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

BASICINFORMATION							The state of the s					
Accident/Incident Loc						Ð	ate/Time					
Nearest City/Place: Cinc		had Otataa at 4		State	:Ohio	D	ate:06/18/2		Loca	al Time; @	1130	
ZIP: 45226							mm/dd/yy	עע	Tim	_{le Zone:} Ea	stern	
Latitude:(dd:mm:ss N/S) Longitude:				(ddd	(ddd:min:ss E/W)							
Phase of Operation Standing Takeo	ff (incl. initia	Lelimb) 🗀 Ceri	ica.	П	Llaure	1	ollision with C	Other Airc	- 1		of In-Flight	
Standing Takeoff (incl. initial climb) Cruise Taxi Climb Maneuvering				g ☑ Other			☐ Midair Occurrence ☐ On-ground					
Descent Landing Approach AIRGRAFFINEORMAFIGN					Unknown	V	None					ft MSL
KANIKOTKYAYHIFIINEO	IRMATIC	IN .										
Manufacturer: <u> A </u>							Max Gross V	Veight:		23000 lbs		
Model: Westwind							Weight at Ti	me of Acc	ident/Inc	ident:	@17	500 lbs
Serial Number: 336							Location of C	Center of (Gravity a	t Time of	Accident/I	ncident:
Registration Number:	N112EM		Amateur	-built:	☐ Yes 🗹 N	o	-or-	· · · · · · · · · · · · · · · · · · ·			or 🔲 datu namic Cord	
Category of Aircraft		Airworthiness	Certificat	e	Number of	Se	ats:			g Gear	☑ Retrac	
✓ Airplane ☐ Balloon		ll that apply)	_1_1						Check	any addition	nal landing ge	ar
☐ Blimp/Dirigible	Standar Norm		ciai estricted		II Large Airc	ran,	, how many seats	for;	configu	iration that	applies:	
Glider Gyrocraft	Utility	, <u> </u>	imited		l		:		Tric	-	☐ Ta	ailwheel
☐ Helicopter	☐ Acrob		rovisional xperimental				·		Am	phibian ergency Flo	at 🗆 H	igh Skid
Powered lift Ultralight	-	□s	pecial Fligh		Passenge	ers:			☐ Flo	at		
☐ Unknown		الما الما	ight Sport						Hul Unl		□ SI	ci/Wheel
Type of Maintenance	Program		Last In	spection Type		Date Last Inspection: 10/11/2011						
Annual Conditional (Amateur-	huilt only)		☐ 100 F	P Conditional Inspection		mm/dd/yyyy				· · · · · · · · · · · · · · · · · · ·		
Manufacturer's Inspec	ion Program		AAIP			Ainform M. (AM)						
☐ Other Approved Inspection ☐ Continuous Airworthin	tion Program	ı (AAIP)			Unknown Airframe Total Time: 6 hours measured at (check one)				052 hrs			
Other, specify:									ast Inspecti	•	'ime of Accid	ent/Incident
IFR Equipped			Stall W	arning System Installed Type of		pe of Fire Extinguishing System						
✓ Yes □ No □ Ur	known		Yes	No.	No ☐ Unknown ☐ None Portable a			e and Engine Fire Extinguishing s Installed				
								Specii	ySystems.	installed		
ELT Installed	ELT Activa	nted	ELT M	anu fa	cturer: Artex		<u></u>				···	
✓ Yes □ No	☑ Yes 🗌	No			ME406							
ELT Aided in Locatin	g Accident	Incident]		r: 197-0448							
☐ Yes 🗹 No					Lithium			.,,,,,,	Ratter	······································	ite: July 20	16
Engine Type		Reciprocation	ng Fuel	- i -	opeller				241101	, LAP. DE	itt. <u>Buly L</u> o	
	urbo Jet	System Type Carburetor			- 1=		3.4					
	urbo Fan Inknown	Fuel Inject			Fixed Pitch Controllable P	itch	Manufac Model:	turer:				
							Wiodel: _	Engine R	ated		<u> </u>	
								Power Mo	easured		Time	Time
		Engine		Manu	ufacturer's		Date of Mfg.	as (check	•	Total Time	Since Inspection	Since Overhau!
