

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: Prentiss State: MS

ZIP: 39471 Country: USA

Latitude: 31.5553052 Longitude: 089.9064444

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

Accident/Incident Date/Time

Date: 02/28/2017 Local Time: 1345

mm/dd/yyyy

Time Zone: CST

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

AIRCRAFT INFORMATION

Registration Number: N422BZ

Manufacturer: Airvector

Model: AT802A

Serial Number: 802A-0362

Year of Manufacture: 2010

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 16000 lbs

Weight at Time of Accident/Incident: 8300 lbs

Number of Seats: 1 Flight Crew Seats: 1

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

☐ 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

☐ Liquid Rocket
☐ Solid Rocket
☐ Hybrid Rocket
☐ None
☐ Unknown

Fuel System Type (Reciprocating)

☐ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Pratt & Whitney	PT6A-67A6	PCE 250223	12/31/09	1300	2900	600	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

☒ 100-Hour
☐ AAIP
☐ Annual

☐ Continuous Airworthiness
☐ Conditional Inspection
☐ Unknown

Date Last Inspection: 12 2014

mm/dd/yyyy

Airframe Total Time: 2870 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: ABC

Propeller 1

☐ Fixed Pitch

☒ Controllable Pitch

☐ Ground Adjustable

Manufacturer: Hartzell

Model: HC-B5MA-30

Propeller 2

☐ Fixed Pitch

☐ Controllable Pitch

☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes ☐ No ☒

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

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

Was ELT still mounted in aircraft? Yes ☐ No ☐

Was ELT still connected to antenna? Yes ☐ No ☐

Did ELT Activate? Yes ☐ No ☐

If activated:

Did ELT Aid in Locating Aircraft? Yes ☐ No ☐

If not activated:

Indicate Reason: Impact Damage
Fire Damage
Battery Expired/Damaged
Unknown

Additional Equipment (Check all that apply)

☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
Other, Specify: _____

Registered Aircraft Owner Name: <u>Airborn Aviation LLC</u>		City: <u>M465E</u> State: <u>MS</u> ZIP: <u>3914</u> Country: <u>USA</u>																																											
Fractional Ownership Aircraft: Yes ☐ No ☒																																													
Operator of Aircraft <u>Same As Registered Owner</u> Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<u>Same Address as Registered Owner</u> City: _____ State: _____ ZIP: _____ Country: _____																																											
Operating Certificates Held <i>(Check all that apply)</i> None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136) <u>Agricultural Aircraft (FAR 137)</u> 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 <table border="0" style="width: 100%;"> <tr> <td><u>FAR 91</u></td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown		<u>FAR 91</u>	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437																														
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		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table border="0" style="width: 100%;"> <tr> <td>Scheduled or Commuter</td> <td>Domestic</td> </tr> <tr> <td>Non-Scheduled or Air Taxi</td> <td>International</td> </tr> </table> Passenger Cargo Mail Contract Only		Scheduled or Commuter	Domestic	Non-Scheduled or Air Taxi	International																																						
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		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table border="0" style="width: 100%;"> <tr> <td>Aerial Application</td> <td>Firefighting</td> <td>Unknown</td> </tr> <tr> <td>Aerial Observation</td> <td>Flight Test</td> <td></td> </tr> <tr> <td>Air Drop</td> <td>Glider Tow</td> <td></td> </tr> <tr> <td>Air Race/Show</td> <td>Instructional</td> <td></td> </tr> <tr> <td>Banner Tow</td> <td>Other Work Use</td> <td></td> </tr> <tr> <td>Business</td> <td>Personal</td> <td></td> </tr> <tr> <td>Executive/Corporate</td> <td><u>Positioning</u></td> <td></td> </tr> <tr> <td>External Load</td> <td>Skydiving</td> <td></td> </tr> <tr> <td>Ferry</td> <td></td> <td></td> </tr> </table>		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	<u>Positioning</u>		External Load	Skydiving		Ferry																	
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AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>																																													
Airport Name: <u>Prentiss Self Den's Co</u> Airport Identifier: <u>M43</u> Proximity to Airport: Off Airport/Airstrip ☐ <u>On Airport/Airstrip</u> ☒ N/A ☐		Distance From Airport Center: <u>0</u> sm Direction From Airport: _____ degrees true Airport Elevation: <u>454</u> ft. msl																																											
Runway Information Runway ID: <u>30</u> (L/R/C) Length: <u>3100</u> ft Width: <u>60</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <table border="0" style="width: 100%;"> <tr> <td><u>Dry</u></td> <td>Snow-Compacted</td> <td>Water-Calm</td> </tr> <tr> <td>Holes</td> <td>Snow-Crusted</td> <td>Water-Choppy</td> </tr> <tr> <td>Ice Covered</td> <td>Snow-Dry</td> <td>Water-Glassy</td> </tr> <tr> <td>Rough</td> <td>Snow-Wet</td> <td>Wet</td> </tr> <tr> <td>Rubber Deposits</td> <td>Soft</td> <td></td> </tr> <tr> <td>Slush-Covered</td> <td>Vegetation</td> <td>Unknown</td> </tr> </table>		<u>Dry</u>	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																								
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"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: <u>Dustin</u> Middle Initial: _____ Last Name: <u>Bowin</u> City of Residence: <u>MAgce</u> State: <u>MS</u> ZIP: <u>39111</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>36</u> Date of Birth: <u>880</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>																																																																																																				
Degree of Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		Seat Occupied Left Right Center Front Rear <u>Single</u> Unknown		Restraint Type <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☒ 5-point</td> <td>☒ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>				Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☒ 5-point	☒ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☒ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																														
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>02/08/2017</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>195</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 <u>B2 360, 508</u>						Student Endorsements (Include dates) 																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="text-align: center; padding: 5px;">1210</td> <td style="text-align: center; padding: 5px;">3000</td> <td style="text-align: center; padding: 5px;">7695</td> <td style="text-align: center; padding: 5px;">4684</td> <td style="text-align: center; padding: 5px;">873</td> <td style="text-align: center; padding: 5px;">311</td> <td style="text-align: center; padding: 5px;">40</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="text-align: center; padding: 5px;">11,048</td> <td style="text-align: center; padding: 5px;">3000</td> <td style="text-align: center; padding: 5px;">7640</td> <td style="text-align: center; padding: 5px;">3660</td> <td style="text-align: center; padding: 5px;">868</td> <td style="text-align: center; padding: 5px;">311</td> <td style="text-align: center; padding: 5px;">5</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center; padding: 5px;">40</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="text-align: center; padding: 5px;">24</td> <td style="text-align: center; padding: 5px;">20</td> <td style="text-align: center; padding: 5px;">20</td> <td style="text-align: center; padding: 5px;">40</td> <td></td> <td style="text-align: center; padding: 5px;">1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="text-align: center; padding: 5px;">4</td> <td style="text-align: center; padding: 5px;">4</td> <td style="text-align: center; padding: 5px;">4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td></td> <td></td> <td></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	1210	3000	7695	4684	873	311	40				Pilot in Command (PIC)	11,048	3000	7640	3660	868	311	5				Time as Instructor											This Make/Model					40						Last 90 Days	24	20	20	40		1					Last 30 Days	4	4	4								Last 24 Hours										
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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 InjuryNone Fatal
Minor Unknown
Serious**Seat Occupied**Left Front Unknown
Right Rear
Center Single**Restraint Type****Available**None
Lap only
3-point
4-point
5-point
Unknown**Used**None
Lap only
3-point
4-point
5-point
Unknown**Inflatable Restraints**Not Installed
Installed
Not Deployed
Deployed
Unknown**Pilot Certificate(s)** (Check all that apply)None Flight Instructor Commercial US Military
Private Recreational Airline Transport Foreign
Student Sport Flight Engineer**Principal Occupation**Pilot
Other
Unknown**Medical Certificate**None Class 3
Class 1 Driver's License (Sport Pilot only)
Class 2 Unknown**Medical Certificate Validity**Without limitations/waivers Unknown
With limitations/waivers N/A
Special Issuance**Date of Last Medical**

