NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Aztec State: NM
ZIP: 87410 Country: USA
Latitude: N36° 50.98' Longitude: W108° 01.70'
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 09/21/2015 *mm/dd/yyyy* Local Time: 06:58
Time Zone: MTN

Collision with Other Aircraft: ○ Midair ☒ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N1875Q
Manufacturer: Cessna
Model: 177RG
Serial Number: 177RG0275
Year of Manufacture: 1972
Amateur-Built: ○ Yes ☒ No *If Yes:* ○ Kit/Plans ○ Original Design Make:

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 2,800 lbs
Weight at Time of Accident/Incident: 2,300 lbs
Number of Seats: 4 Flight Crew Seats: 1
Cabin Crew Seats: 0 Passenger Seats: 3
Number of Engines: 1

Category of Aircraft
☒ Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
○ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

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

Standard	Special
☒ Normal	☐ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*
☒ Retractable
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*
☒ Reciprocating ○ Liquid Rocket
○ Turbo Shaft ○ Solid Rocket
○ Turbo Prop ○ Hybrid Rocket
○ Turbo Jet ○ None
○ Turbo Fan ○ Unknown
○ Electric

Fuel System Type *(Reciprocating)*
○ Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ☒ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Lycoming	IO-360-A1B6	L-9389-51A		200 HP			1,908.5
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
○ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
☒ Annual ○ Unknown
Date Last Inspection: 6/15 *mm/dd/yyyy*
Airframe Total Time: 2,140 hrs
hours measured at *(Select one)*
○ Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program *(Select one)*
☒ Annual
○ Conditional (Amateur-built only)
○ Manufacturer's Inspection Program
○ Other Approved Inspection Program (AAIP)
○ Continuous Airworthiness
○ Other, specify:

Description of Fire Extinguishing System
○ None
☒ Specify: extinguisher on board

Propeller 1 ○ Fixed Pitch ☒ Controllable Pitch ○ Ground Adjustable
Manufacturer:
Model:

Propeller 2 N/A ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer:
Model:

ELT Installed: ☒ Yes ○ No
If Yes:
ELT Manufacturer:
Model or Part No.:
TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ○ C126 (406 MHz)
Was ELT still mounted in aircraft? ☒ Yes ○ No
Was ELT still connected to antenna? ☒ Yes ○ No
Did ELT Activate? ○ Yes ☒ No
If activated:
Did ELT Aid in Locating Aircraft: ○ Yes ○ No
If not activated:
Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Additional Equipment *(Check all that apply)*
☒ ADS-B
☐ Airframe Parachute
☒ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☒ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: Kevin C Shaffer "Co-owner" Robert Brown
Fractional Ownership Aircraft: ☒ Yes ○ No
City: Tempe
State: AZ ZIP: 85281
Country: USA

Operator of Aircraft ☒ *Same As Registered Owner* ☐ *Same Address as Registered Owner*
Name: Kevin C Shaffer
Doing Business As: Personal
Air Carrier/Operator Designator (4 Character Code): _____
City: [redacted] Tempe
State: AZ ZIP: 85281
Country: USA

Operating Certificates Held *(Check all that apply)*
☒ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under
○ FAR 91 ○ FAR 129 ○ FAR 415
○ FAR 103 ○ FAR 133 ○ FAR 431
○ FAR 121 ○ FAR 135 ○ FAR 435
○ FAR 125 ○ FAR 137 ○ FAR 437
○ FAR 91 Special Flight
○ Non-US, Commercial
○ Non-US, Non-commercial
○ Public Aircraft *(Select one)*
  ○ Armed Forces
  ○ Federal
  ○ State
  ○ Local
○ Unknown

Revenue Operation for FAR 121, 125, 129, 135 *(Select one for each group)*
○ Scheduled or Commuter ○ Domestic
○ Non-Scheduled or Air Taxi ○ International
○ Passenger
○ Cargo
○ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 *(Select one)*
○ Aerial Application ○ Firefighting ○ Unknown
○ Aerial Observation ○ Flight Test
○ Air Drop ○ Glider Tow
○ Air Race/Show ○ Instructional
○ Banner Tow ○ Other Work Use
○ Business ☒ Personal
○ Executive/Corporate ○ Positioning
○ External Load ○ Skydiving
○ Ferry

Revenue Sightseeing Flight
○ Yes ☒ No

Air Medical Flight
○ Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Aztec Airport
Airport Identifier: N14
Proximity to Airport: ○ Off Airport/Airstrip ☒ On Airport/Airstrip ○ N/A
Distance From Airport Center: (over numbers) 0 m
Direction From Airport: 260 degrees true
Airport Elevation: 5,882 ft. msl

Runway Information
Runway ID: 26/8 (L/R/C) Length: 4,314 ft Width: 60 ft

Runway/Landing Surface *(Check all that apply)*
☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

