FORM APPROVED FOR USE THROUGH 7/31/98 BY OMB NO.3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
This form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Kennesaw, GA 30152	6/22/02	09:30		1040 Feet MSL Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport

1. ☐ On Approach
2. ☒ Within 1/4 Mile
3. ☐ Within 1/2 Mile
4. ☐ Within 3/4 Mile
5. ☐ Within 1 Mile
6. ☐ Within 2 Miles
7. ☐ Within 3 Miles
8. ☐ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions
McCollum Field	KRYY	1. ☐ Direction: 27/9 3. ☐ Width: 75' 5. ☐ Condition: Dry 2. ☐ Length: 5355' 4. ☐ Surface: Concrete

Phase Of Operation:

1. ☐ Standing
2. ☐ Taxi
3. ☐ Takeoff
4. ☐ Climb
5. ☐ Cruise
6. ☐ Descent
7. ☐ Approach
8. ☒ Landing
9. ☐ Hover/Maneuver
10. ☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
N739PF	Cessna	172N	17270691	2400

Type Of Aircraft

1. ☒ Airplane
2. ☐ Helicopter
3. ☐ Glider
4. ☐ Balloon
5. ☐ Blimp/Dirigible
6. ☐ Ultralight
7. ☐ Gyroplane
8. ☐ Specify _____

Type Of Airworthiness Certificate

1. ☒ Normal
2. ☒ Utility
3. ☐ Acrobatic
4. ☐ Transport
5. ☐ Restricted
6. ☐ Limited
7. ☐ Experimental
8. ☐ Specify _____

Amateur Built

1. ☐ Yes
2. ☒ No

Landing Gear

1. ☒ Tricycle—Fixed
2. ☐ Tricycle—Retractable
3. ☐ Tailwheel—Fixed
4. ☐ Tailwheel—Retractable
5. ☐ Tailwheel—Retractable Mains
6. ☐ Amphibian
7. ☐ Skid
8. ☐ Limited
9. ☐ Specify _____

No. Of Seats

Flight/Cabin
Crew 1
Pax 3

Stall Warning System Installed	IFR Equipped	Engine Type
1. ☒ Yes 2. ☐ No	1. ☒ Yes 2. ☐ No	1. ☒ Reciprocating—Carburetor 2. ☐ Reciprocating—Fuel Injected 3. ☐ Turbo Prop 4. ☐ Turbo Jet 5. ☐ Turbo Fan 6. ☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
LYCOMING	O-360	1. 160 Horsepower 2. _____ Lbs Thrust	1. None 2. Specify _____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1		L-1239-39A	2440 Hours	94.5 Hours	2440 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1. ☒ Annual
2. ☐ Manufacturer's Inspection Program
3. ☐ Other Approved Inspection Program(AAIP)
4. ☐ Continuous Airworthiness
5. ☐ Specify _____

Type Of Last Inspection

1. ☐ Annual
2. ☒ 100 Hours
3. ☐ AAIP
4. ☐ Continuous Airworthiness

Date Last Inspection Performed 6/1/2002 (M/D/Y)

Time Since Last Inspection 94.5 Hours

Airframe Total Time 6367.3 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
	Cessna	10		05/2003

Switch: 1. ☐ On 2. ☐ Off 3. ☒ Armed

Operated: 1. ☒ Yes 2. ☐ No

Aided In Accident Location: 1. ☐ Yes 2. ☒ No

Registered Aircraft Owner Atlanta Northside Aviation

Address 1723 McCollum Pkwy, Kennesaw, GA 30152

Operator Of Aircraft

1. ☒ Same As Registered Owner
2. Name
3. DBS:

Address

1. ☒ Same As Registered Owner
2. _____

NTSB Form 6120.1/2 (11/87) This Form replaces NTSB Forms6120.1 (rev. 10/77) and 6120.2 (Rev.10/77)

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)

Purpose Of Flight And Type Of Operation

Regulation Flight Conducted Under
1.☒ FAR91 (only) 4.☐ FAR 121 7.☐ FAR 133
2.☐ FAR91D 5.☐ FAR 125 8.☐ FAR 135
3.☐ FAR 103 6.☐ FAR 129 9.☐ FAR 137

Purpose of Flight
1.☐ Personal 6.☐ Aerial Observation
2.☐ Business 7.☐ Other Work Use
3.☒ Educational 8.☐ Public Use
4.☐ Executive/Corporate 9.☐ Ferry
5.☐ Aerial Application 10.☐ Positioning