Engine Engine Manufac	eturer	Model/Series			l Number		mm/ddiyyyy	lbs of	Thrust	(bours)	(hours)	(hours)
Eng. 1 Garrett Airesearch		TFE 731-3-1G		P-77423			02/20/1981		3700 lb net	7469	@150	
Eng. 2 Garrett Airesearch Eng. 3		TFE 731-3-1G		P-77420		_	02/17/1981		3700 lb net	7322	@150	
Eng. 4										 		
						_						

OWNER/OPERATIOR INFORMATIO	Nilsa are and extra construction of the second	PF CALCULATION STORY			
Registered Aircraft Owner		Owner Address			
Name:E. Micah Aviation, Inc.		City:			
Fractional Ownership Aircraft: 🗌 Yes 🗹 No		State: Country: United States of America			
Operator of Aircraft Same As Registere	Operator Address				
Name:	City:State:ZIP:				
Doing Business As: Air Carrier/Operator Designator (4 Character Cod	State: ZIP:				
Regulation Flight Conducted Under		Country: Revenue Sightseeing Flight			
	Flight Public Use (select type)	Kevenue Signtseeing Flight			
✓ FAR 91 ☐ FAR 129 ☐ FAR 91 Special ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Comm ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-c ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces	Air Medical Flight Yes No				
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Operating Certificate Held (Check all that apply)			
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Acrial Application	☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International	□ None □ Flag Carrier Operating Certificate (121) □ Supplemental □ Air Cargo □ Foreign Air Carriers (129) □ Commuter Air Carrier (135) □ On-Demand Air Taxi (135) □ Large Helicopter (127)			
Acrial Observation	Cargo Operation	Rotorcraft External Load (133)			
☐ Air Drop ☐ Air Race / Show	Passenger/Cargo PassengerHow many?	- or -			
Flight Test	Cargo lbs				
☐ Public Use ☐ Unknown	☐ Mail	Other Operator of Large Aircraft			
OTHER AIRCRAFT COLLISIONS	l Bedravakana kalibiaa akanzel kana 1618.				
valle signer i de la companio de la		unis secuon to comerani crani i			
		D 4 00 44 0			
Aircraft Registration Number Manufacturer		Damage to Other Aircraft □ Destroyed □ Minor			
Aircraft Registration Number Manufacturer	·	Damage to Other Aircraft			
Aircraft Registration Number Manufacturer Model: Registered Owner of Other Aircraft		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Manufacturer Model: Registered Owner of Other Aircraft First Name: Middle Initial:	City:	Damage to Other Aircraft Destroyed Minor Substantial None			
Aircraft Registration Number Manufacturer Model: Registered Owner of Other Aircraft First Name: Middle Initial: Last Name:	City:	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Manufacturer Model:	City:	Damage to Other Aircraft Destroyed Minor Substantial None			
Aircraft Registration Number Manufacturer Model:	City:	Damage to Other Aircraft Destroyed Minor Substantial None			
Aircraft Registration Number Manufacturer Model:	City:	Damage to Other Aircraft Destroyed Minor Substantial None			
Aircraft Registration Number Manufacturer Model:	City:	Damage to Other Aircraft Destroyed Minor None ZIP:			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: State: Country: LURE: (firmale space is needed; continue)	Damage to Other Aircraft Destroyed Minor None ZIP:			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: State: Country: LURE: (firmale space is needed; continue)	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: State: Country: LURE: (firmale space is needed; continue)	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: State: Country: LURE: (firmale space is needed; continue)	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: State: Country: LURE: (firmale space is needed; continue)	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: State: Country: LURE: (firmale space is needed; continue)	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: Country: State: Country: Yes No Unknown serial no., and describe the failure.)	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours Hours			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: Country: State: Country: LURE (Innois space is needed; continues Yes No Unknown serial no., and describe the failure.)	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours Hours			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: Country: State: Country: URE (Inmole space is needed; continue) Yes No Unknown serial no., and describe the failure.)	Damage to Other Aircraft Destroyed Minor None Substantial None ZIP: ZIP: Total Time/Cycles Hours Cycles Cycles Time Since This Part Inspected/Overhauled Hours Hours Hours Hou			
