

**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: Wheeling State: IL  
 ZIP: 60090 Country: USA  
 Latitude: 42.117688 Longitude: -87.903440  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 12/10/2015 Local Time: 5pm  
*mm/dd/yyyy* Time Zone: central  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N50VM  
**Manufacturer:** Beechcraft  
**Model:** 2008 P1A  
**Serial Number:** RB-229  
**Year of Manufacture:** 2008  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: \_\_\_\_\_

**IFR-Equipped and Certified**  
 **Commercial Space Flight**  
 **Unmanned Aircraft**  
**Maximum Gross Weight:** 12,500 lbs  
**Weight at Time of Accident/Incident:** 11,000 lbs  
**Number of Seats:** 8 Flight Crew Seats: 2  
 Cabin Crew Seats: 0 Passenger Seats: 6  
**Number of Engines:** 2

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

**Type of Airworthiness Certificate**  
*(Check all that apply)*  
**Standard**  
 Normal  
 Aerobatic  
 Balloon  
 Commuter  
 Transport  
 Utility  
 Certificate of Authorization or Waiver (COA)  
 None  
**Special**  
 Restricted  
 Limited  
 Provisional  
 Special Flight  
 Experimental  
 Special Light-Sport  
 Experimental Light-Sport  
 Unknown

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

**Engine Type** *(Select one)*  
 Reciprocating  
 Turbo Shaft  
 Turbo Prop  
 Turbo Jet  
 Turbo Fan  
 Electric  
 Liquid Rocket  
 Solid Rocket  
 Hybrid Rocket  
 None  
 Unknown  
**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 <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Williams	FJ44-2A	105369		2300	2272.9	40	
Eng. 2	Williams	FJ44-2A	105370		2300	2414.3	40	
Eng. 3								
Eng. 4								

**Last Inspection Type**  
 100-Hour  
 AAIP  
 Annual  
 Continuous Airworthiness  
 Conditional Inspection  
 Unknown  
**Date Last Inspection:** 11/05/10  
*mm/dd/yyyy*  
**Airframe Total Time:** 2414.3 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Propeller 2**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

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

**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:*

**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: \_\_\_\_\_

**Description of Fire Extinguishing System**  
 None  
 Specify: fire suppressant

**Indicate Reason:**  Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: SKY MAST LLC

City: Brick

State: NJ ZIP: 08723

Fractional Ownership Aircraft:  Yes  No

Country: USA

**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: RE Property Management and Inspections LLC

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**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:** Chicago Executive Airport

**Distance From Airport Center:** \_\_\_\_\_ sm

**Airport Identifier:** KPWK

**Direction From Airport:** \_\_\_\_\_ degrees true

**Proximity to Airport:**  Off Airport/Airstrip  On Airport/Airstrip  N/A

**Airport Elevation:** 647 ft. msl

**Runway Information**

Runway ID: 16 (L/R/C) Length: 5001 ft Width: 150 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     Crosswind     Aborted Landing (after touchdown)     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**  Yes  No

**“Flight Crewmember 1” Identification**

First Name: Yonah City of Residence: Highland Park  
 Middle Initial: T. State: New Jersey ZIP: 08904  
 Last Name: Kohn Country: USA  
 Age at time of Accident/Incident: 41 Date of Birth:     /    /74 mm/dd/yyyy  
 Certificate Number:     

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Restraint Type</b> <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Lap only</td> <td><input type="checkbox"/> Lap only</td> </tr> <tr> <td><input type="checkbox"/> 3-point</td> <td><input type="checkbox"/> 3-point</td> </tr> <tr> <td><input type="checkbox"/> 4-point</td> <td><input type="checkbox"/> 4-point</td> </tr> <tr> <td><input type="checkbox"/> 5-point</td> <td><input type="checkbox"/> 5-point</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	Available	Used	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Lap only	<input type="checkbox"/> Lap only	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point	<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<b>Inflatable Restraints</b> <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="checkbox"/> None	<input type="checkbox"/> None																
<input type="checkbox"/> Lap only	<input type="checkbox"/> Lap only																
<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point																
<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point																
<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point																
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																

