

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					Accident/Incident Date/Time				
Nearest City/Town: <u>Wheatland WY - KEAN</u> <u>WY</u>					Date: <u>06/06/2022</u> Local Time: <u>8:15 AM</u>				
ZIP: <u>82201</u> Country: <u>USA</u>					Time Zone: <u>MONTANA</u>				
Latitude: <u>42.86°N</u> Longitude: <u>104.93°W</u>					Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None				
(Enter in decimal degrees or degrees minutes/seconds)									
AIRCRAFT INFORMATION									
Registration Number: <u>N4067V</u>					☐ IFR-Equipped and Certified				
Manufacturer: <u>Cessna</u>					☐ Commercial Space Flight				
Model: <u>170</u>					☐ Unmanned Aircraft				
Serial Number: <u>18399</u>					Maximum Gross Weight: <u>2,200</u> lbs				
Year of Manufacture: <u>1948</u>					Weight at Time of Accident/Incident: <u>1,911</u> lbs				
Amateur-Built: ☒ Yes ☐ No ☐ Kit/Plano Make: <u>Cessna</u>					Number of Seats: <u>4</u> Flight Crew Seats: <u>1</u>				
					Cabin Crew Seats: <u>1</u> Passenger Seats: <u>2</u>				
					Number of Engines: <u>1</u>				
Category of Aircraft		Type of Airworthiness Certificate		Landing Gear		Engine Type (Select one)			
☒ Airplane		(Check all that apply)		(Check all that apply)		☒ Reciprocating			
☐ Balloon		Standard ☒ Normal ☐ Restricted		☐ Retractable		☐ Liquid Rocket			
☐ Blimp/Dirigible		Special ☐ Limited ☐ Provisional		☐ Tricycle		☐ Solid Rocket			
☐ Glider		☐ Aerobatic ☐ Experimental		☒ Tailwheel		☐ Turbo Prop			
☐ Gyroplane		☐ Commuter ☐ Special Flight		☐ Amphibian		☐ Turbo Jet			
☐ Helicopter		☐ Transport ☐ Experimental		☐ Emergency Float		☐ Turbo Fan			
☐ Powered Lift		☐ Utility ☐ Special Light-Sport		☐ Float		☐ Electric			
☐ Rocket		☐ Experimental Light-Sport		☐ Hull		☐ Fuel System Type (Reciprocating)			
☐ Ultralight		☐ Experimental Light-Sport		☐ Other Launch/Recovery System		☒ Carburetor ☐ Fuel-Injected			
☐ Unknown		☐ Certificate of Authorization or Waiver (COA)		☐ None		☐ Unknown			
☐ None		☒ Unknown		☐ None		☐ Unknown			
Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg.	Rated Power	Total Time	Inspection	Time Since	
Eng 1	<u>cont</u>	<u>0-240 D</u>	<u>25962-D-8-D</u>	<u>mon/d/yyyy</u>	☒ Horsepower or ☐ lbs of Thrust	<u>145</u>	<u>1,262</u>	<u>13</u>	<u>657.1</u>
Eng 2									
Eng 3									
Eng 4									
Last Inspection Type			Propeller 1		Propeller 2				
☐ 90-Hour ☐ Continuous Airworthiness			☒ Fixed Pitch		☐ Fixed Pitch				
☐ AAIP ☐ Conditional Inspection			☐ Controllable Pitch		☐ Controllable Pitch				
☒ Annual ☐ Unknown			☐ Ground Adjustable		☐ Ground Adjustable				
Date Last Inspection: <u>04/16/2021</u>			Manufacturer: <u>McCulloch</u>		Manufacturer: <u></u>				
Airframe Total Time: <u>2,168.88</u> hrs			Model: <u>1C172/EM</u>		Model: <u></u>				
hours measured at: (Select one)			ELT Installed: ☒ Yes ☐ No		Additional Equipment (Check all that apply)				
☐ Last Inspection ☒ Time of Accident/Incident			If Yes:		☐ ADS-B				
Type of Maintenance Program (Select one)			ELT Manufacturer: <u></u>		☐ Airframe Parachute				
☒ Annual			Model or Part No.: <u></u>		☐ Angle of Attack Indicator				
☐ Conditional (Amateur-built only)			TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)		☐ Autopilot				
☐ Manufacturer's Inspection Program			☐ C126 (406 MHz)		☐ Data Recorder				
☐ Other Approved Inspection Program (AAIP)			Was ELT still mounted in aircraft? ☒ Yes ☐ No		☐ Electronic Flight Bag or Handheld Device				
☐ Continuous Airworthiness			Was ELT still connected to antenna? ☒ Yes ☐ No		☐ Electronic Multifunction Display				
☐ Other, specify: <u></u>			Did ELT Activate? ☐ Yes ☒ No		☐ Electronic Primary Flight Display				
Description of Fire Extinguishing System			If activated:		☐ Handheld GPS				
☐ None			Did ELT Aid in Locating Aircraft? ☐ Yes ☐ No		☐ Heads Up Display				
☒ Specify: <u>Fire extinguisher between front seats.</u>			If not activated:		☐ Onboard Weather				
			Indicate Reason:		☐ Satellite Tracking Device				
			☐ Impact Damage		☐ Stall Warning System				
			☐ Fire Damage		☐ Video Recording Device				
			☐ Battery Expired/Damaged		☐ Other, Specify: <u></u>				
			☒ Unknown						