Operator Authority
FAR121
1.☐ Domestic
2.☐ Flag
3.☐ Supplemental
FAR 135
4.☐ On Demand
5.☐ Commuter
FAR 133
6.☐ Rotorcraft External Load
FAR125
7.☐ Large Aircraft
FAR 129
8.☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1.☐ Scheduled
2.☐ Non Scheduled
3.☐ Domestic
4.☐ International
5.☐ Passenger
6.☐ Cargo
7. Specify

Pilot Information

Pilot Name Ashton Michales [redacted] **Nationality** USA

Certificate(s)
1.☒ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Military 9.☐ None
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.☐ Foreign 10.Specify

Rating (s)
1.☒ None 6.☐ Helicopter
2.☐ Single Engine Land 7.☐ Glider
3.☐ Single Engine Sea 8.☐ Free Balloon
4.☐ Multiengine Land 9.☐ AirShip
5.☐ Multiengine Sea 10.☐ Gyroplane

Instrument Rating (s)
1.☒ None
2.☐ Airplane
3.☐ Helicopter

Instructor Rating (s)
1.☒ None 6.☐ Instrument Airplane
2.☐ Airplane S.E. 7.☐ Instrument Helicopter
3.☐ Airplane M.E. 8.☐ Ground Instructor
4.☐ Helicopter 9.☐ Specify
5.☐ Glider

Type Ratings/Student Endorsements
Student endorsement

Date Of Biennial Flight Review or Equivalent (M/D/Y)
None

IFR Aircraft
1. Make
2. Model

Medical Certificate
1.☐ None 3.☐ Class 2
2.☐ Class 1 4.☒ Class 3

Date Of Last Medical (M/D/Y)
6/20/02

Limitations None

Waivers None

Date Of Birth (M/D/Y) [redacted]

Degree Of Injury
1.☒ None
2.☐ Minor
3.☐ Serious
4.☐ Fatal

Seat Occupied
1.☒ Left 4.☐ Front
2.☐ Right 5.☐ Rear
3.☐ Center

Person At Controls At Time Of Accident
1.☒ Pilot in Control 4.☐ Non-Pilot
2.☐ Second Pilot 5.☐ No One
3.☐ Both Pilots

Seat Belt Available
1.☒ Yes
2.☐ No

Seat Belt Used
1.☒ Yes
2.☐ No

Shoulder Harness Available
1.☒ Yes
2.☐ No

Shoulder Harness Used
1.☒ Yes
2.☐ No

Source Of Pilot Flight Time Information
1.☒ Pilot Logbook 4.☐ Company
2.☐ Operators Estimate 5.☐ Specify
3.☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	23 hours	21.8	23	—	—	—	5	—	—	—
Pilot In Command (PIC)										
Instructor										
This Make & Model	[redacted]						[redacted]			
Last 90 Days	21	21	21	—	—	—	.5	—	—	—
Last 30 Days	16	16	16	—	—	—	—	—	—	—
Last 24 Hours	1.5	1.5	1.5	—	—	—	—	—	—	—

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1.☐ Co-Pilot 2.☐ Dual Student 3.☐ Safety Pilot 4.☐ Check Pilot 5.☐ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality

Certificate (s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Military 9.None
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.☐ Foreign 10.Specify

Second Pilot Information (cont.)

Rating (s)
1. ☐ None
2. ☐ Single Engine Land
3. ☐ Single Engine Sea
4. ☐ Multiengine Land
5. ☐ Multiengine Sea
6. ☐ Helicopter
7. ☐ Glider
8. ☐ Free Balloon
9. ☐ Airship
10. ☐ Gyroplane

Instrument Rating (s)
1. ☐ None
2. ☐ Airplane
3. ☐ Helicopter

Instructor Rating (s)
1. ☐ None
2. ☐ Airplane S.E.
3. ☐ Airplane M.E.
4. ☐ Helicopter
5. ☐ Glider
8. ☐ Instrument Airplane
7. ☐ Instrument Helicopter
8. ☐ Ground Instructor
9. ☐ Specify

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)

IFR Aircraft
1. Make
2. Model

Medical Certificate
1. ☐ None
2. ☐ Class 1
3. ☐ Class 2
4. ☐ Class 3

Date Of Last Medical (M/D/Y)

Limitations

Waivers

Date Of Birth (M/D/Y)

