  
☐ Takeoff    ☐ IFR Departure Procedure/Clearance    ☒ Landing    ☐ Base    ☐ Go Around  
☐ Initial Climb    ☐ Final    ☐ Aborted Landing (after touchdown)  
☐ Crosswind    ☐ Unknown

**IFR Approach (Check all that apply)**

- ☐ None  
☐ ADF/NDB    ☐ PAR    ☐ MLS    ☐ Practice  
☐ SDF    ☐ Sidestep    ☐ LDA    ☐ GPS  
☐ VOR/TVOR    ☐ ILS    ☐ ASR    ☐ Visual  
☐ VOR/DME    ☐ Localizer Only    ☐ Contact  
☐ TACAN    ☐ LOC-back course    ☐ Circling  
☐ RNAV    ☐ Unknown

**VFR Approach (Check all that apply)**

- ☐ None  
☐ Traffic Pattern    ☐ Stop and Go  
☐ Straight-In    ☐ Touch and Go  
☐ Valley/Terrain Following    ☐ Simulated Forced Landing  
☐ Go Around    ☐ Forced Landing  
☒ Full Stop    ☒ Precautionary Landing  
☐ Unknown

## "FLIGHT CREWMEMBER 1" INFORMATION

### "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

☒ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

### "Flight Crewmember 1" Identification

First Name: John

City of Residence: McHenry

Middle Initial: F

State: IL ZIP: 60050

Last Name: Payne

Country: USA

Age at time of Accident/Incident: 51 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

#### Degree of Injury

☒ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

#### Seat Occupied

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

#### Restraint Type

| Available                                | Used                                     |
|------------------------------------------|------------------------------------------|
| <input type="radio"/> None               | <input type="radio"/> None               |
| <input type="radio"/> Lap only           | <input type="radio"/> Lap only           |
| <input checked="" type="radio"/> 3-point | <input checked="" type="radio"/> 3-point |
| <input type="radio"/> 4-point            | <input type="radio"/> 4-point            |
| <input type="radio"/> 5-point            | <input type="radio"/> 5-point            |
| <input type="radio"/> Unknown            | <input type="radio"/> 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

05/03/2016  
 mm/dd/yyyy

#### Medical Certificate Limitations

Must wear corrective lenses

#### Medical Certificate Special Issuance

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

7/10/2015  
 mm/dd/yyyy

#### Flight Review Aircraft

Make: Cessna and Tecnam 7/23/2015 (cfi)  
 Model: 172 and Bravo

#### 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                                                  | 582          | 395               | 582                    |                      | 5     |            | 5         |            |        |                  |
| Pilot in Command (PIC)                                      | 479          | 395               | 479                    |                      |       |            |           |            |        |                  |
| Time as Instructor                                          | 297          | 297               | 297                    |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 116          | 116               | 116                    |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 56           | 56                | 56                     |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 2            | 2                 | 2                      |                      |       |            |           |            |        |                  |

### **“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident**

**"Flight Crewmember 2" was pilot flying** ☐ Yes ☒ No

First Name: John

City of Residence: Colbert

Middle Initial: \_\_\_\_\_

State: WA ZIP: 99005-9115

Last Name: Padgham

Country: USA

Age at time of Accident/Incident: 39 Date of Birth: mm/dd/yyyy

Certificate Number: [REDACTED]

☒ None      ☐ Fatal  
☐ Minor      ☐ Unknown  
☐ Serious

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

**Available**

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

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

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

☐ Pilot  
☒ Other  
☐ Unknown

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

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

## mm/dd/yyyy

### Medical Certificate Special Issuance

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

mm/dd/yyyy

**Make:** \_\_\_\_\_

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

(Check all that apply)

☒ None

☐ Single-Engine Land

☐ Single-Engine Sea

☐ Multiengine Land

☐ Multiengine Sea

(Check all that apply)

☒ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

(Check all that apply)

☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

(Check all that apply)

☒ None
 ☐ Instrument Airplane  
☐ Airplane Single-Engine
 ☐ Instrument Helicopter  
☐ Airplane Multi-Engine
 ☐ Helicopter  
☐ Gyroplane
 ☐ Glider  
☐ Powered Lift
 ☐ Sport