Aircraft Registration Number Manufacturer Model:	City: State: Country: City: State: Country: State: Country: Yes No Unknown serial no., and describe the failure.) City:	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours Hours			

Aircraft damage includes tread on both main t	ther Property (use address, underside of fusela	ditional sheet if r age, underside (necessary) of left and right wing tip	tanks	
					į
ANTEPORTUNIFORMATION (THE	raccident/insident occ	ouded on app	oach takeon or with	h 3 miles ot an airpo	rt: complete this section)
Airport Identifier: KLUK				port Center:	
Airport Name: Cincinnati Municipal Lun	ken Field			rport:	
Proximity to Airport Off Airport/Airst	rip 🛭 On Airport 🗌	On Airstrip	Airport Elevation:		483 ft. MSL
Approach Segment (Select one)	_		<u></u>		
☐ On Instrument Approach ☐ Landir☐ Crosswind ☐ Down		se leg w Approach	☐ Final ☐ Aborted	d Landing (after touchdo	Go Around wn)
IFR Approach (Check all that apply)			VFR Approach (C	heck all that apply)	
☐ None ☐ PAR ☐ ADF/NDB ☐ Sidestep	☐ MLS ☐ LDA	☐ Practice ☐ GPS	☐ None ☐ Traffic Pattern		Stop and Go Fouch and Go
SDF ILS Localizer Only	☐ ASR	☐ Loran ☐ Unknown	Straight-In Valley/Terrain Follo	□s	Simulated Forced Landing Forced Landing
☐ VOR/DME ☐ LOC-back course	Contact	Olkilowii	☐ Go Around		recautionary Landing
TACAN RNAV	Circling	*	Full Stop	ay/Landing Surface	(Check all that apply)
Runway ID: 21L (L/R/C) Length:	6101 ft Width:	150 ft	☑ Dry	☐ Snow-Compacted	☐ Water-Calm
Runway/Landing Surface (Check all that			☐ Holes ☐ Ice Covered	☐ Snow-Crusted ☐ Snow-Dry	☐ Water-Choppy☐ Water-Glassy
☑ Asphalt ☐ Grass/Turf ☐ Mac			Rough Rubber Deposits	Snow-Wet	☐ Wet ☐ Unknown
Dirt Ge Snow		AII	Slush Covered	☐ Vegetation	Olikilowii
<u>Elightifineraryanforma</u>					
Last Departure Point	Time of Departure	Destination			ht Plan Filed
Airport ID: KLUK City: Cincinnati	Time: @1030	Airport ID: K		☑ None ☐ Compar	
City, Omoranda		City, Onton	Hall		
State: Ohio	Time Zone: Eastern	State: Ohio			VFR Unknown
State: Ohio Country: USA	Time Zone: Eastern	State: Ohio US Country:	A	VFR Activated?	
Country: USA Type of ATC Clearance/Service (Check a	li that apply)	Country:	<u> </u>	☐ VFR Activated?	Yes No
Country: USA Type of ATC Clearance/Service (Check as In None Special VFR)	ll that apply)		<u> </u>	VFR Activated?	
Country: USA Type of ATC Clearance/Service (Check as In None Special VFR)	ll (hat apply) ☐ Spec ☐ VFF	Country:	□ VFR Fli	VFR Activated?	☐ Yes ☐ No
Country: USA Type of ATC Clearance/Service (Check a None Special VFR IFR Airspace where the accident/incident occ Class A Class E	ll that apply) Spec VFF curred (Check all that a	Country: cial IFR R On Top apply) cohibited Area	□ VFR Fli □ Traffic /	ght Following Advisory Jet Training Area	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special
Country: USA Type of ATC Clearance/Service (Check as Special VFR IFR) Airspace where the accident/incident occ IClass A IClass E IClass G IClass C ICLASS	ll that apply) Spec VIF Curred (Check all that a	Country: cial IFR COT Top apply) ohibited Area estricted Area (ilitary Operation	☐ VFR Fli ☐ Traffic A ☐ T ☐ T ☐ T Is Area (MOA) ☐ I	ght Following Advisory	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA
