

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: Austin State: NV

ZIP: 89310 Country: USA

Latitude: N39.503 Longitude: W117.1312

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

Accident/Incident Date/Time

Date: 05/12/2017 Local Time: X

mm/dd/yyyy Time Zone: Pacific

3:40pm

Collision with Other Aircraft: Midair On-ground None
X

AIRCRAFT INFORMATION

Registration Number: N1111E

Manufacturer: Kenneth Johnson

Model: Super Cub Sport

Serial Number: 471C

Year of Manufacture: 2012

Amateur-Built: Yes If Yes: Kit/Plans Make: _____

No Yes Original Design X

IFR-Equipped and Certified

Commercial Space Flight

Unmanned Aircraft

Maximum Gross Weight: 1320 lbs

Weight at Time of Accident/Incident: 1230 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

Airplane X
Balloon
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard Special

Normal Restricted
Aerobatic Limited
Balloon Provisional
Commuter Special Flight
Transport Experimental X
Utility Special Light-Sport
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

Retractable

Tricycle Tailwheel X
Amphibian High Skid
Emergency Float Skid
Float Ski
Hull Ski/Wheel

Other Launch/Recovery System

None Unknown

Engine Type (Select one)

Reciprocating X Liquid Rocket
Turbo Shaft Solid Rocket
Turbo Prop Hybrid Rocket
Turbo Jet None
Turbo Fan Unknown
Electric

Fuel System Type (Reciprocating)

Carburetor X Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	O323 B2B	L468539	05/08/1962	160 hp	3037.5	40.0	368.1
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection X
Annual Unknown

Date Last Inspection: 02/20/2017

mm/dd/yyyy

Airframe Total Time: 778 hrs

hours measured at (Select one)

Last Inspection X Time of Accident/Incident

Type of Maintenance Program (Select one)

Annual
Conditional (Amateur-built only) X
Manufacturer's Inspection Program
Other Approved Inspection Program (AAIP)
Continuous Airworthiness
Other, specify: _____

Description of Fire Extinguishing System

None
Specify:
Fire extinguisher but not needed

Propeller 1

Fixed Pitch X
Controllable Pitch
Ground Adjustable

Manufacturer: Catto

Model: 86x35

ELT Installed: X Yes No

If Yes:

ELT Manufacturer: Ameriking

Model or Part No.: Ack 450

TSO No.: C91 (121.5 MHz) XC91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? X Yes No

Was ELT still connected to antenna? X Yes No

Did ELT Activate? X Yes No

If activated:

Did ELT Aid in Locating Aircraft: Yes XNo

If not activated:

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: <u>Joe Dory</u> Fractional Ownership Aircraft: Yes No ☒		City: <u>Austin</u> State: <u>NV</u> ZIP: <u>89310</u> Country: <u>USA</u>	
Operator of Aircraft <i>Same As Registered Owner</i> ☒ Name: <u>Joe Dory</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<i>Same Address as Registered Owner</i> ☒ 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) 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 <i>(Select one)</i> Armed Forces Federal State Local Unknown		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> Scheduled or Commuter Non-Scheduled or Air Taxi Domestic International Passenger Cargo Mail Contract Only
Revenue Sightseeing Flight Yes No ☒		Air Medical Flight Yes No ☒	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Austin Nevada</u> Airport Identifier: <u>KTMT</u> Proximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip N/A		Distance From Airport Center: <u>On center</u> sm Direction From Airport: <u>On center</u> degrees true Airport Elevation: <u>5730</u> ft. msl	
Runway Information Runway ID: <u>Taxiway</u> (L/R/C) Length: _____ ft Width: <u>55</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt Grass/Turf Macadam Water ☐ Concrete Gravel Metal/Wood Unknown ☐ Dirt Ice Snow			
Approach/Departure Segment <i>(Select one)</i> Taxi VFR Departure On Instrument Approach Downwind Low Approach Takeoff IFR Departure Procedure/Clearance ☒ Landing Base ☒ Go Around Initial Climb ☒ Final Crosswind ☒ Aborted Landing (after touchdown) Unknown			
IFR Approach <i>(Check all that apply)</i> 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 <i>(Check all that apply)</i> 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 ☒ es ☐ No

"Flight Crewmember 1" Identification

First Name: Joseph City of Residence: Austin
 Middle Initial: W State: NV ZIP: 89310
 Last Name: Dory. Jr Country: USA
 Age at time of Accident/Incident: 68 Date of Birth: /1948 *mm/dd/yyyy*
 Certificate Number:

