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: Lakewood State: NJ
ZIP: 08701 Country: United States
Latitude: 40.07N Longitude: 74.18W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05/01/2017 *mm/dd/yyyy* Local Time: 16:57
Time Zone: EDT

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

AIRCRAFT INFORMATION

Registration Number: N68VY
Manufacturer: Cirrus Design Corporation
Model: SR20
Serial Number: 2346
Year of Manufacture: 2017
Amateur-Built: ○ Yes ◉ No *If Yes:* ○ Kit/Plans ○ Original Design Make:

☑ **IFR-Equipped and Certified**
☐ **Commercial Space Flight**
☐ **Unmanned Aircraft**

Maximum Gross Weight: 3,150 lbs
Weight at Time of Accident/Incident: 2,720 lbs
Number of Seats: 4 Flight Crew Seats: 2
Cabin Crew Seats: Passenger Seats: 2
Number of Engines: 1

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

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

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

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

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

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

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

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ◉ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Lycoming	IO-390-C3B6	Unknown	Unknown	215	41.9	16.9	N/A
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
○ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
○ Annual ○ Unknown

Date Last Inspection: Unknown *mm/dd/yyyy*
Airframe Total Time: 61.3 hrs
hours measured at *(Select one)*
○ Last Inspection ◉ Time of Accident/Incident

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

Description of Fire Extinguishing System
○ None
◉ Specify: Small portable Halon 1211 fire extinguisher bottle located in

Propeller 1 ○ Fixed Pitch ◉ Controllable Pitch ○ Ground Adjustable
Manufacturer: Hartzell
Model: HC-E3YR-1RF/F7392S-1

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

ELT Installed: ◉ Yes ○ No
If Yes:
ELT Manufacturer: Artex
Model or Part No.: ELT 1000
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: N68VY LLC.

Fractional Ownership Aircraft: ○ Yes ◉ No

City: Farmingdale

State: NY ZIP: 11735

Country: United States

Operator of Aircraft ☐ *Same As Registered Owner* ☑ *Same Address as Registered Owner*

Name: Nassau Flyers, Inc.

Doing Business As: Nassau Flyers

Air Carrier/Operator Designator (4 Character Code): N/A

City:

State: ZIP:

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: Lakewood Airport

Airport Identifier: N12

Proximity to Airport: ○ Off Airport/Airstrip ◉ On Airport/Airstrip ○ N/A

Distance From Airport Center: Unknown sm

Direction From Airport: N/A degrees true

Airport Elevation: 42 ft. msl

Runway Information

Runway ID: RW24 (L/R/C) Length: 2,987 ft Width: 60 ft

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

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

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

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

Approach/Departure Segment *(Select one)*

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

IFR Approach *(Check all that apply)*

☑ None

☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach *(Check all that apply)*

☐ None

☑ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☑ Go Around ☐ Forced Landing
☑ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying ☑ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: Connor
Middle Initial: M
Last Name: Rogers
Age at time of Accident/Incident: 22
Date of Birth: [redacted] *mm/dd/yyyy*
Certificate Number:

City of Residence: Centereach
State: NY ZIP: 11720
Country: United States

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

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

Restraint Type

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

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

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

Principal Occupation
◉ Pilot
○ Other
○ Unknown

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

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

Date of Last Medical
09/09/2016
mm/dd/yyyy

Medical Certificate Limitations
NONE

Medical Certificate Special Issuance
N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/12/2017 *mm/dd/yyyy*

Flight Review Aircraft
Make: Piper
Model: P28A Warrior III

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

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

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

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

Type Ratings
NONE

Student Endorsements *(Include dates)*
N/A

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	774	194	767	0	54	10	60	1	0	0
Pilot in Command (PIC)	705	194	705	0	51	10	55	0	0	0
Time as Instructor	369	185	369	0	14	1	0	0	0	0
This Make/Model					5	2	0			
Last 90 Days	185	106	185	0	3	3	0	0	0	0
Last 30 Days	72	37	72	0	0	2	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	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: Daniel
Middle Initial: B
Last Name: Cashion
Age at time of Accident/Incident: 46 Date of Birth: [redacted] *mm/dd/yyyy*
Certificate Number: [redacted]

City of Residence: Rumson
State: NJ ZIP: 07760
Country: United States

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

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

Restraint Type

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

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

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

Principal Occupation
○ Pilot ◉ Other ○ Unknown

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

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

Date of Last Medical
02/10/2017 *mm/dd/yyyy*

Medical Certificate Limitations
NONE

Medical Certificate Special Issuance
N/A

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

Flight Review Aircraft
Make: N/A
Model: N/A

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

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

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

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

Type Ratings
NONE

Student Endorsements *(Include dates)*
Solo Endorsement, C152, 02/22/2017

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	33	6	33	0	0	0	3	0	0	0
Pilot in Command (PIC)	1	0	1	0	0	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	33	3	33	0	0	0	0	0	0	0
Last 30 Days	8	6	8	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