Type of ATC Clearance/Service (Check at None Special VFR IFR Airspace where the accident/incident occ Class A Class E Class G Demo Area Class D Warning Area	ll that apply) Spec VFF curred (Check all that a	Country: cial IFR R On Top apply) rohibited Area estricted Area	☐ VFR Fli ☐ Traffic A ☐ T ☐ T ☐ T Is Area (MOA) ☐ I	ght Following Advisory Jet Training Area FRSA	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Country: USA Type of ATC Clearance/Service (Check at None Special VFR IFR Airspace where the accident/incident occ Class A Class E Class G Class C Demo Area Class D Warning Area Aircraft Load Description (Check all that None Towing Glide	ll that apply) Spec VFF curred (Check all that a Pr Re M A apply)	Country: cial IFR R On Top couply) cohibited Area estricted Area cilitary Operation irport Advisory A arachutists	UFR Fli Traffic A S Area (MOA)	ight Following Advisory Jet Training Area IRSA FAR 93	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Country: USA Type of ATC Clearance/Service (Check of Special VFR) None Special VFR I IFR Airspace where the accident/incident occ Class A Class E Class B Class G Class C Demo Area Class D Warning Area Aircraft Load Description (Check all that	Il that apply) Spec VFF curred (Check all that a Pr Re M A apply) T PR	Country: cial IFR R On Top apply) cohibited Area estricted Area dilitary Operation irport Advisory A	UFR Fli Traffic A S Area (MOA)	ght Following Advisory Jet Training Area FAR 93	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Type of ATC Clearance/Service (Check at None Special VFR IFR Airspace where the accident/incident occ Class A Class E Class G Demo Area Class D Warning Area Aircraft Load Description (Check all that None Towing Glide Passengers Towing Band		Country: cial IFR R On Top apply) cohibited Area estricted Area cilitary Operation irport Advisory A arachutists	UFR Fli Traffic A S Area (MOA)	ight Following Advisory Jet Training Area IRSA FAR 93	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Type of ATC Clearance/Service (Check of None Special VFR IFR Airspace where the accident/incident occ Class A Class E Class B Class G Class C Demo Area Class D Warning Area Class D Towing Glide Passengers Towing Bann Cargo Other Externs Tuelon Board at Last Takeoff	Il that apply) Spec VFF Curred (Check all that a Pr Re M A Ai Apply) Fr Pe Cr W Ai Fuel Type	Country: cial IFR R On Top apply) ohibited Area estricted Area (ilitary Operation irport Advisory A arachutists fater hemical/Fertilize	S Area (MOA)	ght Following Advisory Jet Training Area FAR 93 Livestock Unknown	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Type of ATC Clearance/Service (Check at None Special VFR IFR Airspace where the accident/incident occ Class A Class E Class G Class G Demo Area Class D Warning Area Aircraft Load Description (Check all that None Towing Glide Passengers Towing Bant Cargo Other Externs Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Il that apply) Spec VFF Curred (Check all that a Pr Re Re Ai Ai apply) or or or or or or or or or o	Country: cial IFR R On Top apply) cohibited Area estricted Area cilitary Operation irport Advisory A arachutists	UFR Fli Traffic A S Area (MOA)	ight Following Advisory Jet Training Area IRSA FAR 93	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Type of ATC Clearance/Service (Check of None Special VFR IFR Airspace where the accident/incident occ Class A Class E Class G Demo Area Class D Warning Area Class D Warning Area Class D Check all that None Towing Glide Passengers Towing Bann Cargo Other Externs Cargo Other Externs Convert from pounds, as necessary) @820 Gallons		Country: cial IFR R On Top apply) ohibited Area estricted Area (ilitary Operation irport Advisory A arachutists fater hemical/Fertilize	S Area (MOA) If Area If January J. S. Area (MOA) If J. S. Area (MOA) If J. S. Area J. S. S. Area J. S.	ght Following Advisory Jet Training Area FAR 93 Livestock Unknown	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Type of ATC Clearance/Service (Check at None Special VFR IFR Airspace where the accident/incident occ Class A Class E Class G Demo Area Class D Warning Area Class D Warning Area Check all that None Towing Glide Passengers Towing Bant Cargo Other Externs Tuel on Board at Last Takeoff (convert from pounds, as necessary)		Country: cial IFR R On Top apply) cohibited Area estricted Area (ilitary Operation irport Advisory A arachutists (ater hemical/Fertilize	S Area (MOA) If Area If January Janu	ght Following Advisory Jet Training Area FAR 93 Livestock Unknown	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Type of ATC Clearance/Service (Check of None Special VFR IFR Airspace where the accident/incident occ Class A Class E Class G Demo Area Class D Warning Area Class D Warning Area Class D Check all that None Towing Glide Passengers Towing Bann Cargo Other Externs Cargo Other Externs Convert from pounds, as necessary) @820 Gallons		Country: cial IFR R On Top apply) cohibited Area estricted Area (ilitary Operation irport Advisory A arachutists (ater hemical/Fertilize	S Area (MOA) If Area If January Janu	ght Following Advisory Jet Training Area FAR 93 Livestock Unknown	☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area