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

<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input checked="" 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	

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver’s License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A <input type="checkbox"/> Special Issuance	<b>Date of Last Medical</b> <u>04/18/14</u> mm/dd/yyyy
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**Medical Certificate Limitations**

must wear corrective lenses

**Medical Certificate Special Issuance**

none

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

11/25/15  
mm/dd/yyyy

**Flight Review Aircraft**

**Make:** Beechcraft  
**Model:** RA390

<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (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	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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**Type Ratings**

Airplane Single Engine Land, Airplane Mult Engine Land, CE510-S, RA-390S  
 Instrument Airplane

**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	1330	28	780	550	250	218				
Pilot in Command (PIC)	1022	28	514	508	235	209				
Time as Instructor										
This Make/Model					7	3				
Last 90 Days	60	0		60	20	7				
Last 30 Days	32	28		32	7	3				
Last 24 Hours	2	2		2	0	0				



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

Crew Name and Address	Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Center <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Single <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input 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	<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

Crew Name and Address	Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Center <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Single <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input 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	<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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: <u>Sora</u> City : <u>Highland Park</u> Middle Initial: _____ State: <u>NJ</u> ZIP: <u>08904</u> Last Name: <u>Kohn</u> Country: <u>USA</u> <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: <u>1</u>	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: <u>Ariella</u> City : <u>Highland Park</u> Middle Initial: _____ State: <u>NJ</u> ZIP: <u>08904</u> Last Name: <u>Kohn</u> Country: <u>USA</u> <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: <u>1</u>	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: <u>Morris</u> City : <u>Highland Park</u> Middle Initial: _____ State: <u>NJ</u> ZIP: <u>08904</u> Last Name: <u>Kohn</u> Country: <u>USA</u> <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: <u>2</u>	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: <u>Tali</u> City : <u>Highland Park</u> Middle Initial: _____ State: <u>NJ</u> ZIP: <u>08904</u> Last Name: <u>Kohn</u> Country: <u>USA</u> <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>KBLM</u> City: <u>Wall</u> State: <u>New Jersey</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>3:45pm</u> Time Zone: <u>Eastern</u>	<b>Destination</b> Airport ID: <u>KPWK</u> City: <u>Wheeling</u> State: <u>Illinois</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input type="checkbox"/> None <input type="checkbox"/> Company VFR <input type="checkbox"/> Military VFR <input type="checkbox"/> VFR <input type="checkbox"/> VFR/IFR <input type="checkbox"/> IFR <input type="checkbox"/> Unknown Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input checked="" type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input checked="" type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>ATIS KPWK</u> Observation Time: <u>2052 zulu</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true
<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet												
<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input checked="" type="checkbox"/> On-Board Weather													

<b>Basic Conditions</b> <input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Unknown <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night
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<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input type="checkbox"/> None (Clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> <u>13</u> (C) or _____ (F) <b>Dew Point:</b> <u>6</u> (C) or _____ (F) <b>Altimeter Setting:</b> <u>2944</u> in. Hg or _____ MB
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<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>250</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>16</u> kts	<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting -or- Speed: <u>29</u> kts	<b>Visibility</b> <u>10+</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		<b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
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<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input type="checkbox"/> None	<input type="checkbox"/> N/A	<input type="checkbox"/> Trace	<input type="checkbox"/> Rime	<input type="checkbox"/> Light	<input type="checkbox"/> Clear	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mixed	<input type="checkbox"/> Severe	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input type="checkbox"/> None	<input type="checkbox"/> N/A	<input type="checkbox"/> Trace	<input type="checkbox"/> Rime	<input type="checkbox"/> Light	<input type="checkbox"/> Clear	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mixed	<input type="checkbox"/> Severe	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		<b>Turbulence</b> <b>Type</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input checked="" type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input checked="" type="checkbox"/> Extreme</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input checked="" type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input checked="" type="checkbox"/> Extreme
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

**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 wheel assembly, trunnion and wing of Aircraft. Other damage to airport taxiway light.

**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 location, services obtained, and intended destination. Provide as much detail as possible.