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

Crew Name and Address

First Name: ____________ City of Residence: ____________

Middle Initial: ______ State: ______ ZIP: ______

Last Name: ____________ Country: ____________

Seat Occupied

- ○ Left
- ○ Center
- ○ Right
- ○ Front
- ○ Rear
- ○ Single
- ○ Unknown

Injury

- ○ None
- ○ Minor
- ○ Serious
- ○ Fatal
- ○ Unknown

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

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

Restraint Type:

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

Inflatable Restraints

- ☐ Not Installed
- ☐ Installed
- ☐ Not Deployed
- ☐ Deployed
- ☐ Unknown

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

Total Flight Time at the Time of this Accident/Incident: ____________hrs

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Crew Name and Address

First Name: ____________ City of Residence: ____________

Middle Initial: ______ State: ______ ZIP: ______

Last Name: ____________ Country: ____________

Seat Occupied

- ○ Left
- ○ Center
- ○ Right
- ○ Front
- ○ Rear
- ○ Single
- ○ Unknown

Injury

- ○ None
- ○ Minor
- ○ Serious
- ○ Fatal
- ○ Unknown

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

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

Restraint Type:

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

Inflatable Restraints

- ☐ Not Installed
- ☐ Installed
- ☐ Not Deployed
- ☐ Deployed
- ☐ Unknown

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

Total Flight Time at the Time of this Accident/Incident: ____________hrs

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

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** / **Used** ○ None / ○ None ○ Lap Only / ○ Lap Only ○ 3-point / ○ 3-point ○ 4-point / ○ 4-point ○ 5-point / ○ 5-point ○ Unknown / ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** / **Used** ○ None / ○ None ○ Lap Only / ○ Lap Only ○ 3-point / ○ 3-point ○ 4-point / ○ 4-point ○ 5-point / ○ 5-point ○ Unknown / ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** / **Used** ○ None / ○ None ○ Lap Only / ○ Lap Only ○ 3-point / ○ 3-point ○ 4-point / ○ 4-point ○ 5-point / ○ 5-point ○ Unknown / ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** / **Used** ○ None / ○ None ○ Lap Only / ○ Lap Only ○ 3-point / ○ 3-point ○ 4-point / ○ 4-point ○ 5-point / ○ 5-point ○ Unknown / ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: KBLM
City: Belmar
State: NJ
Country: United States

Time of Departure
Time: 15:30
Time Zone: EDT

Destination
Airport ID: KBLM
City: Belmar
State: NJ
Country: United States

Type Flight Plan Filed
(●) None ( ) VFR/IFR
( ) Company VFR ( ) IFR
( ) Military VFR ( ) Unknown
( ) VFR
Activated? ( ) Yes ( ) No ( ) Unknown

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

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

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

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

Weather Observation Facility
Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ degrees true

Basic Conditions
(●) VMC
( ) IMC
( ) Unknown

Light Condition
(●) Dawn ( ) Dusk ( ) Dark Night ( ) Unknown
( ) Day ( ) Night ( ) Bright Night

Sky/Lowest Cloud Condition
( ) Clear (●) Thin Broken
( ) Few ( ) Thin Overcast
( ) Partial Obscuration ( ) Unknown
( ) Scattered

Lowest Cloud Condition Height
4,900 ft agl

Ceiling
( ) None (Clear) ( ) Obscured
(●) Broken ( ) Indefinite
( ) Overcast ( ) Unknown

Ceiling Height
4,900 ft agl

Temperature: 26 (C) or _____ (F)
Dew Point: 18 (C) or _____ (F)
Altimeter Setting: 29.82 in. Hg
or _____ MB

Wind Direction
☐ Variable
-or-
Direction: 170 degrees true

Wind Speed
☐ Calm
☐ Light and Variable
-or-
Speed: 12 kts

Wind Gusts
☐ Not Gusting
-or-
Speed: 17 kts

Visibility 10 miles
RVR: N/A feet
RVV: N/A miles
Density Altitude: 200 ft

Intensity of Precipitation
( ) Light
( ) Moderate
( ) Heavy
(●) N/A
( ) Unknown

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

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

Icing Forecast

Amount	Type
(●) None	( ) N/A
( ) Trace	( ) Rime
( ) Light	( ) Clear
( ) Moderate	( ) Mixed
( ) Severe	( ) Unknown
( ) Unknown	

Icing Actual

Amount	Type
(●) None	( ) N/A
( ) Trace	( ) Rime
( ) Light	( ) Clear
( ) Moderate	( ) Mixed
( ) Severe	( ) Unknown
( ) Unknown	

Turbulence

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

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

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

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

No property damage. Aircraft right wingtip separated, aircraft nose gear separated, aircraft engine cowling separated, aircraft firewall damaged, aircraft propeller/spinner bent/dented, aircraft engine mounts structurally compromised, aircraft battery structurally compromised, aircraft flaps structurally compromised, both wings and ailerons structurally compromised, main landing gear structurally compromised, rudder and stabilizer damaged.