EVAGUATION OF AIR	(GRVA)FIF							
Was an emergency evacuation	on of the aircraft	performe	d ?	Yes Yes	☐ No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location all three persons on board the aircraft exited through the main cabin door								
and portains on board into the	. c. an omnou proug	aro man	· ouoni	4001				
							•	
AMEASTHER INFORMA	***************************************	ACCII	Contract Contract	CANAL CONTINUE AND ARESON	Sometimes Control to the South Control of the Contr			
Weather Observation Facilit	У			ce of Weat k all that ap	ther Information		1	Method of Briefing (Check all that apply)
Facility ID: KLUK		-		ational Weat			☐ Company	☐ In Person
Observation Time: UNK Time Zone; Eastern		_		ight Service V/Radio	Station		Military Internet	☐ Teletype ☐ Telephone/Computer
Distance from Accident Site:	, , , , , , , , , , , , , , , , , , ,	 IM	☑ Ai	utomated Re			Unknown	Aircraft Radio
Direction from Accident Site:		es MAG	∐ Co	mmercial W	eather Service (DUA)	TS)		☐ TV/Radio ☐ Unknown
Briefing Type/Completeness			Ligh	t Condition	n			Visibility
☐ Full	☐ Abbreviate	d	l □ Da	awn	☐ Dusk		Oark Night	·
☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer	☐ Unknown ☐ Not Perting	ent	☑ Da	ay	☐ Night		Bright Night Not Reported	@10 miles
Sky/Lowest Cloud Condition		Ceiling	<u> </u>					(Check all that apply)
Clear	Thin Broken Thin Overcast	☐ None ☐ Broke			Obscured		None	☐ Fog
Few Partial Obscuration	Unknown	Overo			☐ Indefinite ☐ Unknown		Blowing Dust Blowing Sand	☐ Ground Fog ☐ Haze
☑ Scattered							Blowing Snow	☐ Ice Fog ☐ Smoke
Lowest Cloud Condition Hei	_	Ceiling	-			Blowing Spray Dust	☐ Smoke ☐ Unknown	
@1000		<u> </u>			N/A ft AGL	1_		
Wind Direction	Wind Speed			Wind Gu			pe of Turbulence (C.	****
☐ Indicated: degrees MAG	Velocity:	KTS		Velocity:	KTS		None In Cl Clear Air Vicin	ou ds nity of Thunderstorm
	□ Calm			Gustin	g	Se	verity of Turbulence	
☐ Variable	Light and Vari	able	Not Gusting				erate	
MOTAN DY	A ID Marriera	(C) A CENT	THE STATE OF	PD- ≛- ~	Cont at the to			erate Chop
NOTAMs (D, L and FDC	j, aikiviets, S	CONTE LZ	, ruk	ers in em	ect at the time of	tne	accident/incident	
	···							
Temperature:(C)		cing Force Amou			Туре		Type of Precipitati ☑ None	0π (Check all that apply) □ Drizzle
Temperature:(C) or(F)		None		Moderate	Rime		Rain Rain	☐ Ice Pellets
Altimeter Setting:	in. HG F	Trace Light	<u></u> Ц;	Severe	☐ Clear ☐ Mixed		☐ Snow ☐ Hail	☐ Snow Pellets ☐ Snow Grains
	MB –	cing Actua					Rain Showers	Ice Crystals
Density Altitude:		Amou	nt		Туре		☐ Freezing Rain ☐ Snow Shower	☐ Ice Pellets Shower ☐ Freezing Drizzle
Dew Point:(C) or(F)	1 =	None Trace	==	Moderate Severe	∏ Rime ∏ Clear		Intensity of Precip	itation
,		Light			Mixed		•	loderate

PILORYAWINFORMATION											
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: Robin Middle Initial: G Last Name: Smith City: State: Country: United States of America											
Age at time of Accident/Incident: 69 Date of Birth: Certificate Number:											
Degree of Injury ✓ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupi	ed Front Rear Single	Unknow	Seat	V] No] No	Shoulder Ha Used Available	✓ Yes	□ No □ No	
Pilot Certificate(s) (Check all that apply)											
☐ None ☐ Studen ☐ Private ☐ Flight		☐ Recres	ational	☐ Commercia ☐ Commercia			Flight Engin U.S. Militar		Foreign		
Principal Occupation Me	edical Certifica	ate		Medi	ical Certi	ficate Val	idity	Date of La	st Medical		
Other	Class 1	Class 3 Driver's Lice Unknown	nse (Sport Pilot	only)	ithout limit ith limitation known	tations/waiv ons/waivers	ers	11/15/2 mm/dd/y			