Condition of Runway/Landing Surface *(Check all that apply)*
☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment *(Select one)*
○ Taxi ○ VFR Departure ○ On Instrument Approach ○ Downwind ○ Low Approach
○ Takeoff ○ IFR Departure Procedure/Clearance ☒ Landing ○ Base ○ Go Around
○ Initial Climb ○ Final ○ Aborted Landing (after touchdown)
○ Crosswind ○ Unknown

IFR Approach *(Check all that apply)*
☒ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach *(Check all that apply)*
☐ None
☒ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☒ Go Around ☐ Forced Landing
☒ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

(●) Pilot ( ) Co-Pilot ( ) Student Pilot ( ) Flight Instructor ( ) Check Pilot ( ) Flight Engineer ( ) Other Flight Crew

"Flight Crewmember 1" was pilot flying [X] Yes [ ] No

"Flight Crewmember 1" Identification

First Name: Kevin
Middle Initial: C
Last Name: Shaffer
City of Residence: Tempe
State: AZ ZIP: 85281
Country: USA
Age at time of Accident/Incident: 47 Date of Birth: [redacted]68 mm/dd/yyyy
Certificate Number: [redacted]

Degree of Injury
(●) None ( ) Fatal ( ) Minor ( ) Unknown ( ) Serious

Seat Occupied
(●) Left (●) Front ( ) Unknown ( ) Right ( ) Rear ( ) Center ( ) Single

Restraint Type

Available	Used
( ) None	( ) None
(●) Lap only	(●) Lap only
( ) 3-point	( ) 3-point
( ) 4-point	( ) 4-point
( ) 5-point	( ) 5-point
( ) Unknown	( ) Unknown

Inflatable Restraints
[X] Not Installed [ ] Installed [ ] Not Deployed [ ] Deployed [ ] Unknown

Pilot Certificate(s) *(Check all that apply)*
[ ] None [X] Private [ ] Student [ ] Flight Instructor [ ] Recreational [ ] Sport [ ] Commercial [ ] Airline Transport [ ] Flight Engineer [ ] US Military [ ] Foreign

Principal Occupation
( ) Pilot (●) Other ( ) Unknown

Medical Certificate
( ) None (●) Class 3 ( ) Class 1 ( ) Driver's License (Sport Pilot only) ( ) Class 2 ( ) Unknown

Medical Certificate Validity
( ) Without limitations/waivers ( ) Unknown ( ) With limitations/waivers ( ) N/A ( ) Special Issuance

Date of Last Medical 2/15 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/10/15 mm/dd/yyyy

Flight Review Aircraft
Make: CESSNA
Model: 172RG

Airplane Rating(s) *(Check all that apply)*
[ ] None [X] Single-Engine Land [ ] Single-Engine Sea [ ] Multiengine Land [ ] Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
[X] None [ ] Airship [ ] Balloon [ ] Glider [ ] Gyroplane [ ] Helicopter [ ] Powered Lift

Instrument Rating(s) *(Check all that apply)*
[X] None [ ] Airplane [ ] Helicopter [ ] Powered Lift
* 21 hours ground/flt training 12/08 - 2/09

Instructor Rating(s) *(Check all that apply)*
[X] None [ ] Airplane Single-Engine [ ] Airplane Multi-Engine [ ] Gyroplane [ ] Powered Lift [ ] Instrument Airplane [ ] Instrument Helicopter [ ] Helicopter [ ] Glider [ ] Sport

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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1,192.1	1,003.9	1,192.1	—	129.1		1.0	2.1		
Pilot in Command (PIC)					125					
Time as Instructor										
This Make/Model										
Last 90 Days		30.7			2.9					
Last 30 Days	—	0								
Last 24 Hours										

* Since incident 09/21/15

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

○ Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

N/A

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ *mm/dd/yyyy*

Certificate Number: _____

Degree of Injury
○ None ○ Fatal
○ Minor ○ Unknown
○ Serious

Seat Occupied
○ Left ○ Front ○ Unknown
○ Right ○ Rear
○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints
☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation
○ Pilot
○ Other
○ Unknown

Medical Certificate
○ None ○ Class 3
○ Class 1 ○ Driver's License (Sport Pilot only)
○ Class 2 ○ Unknown

Medical Certificate Validity
○ Without limitations/waivers ○ Unknown
○ With limitations/waivers ○ N/A
○ Special Issuance

Date of Last Medical
_____ *mm/dd/yyyy*

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ *mm/dd/yyyy*

Flight Review Aircraft
Make: _____
Model: _____

Airplane Rating(s) *(Check all that apply)*
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

N/A

Crew Name and Address

First Name: ______ City of Residence: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Seat Occupied: ○ Left ○ Center ○ Right ○ Front ○ Rear ○ Single ○ Unknown

Injury: ○ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign

Restraint Type:

Available	Used
○ None	○ None
○ Lap Only	○ Lap Only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints: ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Crew Name and Address

First Name: ______ City of Residence: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Seat Occupied: ○ Left ○ Center ○ Right ○ Front ○ Rear ○ Single ○ Unknown

Injury: ○ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign

Restraint Type:

