

# 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: GANADO State: Tx.  
 ZIP: 77962 Country: U.S.A.  
 Latitude: \_\_\_\_\_ (dd:mm:ss N/S) Longitude: \_\_\_\_\_ (ddd:mm:ss E/W)

### Date/Time

Date: 4/2/12 Local Time: 9:10 AM  
mm/dd/yyyy  
 Time Zone: \_\_\_\_\_

### Phase of Operation

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover  
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other  
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☒ None

### Altitude of In-Flight Occurrence

\_\_\_\_\_ ft MSL

## AIRCRAFT INFORMATION

Manufacturer: AIR TRACTOR

Model: AT-402A

Serial Number: 402A-0782

Registration Number: N-4544S Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 7860 lbs

Weight at Time of Accident/Incident: 7810 lbs

Location of Center of Gravity at Time of Accident/Incident:

\_\_\_\_\_ inches from ☐ nose or ☐ datum  
 -or- \_\_\_\_\_ Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☐ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

**Standard**  
☐ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport  
**Special**  
☒ Restricted  
☐ Limited  
☐ Provisional  
☐ Experimental  
☐ Special Flight  
☐ Light Sport

### Number of Seats: 1

If Large Aircraft, how many seats for:

Flight Crew: 1

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

### Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☐ Tricycle ☒ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

### Type of Maintenance Program

☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

### Last Inspection Type

☐ 100 Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☒ Annual ☐ Unknown

Date Last Inspection: 3-1-12  
mm/dd/yyyy

Airframe Total Time: 7745.5 hrs

hours measured at (check one)

☒ Last Inspection ☐ Time of Accident/Incident

### IFR Equipped

☐ Yes ☒ No ☐ Unknown

### Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

### Type of Fire Extinguishing System

☒ None

☐ Specify \_\_\_\_\_

### ELT Installed

☐ Yes ☒ No

### ELT Activated

☐ Yes ☐ No

### ELT Manufacturer: \_\_\_\_\_

Model/Series: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Battery Type: \_\_\_\_\_

Battery Exp. Date: \_\_\_\_\_

### Engine Type

☐ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☒ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☐ Carburetor  
☐ Fuel Injected

### Propeller

☐ Fixed Pitch  
☒ Controllable Pitch

Manufacturer: HARTZELL

Model: #139

### Engine Rated Power Measured as (check one)

☒ Horsepower or  
☐ lbs of Thrust

Total Time (hours)

Time Since Inspection (hours)

Time Since Overhaul (hours)

680

18,772

11,016

9/1/1977

680

680

680

680

680

680

680

680

680

680

680

680

<b>OWNER/OPERATOR INFORMATION</b>		
<b>Registered Aircraft Owner</b> Name: <u>Coastal flying Services</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>Garardo</u> State: <u>TX</u> ZIP: <u>79462</u> Country: <u>USA</u>
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: <u>ERIC NELSON</u> Doing Business As: <u>NELSON FLYERS INC</u> Air Carrier/Operator Designator (4 Character Code): <u>NEQG</u>		<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: <u>LOUISE</u> State: <u>TX</u> ZIP: <u>77455</u> Country: <u>WHARTON</u>
<b>Regulation Flight Conducted Under</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> FAR 91    <input type="checkbox"/> FAR 129    <input type="checkbox"/> FAR 91 Special Flight  <input type="checkbox"/> FAR 103    <input type="checkbox"/> FAR 133    <input type="checkbox"/> Non-US, Commercial  <input type="checkbox"/> FAR 121    <input type="checkbox"/> FAR 135    <input type="checkbox"/> Non-US, Non-commercial  <input type="checkbox"/> FAR 125    <input checked="" type="checkbox"/> FAR 137    <input type="checkbox"/> Armed Forces             </div> <div style="width: 33%;"> <input type="checkbox"/> Public Use (select type)  <input type="checkbox"/> Federal    <input type="checkbox"/> State    <input type="checkbox"/> Local  <input type="checkbox"/> Unknown             </div> </div>		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <input 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 checked="" 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	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held</b> (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 Carriers (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) - or - <input checked="" type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
<b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)		
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)		
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)    		<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>		
<b>Aircraft Damage</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <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	<b>Aircraft Explosion</b> <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

