

#### Section 4 - Narrative Story about what happened

Start your story from when things were going fine and move into when things went bad with what lead up to the mishap, if anything, and then tell what happened, what you tried to do to correct and finish the story with when the airplane came to rest and you (and everyone else) got out.

SUNDAY JUNE 19 - 15:30 LOCAL KULES

Returning for Landing AFTER 30 min Local Flight  
A/C - R18 in USE Wind 160V240 10915

Landing approach normal and stabilized. 1/2 flaps

84 mph over the fence.

Touchdown centerline and within 1/4 of length

windsock on short final showing estimated

200° @ 12

tracked straight initially - tail up

veered right into grass despite full left rudder.

Not enough RT aileron applied for wind

Directional control regained and a/c returned to  
runway. Tail still up.

No jolt, sound, or other indication of collision.

Taxi and shut down normal. Inspected aircraft

and failed to notice damage. Cleaned a/c

and completed logs.

Damage discovered by mechanic during unrelated  
maintenance.

Excursion - result of poor technique and lack of focus

incomplete inspection - damage was evident upon quality  
inspection. Should have been noticed.

#### Section 5 - Notifications

Did you notify the NTSB/FAA (which one)? NO Who did you talk to and do you have their phone number?

If the FAA or NTSB contacted you later on, who was it, when did they call/show up and do you have their phone number?

N/A

**Section 6 – Crew and Passengers**

**1. PIC**

a. Full Name: STEPHEN C. BETZLER  
b. CAF I. D.: 34133  
c. Address / Phone / Email: 1908 HILLSIDE DR DELAFIELD WI 53018  
414.520-2537 SBETZLAR@EMPIRELEVEL.COM  
d. FAA License #: 3453400 e. Type: PRIV/MULTI/INSTRUMENT  
f. CAF Rating in this airplane: SENIOR PILOT  
g. Medical Class: III h. Date: 4-23-15  
i. Biennial / Check Flt. Date: 7-14-14 JOHN PALISE 2234703  
j. Total Flight Time:  
Last 6 months all aircraft: 15 Last 60 days: 11  
Last 6 months in type: 11 Last 60 days: 9

**2. SIC**

a. Full Name: \_\_\_\_\_  
b. CAF I. D.: \_\_\_\_\_  
c. Address / Phone / Email: \_\_\_\_\_  
d. FAA License #: \_\_\_\_\_ e. Type: \_\_\_\_\_  
f. CAF Rating in this airplane: \_\_\_\_\_  
g. Medical Class: \_\_\_\_\_ h. Date: \_\_\_\_\_  
i. Biennial / Check Flt. Date: \_\_\_\_\_  
j. Total Flight Time:  
Last 6 months all aircraft: \_\_\_\_\_ Last 60 days: \_\_\_\_\_  
Last 6 months in type: \_\_\_\_\_ Last 60 days: \_\_\_\_\_