

# 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: Westby State: WI

ZIP: 54667 Country: USA

Latitude: 43.660300 Longitude: -90.861071

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

### Accident/Incident Date/Time

Date: 08/14/2017 Local Time: 13:15

mm/dd/yyyy

Time Zone: CDT

Collision with Other Aircraft: Midair On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N97UP

Manufacturer: ROBINSON

Model: R44 Astro

Serial Number: 0237

Year of Manufacture: 1996

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

IFR-Equipped and Certified  
Commercial Space Flight  
Unmanned Aircraft

Maximum Gross Weight: 2400 lbs

Weight at Time of Accident/Incident: 1885 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 3

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 \_\_\_\_\_ Unknown

Special

☐ Restricted

☐ Limited

☐ Provisional

☐ Special Flight

☐ Experimental

☐ Special Light-Sport

☐ Experimental Light-Sport

### 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/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br>Horsepower or<br>lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|-----------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | O-540-F1B5          | L-24868-40A                  | 12/20/1994                 | 260 shp                                       | 3348.8                | 175.8                                | 1254.6              |
| Eng. 2 |                     |                     |                              |                            |                                               |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                               |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                               |                       |                                      |                     |

### Last Inspection Type

100-Hour

☒ Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 03/31/2017

mm/dd/yyyy

Airframe Total Time: 5353.0 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: \_\_\_\_\_

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

### 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: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**

Name: \_\_\_\_\_ MF Helicopters

City: \_\_\_\_\_ East Troy

Fractional Ownership Aircraft: Yes ☐ No ☒

State: \_\_\_\_\_ WI \_\_\_\_\_ ZIP: \_\_\_\_\_ 53120

Country: \_\_\_\_\_ 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      |          |
| 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

☒ 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: Jonathan City of Residence: Harvard  
 Middle Initial: F State: IL ZIP: 60033  
 Last Name: Wanda Country: USA  
 Age at time of Accident/Incident: 34 Date of Birth:     /1982     mm/dd/yyyy  
 Certificate Number:                     

#### Degree of Injury

☒ None  
☐ Minor  
☐ Fatal  
☐ Unknown  
☐ Serious

#### Seat Occupied

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

#### Restraint Type

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

#### Principal Occupation

☒ Pilot  
☐ Other  
☐ Unknown

#### Medical Certificate

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

#### Medical Certificate Validity

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

#### Date of Last Medical

07/18/2017  
    mm/dd/yyyy

#### Medical Certificate Limitations

#### Medical Certificate Special Issuance

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

03/14/2016  
    mm/dd/yyyy

#### Flight Review Aircraft

Make: Robinson  
 Model: R44 Astro

#### 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)

| 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                                                  | 986          | 820               |                        |                      | 150.4 |            | 65.0      | 986        |        |                  |
| Pilot in Command (PIC)                                      | 930          | 814               |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 250          | 245               |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 190          | 190               |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 6            | 6                 |                        |                      |       |            |           |            |        |                  |

## “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: \_\_\_\_\_

| <b>Degree of Injury</b><br>None      Fatal<br>Minor      Unknown<br>Serious                                                                                                                                                                                                                                                                                                 | <b>Seat Occupied</b><br>Left      Front      Unknown<br>Right      Rear<br>Center      Single | <b>Restraint Type</b><br><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 | <b>Inflatable Restraints</b><br>Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------|---------|--------------|-------------------|---------|---------|---------|-----------------|---------|---------|---------|---------|---------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                   | Used                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| None                                                                                                                                                                                                                                                                                                                                                                        | None                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Lap only                                                                                                                                                                                                                                                                                                                                                                    | Lap only                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| 3-point                                                                                                                                                                                                                                                                                                                                                                     | 3-point                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| 4-point                                                                                                                                                                                                                                                                                                                                                                     | 4-point                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| 5-point                                                                                                                                                                                                                                                                                                                                                                     | 5-point                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Unknown                                                                                                                                                                                                                                                                                                                                                                     | Unknown                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><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                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |

|                                                          |                                                                                                                             |                                                                                                                                          |                                                 |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Principal Occupation</b><br>Pilot<br>Other<br>Unknown | <b>Medical Certificate</b><br>None      Class 3<br>Class 1      Driver’s License (Sport Pilot only)<br>Class 2      Unknown | <b>Medical Certificate Validity</b><br>Without limitations/waivers      Unknown<br>With limitations/waivers      N/A<br>Special Issuance | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|