Degree Of Injury
1. ☐ None
2. ☐ Minor
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☐ Left
2. ☐ Right
3. ☐ Center
4. ☐ Front
5. ☐ Rear

Seat Belt Available
1. ☐ Yes
2. ☐ No

Seat Belt Used
1. ☐ Yes
2. ☐ No

Shoulder Harness Available
1. ☐ Yes
2. ☐ No

Shoulder Harness Used
1. ☐ Yes
2. ☐ No

1. ☐ Pilot Logbook
2. ☐ Operators Estimate
3. ☐ FAA Records
4. ☐ Company
5. ☐ Specify

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Other Personnel

	Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None
1.									
2.									
3.									
4.									
5.									
6.									

Flight Itinerary Information

Last Departure Point
1. Airport ID: KRYY
2. City/Place: Kennesaw
3. State: GA

Time Of Departure
1. Time: 0930
2. Time Zone: EST

Destination
1. Airport ID: Same
2. City/Place: Same
3. State: Same

Flight Plan Filed
1. ☒ None
2. ☐ VFR
3. ☐ IFR
4. ☐ VFR/IFR
5. ☐ Company (VFR)
6. ☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

Current + Forecast checkd via WSI Weather Computer

Fuel On Board At Last Takeoff
46 Gallons
or
Pounds

Fuel Type
1. ☐ 80/87
2. ☒ 100 Low Lead
3. ☐ 100/130
4. ☐ 115/145
5. ☐ Jet A
6. ☐ Automotive
7. Specify

Other Services, If Any, Prior to Departure

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)
Pilot, Operator

Light Condition
1. ☐ Dawn
2. ☒ Daylight
3. ☐ Dusk
4. ☐ Bright Night
5. ☐ Dark Night

Visibility
10+ Miles

Temp (°F)
76°F

Weather Information At The Accident Site (cont.)

Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition
66 (°F)	30.26 "Hg	1.☐ Clear 2.☐ Scattered _____ Feet AGL 3.☐ Broken _____ Feet AGL 4.☒ Overcast 2,200 Feet AGL 5.☐ Partial Obscuration 6.☐ Obscured

Wind Information	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
1.Direction 060 2. Velocity 05 Kts 3. Gusts 15 Kts	—	—	1.☐ Light 3.☐ Heavy 2.☐ Moderate 4.Specify

Turbulence (Multiple Entry)
1.☒ None 2.☐ Light 3.☐ Moderate 4.☐ Severe 5.☐ Extreme 6.☐ Clean Air 7.☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage
1.☐ None 2.☐ Minor 3.☒ Substantial 4.☐ Destroyed

Fire
1.☐ Yes 3.☐ In-Flight
2.☒ No 4.☐ On Ground

Description Of Damage To Aircraft And Other Property
Prop Strike, broken windscreen, Struts bent, nose gear sheared off, empennage damage, vertical fin damage

Mechanical Malfunction Failure

1.☒ No
2.☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

Total Time

On Part	At Overhaul
_____ Hours	_____ Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1.☐ Destroyed 3.☐ Minor 2.☐ Substantial 4.☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received
1.☐ Outside Person (s) 3.☐ Slide 5.☐ Ladder
2.☐ Auxiliary Lighting 4.☐ Rope 6.☒ Specify None

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following
1. Main Door 2 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	**FAA Certificate No.**	**Address** ______	**Title**

Certificate(s)
1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ______

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address** ______	**Title**

Certificate(s)
1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ______

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address** ______	**Title**

Certificate(s)
1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ______

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

Took off w/ Instructor on Runway 9, flew three touch + goes, on forth landing DVE stopped and dropped off the instructor, I ~~the~~ took off again from runway 9 and flew the pattern, cleared for touch and go, I set up and brought the plane down, I touched down and situated enough to initiate the takeoff sequence I picked up flaps and shut carb. heat off. I applied full power, as normal the nose veered left, so I applied right rudder to correct, the plane kept moving left, I departed the left side of the runway, the whole time applying breaks. I had pulled throttle back to idle before departing the runway, I hit a gulley and nosed over and the plane flipped. Time of accident was 0930. ~~Hrs~~ Apm

END

[redacted]

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report	Signature Of Pilot/Operator
6/22/02	[redacted]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature
2. Type Or Print Name
3. Title

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
MIA02LA117	SEEA-MIA	[redacted]	6/28/02