

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: Waterbury, V State: WI
ZIP: 53704 Country: USA
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 11/5/16 Local Time: APX 3 PM
mm/dd/yyyy Time Zone: CENTRAL
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N300KP
Manufacturer: Piper
Model: PA-28R-200
Serial Number: 28R-7635210
Year of Manufacture: 1976
Amateur-Built: Yes If Yes: Kit/Plans Make: _____
No Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft
Maximum Gross Weight: 2,650 lbs
Weight at Time of Accident/Incident: _____ lbs
Number of Seats: 4 Flight Crew Seats: 2
Cabin Crew Seats: 0 Passenger Seats: 2
Number of Engines: 1

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☒ Retractable ☐ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel Other Launch/Recovery System ☐ None ☐ Unknown	Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type (Reciprocating) ☐ Carburetor ☒ Fuel-Injected
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☐ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

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	Lycoming	IO-360-C1C	RL-14894-51A	12/16/1991	200 HP	3912.8		1759.2
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>07/12/2016</u> mm/dd/yyyy Airframe Total Time: <u>8021.8</u> 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: <u>Hartzell</u> Model: <u>HC-C3YR-1RF</u> ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-01</u> TSO No.: <u>C91 (121.5 MHz)</u> <u>C91a (121.5 MHz)</u> 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	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: _____
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OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Wisconsin Aviation - Four Lakes, Inc</u>		City: <u>MADISON</u> State: <u>WI</u> ZIP: <u>53704</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: Yes ☐ No ☒		Same Address as Registered Owner	
Operator of Aircraft Name: <u>Same As Registered Owner</u>		City: <u>Watertown WI</u> State: <u>WI</u> ZIP: <u>53094</u> Country: <u>USA</u>	
Doing Business As: <u>Wisconsin Aviation</u>			
Air Carrier/Operator Designator (4 Character Code): _____			
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 103 FAR 121 FAR 125 FAR 129 FAR 133 FAR 135 FAR 137 FAR 415 FAR 431 FAR 435 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 Passenger Cargo Mail Contract Only Domestic International Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate External Load Ferry Firefighting Flight Test Glider Tow Instructional Other Work Use Personal Positioning Skydiving Unknown	
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>Watertown Municipal</u> Airport Identifier: <u>KRYU</u> Proximity to Airport: Off Airport/Airstrip ☐ <u>On Airport/Airstrip</u> ☒ N/A ☐		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl	
Runway Information Runway ID: <u>23</u> (L/R/C) Length: <u>4482</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry RMAL ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered Snow-Compacted Snow-Crusted Snow-Dry Snow-Wet Snow <u>whipped</u> Vegetation <u>brush</u> Water-Calm Water-Choppy Water-Glassy Wet Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Concrete ☐ Dirt Grass/Turf Gravel Ice Macadam Metal/Wood Snow Water Unknown			
Approach/Departure Segment <i>(Select one)</i>			
Taxi Takeoff Initial Climb ☒ <u>VFR Departure</u> IFR Departure Procedure/Clearance On Instrument Approach Landing Downwind Base ☒ <u>Final</u> Crosswind Low Approach Go Around Aborted Landing (after touchdown) Unknown			
IFR Approach <i>(Check all that apply)</i> None ADE/NDP SDF VORTVOR VOR/DME TACAN PAR Sidestep ILS Localizer Only LOC-back course RNAV MLS LDA ASR Visual Contact Circling Practice GPS Unknown		VFR Approach <i>(Check all that apply)</i> None Traffic Pattern <u>LEFT</u> Straight-In ☒ Valley/Terrain Following Go Around Full Stop ☒ Stop and Go Touch and Go Simulated Forced Landing Forced Landing 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: _____ 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 Right Rear Center Single Unknown	Restraint Type 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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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 REFUSED
 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

2/4/2015
 mm/dd/yyyy

Medical Certificate Limitations

CORRECTIVE LENSES

Medical Certificate Special Issuance

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

6/12/15
 mm/dd/yyyy

Flight Review Aircraft

Make: PIPER PA 28-161
 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 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	4,284	100	4,274	12	APX 500	514	94			
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days		7 HRS			0					
Last 30 Days		7 HRS			0					
Last 24 Hours		0			0					

"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: <u>N/A</u> Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury ☒ None 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) <i>(Check all that apply)</i> None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign				Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A			Date of Last Medical _____ <i>mm/dd/yyyy</i>																																																																																													
Principal Occupation Pilot Other Unknown																																																																																																				
Medical Certificate None Class 1 Class 2 Class 3 Driver's License (Sport Pilot only) Unknown																																																																																																				
Medical Certificate Limitations 																																																																																																				
Medical Certificate Special Issuance 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				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> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport																																																																																														
Type Ratings 						Student Endorsements <i>(Include dates)</i> 																																																																																														
<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 <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</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;">Pilot in Command (PIC)</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;">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></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></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;">Last 30 Days</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;">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 <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										
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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 Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Restraint Type: 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		
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 Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Restraint Type: 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		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <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 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 <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 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 <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 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 <i>If Under 5,</i> Child Restraint Lap-Held Unknown	

Last Departure Point		Time of Departure		Destination		Type Flight Plan Filed				
Airport ID: <u>RYV</u>		Time: <u>APPROX 2 PM</u>		Airport ID: _____		☒ None		VFR/IFR		
City: <u>DAVERTOWN</u>		City: <u>SAINT</u>		City: _____		☐ Company VFR		IFR		
State: <u>WI</u>		Time Zone: _____		State: _____		☐ Military VFR		Unknown		
Country: <u>USA</u>		Country: _____		Country: _____		☐ VFR				
						Activated?		Yes	No	Unknown