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Special Issuance****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s)
(Check all that apply)None
Single-Engine Land
Single-Engine Sea
Multiengine Land
Multiengine Sea**Other Aircraft Rating(s)**
(Check all that apply)None
Airship
Balloon
Glider
Gyroplane
Helicopter
Powered Lift**Instrument Rating(s)**
(Check all that apply)None
Airplane
Helicopter
Powered Lift**Instructor Rating(s)**
(Check all that apply)None
Airplane Single-Engine
Airplane Multi-Engine
Gyroplane
Powered LiftInstrument 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
Actual Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Front Center Rear Right Single Unknown		Injury None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					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		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Front Center Rear Right Single Unknown		Injury None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					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		
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 First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Seat Left Center Right Unknown Row: _____	Injury None Minor Serious Fatal Unknown	Restraint Type Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 3-point 4-point 5-point Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Age 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>M43</u> City: <u>Proyiss</u> State: <u>MS</u> Country: <u>USA</u>	Time of Departure Time: <u>1345</u> Time Zone: _____	Destination Airport ID: <u>AA FLUL</u> City: <u>Lavel</u> State: <u>MS</u> Country: _____	Type Flight Plan Filed None _____ VFR/IFR _____ Company VFR _____ IFR _____ Military VFR _____ Unknown _____ VFR _____ Activated? Yes ☒ No ☐ Unknown
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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
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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: _____ ft msl
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather	Company Military Internet ☒ None Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
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Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered Thin Broken Thin Overcast Unknown	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast Obscured Indefinite Unknown	Temperature: <u>82</u> (C) or <u>82</u> (F) Dew Point: _____ (C) or <u>38</u> (F) Altimeter Setting: <u>30.04</u> in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction Variable -or- Direction: <u>180</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>15</u> kts	Wind Gusts Not Gusting -or- Speed: <u>26</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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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 ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown
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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:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

Prop Strike, wing Damage, Package Damage, Gear leg Damage
Posi fire

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.

Had Been flying that morning T-1 around 12:30 doing some mopping for a client for future work coming up in coming weeks. I grabbed lunch and fuel to AC with approx 125 gallons total. I departed with some local onlookers and at approx 13:30 pm I preflighted to Aircraft to finish up last few ~~at~~ survey fields then was planning to go to KCLUL. I stated to AC observed to wind to be a southerly direction & choose to have a left crossing by departing Run 30 @ 1143. Once to tail wheel was up in the air to A/C began to drift to the left after stepping to the gain control which was unsuccessful I aborted to T.O. with not braking and Beta went thru a ditch and came to rest 180° opposite of takeoff Run. Climbed out of Aircraft observed dark smoke coming from exhaust and coming with smoldering grass. went back to A/C to retrieve the fire extinguisher inside to A/C sprayed into the exhaust and on to ground when the Retardant ran out the fire reignited onto the AC tires and was being fed by hydraulic fluid from the Brake line that was severed. There was also fuel (Jet A), & engine oil seeping from engine cooling area & right wing onto the ground. Called 911 to report a grass fire. when the fire trucks arrived no foam was in the truck and water only was used so that spread the fire rapidly.

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

Operator/Owner Safety Recommendation

Rural fire dept to have farm ready at all times

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

2890 Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATION

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

125 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF 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

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
Substantial

Minor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

Date of this Report 03/02/2017 Name of Pilot/Operator: Dustin Baur
mm/dd/yyyy
 Signature: [Redacted]
 -- 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. GAA17CA164	Reviewed by NTSB Regional Office GAA	Name of Investigator ADAM GERHARDT	Date Report Received 3/8/2017
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