Medical Certificate Limitatio Holder shall possess lenses for near vi		sing privileges		-							
Medical Certificate Waivers Defective color vision waiver #10F192	15										
Date of Last Flight Review or Equivalent, Including			Review Airc	raft							
FAR 121/135 Checks:	06/09/2013		Challenger	CL-600							
	mm/dd/yyyy	Model									
1 x 11 p 100 x 2 x 100 x 100 y	Other Aircraf (Check all that a _l	0.,	!	ent Rating(s) that apply)		Instructor (Check all t	Rating(s)				
(Check all that apply)	(⊂neck all mai a _l ☐ None	יניקין	Check all	нии арргу)	1 3	(C <i>neck a</i> ii ii □ None	ны <i>арріу)</i>	12 1	Instrument A	Airplane	
☑ Single-Engine Land ☑ Single-Engine Sea ☑ Multiengine Land ☑ Multiengine Sea	Airship Free Balloon Glider Gyropiane Helicopter Powered Lift		Airplan Helico Powen	pter		🗹 Airplane		ine	Instrument I Helicopter Glider Sport		
Type Ratings BE 300, BE 400, BE 1900, CE 500, C G100, G159, G1159, G-IV, HS-125, I/	Powered Lift										
						_		·			
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time	20000+	3000+	1500+	20000+	3000+	 		100+	15+		
Pilot in Command (PIC)	20000+	3000+	1500+	20000+	3000+			100+	15+		
Time as Instructor	20000+	30 <u>00</u> ÷	1500+	20000+	3000+	3000+					
This Make/Model			_	_	ļ	 					
Last 90 Days	90	0	0	90				0			
Last 30 Days	30	0	0		<u>C</u>			† <u>'</u>	0		

APILOTE "IS LINEOR MAT	ION										
Pilot "B" Responsibilities at the Time of Accident/Incident											
	Student Pilot	Flight I	nstructor	Check Pilot	☐ Flight	Engineer	Other 1	Flight Crew			
Pilot "B" Identification			.								
First Name: Edward				City	':						
Middle Initial: M				State		tad Okata	of 4				
Last Name: Lerer						ted States	of Ameri	ca			
Age at time of Accident/Incide	nt:49	Date of Bir	rth: mm/dd/yy		tificate Nu	unber:					
Degree of Injury	Seat Occupied		тингастуу		Belt			Shoulder H	grneer		
☑ None ☐ Fatal	Left .	☐ Front	Unknown	Used	[] No	Used	ar ness ✓ Yes	□No	
☐ Minor ☐ Unknown	Right Center	☐ Rear		Avail	lable [Yes 🗀] No	Available	Yes	□ No	
Pilot Certificate(s) (Check all t	Serious Center Single										
None ☐ Studer		☐ Recre	ational	Commercia	al		Flight Engi	neer .	☐ Foreign		
Private Flight		Sport		Airline Tra			U.S. Militar		L roteigh		
1 ' '	edical Certifica					ficate Vali	-	Date of La	ast Medica	aI	
		Class 3	nse (Sport Pilot			tations/waiv ons/waivers	ers	07/17/20	112	İ	
		Unknown	noe (opon ruot		nknown	ons/waivers		mm/dd/y			
Medical Certificate Limitatio									•		
Must wear corrective lenses	na										
			·					— <u> </u>			
Medical Certificate Waivers											
Date of Last Flight Review	····	Rlight	Review Airc	raft							
or Equivalent, Including		1 -	FAA Sim #10								
FAR 121/135 Checks:	02/20/2013 mm/dd/yyyy		:G200								
Airnlana Dating(s)	other Aircraft			ent Rating(s)		networks.	Dating(s)				
F X G(-)	(Check all that a			ent Kating(s) that apply)		n structor l Check all the					
None	None None	•	☐ None		\ [None			Instrument A		
Single-Engine Land	☐ Airship☐ Free Balloon		Airpla			Airplane S Airplane I			Instrument I	Helicopter	
☐ Single-Engine Sea ☑ Multiengine Land	☐ Glider		☐ Helico		[Gyroplane	e		Helicopter Glider		
Multiengine Sea	Gyroplane Helicopter				[Powered 1	Lift '		Sport		
	Powered Lift										
Type Ratings					s	tudent En	dorsemen	its (Include de	ites)		
CE-560XL, CL-65, G-200					ļ						
1					-						
TOU. L. (GEV	Т		Airplane		T	Instr	rument		Γ	T	
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time	3621	0						-			
Pilot in Command (PIC)	1388	0								1	
Time as Instructor	680	0	62-1000	1							
This Make/Model					C	0		0			
Last 90 Days	7	0	7	0		0		0			
Last 30 Days	7	0	7	0		0		0			
Last 24 Hours		0	l o	l o	، اد	հ հ	ĺ	d	I	1	

ADDINOMAL HELGHINGRI	W MEMBERS	(Exclusive of cabin al	ttendants, complete the	following Info	matic		
Pilot Name and Address						Degree of In	
First Name:		City:	ZIP:			☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial; Last Name:		Country:	ZIP:	_		Serious	
Pilot Certificate(s) (Check all that	t apply)					Seat Occupi	ed
□ None □ Student	Recreational	Commercial	Flight Engineer	☐ Foreign		Left	☐ Front
