

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: FRYETTEVILLE State: TN

ZIP: 37334 Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 08/21/2016 Local Time: 1200

mm/dd/yyyy

Time Zone: CENTRAL

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N105DK

Manufacturer: CESSNA

Model: A185F

Serial Number: 18503808

Year of Manufacture: 1979

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

IFR-Equipped and Certified

Commercial Space Flight

Unmanned Aircraft

Maximum Gross Weight: 3350 lbs

Weight at Time of Accident/Incident: 2300 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 2 Passenger Seats: 2

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

Certificate of Authorization or Waiver (COA)

None

Special

Restricted

Limited

Provisional

Special Flight

Experimental

Special Light-Sport

Experimental Light-Sport

Unknown

Landing Gear

(Check all that apply)

Retractable

Tricycle

Amphibian

Emergency Float

Float

Hull

Other Launch/Recovery System

None

Tailwheel

High Skid

Skid

Ski

Ski/Wheel

Unknown

Engine Type (Select one)

Reciprocating

Turbo Shaft

Turbo Prop

Turbo Jet

Turbo Fan

Electric

Fuel System Type (Reciprocating)

Carburetor

Fuel-Injected

Liquid Rocket

Solid Rocket

Hybrid Rocket

None

Unknown

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>CONTINENTAL</u>	<u>10550D</u>	<u>284041-K</u>	<u>05/20/93</u>	<u>300</u>	<u>1643</u>	<u>20</u>	<u>250</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

AAIP

Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 05/02/2016

mm/dd/yyyy

Airframe Total Time: 6900 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: UNDER SEAT FIRE EXTINGUISHER

Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: MCCAWLEY

Model: D3A34C401-C

ELT Installed: Yes No

If Yes:

ELT Manufacturer: NARCO ELT 10

Model or Part No.: ELT 10

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: N/A

Indicate Reason:

Impact Damage

Fire Damage

Battery Expired/Damaged

Unknown

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

Additional Equipment (Check all that apply)

ADS-B

Airframe Parachute

Angle of Attack Indicator

Autopilot

Data Recorder

Electronic Flight Bag or Handheld Device

Electronic Multifunction Display

Electronic Primary Flight Display

Handheld GPS

Heads Up Display

Onboard Weather

Satellite Tracking Device

Stall Warning System

Video Recording Device

Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: TERRY WENDELL II / MELISSA WENDELLCity: GURLEY ALState: AL ZIP: 35748Fractional Ownership Aircraft: ☒ Yes ☐ NoCountry: USA**Operator of Aircraft**Same As Registered OwnerSame Address as Registered OwnerName: TERRY WENDELL

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: FAYETTEVILLE AIRPORTDistance From Airport Center: 0 smAirport Identifier: KFYM

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 980 ft. msl**Runway Information**Runway ID: 20 (L/R/C) Length: 5900 ft Width: 100 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