Available	Used
○ None	○ None
○ Lap Only	○ Lap Only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints: ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: "Buddy" City: Tempe Middle Initial: ___ State: AZ ZIP: 85281 Last Name: Shaffer" Country: USA ○ Crew ☒ Passenger ○ Other my Golden Retriever!!	○ Left ☒ Center ○ Right ○ Unknown Row: 2	☒ None ○ Minor ○ Serious ○ Fatal ○ Unknown	Available: ○ None ☒ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown Used: ☒ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ___ City: ___ Middle Initial: ___ State: ___ ZIP: ___ Last Name: ___ Country: ___ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ___	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	Available: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown Used: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ___ City: ___ Middle Initial: ___ State: ___ ZIP: ___ Last Name: ___ Country: ___ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ___	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	Available: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown Used: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ___ City: ___ Middle Initial: ___ State: ___ ZIP: ___ Last Name: ___ Country: ___ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ___	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	Available: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown Used: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: IVO
City: Navajo Lake
State: NM
Country: USA

Time of Departure
Time: 06:45
Time Zone: MTN

Destination
Airport ID: N19
City: Aztec
State: NM
Country: USA

Type Flight Plan Filed
☒ None ○ VFR/IFR
○ Company VFR ○ IFR
○ Military VFR ○ Unknown
○ VFR
Activated? ○ Yes ○ No ○ Unknown

Type of ATC Clearance/Service *(Check all that apply)*
☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*
☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence: ____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility
Facility ID: FMN
Observation Time: 06:50
Time Zone: MTN
Distance from Accident Site: 11.2 nm
Direction from Accident Site: 239 degrees true

Basic Conditions
○ VMC
○ IMC
○ Unknown

Light Condition
☒ Dawn ○ Dusk ○ Dark Night ○ Unknown
○ Day ○ Night ○ Bright Night

Sky/Lowest Cloud Condition
☒ Clear ○ Thin Broken
○ Few ○ Thin Overcast
○ Partial Obscuration ○ Unknown
○ Scattered

Lowest Cloud Condition Height ____ ft agl

Ceiling
☒ None (Clear) ○ Obscured
○ Broken ○ Indefinite
○ Overcast ○ Unknown

Ceiling Height ____ ft agl

Temperature: ____ (C) or *49° (F)
Dew Point: ____ (C) or ____ (F)
Altimeter Setting: *30.25 in. Hg
or ____ MB

Wind Direction
☐ Variable
-or-
Direction: 090° degrees true

Wind Speed
☐ Calm
☐ Light and Variable
-or-
Speed: 6 kts

Wind Gusts
☐ Not Gusting
-or-
Speed: 12 kts

Visibility 10(+) miles
RVR: ____ feet
RVV: ____ miles
Density Altitude: *6,000 ft

Intensity of Precipitation
○ Light
○ Moderate
○ Heavy
☒ N/A
○ Unknown

Type of Precipitation *(Check all that apply)*
☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility *(Check all that apply)*
☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

Amount	Type
☒ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Icing Actual

Amount	Type
☒ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Turbulence

Type *(Check all that apply)*	Severity
☒ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ Extreme

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

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

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

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

Damage done to stabilator & rear fuselage skin (near/below) vertical & stabilator meet.

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

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

While lined up to land on Ø8 on a beautiful clear & cool Monday morning, I became blinded by the sunrise (when over the #'s) coming straight down runway Ø8 @ Ø6:58. Since becoming unable to see direction or height above runway, I chose to perform a full throttle go around. By doing so my aircraft was unable to get enough speed to lift off ground after catching shrubs/dirt (rear part of plane) in the beginning of the go around, hence causing an eventual pull back on power once unable to make happen, where we came to complete stop w/ aircraft upright on all wheels w/o any signs of prop strike or injury.

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

Operator/Owner Safety Recommendation

By aborting final approach BEFORE being over the numbers when ready to flair when becoming completely blinded by the sunrise coming straight down runway heading 08°, while having aircraft nose @ a lower angle of attack, causing it to become wse.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

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

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(Convert from pounds, as necessary)*

8-10 Gallons

Fuel Type

○ 80/87	○ 115/145	○ Jet B	○ Other, specify _____
☒ 100 Low Lead	○ Jet A	○ JP8	
○ 100/130	○ Jet A-1	○ Automotive	

Other Services, if Any, Prior to Departure

NONE

EVACUATION 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

After coming to a complete stop - safely secured on all wheels, myself (PIC) & my Commander driver exited aircraft as usual.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number

_____

Manufacturer: _____

Model: N/A

Damage to Other Aircraft

☐ Destroyed ☐ Minor ☐ Substantial ☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

* See additional typed information

pages 1 – 11.3.15

" 2 – 11.13.15

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report	Name of Pilot/Operator: Kevin Charles Shaffer
11/2/15 (mm/dd/yyyy)	Signature: [redacted]
	-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAA15CA300	GAA	Adam Gerhardt	11/13/2015