

**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: San Antonio State: Tx  
 ZIP: \_\_\_\_\_ Country: \_\_\_\_\_  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
*(Enter in decimal degrees or degrees:minutes:seconds)*  
SAT Airport

**Accident/Incident Date/Time**

Date: 7-Oct-16 Local Time: 1:30 pm  
*mm/dd/yyyy* Time Zone: Central

Collision with Other Aircraft:  Midair  On-ground  None

**AIRCRAFT INFORMATION**

Registration Number: N 4924E  
 Manufacturer: Cessna  
 Model: A-185-R Skywagon  
 Serial Number: 18503909  
 Year of Manufacture: 1979  
 Amateur-Built:  Yes  No  
 If Yes:  Kit/Plans  Original Design

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

Maximum Gross Weight: 3525 lbs  
 Weight at Time of Accident/Incident: 2500 1/2 lbs  
 Number of Seats: 4 Flight Crew Seats: 1  
 Cabin Crew Seats: 0 Passenger Seats: 3  
 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 |
- 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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng 1	<u>Continental</u>	<u>I-0550-D</u>	<u>681129</u>	<u>2007</u>	<u>300</u>	<u>240</u>	<u>52</u>	<u>240</u>
Eng 2								
Eng 3								
Eng 4								

**Last Inspection Type**

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

Date Last Inspection: 11-4-2015  
*mm/dd/yyyy*

Airframe Total Time: 2,442 hrs  
 hours measured at (Select one)

52  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: Halon Hand Held

**Propeller 1**

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: McCawley  
 Model: 401-C

**Propeller 2**

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: n/a  
 Model: n/a

ELT Installed:  Yes  No

If Yes:

ELT Manufacturer: \_\_\_\_\_  
 Model or Part No.: 406  
 TSO No.:  OC91 (121.5 MHz)  OC91a (121.5 MHz)  
 CT26 (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 I-Pad
- 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: Stephen E. Retcliff / Stephen B. Retcliff City: Conroe  
 State: TX ZIP: 77303  
 Fractional Ownership Aircraft:  Yes  No Country: USA

**Operator of Aircraft**  Same As Registered Owner  Same Address as Registered Owner  
 Name: Stephen E. Retcliff City: \_\_\_\_\_  
 Doing Business As: N/A State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Air Carrier/Operator Designator (4 Character Code): N/A 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 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 415
- FAR 431
- FAR 435
- 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
- Non-Scheduled or Air Taxi
- Passenger
- Cargo
- Mail Contract Only
- Domestic
- International

**Purpose of Flight for FAR 91, 103, 133, 137**  
*(Select one)*

- Aerial Application
- Aerial Observation
- Air Drop
- Air Race/Show
- Banner Tow
- Business
- Executive/Corporate
- External Load
- Ferry
- Firefighting
- Flight Test
- Glider Tow
- Instructional
- Other Work Use
- Personal
- Positioning
- Skydiving
- Unknown

**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: San Antonio  
 Airport Identifier: SAT  
 Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/A

Distance From Airport Center: N/A sm  
 Direction From Airport: N/A degrees true  
 Airport Elevation: 797' ft msl

**Runway Information**  
 Runway ID: 12L (L/R/C) Length: 5148 ft Width: 100 ft

**Runway/Landing Surface** *(Check all that apply)*

- Asphalt
- Concrete
- Dirt
- Grass/Turf
- Gravel
- Ice
- Macadam
- Metal/Wood
- Snow
- Water
- Unknown

**Condition of Runway/Landing Surface** *(Check all that apply)*

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush-Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

**Approach/Departure Segment** *(Select one)*

- Taxi
- Takeoff
- Initial Climb
- VFR Departure
- IFR Departure Procedure/Clearance
- On Instrument Approach
- Landing
- Downwind
- Base
- Final
- Crosswind
- Low Approach
- Go Around
- Aborted Landing (after touchdown)
- Unknown

**IFR Approach** *(Check all that apply)*

- None
- ADF/NDB
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- LOC-back course
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice
- GPS
- Unknown

**VFR Approach** *(Check all that apply)*

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- 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: Stephene E. Reteliff   City of Residence: Conroe  
 Middle Initial: E.   State: Texas   ZIP: 77303  
 Last Name: Reteliff   Country: USA  
 Age at time of Accident/Incident: 65   Date of Birth: 1951 mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <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	<b>Restraint Type</b> <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 type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" 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 type="radio"/> 3-point	<input type="radio"/> 3-point	<input checked="" 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	<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="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input type="radio"/> 3-point	<input type="radio"/> 3-point																
<input checked="" 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																
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input checked="" 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="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <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	<b>Medical Certificate Validity</b> <input checked="" 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	<b>Date of Last Medical</b> <u>8/3/2015</u> mm/dd/yyyy
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**Medical Certificate Limitations**  
 n/a