Degree of Injury ☒ None ☐ Minor ☐ Serious	Seat Occupied ☐ Left ☐ Right ☐ Center	☒ Front ☐ Rear ☐ Single	Unknown	Restraint Type <table style="width: 100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☒ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☒ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown				
Available	Used																						
☐ None	☐ None																						
☐ Lap only	☐ Lap only																						
☐ 3-point	☐ 3-point																						
☒ 4-point	☐ 4-point																						
☐ 5-point	☐ 5-point																						
☐ Unknown	☐ Unknown																						
Pilot Certificate(s) <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☐ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☐ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☐ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>				☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☐ Student	☐ Sport	☐ Flight Engineer		Medical Certificate Validity <table style="width: 100%;"> <tr> <td>☐ Without limitations/waivers</td> <td>☐ Unknown</td> </tr> <tr> <td>☒ With limitations/waivers</td> <td>☐ N/A</td> </tr> <tr> <td>☐ Special Issuance</td> <td></td> </tr> </table>		☐ Without limitations/waivers	☐ Unknown	☒ With limitations/waivers	☐ N/A	☐ Special Issuance	
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☐ Without limitations/waivers	☐ Unknown																						
☒ With limitations/waivers	☐ N/A																						
☐ Special Issuance																							
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Class 3</td> </tr> <tr> <td>☐ Class 1</td> <td>☐ Driver's License (Sport Pilot only)</td> </tr> <tr> <td>☒ Class 2</td> <td>☐ Unknown</td> </tr> </table>		☐ None	☐ Class 3	☐ Class 1	☐ Driver's License (Sport Pilot only)	☒ Class 2	☐ Unknown	Date of Last Medical <u>09/17/2015</u> <i>mm/dd/yyyy</i>													
☐ None	☐ Class 3																						
☐ Class 1	☐ Driver's License (Sport Pilot only)																						
☒ Class 2	☐ Unknown																						

Medical Certificate Limitations

Available glasses for near vision

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Check
10/4/2016
mm/dd/yyyy

Flight Review Aircraft
 Make: Super cub Sport
 Model: Super Cub

Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☒ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings

Student Endorsements *(Include dates)*

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	7254	2758	7254		198		18.5			121
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	70	70								
Last 30 Days	30	30								
Last 24 Hours	2	2								

"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 None Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type <table style="width: 100%;"> <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
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
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
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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) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td>None</td> <td>Instrument Airplane</td> </tr> <tr> <td>Airplane Single-Engine</td> <td>Instrument Helicopter</td> </tr> <tr> <td>Airplane Multi-Engine</td> <td>Helicopter</td> </tr> <tr> <td>Gyroplane</td> <td>Glider</td> </tr> <tr> <td>Powered Lift</td> <td>Sport</td> </tr> </table>	None	Instrument Airplane	Airplane Single-Engine	Instrument Helicopter	Airplane Multi-Engine	Helicopter	Gyroplane	Glider	Powered Lift	Sport
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 <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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 None 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 Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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 None 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 None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> 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 None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> 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 None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> 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 None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KTMT</u> City: <u>Austin</u> State: <u>NV</u> Country: <u>USA</u>	Time of Departure Time: <u>3:00</u> Time Zone: <u>Pacific</u>	Destination Airport ID: <u>KTMT</u> City: <u>Austin</u> State: <u>NV</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR VFR/IFR IFR Unknown 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

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
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Weather Observation Facility

Facility ID: KTMT
 Observation Time: 3:00pm
 Time Zone: Pacific
 Distance from Accident Site: 1/2 nm
 Direction from Accident Site: 360 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

_____ ft agl

Ceiling

☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height

_____ ft agl

Temperature: _____ (C) or 75 (F)

Dew Point: ? (C) or _____ (F)

Altimeter Setting: ? in. Hg
 or _____ MB

Wind Direction

Variable
 -or-
 Direction: 310 degrees true

Wind Speed

Calm
 Light and Variable
 -or-
 Speed: 18 kts

Wind Gusts

Not Gusting
 -or-
 Speed: 24 kts

Visibility Unlimited miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

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
☐ Blowing Dust
☐ Ground Fog
☐ Blowing Sand
☐ Haze
☐ Blowing Snow
☐ Ice Fog
☐ Blowing Spray
☐ Smoke
☐ Dust
☐ Unknown

Icing Forecast

Amount	Type
☒ None	N/A
☐ Trace	Rime
☐ Light	Clear
☐ Moderate	Mixed
☐ Severe	Unknown
☐ Unknown	

Icing Actual

Amount	Type
☒ None	N/A
☐ Trace	Rime
☐ Light	Clear
☐ Moderate	Mixed
☐ Severe	Unknown
☐ Unknown	

Turbulence

Type (Check all that apply)	Severity
☐ None	Light
☒ Clear Air	☒ Moderate
☐ Terrain-Induced	Severe
☐ Convective Turbulence	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 ☒ 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)*

Bent struts and a few ribs. Prop strike.

Holes in fabric

Slats bent

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.

I was practicing touch and goes and practicing STOL (short takeoff and land) operations in preparation for the competition at Oshkosh in July. On the fourth landing, a gust of wind dropped my wing and I was unable to recover it. I attempted to go around, but the dropped wing contacted the brush on the side of the taxiway I was landing on. The brush spun me to the left and the plane then nosed over and stopped inverted. I was uninjured.

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

Operator/Owner Safety Recommendation

In the wind conditions, i should have carried a little more airspeed to help with the gusts.

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)

_____ 7 _____ Gallons

Fuel Type80/87 115/145 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

I opened the side window snd crawled out onto the wing

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: _____ 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

Date of this Report
06/05/2017
mm/dd/yyyy

Name of Pilot/Operator: Joseph W Dory Jr

Signature: _____

-- 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.

GAA17CA287

Reviewed by NTSB Regional Office

GAAID

Name of Investigator

HICKS, M.

Date Report Received

05JUN2017