

**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: CALIFORNIA State: MD
 ZIP: 20619 Country: USA
 Latitude: 38 18 55 Longitude: 76 33 00.4
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 12 10 2015 Local Time: 8 00 pm
mm/dd/yyyy Time Zone: EST

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

AIRCRAFT INFORMATION

Registration Number: N 432 FL
 Manufacturer: PIPER AIRCRAFT
 Model: PA 28-140
 Serial Number: 28-7125219
 Year of Manufacture: 1971
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

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

Maximum Gross Weight: _____ lbs
 Weight at Time of Accident/Incident: _____ lbs
 Number of Seats: Two Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
 Number of Engines: ONE

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 |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted |
| <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |
| | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) | |
| <input type="checkbox"/> None <input type="checkbox"/> 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/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>LYNCOMING</u>	<u>D-320-E2A</u>	<u>L 26312-27E</u>		<u>150</u>	<u>1740</u>	<u>10</u>	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 11 10 2015
mm/dd/yyyy

Airframe Total Time: 10 000 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 ☒ PORTABLE HAND HELD
☐ Specify: _____

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
 Model: _____

Propeller 2

- ☐ 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: <u>PATUXENT RIVER NAVY FLYING CLUB</u> Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		City: <u>PATUXENT RIVER</u> State: <u>MD</u> ZIP: <u>20670</u> Country: <u>USA</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<input checked="" type="checkbox"/> Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Non-Scheduled or Air Taxi </div> <div> <input type="radio"/> Domestic <input type="radio"/> International </div> </div> <div style="margin-top: 10px;"> <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only </div>	
Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No		Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>ST MARYS COUNTY REGIONAL AIRPORT</u> Airport Identifier: <u>N 2W6</u> Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Distance From Airport Center: <u>1/2</u> sm Direction From Airport: <u>290</u> degrees true Airport Elevation: <u>142</u> ft. msl	
Runway Information Runway ID: <u>11</u> (L/R/C) Length: <u>4150</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Holes <input type="checkbox"/> Ice Covered <input type="checkbox"/> Rough <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Slush-Covered </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Soft <input type="checkbox"/> Vegetation </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Wet <input type="checkbox"/> Unknown </div> </div>	
Runway/Landing Surface <i>(Check all that apply)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt </div> <div style="width: 33%;"> <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Gravel <input type="checkbox"/> Ice </div> <div style="width: 33%;"> <input type="checkbox"/> Macadam <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Snow <input type="checkbox"/> Water <input type="checkbox"/> Unknown </div> </div>			
Approach/Departure Segment <i>(Select one)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi <input type="radio"/> Takeoff <input type="radio"/> Initial Climb </div> <div style="width: 25%;"> <input type="radio"/> VFR Departure <input type="radio"/> IFR Departure Procedure/Clearance </div> <div style="width: 25%;"> <input type="radio"/> On Instrument Approach <input type="radio"/> Landing </div> <div style="width: 25%;"> <input type="radio"/> Downwind <input type="radio"/> Base <input checked="" type="radio"/> Final <input type="radio"/> Crosswind </div> <div style="width: 25%;"> <input type="radio"/> Low Approach <input type="radio"/> Go Around <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Unknown </div> </div>			
IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> ADF/NDB <input type="checkbox"/> SDF <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> VOR/DME <input type="checkbox"/> TACAN </div> <div style="width: 33%;"> <input type="checkbox"/> PAR <input type="checkbox"/> Sidestep <input type="checkbox"/> ILS <input type="checkbox"/> Localizer Only <input type="checkbox"/> LOC-back course <input type="checkbox"/> RNAV </div> <div style="width: 33%;"> <input type="checkbox"/> MLS <input type="checkbox"/> LDA <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> Circling <input type="checkbox"/> Unknown </div> </div>		VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Straight-In <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Go Around <input type="checkbox"/> Full Stop </div> <div style="width: 50%;"> <input type="checkbox"/> Stop and Go <input type="checkbox"/> Touch and Go <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Forced Landing <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown </div> </div>	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																			
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																			
"Flight Crewmember 1" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																			
"Flight Crewmember 1" Identification <div style="display: flex; justify-content: space-between;"> <div> First Name: <u>Joseph</u> Middle Initial: <u>S</u> Last Name: <u>DZIEWIT</u> </div> <div> City of Residence: <u>LEXINGTON PARK</u> State: <u>MD</u> ZIP: <u>20653</u> Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Age at time of Accident/Incident: <u>80</u></div> <div>Date of Birth: [REDACTED] mm/dd/yyyy</div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: [REDACTED]</div>																																																																																																			
Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Restraint Type <div style="display: flex;"> <div style="flex: 1;"> Available <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="flex: 1;"> Used <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>			Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																										
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student </div> <div> <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport </div> <div> <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer </div> <div> <input type="checkbox"/> US Military <input type="checkbox"/> Foreign </div> </div>					Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			Date of Last Medical <u>07 02 2014</u> mm/dd/yyyy																																																																																											
Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown					Medical Certificate <input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			Medical Certificate Limitations <u>WEAR CORRECTIVE LENSES</u>																																																																																											
Medical Certificate Special Issuance 																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03 31 2015</u> mm/dd/yyyy					Flight Review Aircraft Make: <u>PIPER</u> Model: <u>PA 28-140</u>																																																																																														
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <div style="margin-top: 10px;"> <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div>																																																																																											
Type Ratings 						Student Endorsements (Include dates) 																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">7506</td> <td style="padding: 5px;">250</td> <td style="padding: 5px;">7500</td> <td style="padding: 5px;">6</td> <td style="padding: 5px;">560</td> <td style="padding: 5px;">40</td> <td style="padding: 5px;">200</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">7300</td> <td style="padding: 5px;">240</td> <td style="padding: 5px;">7200</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">500</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="padding: 5px;">7000</td> <td style="padding: 5px;">200</td> <td style="padding: 5px;">7000</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">490</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">28.3</td> <td style="padding: 5px;">26.3</td> <td style="padding: 5px;">28.3</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">1.8</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">5.8</td> <td style="padding: 5px;">5.8</td> <td style="padding: 5px;">5.8</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">.3</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>										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	7506	250	7500	6	560	40	200				Pilot in Command (PIC)	7300	240	7200	0	500						Time as Instructor	7000	200	7000	0	490						This Make/Model											Last 90 Days	28.3	26.3	28.3		1.8						Last 30 Days	5.8	5.8	5.8		.3						Last 24 Hours	0	0								
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																																																																																			
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"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