None VFR	Special VFR IFR	Special IFR VFR On Top	VFR Flight Following Traffic Advisory	Cruise Unknown / NA
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Class A	Class G	Military Operations Area (MOA)	Special	Altitude of flight Occurrence: _____ ft msl
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

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

VMC
IMC
Unknown

Dawn	Dusk	Dark Night	Unknown
Day	Night	Bright Night	

Clear	Thin Broken
Few	Thin Overcast
Partial Obscuration	Unknown
Scattered	

None (Clear)	Obscured
Broken	Indefinite
Overcast	Unknown

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

Altimeter Setting: _____ in. Hg
or _____ MB

ft agl

ft agl

Variable

-or-

Direction: _____ degrees true

~~Calm~~
Light and Variable
-or-
Speed:

Not Gusting

-OR-

Speed: _____ kts

BVR: feet

RVV: miles

Density Altitude: _____ ft

Light	None	Drizzle	Freezing Rain
Moderate	Rain	Ice Pellets	Snow Shower
Heavy	Snow	Snow Pellets	Ice Pellets Shower
N/A	Hail	Snow Grains	Freezing Drizzle
Unknown	Rain Showers	Ice Crystals	

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	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

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

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

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)

LEFT WING LEADING EDGE HAS MINOR DENTS. RIGHT WING HAS DAMAGE TO AFT SPAR, LOWER & UPPER CAPS & SPAR PLATE, ALONG WITH WING SKIN DAMAGE CAUSED WHEN RIGHT GEAR STRUCK A FENCE POST CAUSING GEAR TO MOVE AFT AND UPWARDS.

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.

PERFECT Flying Day - 4:12 PM DEPT. FLT AT 3500 NE BOUND TOWARDS WEST BEND, WI. DECIDED NOT TO STOP DUE TO REPORTED TRAFFIC (3 PLANES NEAR, OR IN PATTERN) TURNED BACK TOWARDS WATERLOO (FV) AND CLIMBED TO 4,500 - AIRCRAFT REPORTED TOUCH & GO AT WATERLOO - SAW AIRCRAFT TURN DOWNWIND FOR RW. 23 - I STAYED HIGH BECAUSE I LOST SIGHT OF DOWNWIND FLT. - 4500 AS I ENTERED D.W. SWERVED TO LEFT TANK AND (FUEL PUMP ON AND PROTI) ADVANCED - SPOTTED IN PATTERN AIRCRAFT TURNING FINAL - PULLED POWER BACK TO LOCKE ALT, ENTERED BASE AND FINAL STILL HIGH - NO WIND, NO TURB. PERFECT DAY - POWER OFF GLIDE - MAYBE NEAR 1/2^{MILE} FROM LANDING I WENT TO ADVANCE FOR AND ENGINE FAILED TO RESPOND - I HIT THE FUEL PUMP OFF, THEN ON AGAIN, AND ABOUT THEN, THE ENGINE SURGED AND NOSE LIFTED SLIGHTLY - FROM THEN ON, NO POWER. NO STALL WARNING AS TO DETREE BRANCH HIT STALL WARNING - I FLEW THE PLANE PAST A BUILDING ON LEFT WING AND LANDED SHORT OF APP. TO 23 - TAMED IN AFTER ENGINE SPUN TO SUFF. POWER.

Ralph Hutchens
REPORT

Jeff
BRAUN

AFTER
ACCIDENT
LATER SAME DAY

On flying over water town on my
return, I changed from R. tank
to left with ~~fuel~~ fuel pump on
(Everything seemed normal - on
final (long) plane ahead
on final everything normal with
fuel pump on until just before
~~the~~ blue fielding power seemed
to drop, but not cut out
entirely, - I began to loose
altitude, and engine cut out,
then came back to power, and
then cut out again - I put the
nose down to stay in the air -
then the engine revved and nose
lifted and I picked up enough
thrust to where I thought I
could make runway - never
saw fence but I heard a clunk
and ~~could~~ ^{DO} not make runway.

landing on grass — engine would
rev and the cut and that happened
as I taxied up 05. took me extra
time because power was intermittent

Have no idea what happened

There was not enough engine
thrust on final to keep the aircraft
up = did my best

TO CLEAR
TREE
AND
BUILDING

RWH

0 went on final

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

Operator/Owner Safety Recommendation

? LUCKY TO BE ALIVE!
CAN'T TELL YOU WHAT HAPPENED ^{2ND} POWER
CAN ONLY GUESS - ENGINE RAN OK ON GROUND
AFTER LANDING + CHARGED TANKS?
↓

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.)

ENGINE FAILED TO DEVELOP. POWER WHEN
REQUIRED

REASON? LONG GLIDE WITHOUT POWER

- CRABBING AIRCRAFT ON DOWNWIND
LOOKING FOR AIRCRAFT ON FINAL - I DON'T
KNOW?

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)

4 HRS 48 Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

CHECKED TANKS - PRE FLT.

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

WAS ABLE TO GET POWER BACK AND AFTER A FEW MINUTES
WAS ABLE TO TAXI TO PARKING AREA

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

12/21/16
mm/dd/yyyy

Name of Pilot

: RALPH W. HUTCHENSSignature: 

-- 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 ONLYNTSB Accident/Incident No.
GAA17CA090Reviewed by NTSB Regional Office
GAAName of Investigator
Kathryn BenhoffDate Report Received
12/22/2016