**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                                                  | 95           |                   | 95                     |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 21           | 21                | 21                     |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 21           | 21                | 21                     |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 0            | 0                 | 0                      |                      |       |            |           |            |        |                  |

| 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="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                 | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                              |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student           </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer           </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign           </div> </div> |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |                                                                                                                                                                                                                 | <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="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                 | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                              |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student           </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer           </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign           </div> </div> |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |                                                                                                                                                                                                                 | <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                                                                                                              |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Seat                                                                                                                                     | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                 | Inflatable Restraints                                                                                                                                                                                                          | Age                                                                                                                                                                          |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                       | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> 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><br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                       | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> 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><br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                       | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> 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><br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                       | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> 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><br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
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| <b>Last Departure Point</b><br>Airport ID: <u>KAUH</u><br>City: <u>Aurora</u><br>State: <u>NE</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Time of Departure</b><br>Time: <u>1840</u><br>Time Zone: <u>CT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Destination</b><br>Airport ID: <u>0F4</u><br>City: <u>Loup</u><br>State: <u>NE</u><br>Country: <u>USA</u>                                        | <b>Type Flight Plan Filed</b><br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> None<br/> <input type="radio"/> Company VFR<br/> <input type="radio"/> Military VFR<br/> <input type="radio"/> VFR               </div> <div> <input type="radio"/> VFR/IFR<br/> <input type="radio"/> IFR<br/> <input type="radio"/> Unknown               </div> </div> Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Type of ATC Clearance/Service</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input checked="" type="checkbox"/> None</div> <div style="width: 20%;"><input type="checkbox"/> Special VFR</div> <div style="width: 20%;"><input type="checkbox"/> Special IFR</div> <div style="width: 20%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 20%;"><input type="checkbox"/> Cruise</div> <div style="width: 20%;"><input type="checkbox"/> VFR</div> <div style="width: 20%;"><input type="checkbox"/> IFR</div> <div style="width: 20%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 20%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 20%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> Class A</div> <div style="width: 20%;"><input type="checkbox"/> Class G</div> <div style="width: 20%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 20%;"><input type="checkbox"/> Special</div> <div style="width: 20%;"><input type="checkbox"/> Class B</div> <div style="width: 20%;"><input type="checkbox"/> Demo Area</div> <div style="width: 20%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 20%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 20%;"><input type="checkbox"/> Class C</div> <div style="width: 20%;"><input type="checkbox"/> Warning Area</div> <div style="width: 20%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 20%;"><input type="checkbox"/> Unknown</div> <div style="width: 20%;"><input type="checkbox"/> Class D</div> <div style="width: 20%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 20%;"><input type="checkbox"/> TRSA</div> <div style="width: 20%;"><input type="checkbox"/> FAR 93</div> <div style="width: 20%;"><input checked="" type="checkbox"/> Class E</div> <div style="width: 20%;"><input type="checkbox"/> Restricted Area</div> </div> <div style="float: right; text-align: right;"> <b>Altitude of In-Flight Occurrence:</b><br/>           _____ ft msl         </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Source of Pilot Weather Information</b><br>(Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 30%;"><input checked="" type="checkbox"/> National Weather Service</div> <div style="width: 30%;"><input type="checkbox"/> Company</div> <div style="width: 30%;"><input type="checkbox"/> Flight Service Station</div> <div style="width: 30%;"><input type="checkbox"/> Military</div> <div style="width: 30%;"><input checked="" type="checkbox"/> TV/Radio</div> <div style="width: 30%;"><input checked="" type="checkbox"/> Internet</div> <div style="width: 30%;"><input checked="" type="checkbox"/> Automated Report</div> <div style="width: 30%;"><input type="checkbox"/> None</div> <div style="width: 30%;"><input type="checkbox"/> Commercial Weather Service (DUATS)</div> <div style="width: 30%;"><input type="checkbox"/> Unknown</div> <div style="width: 30%;"><input checked="" type="checkbox"/> On-Board Weather</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                     | <b>Weather Observation Facility</b><br>Facility ID: <u>GRI</u><br>Observation Time: <u>1840</u><br>Time Zone: <u>CT</u><br>Distance from Accident Site: <u>13</u> nm<br>Direction from Accident Site: <u>120</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Light Condition</b><br><div style="display: flex; justify-content: space-between;"> <div><input type="radio"/> Dawn</div> <div><input type="radio"/> Dusk</div> <div><input type="radio"/> Dark Night</div> <div><input type="radio"/> Unknown</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="radio"/> Day</div> <div><input type="radio"/> Night</div> <div><input type="radio"/> Bright Night</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Sky/Lowest Cloud Condition</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Clear</div> <div style="width: 50%;"><input type="radio"/> Thin Broken</div> <div style="width: 50%;"><input type="radio"/> Few</div> <div style="width: 50%;"><input checked="" type="radio"/> Thin Overcast</div> <div style="width: 50%;"><input type="radio"/> Partial Obscuration</div> <div style="width: 50%;"><input type="radio"/> Unknown</div> <div style="width: 50%;"><input type="radio"/> Scattered</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Ceiling</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> None (Clear)</div> <div style="width: 50%;"><input type="radio"/> Obscured</div> <div style="width: 50%;"><input type="radio"/> Broken</div> <div style="width: 50%;"><input type="radio"/> Indefinite</div> <div style="width: 50%;"><input checked="" type="radio"/> Overcast</div> <div style="width: 50%;"><input type="radio"/> Unknown</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Temperature:</b> _____ (C) or <u>75</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Lowest Cloud Condition Height</b><br><u>300</u> ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Ceiling Height</b><br><u>1600</u> ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>180</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts                                                    | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> <u>3200</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Type of Precipitation</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input checked="" type="checkbox"/> None</div> <div style="width: 25%;"><input checked="" type="checkbox"/> Drizzle</div> <div style="width: 25%;"><input type="checkbox"/> Freezing Rain</div> <div style="width: 25%;"><input type="checkbox"/> Rain</div> <div style="width: 25%;"><input type="checkbox"/> Ice Pellets</div> <div style="width: 25%;"><input type="checkbox"/> Snow Shower</div> <div style="width: 25%;"><input type="checkbox"/> Snow</div> <div style="width: 25%;"><input type="checkbox"/> Snow Pellets</div> <div style="width: 25%;"><input type="checkbox"/> Ice Pellets Shower</div> <div style="width: 25%;"><input type="checkbox"/> Hail</div> <div style="width: 25%;"><input type="checkbox"/> Snow Grains</div> <div style="width: 25%;"><input type="checkbox"/> Freezing Drizzle</div> <div style="width: 25%;"><input type="checkbox"/> Rain Showers</div> <div style="width: 25%;"><input type="checkbox"/> Ice Crystals</div> </div> |                                                                                                                                                     | <b>Restriction to Visibility</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Dust</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Ground Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Sand</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Haze</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Snow</div> <div style="width: 50%;"><input type="checkbox"/> Ice Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Spray</div> <div style="width: 50%;"><input type="checkbox"/> Smoke</div> <div style="width: 50%;"><input type="checkbox"/> Dust</div> <div style="width: 50%;"><input type="checkbox"/> Unknown</div> </div> |  |
| <b>Icing Forecast</b><br><div style="display: flex;"> <div style="width: 50%;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown               </div> <div style="width: 50%;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown               </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Icing Actual</b><br><div style="display: flex;"> <div style="width: 50%;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown               </div> <div style="width: 50%;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown               </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     | <b>Turbulence</b><br><b>Type</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Clear Air</div> <div style="width: 50%;"><input type="checkbox"/> Terrain-Induced</div> <div style="width: 50%;"><input type="checkbox"/> Convective Turbulence</div> </div> <b>Severity</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

**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)*

Upper and lower cowl front, prop, spinner, left wing, tri-lam wing covering, landing light lens cover, nose wheel and fork, comm ant, Transponder ant and tri-lam material on top of airplane where the BRS hatch is located. This aircraft did not have a BRS chute. This is only the damage I could see.