Private Flight Instructor Type Rating/Endorsement for	Sport	Airline Transport	U.S. Military ime at the Time			Right Center	☐ Rear ☐ Single
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Acciden	nt/Incident:	hrs			Unknown
Pilot Name and Address					20:07:01:5	Degree of In	njury
First Name:		City:				None	☐ Fatal
Middle Initial:		State:	Z(P;	7]	☐ Minor ☐ Serious	Unknown
Last Name: Pilot Certificate(s) (Check all tha	t conful	Country:					
Phot Certificate(s) Check all ina ☐ None	apply) Recreational	☐ Commercial	Flight Engineer	☐ Foreign]	Seat Occupi	led □ Front
Private Flight Instructor	Sport	Airline Transport	U.S. Military			Right	Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No		ime at the Time nt/Incident:	hrs		Center	Single Unknown
Pilot Name and Address	147, 2,44					Degree of In	ojury
First Name:		City:				☐ None ☐ Minor	☐ Fatal
Middle Initial: Last Name:		State:	ZIP:			☐ Minor ☐ Serious	Unknown
Pilot Certificate(s) (Check all that	t apply)					Seat Occupi	ed
□ None □ Student	Recreational	Commercial	Flight Engineer	Foreign	Ì	☐ Left	☐ Front
Private Flight Instructor	☐ Sport	Airline Transport	U.S. Military			☐ Right ☐ Center	Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No		ime at the Time ot/Incident:	hrs		Conter	☐ Single ☐ Unknown
i .		1					
TRASSENCER(S)/KOTHER	PERSONNEL	(Include fjight attenda	ints; continue on separa	ate sheet if nec			
TPASSENGER(S)\/(OIIHER	rersonnel	(Include flight attenda	ints; continue on separa	ate sheet if nec			si viu
	rersonnel	dineluce flight attenda	ints: continue on separa				fatal Serious Jajury Wimor njury No Injury
Name and Address	irersonnel	City: FAIRBOF	BN	ate sheet if nec		Revenue Revenue Non-Occupant FAA	Fatal Serious Lajury Minor Injury No Injury No Injury
Name and Address First Name: Michael Middle Initial: W	irersonn <u>e</u> l	City: State: OHIO	BN		Crew	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Michael	irersonnel	City: FAIRBOF	BN		Crew	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name:	irersonn <u>e</u> l	City: FAIRBOF State: OFFIO Country: USA City:	RN ZIP: 45324		Crew	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Michael Middle Initial: W Last Name: Wright	irersonnel	City: FAIRBOF State: OFFIO Country: USA City:	BN ZIP: 45324		Crew	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name:	irersonn <u>e</u> l	City: State: OHIO Country: USA City: State: Country:	RN ZIP: 45324 ZIP:		Crew	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Middle Initial: Middle Initial:	irersonne <u>l</u>	City: State: OFFIO Country: USA City: State: Country: City: State: Country:	RN ZIP: 45324 ZIP:		Crew		
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name:	IRERSONNEL®	City: State: OHIO Country: USA City: State: Country:	RN ZIP: 45324		Crew		
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name:		City: State: OFIIO Country: USA City: State: Country: City: State: Country: City: State: Country:	ZIP:				
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name:		City: State: OHIO Country: USA City: State: Country: City: State: Country: City: State: Country:	ZIP:				
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:		FAIRBOF City: State: OFIIO Country: USA City: State: Country: City: State: Country: City: State: Country: City: State: Country:	ZIP:				
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial:		City: State: OHIO Country: USA City: State: Country:	ZIP:				
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Last Name:		FAIRBOF City: State: OFIIO Country: USA City: State: Country: City: State: Country: City: State: Country: City: State: Country:	ZIP:				
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name: First Name:		City: State: OHIO Country: USA City: State: Country:	ZIP:				
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:		City: State: OHIO Country: USA City: State: Country:	ZIP:				
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name:		City: State: OFIIO Country: USA City: State: Country:	ZIP:				
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name:		City: State: OFIIO Country: USA City: State: Country:	ZIP:		Crew		
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name:		City: State: OFIIO Country: USA City: State: Country:	ZIP:		Crew		