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.

Departed KFRG solo at approximately 14:30 EDT to meet student at KBLM, conditions were IFR but improving at departure airport KFRG, VFR at destination KBLM and vicinity. Standard weather briefing obtained through 1800wxbrief.com prior to departure contained AIRMET T for moderate turbulence over the route and flight lesson area of operation ("AO") as well as an AIRMET T for possible LLWS north of and not including lesson AO.

Lesson plan as per briefing with student was to complete airwork maneuvers (steep turns, slow flight, stall recoveries) as well as scenarios for abnormal operations (alternator failures) and emergency procedures (engine failure) before concluding the lesson with landing practice. We departed KBLM at 15:30 EDT. We planned on returning to KBLM at lesson completion.

Upon completing the airwork and abnormal/emergency scenarios, we proceeded to N12 to practice full stop taxi back landings. I briefed the student on how to look up airport information from the on board database. N12 did not have any weather information available so we overflew the field at 2,000 MSL to observe the wind sock and determine the most favorable runway. Runway 24 was selected and we began a descent while maneuvering to join the midfield right downwind (right traffic for RW24) at a 45 degree entry. The airplane was slightly low in the downwind, I pointed the discrepancy out to the student who then elected to maintain altitude past the point where a normal descent would be started to compensate. Pattern was otherwise flown normal.

Upon turning final, airspeed was fluctuating between 78 (manufacturer's recommended approach speed) and 70 KIAS. I alerted the student of the low airspeed and suggested lowering the pitch. The flaps were presently set to full and because we were slightly above the desired glidepath the throttle was set lower than normal, in this configuration this particular airplane requires noticeable forward pressure on the controls and a greater than average nose down pitch in order to prevent airspeed from bleeding off. The student corrected by lowering the pitch and applying power to compensate. I reminded the student that a go around is always an option if it "doesn't look or feel right." The approach began to stabilize and was continued.

Upon crossing the treeline and runway threshold, while leveling off prior to landing, the aircraft experienced a sudden loss of airspeed, getting as low as 60 KIAS, promptly followed by a loss of altitude, possibly due to a windshear encounter. As the airplane began to sink, the student applied full power to go around but the airplane continued to sink. The main gear (at least) contacted the ground during the go around and as the airplane became airborne again it began to roll to the left in a manner similar to that of an uncoordinated stall in which the left rolling moment is induced by engine torque, asymmetric propeller loading, and other aerodynamic factors. At this point I announced I was taking control. Treating the situation as a stall recovery, I attempted to lower the nose and applied right rudder input to level the wings. For a moment the wings began to trend back towards level, however, as the aircraft exited ground effect it rolled hard to the right and although left rudder was applied to compensate the right wing impacted the ground and the aircraft pivoted around the wingtip, impacting on the nose and then the left wing before coming to a rest upright and at a nose low attitude in the grass to the left of the runway. I fail to remember if the stall waring was audible or not. The entire sequence of events lasted approximately 3 to 4 seconds.

There was a small fire as the aircraft came to rest. Suffering no injuries, both my student and myself opened our cabin doors and after verifying that the doors were not jammed I proceeded to retard the fuel mixture towards its cutoff position, retard the throttle to idle, switch off the electric fuel pump, switch off the batteries and switch off the ignition prior to exiting. After evacuating to a safe distance, my student and I further assessed any potential injuries. The fire was contained and did not spread further, emergency services responded and ensured the fire was entirely contained.

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

Operator/Owner Safety Recommendation

Initiating a go around at an earlier time, such as immediately as the loss of airspeed was encountered (rather than the subsequent loss of altitude) may have yielded enough time, energy, and altitude for recovery to be possible.

Additionally, a greater focus on go around procedures with emphasis on coordination and rate of power application in future flight instruction may limit the possibility of encountering a stall during a go around.

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)

50 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

Both cabin doors were opened. Student exited aircraft from pilot-side cabin door, instructor exited from co-pilot side 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.

There was no weather information available for the accident site airport. The weather data cited in this report was recorded at time of departure from neighboring airport KBLM at 15:30 EDT.

Aircraft had not reached its first 100 hour or annual inspection, but had received a 25 hour inspection as part of the engine break-in phase. The maintenance records are no longer in my possession and therefore the date of last inspection is unknown as well as the engine serial number and date of mfg.

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

Date of this Report

05/12/2017

mm/dd/yyyy

Name of Pilot/Operator: Connor M. Rogers

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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAA17CA253	GAA	JACKIE VANOVER	05/12/2017