**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.

We departed KAUH around 1835 according to my notes. All weather reports were showing MVFR. I checked the surrounding airports weather, metars and tafs. I also checked on skyvector to see what it was showing as well. All weather updates I received were over the internet using my Ipad along with the Garmin pilot software. We called the AWOS at AUH and also checked the metars and tafs at the ADDS website. Onboard the aircraft was xm weather and my garmin GDL 39 antenna, ADS-B. All weather services I checked were reporting the same conditions, MVFR. We were going to go to the next airport on our course and review the situation again. Enroute I could see that the conditions were going from ok to much worse. The onboard weather devices in the aircraft had updated and the flight conditions went to IFR. Ceilings had come down and visibility was reduced ahead of us. We attempted a 180 degree turn to go back but conditions were no better going back. Not wanting to fly the BushCat in below vfr conditions i opted to look for a suitable landing area and set down to wait out the conditions for improvement to continue the flight. We scouted the chosen field for obstacles, fences, wires, poles, etc. The terrain looked manageable and smooth enough to land on.

We made a normal approach to land on a soft field, the landing went fine. Touched down and the aircraft was on the ground and slowing. I did not hit the brakes, I did not want to start sliding. Aerodynamic braking method was used keeping the nose wheel lite. Rollout was maybe 100ft. All of a sudden the nose wheel must have dug in, the fork collapsed, the nose went down to the ground and the cowl dug in and the aircraft flipped over. There was no debri field as the aircraft was intact and whole. The ground was only mildly scraped from the nose of the aircraft and was easily covered up by kicking the grass back in place that had scraped out.

Had the nose fork not have collapsed it would have been an uneventful landing on a soft field.

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

## Operator/Owner Safety Recommendation

Prior to the incident i had remained firm on taking off within my personal weather minimums to conduct flight. We were stuck in NE at AUH the previous 2 days due to weather and I refused to fly anywhere near the surrounding weather. The constant bombardment from the aircraft owner saying let's go let's go did ware me down a bit leading me to make a decision I would not normally make. The weather had finally went to MVFR so we tried to get to the next airport enroute. Our hope was to make it out of the Aurora area and get to better skies to continue.

That being said as PIC it was my decision alone to go or no go.

This incident could have been prevented by holding firm to my own personal weather minimums and not letting peer pressure get to me. If I had not taken off in MVFR this would not have happened.

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

19 \_\_\_\_\_ Gallons

**Fuel Type**

☐ 80/87

☐ 115/145

☐ Jet B

☐ Other, specify \_\_\_\_\_

☒ 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

Shutdown, fuel off, unclip seatbelts and climbed out. The doors were in the open position already due to the flip over and are hinged at the top of the door.

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

Aircraft Registration Number

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

Damage to Other Aircraft

☐ Destroyed

☐ Minor

☐ Substantial

☐ None

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

**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**

|                                                                              |                                                                                                                                                                                                   |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of this Report</b><br><u>07/13/2016</u><br><small>mm/dd/yyyy</small> | <b>Name of Pilot/Operator:</b> <u>John F. Payne</u><br><b>Signature:</b> <u>[REDACTED]</u><br><b>-- or --</b> <input checked="" type="checkbox"/> Check here to electronically sign this document |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**If a Person Other than Pilot/Operator is Filing Report**

|                                                                                          |                     |
|------------------------------------------------------------------------------------------|---------------------|
| <b>Name:</b> _____                                                                       | <b>Title:</b> _____ |
| <b>Signature:</b> _____                                                                  |                     |
| <b>-- or --</b> <input type="checkbox"/> Check here to electronically sign this document |                     |

**FOR NTSB USE ONLY**

|                                                 |                                                        |                                             |                                          |
|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------|------------------------------------------|
| <b>NTSB Accident/Incident No.</b><br>GAA16CA355 | <b>Reviewed by NTSB Regional Office</b><br>GAA (AS-20) | <b>Name of Investigator</b><br>Eric Swenson | <b>Date Report Received</b><br>7/13/2016 |
|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------|------------------------------------------|