"Flight Crewmember 2" Identification

First Name: MARK City of Residence: CALIFORNIA
 Middle Initial: E State: MD ZIP: 20619
 Last Name: RAGLAND Country: USA
 Age at time of Accident/Incident: 23 Date of Birth: mm/dd/yyyy
 Certificate Number:

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		Seat Occupied <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input checked="" type="radio"/> 3-point</td> <td><input checked="" type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>		Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input checked="" type="radio"/> 3-point	<input checked="" type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
Available	Used																				
<input type="radio"/> None	<input type="radio"/> None																				
<input type="radio"/> Lap only	<input type="radio"/> Lap only																				
<input checked="" type="radio"/> 3-point	<input checked="" type="radio"/> 3-point																				
<input type="radio"/> 4-point	<input type="radio"/> 4-point																				
<input type="radio"/> 5-point	<input type="radio"/> 5-point																				
<input type="radio"/> Unknown	<input type="radio"/> Unknown																				
Pilot Certificate(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer																					
Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown		Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance		Date of Last Medical <u> </u> mm/dd/yyyy															

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u> </u> mm/dd/yyyy	Flight Review Aircraft Make: <u> </u> Model: <u> </u>
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Airplane Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input 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
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Type Ratings 	Student Endorsements (Include dates)
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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	15	15	15	0	3					
Pilot in Command (PIC)	0	0	0	0						
Time as Instructor	0	0	0	0						
This Make/Model										
Last 90 Days	11.1	11.1	11.1		3					
Last 30 Days	3.9	3.9	3.9		3					
Last 24 Hours										

