

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>BEACH CITY</u> Subj: <u>TX</u> Alt: <u>17523</u> County: <u>USA</u> Latitude: _____ (Add minus N/S; Longitude: _____ (Add minus E/W)		Date/Time Date: <u>06/24/2009</u> Local Time: <u>Approx 9:00 AM</u> Time Zone: <u>CENTRAL</u>	
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Phase of Operation <input type="checkbox"/> Stunting <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Mid-air <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence ft MSL
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AIRCRAFT INFORMATION

Manufacturer: <u>MICHAEL ROSSIGNOL</u> Model: <u>BAKING DEUCE</u> Serial Number: <u>001</u> Registration Number: <u>N16MR</u> Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Max Gross Weight: <u>1650</u> lbs Weight at Time of Accident/Incident: <u>1286</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>15.6</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum or _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate (Check all that apply) Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Skid <input type="checkbox"/> Ski <input type="checkbox"/> Skid/Wheel <input type="checkbox"/> Unknown
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Type of Maintenance Program <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AIP <input checked="" type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>06/17/2009</u> <small>month/day/year</small> Aircraft Total Time: <u>1.1</u> hrs hours measured at (check one) <input type="checkbox"/> Last inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify: _____
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: <u>AMERI-KING CORPORATION</u> Model/Serial: <u>AK-450</u> Serial Number: _____ Battery Type: <u>6 DURACELL MH 3000 D SIZE</u> Battery Exp. Date: <u>4/4/2010</u>
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Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type: <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input checked="" type="checkbox"/> Fixed Pitch Manufacturer: <u>EASERBA</u> <input type="checkbox"/> Controllable Pitch Model: <u>74-60</u>
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Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <small>month/day/year</small>	Engine Rated Power Measured as <small>(check one)</small> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O-320-H2AD</u>	<u>RL-304-76</u>	<u>05/14/09</u>	<u>160</u>	<u>2.1</u>	<u>2.1</u>	<u>2.1</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>MICHAEL H. ROBERTS, SR. & MICHAEL H. ROBERTS, JR.</u>		Owner Address City: <u>HOUSTON</u> State: <u>TX</u> ZIP: <u>77056</u> Country: <u>USA</u>
Fractional Ownership Aircraft. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (1 Character Code): _____		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 101 <input type="checkbox"/> FAR 131 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 123 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		Revenue Operation for FAR 121, 135, 129, 136 (Select one) <input type="checkbox"/> Scheduled or Contract <input type="checkbox"/> Non Scheduled or Air Taxi Domestic or International: <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation: <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail
Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carrier (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large 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 <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft		
First Name: _____	Middle Initial: _____	Last Name: _____
City: _____		State: _____ ZIP: _____
Country: _____		
Pilot of Other Aircraft		
First Name: _____	Middle Initial: _____	Last Name: _____
City: _____		State: _____ ZIP: _____
Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <i>If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.</i>		Total Time/Cycles On Part _____ Hours _____ Cycles
		Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

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

Right wing sheared off overboard of strut, struts bent, with considerable penetration by landing gear, right gear sheared off, tail wheel bent, spinner crushed, propeller broken, engine pushed back & down, engine mount buckled, airframe buckled fairly forward to passenger compartment, exhaust manifold, nose bowl broken, cooling & water cooling bent.

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: 54T Distance From Airport Center: Approx. 2 SM
 Airport Name: R.W.T. AIRPARK Direction From Airport: 150 degrees MAG
 Proximity to Airport: Off Airport/Airship On Airport On Airship Airport Elevation: 25 ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)
 None PAR MLS Practice Step and Go
 ADP/NDB Sideslip LDA GPS Touch and Go
 SDF ILS ASR Local Simulated Final Landing
 VOR/VOR Localizer Only Visual Unknown Valley/Terrain Following
 VOR/DME LOC-back course Contact Go Around Precautionary Landing
 TACAN RNAV Circling Full Stop Unknown

Runway Information
 Runway ID: _____ (T/RAC) Length: _____ ft Width: _____ ft
Runway/Landing Surface (Check all that apply)
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow
Condition of Runway/Landing Surface (Check all that apply)
 Dry Snow-Compacted Water-Clean
 Holes Snow-Crusted Water-Chippy
 Ice Covered Snow-Dry Water-Glasy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>54T</u> City: <u>BENON CITY</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>Apr 4 2:44 AM</u> Time Zone: <u>Cent</u>	Destination Airport ID: <u>SAHG</u> City: _____ State: _____ Country: _____	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 E Prohibited Area Jet Training Area Special
 Class B Class G Restricted Area TRSA Air Traffic Control Area
 Class C Dome Area Military Operations Area (MOA) FAR 33 Unknown
 Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)
 None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)
17 Gallons
Fuel Type
 80/87 115/45 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

EVAUATION 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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ NM
 Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet
<input type="checkbox"/> Automated Report	<input type="checkbox"/> Unknown
<input type="checkbox"/> Commercial Weather Service (DUALS)	