<b>Description of Damage to Aircraft and Other Property</b> <i>(use additional sheet if necessary)</i>			
<b>AIRPORT INFORMATION</b> <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>28°58'59.39" N / 96°24'44.17" W</u>		Distance From Airport Center: <u>4100</u> SM	
Airport Name: <u>Coastal Flying Service</u>		Direction From Airport: <u>160°</u> degrees MAG	
Proximity to Airport <input checked="" type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: <u>40</u> ft. MSL	
<b>Approach Segment</b> <i>(Select one)</i>			
<input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)			
<b>IFR Approach</b> <i>(Check all that apply)</i>		<b>VFR Approach</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling		<input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
<b>Runway Information</b>		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i>	
Runway ID: <u>Same</u> (L/R/C) Length: <u>3,000</u> ft Width: <u>26</u> ft		<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow			
<b>FLIGHT ITINERARY INFORMATION</b>			
<b>Last Departure Point</b> Airport ID: <u>28°58'59.39" N / 96°24'44.17" W</u> City: <u>GANADO</u> State: <u>TEXAS</u> Country: <u>U.S.A.</u>		<b>Time of Departure</b> Time: <u>9:10 AM</u> Time Zone: <u>Central</u>	
<b>Destination</b> Airport ID: <u>Same</u> City: <u>LOCAL</u> State: _____ Country: _____		<b>Type Flight Plan Filed</b> <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	
<b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i>			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
<b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
<b>Aircraft Load Description</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input checked="" type="checkbox"/> Chemical/Fertilizer/Seeds			
<b>FUEL &amp; SERVICES INFORMATION</b>			
<b>Fuel on Board at Last Takeoff</b> <i>(convert from pounds, as necessary)</i> <u>90</u> Gallons		<b>Fuel Type</b> <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5	
<b>Other Services, if Any, Prior to Departure</b>			