### Medical Certificate Limitations

### Medical Certificate Special Issuance

|                                                                                                 |                                                              |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

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

|                     |                                                    |
|---------------------|----------------------------------------------------|
| <b>Type Ratings</b> | <b>Student Endorsements</b> <i>(Include dates)</i> |
|---------------------|----------------------------------------------------|

| 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)                                                                                                                                                                                                                                  |  |  |                                                                           |                                              |                                                                                                                                                                                                                                                                                                      |  |                                                                                                    |                                                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|
| <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: _____                                                                                                                                                                                               |  |  |                                                                           |                                              | Left      Front<br>Center    Rear<br>Right     Single<br>Unknown                                                                                                                                                                                                                                     |  | None<br>Minor<br>Serious<br>Fatal<br>Unknown                                                       |                                                                               |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div>None<br/>Private<br/>Student</div> <div>Flight Instructor<br/>Recreational<br/>Sport</div> <div>Commercial<br/>Airline Transport<br/>Flight Engineer</div> <div>US Military<br/>Foreign</div> </div> |  |  |                                                                           |                                              | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |  | <b>Inflatable Restraints</b><br>None Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |                                                                               |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes      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: _____                                                                                                                                                                                               |  |  |                                                                           |                                              | Left      Front<br>Center    Rear<br>Right     Single<br>Unknown                                                                                                                                                                                                                                     |  | None<br>Minor<br>Serious<br>Fatal<br>Unknown                                                       |                                                                               |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div>None<br/>Private<br/>Student</div> <div>Flight Instructor<br/>Recreational<br/>Sport</div> <div>Commercial<br/>Airline Transport<br/>Flight Engineer</div> <div>US Military<br/>Foreign</div> </div> |  |  |                                                                           |                                              | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |  | <b>Inflatable Restraints</b><br>None Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |                                                                               |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes      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)                                                                                                                                                                                                                                 |  |  |                                                                           |                                              |                                                                                                                                                                                                                                                                                                      |  |                                                                                                    |                                                                               |  |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                      |  |  | <b>Seat</b>                                                               | <b>Injury</b>                                | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                |  | <b>Inflatable Restraints</b>                                                                       | <b>Age</b>                                                                    |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                      |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown | <b>Available      Used</b><br>None      None<br>Lap Only      Lap Only<br>3-point      3-point<br>4-point      4-point<br>5-point      5-point<br>Unknown      Unknown                                                                                                                               |  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown                                  | Under 5 years<br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                      |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown | <b>Available      Used</b><br>None      None<br>Lap Only      Lap Only<br>3-point      3-point<br>4-point      4-point<br>5-point      5-point<br>Unknown      Unknown                                                                                                                               |  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown                                  | Under 5 years<br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                      |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown | <b>Available      Used</b><br>None      None<br>Lap Only      Lap Only<br>3-point      3-point<br>4-point      4-point<br>5-point      5-point<br>Unknown      Unknown                                                                                                                               |  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown                                  | Under 5 years<br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                      |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown | <b>Available      Used</b><br>None      None<br>Lap Only      Lap Only<br>3-point      3-point<br>4-point      4-point<br>5-point      5-point<br>Unknown      Unknown                                                                                                                               |  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown                                  | Under 5 years<br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown |  |

| Last Departure Point   | Time of Departure     | Destination         | Type Flight Plan Filed                                         |     |    |         |
|------------------------|-----------------------|---------------------|----------------------------------------------------------------|-----|----|---------|
| Airport ID: <u>57C</u> | Time: <u>07:20</u>    | Airport ID: _____   | <div style="border: 2px solid black; padding: 2px;">None</div> |     |    | VFR/IFR |
| City: <u>East Troy</u> |                       | City: <u>Westby</u> | Company VFR                                                    |     |    | IFR     |
| State: <u>WI</u>       | Time Zone: <u>CDT</u> | State: <u>WI</u>    | Military VFR                                                   |     |    | Unknown |
| Country: <u>USA</u>    |                       | Country: _____      | VFR                                                            |     |    |         |
|                        |                       |                     | Activated?                                                     | Yes | No | Unknown |