**Medical Certificate Special Issuance**  
 n/a

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 8-17-2016 mm/dd/yyyy  
**Flight Review Aircraft**  
 Make: Cessna  
 Model: 180-K

<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" 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"/> 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**  
ATP - Airplane Multi. engine Land  
commercial single engine Land  
Private - Single engine Sea

**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	4500.7	4000	4,000	500	200	340	127	-	-	-
Pilot in Command (PIC)	4500									
Time as Instructor	0									
This Make/Model										
Last 90 Days	35.4	35.4	35.4	0	0	0	0			
Last 30 Days	2.3	2.3	2.3	0	0	0	0			
Last 24 Hours	1.3	1.3	1.3	0	0	0	0			

**"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: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input 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	<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 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>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>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <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	<b>Medical Certificate Validity</b> <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	<b>Date of Last Medical</b> _____ mm/dd/yyyy
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**Medical Certificate Limitations**

VA

**Medical Certificate Special Issuance**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<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 type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (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	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (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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<b>Type Ratings</b>	<b>Student Endorsements</b> (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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										



FLIGHT ITINERARY INFORMATION					
<b>Last Departure Point</b> Airport ID: <u>CXO</u> City: <u>Conroe</u> State: <u>TX</u> Country: <u>US</u>		<b>Time of Departure</b> Time: <u>12:15 pm</u> Time Zone: <u>Central</u>		<b>Destination</b> Airport ID: <u>SAT</u> City: <u>San Antonio</u> State: <u>TX</u> Country: <u>US</u>	
				<b>Type Flight Plan Filed</b> <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"/> <del>VFR</del> <u>Flight Following</u> Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Type of ATC Clearance/Service (Check all that apply)</b>					
<input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR		<input type="checkbox"/> Special IFR <input type="checkbox"/> VFR On Top		<input checked="" type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA	
<b>Airspace where the accident/incident occurred (Check all that apply)</b>				<b>Altitude of In-Flight Occurrence:</b>	
<input type="checkbox"/> Class A <input type="checkbox"/> Class G <input checked="" type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area		<input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 93		<input type="checkbox"/> Special <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Unknown <u>W/A</u> ft msl <u>"Ground Loop" on ground</u>	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
<b>Source of Pilot Weather Information (Check all that apply)</b>			<b>Weather Observation Facility</b>		
<input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather			<input checked="" type="checkbox"/> <u>None</u> <u>Fore Flight</u> <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown		
			Facility ID: <u>Unknown (SAT)?</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
<b>Basic Conditions</b>		<b>Light Condition</b>			
<input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		<input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night			
<b>Sky/Lowest Cloud Condition</b>		<b>Ceiling</b>		<b>Temperature:</b> _____ (C) or <u>80.5</u> (F)	
<input 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 checked="" type="radio"/> Scattered		<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		<b>Dew Point:</b> _____ (C) or _____ (F)	
<b>Lowest Cloud Condition Height</b>		<b>Ceiling Height</b>		<b>Altimeter Setting:</b> _____ in. Hg or _____ MB	
_____ ft agl		_____ ft agl			
<b>Wind Direction</b>		<b>Wind Speed</b>	<b>Wind Gusts</b>	<b>Visibility</b> <u>good</u> miles	
<input checked="" type="checkbox"/> Variable <u>010@18</u> <u>360@16</u> Direction: _____ degrees true		<input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>13-18</u> kts	<input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft	
<b>Intensity of Precipitation</b>		<b>Type of Precipitation (Check all that apply)</b>		<b>Restriction to Visibility (Check all that apply)</b>	
<input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown		<input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input checked="" type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle		<input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown	
<b>Icing Forecast</b>		<b>Icing Actual</b>		<b>Turbulence</b>	
<b>Amount</b> <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 <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		<b>Amount</b> <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 <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		<b>Type (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence <b>Severity</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	
<b>NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>					

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

- None  
 Minor  
 Substantial  
 Destroyed  
 Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

"Ground Loop" Accident; tailwheel aircraft, Cessna 185 Skywagon  
 Right gear leg, gear box, right & left wings, Right door, right Aileron  
 right door post, propeller, exhaust pipe

**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.

Prior to departing CXO airport, checked weather on  
 for flight. Wx good - set clouds, wind from SE -  
 Topped at fuel - 84 gal.  
 12:15 PM  
 Departed CXO, climbed to 6,500'... Wx good... to 10K  
 tail wind. Used flight following. Normal smooth flight.  
 Upon descent, approach control vectored me to the North.  
 I kept me high... 3,500'. Before hand off to tower,  
 told to plan for a left downwind for 12L.