Method of Briefing

(Check all that apply)

<input type="checkbox"/> In Person
<input type="checkbox"/> Teletype
<input type="checkbox"/> Telephone/Computer
<input type="checkbox"/> Aircraft Radio
<input type="checkbox"/> TV/Radio
<input type="checkbox"/> Unknown

Briefing Type/Completeness

<input type="checkbox"/> Full	<input type="checkbox"/> Abbreviated
<input type="checkbox"/> Partial / Limited By Pilot	<input type="checkbox"/> Unknown
<input type="checkbox"/> Partial / Limited By Briefer	<input type="checkbox"/> Not Pertinent

Light Condition

<input type="checkbox"/> Dawn	<input type="checkbox"/> Dusk	<input type="checkbox"/> Dark Night
<input checked="" type="checkbox"/> Day	<input type="checkbox"/> Night	<input type="checkbox"/> Bright Night
		<input type="checkbox"/> Not Reported

Visibility

10 + miles

Sky/Lowest Cloud Condition

<input type="checkbox"/> Clear	<input type="checkbox"/> Thin Broken
<input checked="" type="checkbox"/> Few	<input type="checkbox"/> Thin Overcast
<input type="checkbox"/> Partial Obscuration	<input type="checkbox"/> Thick Low
<input type="checkbox"/> Scattered	

Ceiling

<input checked="" type="checkbox"/> None (clear)	<input type="checkbox"/> Obscured
<input type="checkbox"/> Broken	<input type="checkbox"/> Indefinite
<input type="checkbox"/> Overcast	<input type="checkbox"/> Unknown

Restriction to Visibility

(Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog
<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog
<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze
<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog
<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke
<input type="checkbox"/> Frost	<input type="checkbox"/> Unknown

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction

Indicated: _____ degrees MAG
 Variable

Wind Speed

Velocity: _____ KTS
 -or-
 Calm
 Light and Variable

Wind Gusts

Velocity: _____ KTS
 Gusting
 Not Gusting

Type of Turbulence

(Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> In Clouds
<input type="checkbox"/> Clear Air	<input type="checkbox"/> Vicinity of Thunderstorm

Severity of Turbulence

<input type="checkbox"/> Extreme	<input type="checkbox"/> Moderate	<input type="checkbox"/> Light
<input type="checkbox"/> Severe	<input type="checkbox"/> Moderate Chop	

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C)

or 80 (F)

Altimeter Setting: 29.90 in. HG
 or _____ MB

Density Altitude: 1700 ft

Dew Point: _____ (C)

or 70 (F)

Icing Forecast

Amount		Type
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Rime
<input type="checkbox"/> Trace	<input type="checkbox"/> Severe	<input type="checkbox"/> Clear
<input type="checkbox"/> Light		<input type="checkbox"/> Mixed

Icing Actual

Amount		Type
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Rime
<input type="checkbox"/> Trace	<input type="checkbox"/> Severe	<input type="checkbox"/> Clear
<input type="checkbox"/> Light		<input type="checkbox"/> Mixed

Type of Precipitation

(Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle
<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets
<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets
<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains
<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals
<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Ice Pellets Showers
<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Freezing Drizzle

Intensity of Precipitation

Light Moderate Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident
 Pilot Co Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification
 First Name: MICHAEL City: HOUSTON
 Middle Initial: H State: TX ZIP: 77096
 Last Name: ROUNTREE Country: USA
 Age at time of Accident/Incident: 63 Date of Birth: [REDACTED] Certificate Number: [REDACTED]

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply):
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>05/07/2009</u> <small>mm/dd/yyyy</small>
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Medical Certificate Limitations
CORRECTIVE LENSES

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/05/2009</u> <small>mm/dd/yyyy</small>	Flight Review Aircraft Make: <u>ACA</u> Model: <u>7603C Explorer</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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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	593	1	587	6	10	5.6				
Pilot in Command (PIC)	560	1	560	-	8					
Time as Instructor										
This Make/Model					0	0				
Last 90 Days	6									
Last 30 Days	4									
Last 24 Hours	1									

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 time and point of departure, intended destination, and services obtained

This was the second test flight of the aircraft, the first flight occurred approx. 30 minutes prior. The first flight lasted one hour & conducted in the immediate vicinity of the airport. A slight rigging adjustment was made after the first flight & a second flight was planned to test the rigging. Second flight was intended to last approx ten minutes. I have complete memory loss beginning with taxiing to position & awakening several hours later in Hermann Hospital Houston TX.

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

Operator/Owner Safety Recommendation

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 <i>07/10/2009</i> <small>month/day/year</small>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <i>MA ROUNDTREE</i>
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Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No. <i>CEN09CA382</i>	Reviewed by NTSB Regional Office <i>DENVER CO</i>	Name of Investigator <i>ARNOLD W. SCOTT</i>	Date Report Received
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