|             |                    |                           |                                          |                        |
|-------------|--------------------|---------------------------|------------------------------------------|------------------------|
| None<br>VFR | Special VFR<br>IFR | Special IFR<br>VFR On Top | VFR Flight Following<br>Traffic Advisory | Cruise<br>Unknown / NA |
|-------------|--------------------|---------------------------|------------------------------------------|------------------------|

|         |                 |                                |                          |                                   |
|---------|-----------------|--------------------------------|--------------------------|-----------------------------------|
| Class A | Class G         | Military Operations Area (MOA) | Special                  | Altitude of In-Flight Occurrence: |
| Class B | Demo Area       | Airport Advisory Area          | Air Traffic Control Area |                                   |
| Class C | Warning Area    | Jet Training Area              | Unknown                  | 800 ft msl                        |
| Class D | Prohibited Area | TRSA                           |                          |                                   |
| Class E | Restricted Area | FAR 93                         |                          |                                   |

|                                                                                                                                              |                                                                                        |                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br><i>(Check all that apply)</i>                                                                  |                                                                                        | <b>Weather Observation Facility</b>                                                                                                                                                                    |
| National Weather Service<br>Flight Service Station<br>TV/Radio<br>Automated Report<br>Commercial Weather Service (DUATS)<br>On-Board Weather | Company<br>Military<br>Internet <input checked="" type="checkbox"/><br>None<br>Unknown | Facility ID: _____ On site visual <input type="checkbox"/><br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |

VMC

| Day | Dusk  | Dark Night   | Unknown |
|-----|-------|--------------|---------|
| Day | Night | Bright Night |         |

|                     |               |
|---------------------|---------------|
| Clear               | Thin Broken   |
| Few                 | Thin Overcast |
| Partial Obscuration | Unknown       |
| <b>Scattered</b>    |               |

|               |            |
|---------------|------------|
| None (Clear)  | Obscured   |
| <b>Broken</b> | Indefinite |
| Overcast      | Unknown    |

Dew Point: (C) or (F)

**Altimeter Setting:** \_\_\_\_\_ in. Hg  
or \_\_\_\_\_ MB

ft agl

ft agl

Variable

**-or-**

Direction: 120 degrees true

Calm  
Light and Variable  
-or-  
Speed: 5

Not Gusting  
-or-  
Speed: kts

RVR:                      feet

RVV:                      miles

Density Altitude: \_\_\_\_\_ ft

Light  
Moderate  
Heavy  
**N/A**  
Unknown

|              |              |                    |
|--------------|--------------|--------------------|
| None         | Drizzle      | Freezing Rain      |
| Rain         | Ice Pellets  | Snow Shower        |
| Snow         | Snow Pellets | Ice Pellets Shower |
| Hail         | Snow Grains  | Freezing Drizzle   |
| Rain Showers | Ice Crystals |                    |

|               |            |
|---------------|------------|
| None          | Fog        |
| Blowing Dust  | Ground Fog |
| Blowing Sand  | Haze       |
| Blowing Snow  | Ice Fog    |
| Blowing Spray | Smoke      |
| Dust          | Unknown    |

| Amount   | Type    |
|----------|---------|
| None     | N/A     |
| Trace    | Rare    |
| Light    | Clear   |
| Moderate | Mixed   |
| Severe   | Unknown |
| Unknown  |         |

| Amount   | Type    |
|----------|---------|
| None     | N/A     |
| Trace    | None    |
| Light    | Clear   |
| Moderate | Mixed   |
| Severe   | Unknown |
| Unknown  |         |

| Type (Check all that apply)                    | Severity |
|------------------------------------------------|----------|
| <input checked="" type="checkbox"/> None       | Light    |
| <input type="checkbox"/> Clear Air             | Moderate |
| <input type="checkbox"/> Terrain-Induced       | Severe   |
| <input type="checkbox"/> Convective Turbulence | Extreme  |

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**None  
Minor☒ Substantial  
☐ 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)***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.

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

Operator/Owner Safety Recommendation

**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)

\_\_\_\_\_ 5g \_\_\_\_\_ 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**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: \_\_\_\_\_

**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**

08/24/2017

mm/dd/yyyy

**Name of Pilot/Operator:**

Jonathan Frank Wanda

**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.**

GAA17CA491

**Reviewed by NTSB Regional Office**

GAA

**Name of Investigator**

ADAM GERHARDT

**Date Report Received**

8/28/2017