<b>EVACUATION OF AIRCRAFT</b>			
<b>Was an emergency evacuation of the aircraft performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Method of Exit</b> – Describe how the occupants exited and how many occupants evacuated each location  <div style="height: 100px; border: 1px solid black;"></div>			
<b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>			
<b>Weather Observation Facility</b> Facility ID: <u>Internet</u> Observation Time: <u>9:00</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>10</u> NM Direction from Accident Site: <u>290°</u> degrees MAG		<b>Source of Weather Information</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> National Weather Service  <input type="checkbox"/> Flight Service Station  <input type="checkbox"/> TV/Radio  <input type="checkbox"/> Automated Report  <input type="checkbox"/> Commercial Weather Service (DUATS)             </div> <div> <input type="checkbox"/> Company  <input type="checkbox"/> Military  <input checked="" type="checkbox"/> Internet  <input type="checkbox"/> Unknown             </div> </div>	
<b>Briefing Type/Completeness</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Full  <input type="checkbox"/> Partial / Limited By Pilot  <input type="checkbox"/> Partial / Limited By Briefer             </div> <div> <input type="checkbox"/> Abbreviated  <input type="checkbox"/> Unknown  <input checked="" type="checkbox"/> Not Pertinent             </div> </div>		<b>Light Condition</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dawn  <input checked="" type="checkbox"/> Day             </div> <div> <input type="checkbox"/> Dusk  <input type="checkbox"/> Night             </div> <div> <input type="checkbox"/> Dark Night  <input type="checkbox"/> Bright Night  <input type="checkbox"/> Not Reported             </div> </div>	
<b>Sky/Lowest Cloud Condition</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Clear  <input checked="" type="checkbox"/> Few  <input type="checkbox"/> Partial Obscuration  <input type="checkbox"/> Scattered             </div> <div> <input type="checkbox"/> Thin Broken  <input type="checkbox"/> Thin Overcast  <input type="checkbox"/> Unknown             </div> </div>		<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Blowing Dust  <input type="checkbox"/> Blowing Sand  <input type="checkbox"/> Blowing Snow  <input type="checkbox"/> Blowing Spray  <input type="checkbox"/> Dust             </div> <div> <input type="checkbox"/> Fog  <input type="checkbox"/> Ground Fog  <input type="checkbox"/> Haze  <input type="checkbox"/> Ice Fog  <input type="checkbox"/> Smoke  <input type="checkbox"/> Unknown             </div> </div>	
<b>Lowest Cloud Condition Height</b> <u>2500</u> ft AGL		<b>Ceiling</b> <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown  <b>Ceiling Height</b> ft AGL	
<b>Wind Direction</b> <input type="checkbox"/> Indicated: <u>140°</u> degrees MAG  <input type="checkbox"/> Variable		<b>Wind Speed</b> Velocity: <u>5</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	
<b>Wind Gusts</b> Velocity: _____ KTS  <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting		<b>Type of Turbulence</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Clear Air             </div> <div> <input type="checkbox"/> In Clouds  <input type="checkbox"/> Vicinity of Thunderstorm             </div> </div> <b>Severity of Turbulence</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Extreme  <input type="checkbox"/> Severe             </div> <div> <input type="checkbox"/> Moderate  <input type="checkbox"/> Moderate Chop             </div> <div> <input type="checkbox"/> Light             </div> </div>	
<b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b>  <div style="height: 100px; border: 1px solid black;"></div>			
<b>Temperature:</b> (C) or <u>70°</u> (F)  <b>Altimeter Setting:</b> _____ in. HG or _____ MB  <b>Density Altitude:</b> _____ ft  <b>Dew Point:</b> _____ (C) or _____ (F)		<b>Icing Forecast</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Amount</b>  <input checked="" type="checkbox"/> None    <input type="checkbox"/> Moderate  <input type="checkbox"/> Trace    <input type="checkbox"/> Severe  <input type="checkbox"/> Light             </div> <div> <b>Type</b>  <input type="checkbox"/> Rime  <input type="checkbox"/> Clear  <input type="checkbox"/> Mixed             </div> </div> <b>Icing Actual</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Amount</b>  <input checked="" type="checkbox"/> None    <input type="checkbox"/> Moderate  <input type="checkbox"/> Trace    <input type="checkbox"/> Severe  <input type="checkbox"/> Light             </div> <div> <b>Type</b>  <input type="checkbox"/> Rime  <input type="checkbox"/> Clear  <input type="checkbox"/> Mixed             </div> </div>	
<b>Type of Precipitation</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Rain  <input type="checkbox"/> Snow  <input type="checkbox"/> Hail  <input type="checkbox"/> Rain Showers  <input type="checkbox"/> Freezing Rain  <input type="checkbox"/> Snow Shower             </div> <div> <input type="checkbox"/> Drizzle  <input type="checkbox"/> Ice Pellets  <input type="checkbox"/> Snow Pellets  <input type="checkbox"/> Snow Grains  <input type="checkbox"/> Ice Crystals  <input type="checkbox"/> Ice Pellets Shower  <input type="checkbox"/> Freezing Drizzle             </div> </div>		<b>Intensity of Precipitation</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Light    <input type="checkbox"/> Moderate    <input type="checkbox"/> Heavy             </div>	