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner		City: <u>Wheatland</u>	
Name: <u>Helen Keck, Blake Balzer</u>		State: <u>WY</u> ZIP: <u>82201</u>	
Fractional Ownership Aircraft: ☒ Yes ☐ No		Country: <u>USA</u>	
Operator of Aircraft: ☒ Same As Registered Owner		☒ Same Address as Registered Owner	
Name: <u>Helen Keck</u>		City: <u>Wheatland</u>	
Doing Business As:		State: <u>WY</u> ZIP: <u>82201</u>	
Air Carrier/Operator Designator (4 Character Code):		Country: <u>USA</u>	
Operating Certificates Held <i>(Check all that apply)</i> ☐ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotocraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Taxi (FAR 135) ☐ 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 131 ☐ FAR 435 ☐ FAR 123 ☐ 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 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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 <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>KEAN Wt Phifer field</u>		Distance From Airport Center: <u>0</u> sm	
Airport Identifier: <u>KEAN</u>		Direction From Airport: <u>0</u> degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>4,779</u> ft. msl	
Runway Information Runway ID: <u>08</u> (L/R/C) Length: <u>5,900</u> ft Width: <u>75</u> ft			
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown ☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slash-Covered ☐ Vegetation ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Initial Climb ☐ Downwind ☐ Low Approach ☐ Base ☐ Go Around ☐ Final ☐ Aborted Landing (after touchdown) ☐ Crosswind ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TWOR ☐ ILS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling ☐ 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 ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Helen</u> City of Residence: <u>Wheatland</u> Middle Initial: <u>A</u> State: <u>WY</u> ZIP: <u>82201</u> Last Name: <u>Keck</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>25</u> Date of Birth: <u>1/19/99</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☐ 1-point ☐ 4-point ☐ 5-point ☐ Unknown			Used ☐ None ☐ Lap only ☐ 1-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Medical Certificate ☐ None ☒ Class 1 ☐ Class 2 ☐ Unknown ☐ Class 3 ☐ Driver's License (Sport Pilot only)			Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>07/24/2018</u> mm/dd/yyyy																																																																																												
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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			Evaluator Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift			☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																										
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"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																			
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																			
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____					City of Residence: _____ State: _____ ZIP: _____ Country: _____ mm/dd/yyyy																																																																																														
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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: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Available: ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Available: ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age 30		
First Name: <u>Blake</u> City: <u>Wheatland</u>		☐ Left ☐ None ☐ Center ☐ Minor ☒ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Used ☒ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years ☐ If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
Middle Initial: <u>A</u> State: <u>WY</u> ZIP: <u>82201</u>									
Last Name: <u>Balzan</u> Country: <u>USA</u>									
☐ Crew ☒ Passenger ☐ Other									
First Name: _____ City: _____		☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years ☐ If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
☐ Crew ☐ Passenger ☐ Other									
First Name: _____ City: _____		☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years ☐ If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
☐ Crew ☐ Passenger ☐ Other									
First Name: _____ City: _____		☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years ☐ If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
☐ Crew ☐ Passenger ☐ Other									

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KEAN</u> City: <u>Wheatland</u> State: <u>WY</u> Country: <u>USA</u>		Time of Departure Time: <u>7:55</u> Time Zone: <u>MNT</u>	
Destination Airport ID: <u>KEAN</u> City: <u>Wheatland</u> State: <u>WY</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown	
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Altitude of In-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			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☒ On-Board Weather		Weather Observation Facility Facility ID: <u>Phifer Field</u> Observation Time: <u>7:30</u> Time Zone: <u>MNT</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Day ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Obscured ☒ Few ☐ Thin Overcast ☐ Indefinite ☐ Partial Obscuration ☐ Unknown ☐ Overcast ☐ Unknown ☐ Scattered		Temperature: _____ (C) or <u>82°</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.12</u> in. Hg or _____ MB	
Lowest Cloud Condition Height _____ ftagl		Ceiling Height _____ ftagl	
Wind Direction ☒ Variable ☐ Calm ☐ Light and Variable Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable Speed: _____ kts	Wind Gusts ☐ Not Gusting Speed: _____ kts	Visibility <u>10+ 5</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>7,200</u> ft
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		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 ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown	Icing Actual Amount ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>None</u>			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
☐ None	☐ Substantial	☒ None	☐ Both Ground and In-Flight	☒ None	☐ Both Ground and In-Flight
☐ Minor	☒ Destroyed	☐ In-Flight	☐ Fire at Unknown Time	☐ In-Flight	☐ Explosion at Unknown Time
	☐ Unknown	☐ On-Ground	☐ Unknown	☐ On-Ground	☐ Unknown

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

Aircraft - fuselage, tail, engine, prop, cowling, wings, landing gear, right
 rim of tire.

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

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

Departure from KBN for touch & Go's at 7:30. Winds ^{calm} ~~blowing~~ using
 runway 08. Upon 3rd landing something felt funny caused a
 float and a bounce. caught bounce with a slight amount of
 power. I was settling back down nicely where tail was
 pushed to the right, ^{left} wing was picked up right wing & landing
 gear hit runway. we ground looped to the left side of runway.
 Once hitting soft dirt the Airplan flipped onto its nose and
 then on its top.
 All I can think is that a quartering tail wind came
 up last minute.

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

Operator/Owner Safety Recommendation

I have played it through & through in my head.
I do not know.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

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

29.5

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

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

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

through the passenger door 100 ft from aircraft

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

Pilot of Other Aircraft

Name:

Name:

City:

City:

State:

ZIP:

State:

ZIP:

Country:

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: 06/27/2022 Name of Pilot/Operator: Helen Keck

Signature: [Redacted]
-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____
-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR22LA200	Reviewed by NTSB Regional Office WPR-AS	Name of Investigator Albert Nixon	Date Report Received 06/27/2022
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