FLIGHT ITINERARY INFORMATION						
Last Departure Point Airport ID: <u>KNHK</u> City: <u>PATUXENT RIVER</u> State: <u>MD</u> Country: <u>USA</u>		Time of Departure Time: <u>7:30 p.m.</u> Time Zone: <u>EST</u>		Destination Airport ID: <u>KNHK</u> City: <u>PATUXENT RIVER</u> State: <u>MD</u> Country: <u>USA</u>		Type Flight Plan Filed <input type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input checked="" type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Type of ATC Clearance/Service (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Special VFR</div> <div style="width: 33%;"><input type="checkbox"/> Special IFR</div> <div style="width: 33%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 33%;"><input type="checkbox"/> Cruise</div> <div style="width: 33%;"><input type="checkbox"/> VFR</div> <div style="width: 33%;"><input type="checkbox"/> IFR</div> <div style="width: 33%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 33%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 33%;"><input type="checkbox"/> Unknown / NA</div> </div>						
Airspace where the accident/incident occurred (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Class A</div> <div style="width: 33%;"><input type="checkbox"/> Class G</div> <div style="width: 33%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 33%;"><input type="checkbox"/> Special</div> <div style="width: 33%;"><input type="checkbox"/> Class B</div> <div style="width: 33%;"><input type="checkbox"/> Demo Area</div> <div style="width: 33%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 33%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 33%;"><input type="checkbox"/> Class C</div> <div style="width: 33%;"><input type="checkbox"/> Warning Area</div> <div style="width: 33%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> <div style="width: 33%;"><input type="checkbox"/> Class D</div> <div style="width: 33%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 33%;"><input type="checkbox"/> TRSA</div> <div style="width: 33%;"></div> <div style="width: 33%;"><input checked="" type="checkbox"/> Class E</div> <div style="width: 33%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 33%;"><input type="checkbox"/> FAR 93</div> <div style="width: 33%;"></div> </div>					Altitude of In-Flight Occurrence: _____ ft msl	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE						
Source of Pilot Weather Information (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> National Weather Service</div> <div style="width: 50%;"><input type="checkbox"/> Company</div> <div style="width: 50%;"><input type="checkbox"/> Flight Service Station</div> <div style="width: 50%;"><input type="checkbox"/> Military</div> <div style="width: 50%;"><input type="checkbox"/> TV/Radio</div> <div style="width: 50%;"><input type="checkbox"/> Internet</div> <div style="width: 50%;"><input type="checkbox"/> Automated Report</div> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Commercial Weather Service (DUATS)</div> <div style="width: 50%;"><input type="checkbox"/> Unknown</div> <div style="width: 50%;"><input type="checkbox"/> On-Board Weather</div> </div>			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true			
Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input checked="" type="radio"/> Dark Night <input type="radio"/> Unknown <input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night				
Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered		Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB		
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl		Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts				
Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown		Type of Precipitation (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Drizzle</div> <div style="width: 33%;"><input type="checkbox"/> Freezing Rain</div> <div style="width: 33%;"><input type="checkbox"/> Rain</div> <div style="width: 33%;"><input type="checkbox"/> Ice Pellets</div> <div style="width: 33%;"><input type="checkbox"/> Snow Shower</div> <div style="width: 33%;"><input type="checkbox"/> Snow</div> <div style="width: 33%;"><input type="checkbox"/> Snow Pellets</div> <div style="width: 33%;"><input type="checkbox"/> Ice Pellets Shower</div> <div style="width: 33%;"><input type="checkbox"/> Hail</div> <div style="width: 33%;"><input type="checkbox"/> Snow Grains</div> <div style="width: 33%;"><input type="checkbox"/> Freezing Drizzle</div> <div style="width: 33%;"><input type="checkbox"/> Rain Showers</div> <div style="width: 33%;"><input type="checkbox"/> Ice Crystals</div> </div>		Restriction to Visibility (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Dust</div> <div style="width: 50%;"><input type="checkbox"/> Ground Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Sand</div> <div style="width: 50%;"><input type="checkbox"/> Haze</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Snow</div> <div style="width: 50%;"><input type="checkbox"/> Ice Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Spray</div> <div style="width: 50%;"><input type="checkbox"/> Smoke</div> <div style="width: 50%;"><input type="checkbox"/> Dust</div> <div style="width: 50%;"><input type="checkbox"/> Unknown</div> </div>		
Icing Forecast <div style="display: flex;"> <div style="flex: 1;"> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown </div> <div style="flex: 1;"> Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown </div> </div>		Icing Actual <div style="display: flex;"> <div style="flex: 1;"> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown </div> <div style="flex: 1;"> Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown </div> </div>		Turbulence <div style="display: flex;"> <div style="flex: 1;"> Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence </div> <div style="flex: 1;"> Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme </div> </div>		
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <div style="text-align: center; margin-top: 10px;"> <u>NONE</u> </div>						

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

DAMAGE TO PROPELLER ENGINE AIRFRAME

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.

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

Operator/Owner Safety Recommendation

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

_____ 34 _____ 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

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

SIDE DOOR 2 OCCUPANTS

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

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.

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

Date of this Report

12 20 2015
mm/dd/yyyy

Name of Pilot/Operator: Joseph S DZIEWIT

Signature: _____

– 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.
GAA16CA077

Reviewed by NTSB Regional Office
GAA

Name of Investigator
BIGELOW

Date Report Received
12/30/2015

Summary of events of mishap flight on 12/10/2015 in N432FL – Joe Dziewit

The mishap flight started normally from NAS Patuxent River (NHK). The intent was to do a night familiarization flight in the local area including normal takeoffs and landings. I felt well rested, and was not under effects of illness, medication, stress, or alcohol. The student was new to night flight. I would normally not introduce night flight training at this stage in the student's training but his work schedule made this night the only time he was available. There were military aircraft operating at NHK so we planned to go to St. Mary's Regional (2W6).

Conditions at 2W6 were calm winds and it was very dark; the darkest I recall there. We activated the strobes which were very bright. The student correctly entered downwind for runway 11, turned base at 800 MSL, turned final at 500 MSL, and acquired the VASI lights. He held glideslope for a while, then drifted below. I instructed him to climb and reacquire proper position. I did not see any change so I reminded him we needed to climb now and that there were trees below.

At this point I started feeling I needed to turn right, but it appeared we were aligned with the runway centerline. I became unsure of our exact position; things became confused and I lost my ability to determine exactly where we were relative to the runway. Suddenly I snapped out of this condition and saw the runway ahead; it appeared we were level with its surface.

I intended to perform a wave off but we impacted the trees ahead. I believe we could have landed straight ahead on the runway overrun were it not for a large tree among the smaller ones. It hit the left wing and spun the aircraft to the left. We came to a stop in the grass short of the runway and exited the plane after securing fuel and electrical power.

I did not know what happened to cause my performance to deteriorate like it did on final as I had never experienced this condition before. On Tuesday 15 December I went to the Naval Air Station Medical Clinic (Aviation Medicine) to seek advice. I met with Doctor Padgett who is a Navy Captain and Flight Surgeon. After hearing my description of the event, The Doctor thought it was most likely Black Hole Syndrome which caused a loss of spatial orientation.