<b>PILOT "A" INFORMATION</b>																																																																																																				
<b>Pilot "A" Responsibilities at the Time of Accident/Incident</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
<b>Pilot "A" Identification</b> First Name: <u>Wesley</u> City: <u>Edna</u> Middle Initial: <u>J.</u> State: <u>Texas</u> ZIP: <u>77957</u> Last Name: <u>Fotik</u> Country: <u>U.S.A.</u> Age at time of Accident/Incident: <u>34</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																																				
<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input checked="" type="checkbox"/> Single			<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<b>Date of Last Medical</b> <u>4/28/11</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																													
<b>Medical Certificate Limitations</b> <u>must fly with corrective lenses</u>																																																																																																				
<b>Medical Certificate Waivers</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>2/25/12</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>				<b>Flight Review Aircraft</b> Make: <u>Cessna</u> Model: <u>C-172S</u>																																																																																																
<b>Airplane Rating(s) (Check all that apply)</b> <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		<b>Other Aircraft Rating(s) (Check all that apply)</b> <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		<b>Instrument Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s) (Check all that apply)</b> <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"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																														
<b>Type Ratings</b>						<b>Student Endorsements (Include dates)</b>																																																																																														
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<b>PILOT "B" INFORMATION</b>																																																																																																			
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																			
<b>Pilot "B" Identification</b> First Name: _____ City: _____ 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> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious		<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single		<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																													
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<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown		<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<b>Date of Last Medical</b> _____ mm/dd/yyyy																																																																																													
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<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)																
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: _____ City: _____						<input type="checkbox"/> None <input type="checkbox"/> Fatal										
Middle Initial: _____ State: _____ ZIP: _____						<input type="checkbox"/> Minor <input type="checkbox"/> Unknown										
Last Name: _____ Country: _____						<input type="checkbox"/> Serious										
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>										
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign						<input type="checkbox"/> Left <input type="checkbox"/> Front										
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<input type="checkbox"/> Right <input type="checkbox"/> Rear										
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input type="checkbox"/> Single										
<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						<input type="checkbox"/> Unknown										
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: _____ City: _____						<input type="checkbox"/> None <input type="checkbox"/> Fatal										
Middle Initial: _____ State: _____ ZIP: _____						<input type="checkbox"/> Minor <input type="checkbox"/> Unknown										
Last Name: _____ Country: _____						<input type="checkbox"/> Serious										
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>										
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<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						<input type="checkbox"/> Unknown										
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
<b>Name and Address</b>																
First Name: _____ City: _____																
Middle Initial: _____ State: _____ ZIP: _____																
Last Name: _____ Country: _____																
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Middle Initial: _____ State: _____ ZIP: _____																
Last Name: _____ 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

4/9/2012  
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

Dwight J. Felt

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.  
CEN12CA221Reviewed by NTSB Regional Office  
DENVER, COName of Investigator  
ARNOLD W. SCOTTDate Report Received  
04/11/12



April 1, 2012

Dry fertilizer equipment was on the aircraft. Later that afternoon, the aircraft was switched over to spray booms and spray pump.

April 2, 2012

I showed up to work in the morning. The aircraft was inside of the hangar still. As it was being loaded at 9am, I was checking the oil and cleaning the windshield. The aircraft was then pulled out for the first flight of the day. I started the aircraft. The wind was out of the southeast at 5mph. Clear skies. I lined up on the runway heading 180. I pushed the throttle forward and started accelerating down the runway. About halfway down the runway, the tail came up and chemical spots started to appear on the windshield.  $\frac{3}{4}$  of the way down the runway, the aircraft started to fly and chemical was starting to cover the windshield. I activated the windshield washer to clean chemical from the windshield and it was immediately covered again. I thought about dumping the load but I didn't feel comfortable because I was having trouble seeing to maintain level flight. I also thought about stopping the aircraft, but I was already dedicated to flight by this time. I became airborne and immediately activated the windshield washer again. Unfortunately, the windshield and side windows were covered with chemical by this time and I lost all visual reference and was then unable to maintain level flight. The next thing I remember was impacting the ground and sliding to a stop.

After further investigation, I realized that when the aircraft was switched over from dry product to liquid, the hopper vent was not turned around. This in turn pressurized the hopper, blowing chemical out of the hopper lid and onto the windshield, ultimately completely obscuring my view, which led to me not being able to maintain level flight.

Wesley J. H.  
4/9/2012