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name:		City: State: OHIO Country: USA City: State: Country: ZIP:					
Name and Address First Name: Michael Middle Initial: W Last Name: Wright First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name: First Name: Middle Initial: Last Name:		City: State: OHIO Country: USA City: State: Country: ZIP:					

	and the second supplies of the second supplie	\$			
MARRATIVE	DRY OF HEIGHT (FI	ease type or print in ink)			
Describe what occurred	l in chronological order	, including circumstance	s leading to and nature	of accident/incident	Describe terrain and include
wreckage distribution sk	cetch if nertinent. Attacl	extra sheets if needed. S	tate time and point of der	varture intended destina	ation, and services obtained in climbed to altitude. A stall
Departed Runway 21L at 0	Dincinnati Lunken for a lo	cal daytime training flight.	Completed a simulated V	1 engine failure and the	n climbed to altitude A stall
series was completed alon	ia with steep turns and a	simulated emergency dec	ent. Cincinnati Annroach	then provided vectors to	final approach course for the
ILS RWY 21L at KLUK. CI	leared for the option by L	unken Tower. The runway	was in sight well before s	simulated minimums with	VFR daylight conditions and a
dry runway. The flight was	s on VASI, on planned Vr	ef +10 speed, sink was co⊦	itrolled along with drift. Th	he aircraft was on cente	rline with the gear down and
locked indicated. Power w	vas brought to idle upon i	reaching 50 feet radar altitu	ide. Landing was uneven	tful as speed sink and	drift were controlled and the
laircraft on centerline. Pow	ver was advanced, and th	nen, at some point, the left	main landing gear collaps	ed which caused the air	craft to year to both the left and
the right. The aircraft rema	ained on the runway unti	coming to a complete stor	at which point an emero	ency evacuation was co	moleted
3			p g.; o;;io;g	oney evacuation mas so	mpiocod.
RECOMMENDANT	NH(H5woonid(Insla	ident/incident have beer	prevented?)		
The state of the s	the contract of the state of th	ident/incident have been	prevented?)		
RECOMMENDATES Operator/Owner Safety	the contract of the state of th	ident/incident have beer	prevented?)		
The state of the s	the contract of the state of th	ident/incident have beer	prevented?)		
The state of the s	the contract of the state of th	ident/incident have beer	prevented?)		
The state of the s	the contract of the state of th	ident/incident have beer	prevented?)		
The state of the s	the contract of the state of th	ident/incident have beer	prevented?):		
The state of the s	the contract of the second of	ident/incident have beer	:prevented?)		
The state of the s	the contract of the second of	ideñt/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	;prevented?)		
The state of the s	the contract of the second of	aide∩t/incident haye bêer	Prevented?)		
The state of the s	the contract of the second of	cident/incident have beer	:prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	:prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have been	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have been	prevented?)		
The state of the s	the contract of the second of	ident/incident have been	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		
The state of the s	the contract of the second of	ident/incident have beer	prevented?)		

ADDITIONAL IN	FORMA	TION (Please type or print in ink)		
		is needed for any answers.		
-	•	·		
				1
				İ
				į
		•		
				•
I HERICEY CERTIFY	YTHAT TE	HEABOVEINEORMATION (S'GOMPLE	THE AND ACCURATE TO THE BEST OF M	NYKNOWLEDCE:
Date of this Report	Signature	androdel		
		manual out in -		
06/27/2013 mm/dd/yyyy	Type or Pri	nt Name: Edward Lerer		
		Filing Report if Other than Pilot/Operato	r	
_		ming report it coner than I need open and	•	
Signature: Type or Print Name:				
Title:				
1100.		FOR NITSE	ISE ONLY	
NITCO A 13 17	J 6 N			Data Parent Bearing
NTSB Accident/Incident CEN13LA36	16 n t 1 10.	Reviewed by NTSB Regional Office Denver	Name of Investigator Folkerts	Date Report Received 6/27/2013