VOR/DME

Localizer Only

Visual

TACAN

LOC-back course

Contact

RNAV

Circling

Unknown

VFR Approach (Check all that apply)☒ None

Traffic Pattern

Stop and Go

Straight-In

Touch and Go

Valley/Terrain Following

Simulated Forced Landing

Go Around

Forced Landing

Full Stop

Precautionary Landing

Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident <u>Pilot</u> Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying <u>Yes</u> No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>TERRY WENDELL</u> Middle Initial: <u>D</u> Last Name: <u>WENDELL II</u> Age at time of Accident/Incident: <u>49</u> City of Residence: <u>GURLEY</u> State: <u>AL</u> ZIP: <u>35743</u> Country: <u>USA</u> Date of Birth: <u>1967</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>																																																																																																				
Degree of Injury ☒ None ☐ Minor ☐ Fatal ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Right ☐ Center ☒ Front ☐ Rear ☐ Single ☐ Unknown		Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																													
Pilot Certificate(s) (Check all that apply) ☒ None ☒ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign				Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A			Date of Last Medical <u>APRIL 20 2019</u> mm/dd/yyyy <u>04/20/19</u>																																																																																													
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 1 ☐ Class 2 ☒ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown		Medical Certificate Limitations <u>NONE</u>			Medical Certificate Special Issuance <u>NONE</u>																																																																																													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/15/2015</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>CESSNA</u> Model: <u>A185F</u>																																																																																																		
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1000</td> <td>600</td> <td>1000</td> <td>0</td> <td>15</td> <td>25</td> <td>60</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1000</td> <td>600</td> <td>970</td> <td>0</td> <td>12</td> <td>25</td> <td>60</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>30</td> <td>30</td> <td>30</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>10</td> <td>10</td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	1000	600	1000	0	15	25	60	0	0	0	Pilot in Command (PIC)	1000	600	970	0	12	25	60	0	0	0	Time as Instructor											This Make/Model											Last 90 Days	30	30	30								Last 30 Days	10	10	10								Last 24 Hours	1.5	1.5	1.5							
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																																																																																										
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"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident											
Pilot	Co-Pilot	Student Pilot	Flight Instructor	Check Pilot	Flight Engineer	Other Flight Crew					
"Flight Crewmember 2" was pilot flying Yes No											
"Flight Crewmember 2" Identification											
First Name: _____					City of Residence: _____						
Middle Initial: _____					State: _____			ZIP: _____			
Last Name: _____					Country: _____						
Age at time of Accident/Incident: _____				Date of Birth: _____				mm/dd/yyyy			
Certificate Number: _____											
Degree of Injury		Seat Occupied			Restraint Type			Inflatable Restraints			
None Fatal Minor Unknown Serious		Left Front Unknown Right Rear Center Single			Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown			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		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
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 Limitations											
N A											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____				Flight Review Aircraft							
mm/dd/yyyy				Make: _____ Model: _____							
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		None Airship Balloon Glider Gyroplane Helicopter Powered Lift		None Airplane Helicopter Powered Lift		None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport					
Type Ratings						Student Endorsements (Include dates)					
Flight Time (Enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time							Actual	Simulated			
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>KFYM</u> City: <u>FRYETTEVILLE</u> State: <u>TN</u> Country: <u>USA</u>		Time of Departure Time: <u>1030</u> Time Zone: <u>CENTRAL</u>		Destination Airport ID: _____ City: <u>SALE</u> State: _____ Country: _____	
Type Flight Plan Filed ☒ None Company VFR Military VFR VFR VFR/IFR IFR Unknown Activated? Yes No Unknown					
Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA					
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C ☒ Class D Class E Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown Altitude of In-Flight Occurrence: <u>980</u> ft msl					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service Flight Service Station ☒ TVR Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company Military ☐ Internet ☐ None ☐ Unknown		Weather Observation Facility Facility ID: <u>KFYM</u> Observation Time: <u>1030 CE</u> Time Zone: <u>CENTRAL</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: _____ degrees true			
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown			
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☒ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown Lowest Cloud Condition Height <u>1400</u> ft agl		Ceiling ☐ None (Clear) ☒ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height <u>2300</u> ft agl		Temperature: _____ (C) or <u>78</u> (F) Dew Point: _____ (C) or <u>DONT REMEMBER</u> Altimeter Setting: <u>30.00</u> in. Hg or _____ MB	
Wind Direction Variable -or- Direction: <u>290</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>5</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>9</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>DONT REMEMBER</u>		
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>UNKNOWN</u>					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown

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

BENT OUTER SECTION OF LEFTWING & ALSO
LEFT HORIZONTAL STABILIZER

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

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

I DEPARTED TO PRACTICE TAKEOFFS & WHEEL LANDINGS. AFTER 3 TOL, I DEPARTED THE PATTERN TO THE SOUTH & FLEW FOR APPROX 20 MINUTES BEFORE RETURNING TO FLYM TO LAND. THE LANDING WAS UNEVENTFUL (WHEEL LANDING) UNTIL I SLOWED ENOUGH FOR THE TAIL TO START SETTLING TO THE GROUND. I HAD TRACKED TO THE LEFT OF THE RUNWAY & APPLIED SOME RIGHT RUDDER TO CORRECT. THE PLANE THEN WEATHORVARED INTO THE WIND TO THE RIGHT & DEPARTED THE RUNWAY SLIGHTLY TO THE RIGHT, IN A GROUND LOOP. THE PLANE GOT OVER ON THE ~~RIGHT~~ LEFT WING & STABILIZER. NO PROP STRIKE OCCURRED. I THEN TAXIED TO MY HANGAR. ALL TOL WERE ON RUNWAY 20. WINDS WERE DIRECT CROSSWIND FROM APPROX 290

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

Operator/Owner Safety Recommendation

BETTER DIRECTIONAL CONTROL EARLIER IN THE LANDING. SINCE I WAS TOO SLOW FOR AIRFLOW TO BE EFFECTIVE IN STOPPING THE GROUND LOOP, I SHOULD HAVE APPLIED LEFT BRAKING ACTION TO CORRECT. I FORCED TO DO THIS.

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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

84

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

NONE

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

I TAXIED TO MY HANGAR & EXITED THE PLANE
THROUGH THE LEFT DOOR

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

Aircraft Registration Number

Manufacturer:

Model:

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name:

City:

State:

Country:

ZIP:

Pilot of Other Aircraft

Name:

City:

State:

Country:

ZIP:

ADDITIONAL INFORMATION (Please type or print in ink)

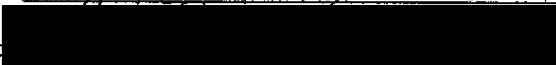
Use this space if additional space is needed for any answers.

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

Date of this Report

08/23/2016

mm/dd/yyyy

Name of Pilot/Operator: TERRY WENDELL IISignature: 

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

GAA16CA438

Reviewed by NTSB Regional Office

GAA

Name of Investigator

ADAM GERHARDT

Date Report Received

8/23/2016