KBLM was the point of departure at 1545 local time on December 10, 2015, to travel to intended destination of KPWK. For the flight, I was the pilot and Neil Gingrich was the co-pilot/mentor.

We received an ATIS update and heard that the winds were 250, 16 gusting 29. I relayed my concerns to Neil that I don't feel comfortable landing with these cross winds. Neil responded that he feels comfortable and that Neil would fly the plane in. Neil then said to me, "why don't you take the plane in and I will make sure you don't end up bending any metal on the runway".

I started the ILS 16 approach. Just as we got established on to the approach we got notice from another pilot that said winds were gusting up to 50 knots. Tower then confirmed that we heard what the pilot beforehand had stated and Neil, who was handling the radios, acknowledged that he heard the pilots. I continued down the approach and everything was normal.

At 45 feet above the runway we got hit by a strong gust of wind at which time Neil grabbed the yoke without calling out my plane and I was no longer flying the aircraft from that point forward. Neil attempted to maneuver the aircraft to the runway at which point the bottom of the left wing made contact with the runway. Since the winds were too strong, Neil initiated a go around.

We circled to runway 30. Upon entering final to land on runway 30, the avionics system was yelling "wind shear, wind shear" (and I am not sure why Neil did not perform a go around after hearing this). Neil asked me to have my hand on the lift dumps and be prepared to deploy them when he said so. Neil was coming down on 30 and trying to control and flare the aircraft. I told Neil just put her down and not to bother to make it pretty because the plane was getting blown out of control and we were using too much runway. Instead, Neil continued to flare and before touching down, the plane was blown off the side of the runway by six inches. At the runway intersection there was a raised taxi way curb which impacted the right tire. This flattened the tire and damaged the wheel assembly. The tower requested for the aircraft to be taken off the runway to not affect airport traffic. I then took back control of the aircraft and I taxied the aircraft off the runway. We exited the plane in an orderly fashion through the main cabin door.

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

## Operator/Owner Safety Recommendation

As discussed on the phone, if I did not feel comfortable landing the aircraft in this type of crosswind, I should not been persuaded otherwise, even though this was at the behest of a mentor pilot. I should have realized that I am PIC and should have made the decision to go to another airport. I am surprised by Neil's comment to me, that this event occurred due to my lack of training when Neil himself got his recurrent training from the same place I received my type rating. I have been told by a number of trainers that my proficiency in flying this aircraft was much better than most pilots they have trained. I also do not understand how Neil could make this assessment when throughout the flight and approach there was not one time that Neil wanted me to correct the way I was flying and the cause of the event (the extreme crosswind) was something that Neil did not allow me to handle on my own either. Neil immediately took the yoke so there is no way for Neil to judge my proficiency in flying the aircraft in these conditions. Therefore, after much thought, I believe I should follow the following 3 recommendations to ensure this does not ever happen again.

1. When I do not feel comfortable as PIC I will not be persuaded or influenced or ride the confidence of another pilot to do something I don't feel comfortable doing and will use my own judgement to make good choices even when the other pilot has much more experience than me.
2. I will make sure to continue to use a mentor pilot until I feel 100% confident flying the aircraft as a single pilot.
3. I will take continuing education to be a safer pilot as well as work on strengthening my knowledge of this aircraft and my keeping attuned and current with flying procedure.

**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)

514 \_\_\_\_\_ 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 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

Orderly, through the main cabin door.

**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.

The fifth passenger in the back of the aircraft was Sam Kohn who was sitting in the left seat of row 2. Sam did not sustain any injury and used a 3 point restraint and is not under 5 years old.

My summary of events was to the best of my knowledge without the benefit of listening to the voice recorder and I believe I captured everything.

All of the damage with this aircraft did not happen under my control although I was in the left seat. Neil, a mentor pilot, took control of the flight at 45 feet above the runway and the rest of the events that happened were under his control.

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

Date of this Report

01/07/16

*mm/dd/yyyy*

Name of Pilot/Operator: Yonah Kohn

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.

GAA16CA086

Reviewed by NTSB Regional Office

GAAID

Name of Investigator

HICKS, M.

Date Report Received

07JAN2016