Please see page 9-A for  
 further discussion

**Reference:** N4924E Cessna A-185-F  
"Ground Loop" Incident at San Antonio International Airport (SAT)

**Date:** 7 October 2016

**Time:** Approx. 1:15 p.m.

**Weather:** Runway Dry, Rain Showers to the NW

**Wind:** Tower reported 10K @120 +/- degree

*Note:  
This was not confirmed  
after listening to the  
Tower recordings.*

**Assigned RW:** 12 L

**Discussion:**

Upon being handed off to Tower, I was vectored slightly to the north away from the airport. Assigned 3500'.

Tower instructed to enter a left down wind for runway 12 L.

Slowed to 120 K and pulled 10 degrees flaps.

Started base leg and descending....below 100K pulled second notch of flaps to 20 degrees....

Turning base to final, airspeed decreasing thru 70 K.... pulled third notch of flaps to 30 degrees....

This was a stabilized approach....no cross wind detected.... no "crab" angle required....

Approaching runway and setting up for "wheel landing" .... air speed seemed fine.... ground speed seemed a little fast upon touchdown....

Power was off.... air speed bleeding off normally.... slight bounce on touchdown.... Tail stalled.... (at this time, the aircraft had "quit flying")

Transitioned to 3 point landing.... yolk all the way back....

In an instant.... "fraction of a second" .... aircraft was sideways on the runway.... Skidding on runway.... 90 degrees to the left....skidded off runway....collapsed right landing gear....

**Conclusion:**

After shut down and upon exiting the aircraft I observed the wind out of the north...10 to 15 K. I noticed the tower had switched to runway 30

I have asked the FAA safety inspector for the Tower communication to me and asked why I was assigned and cleared to land on a runway with a tail  
wind

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

Operator/Owner Safety Recommendation

See attached discussion  
 Contributing Factors  
 page 10-A

**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)

\_\_\_\_\_ 84 \_\_\_\_\_ 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

Thru pilot side door

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

Aircraft Registration Number

Manufacturer: \_\_\_\_\_

Damage to Other Aircraft

Model: \_\_\_\_\_

 Destroyed       Minor  
 Substantial       None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

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

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

October 20, 2016

Gerhardt Adam  
NTSB  
Washington DC

RE: Contributing factors to N4924E accident

- 1) Tower assigned a runway with a known quartering tail wind, up to 18 knots.
- 2) As pilot in command, I did not process the wind "call out" prior to landing. I assumed since my entire flight indicated a good tail wind that I would have some type of head wind upon landing on 12 L. Per the tower tapes I listened to, no "wind check" was given upon clearance to land "while on final".
- 3) Tower frequency revealed "excessive chatter" as they used tower frequency to direct ground aircraft.
- 4) I believe tower personnel lost "situational awareness" for landing aircraft.
- 5) Tower seemed to be in a "state of confusion" about "turning the airport around" as it was mentioned several times on the tapes. (how hard could it have been to say "4924E cleared for straight in runway 30R?")
- 6) Tower failed to address safety of landing aircraft by not assigning a runway into the wind.
- 7) When on final a different tower controller (different voice) gave me clearance to land..... No mention of wind was given at that time. Once again, a lack of situational awareness for the landing aircraft.
- 8) The tower was slow to respond to the wind change by not reassigning a proper runway into the wind. (after my accident they immediately changed to runway 30L for arriving traffic)

**Conclusion:**

In all my years and time in flying I have never been assigned to land on a runway with a tail wind such as what I had to deal with.

**Brief Pilot History:**

40 years of flying with no accidents. Over 4,500 hours total time PIC. Over 4,000 hours in Cessna 180's and 185's tail wheel aircraft.

Respectfully Submitted,

Stephen E. Ratcliff

[Redacted Signature]

PIC

[Redacted Signature]

page 10-A

**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: 20-Oct-16  
mm/dd/yyyy

Name of Pilot/Operator: Stephen F. Procliff

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. GAA17CA013	Reviewed by NTSB Regional Office GAA	Name of Investigator ADAM GERHARDT	Date Report Received 10/24/2016
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