NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

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BASIC INFOR								• • • • • • •		C .			
Accident/Incident					G			cident/Incid					
Nearest City/Place:			۵		_ State: <u>r</u>	<u>vJ</u>	Da	te: <u>10/1</u> <i>mm/dc</i>	17/2017 1/1000	Lo	cal Time:	1230	
ZIP: 07726 Country: USA Latitude: 40.3298867 Longitude: -74.3467869						mmaa	<i>a yyyy</i>	Ti	me Zone:	EST			
			legrees:minutes:sec				Co	ollision with	Other Air	craft: C) Midair	OOn-groun	d O None
											-	• • • • • •	
AIRCRAFT IN			N				_		1 10				
Registration Num Manufacturer: <u>C</u>								☐ IFR-Equip □ Commerci □ Unmanned	al Space Fli				
								_		<i>t</i> .		lba	
Serial Number: 1	17272	2770						laximum Gr /eight at Tin					lbs
Year of Manufact								umber of Se					
Amateur-Built: (OKit/Plans Mal	ke:				abin Crew Seat					
	⊙ No		Original Design					umber of En					
Category of Airce O Airplane O Balloon O Blimp/Dirigible O Glider O Gyroplane O Helicopter O Powered Lift O Powered Lift	raft	(Check all t. Standard Norma Aeroba Balloo Comm Transp	a all that apply) (Check adard Special Iormal Restricted werobatic Limited Balloon Provisional Commuter Special Flight			☐ Tricycle ☐ Amphibia ☐ Emergend ☐ Float	that apply) Retractable Tailwheel Turbo Shaft So Turbo Prop Hyperator Turbo Jet No Turbo Jet Turbo Fan Urrbo Fan Turbo Fan Urrbo Fan Urrbo Fan Urrbo Fan Turbo Fan Urrbo Fan Urrbo Fan Turbo Fan Urrbo Fan U				OLiqui OSolid	id Rocket	
ORocket OUltralight		🗖 Utility		Light-Spo nental Lig		Hull		_	ki/Wheel	-	••	(Reciprocatin	0
OUnknown			of Authorization	or Waiver	-		inch	/Recovery Sys	stem	⊙ Carb	uretor	O Fuel-	Injected
		□None		Unknown		□ None			nknown				~
Engine Engine Ma	anufa	cturer	Engine Model/Series			acturer's Number		Date of Mfg. mm/dd/yyyy	Rated Pow O Horse O lbs of	power or	Total Time (hours)	Inspection (hours)	Since: Overhaul (hours)
Eng. 1 Lycoming			0-320										
Eng. 2 Eng. 3													
Eng. 4													
Last Inspection T	Гуре			Propell	er 1	Fixed F OControl			Prop	eller 2	-	Fixed Pitch Controllable 1	Pitch
O100-Hour C O AAIP C		inuous Airwo litional Inspec				OGround						Ground Adju	
	Unkr												
Date Last Inspect	tion:												
Airframe Total Time: hrs hours measured at (Select one) OLast Inspection OTime of Accident/Incident			<i>lf Yes:</i> ELT Ma Model or	ELT Installed: O Yes No Additional Equipment (Che If Yes: □ ADS-B □ Airframe Parachute ELT Manufacturer: □ Airframe Parachute □ Angle of Attack Indicator Model or Part No.: □ C91 (121.5 MHz) OC91a (121.5 MHz) TSO No.: OC91 (121.5 MHz) □ Data Recorder						арруу)			
Type of Maintena	nce I	Program (Se	lect one)		O C126	(406 MHz)			Ele	etronic Fli	ght Bag or	Handheld De	vice
O Annual O Conditional (Ama	nteur-h	uilt only)				unted in aircra					ultifunction	1 2	
O Manufacturer's In	ispecti	on Program			Was ELT still connected to antenna? OYes ONo Electronic Primary Flight Display Did ELT Activate? OYes ONo Handheld GPS								
Other Approved Inspection Program (AAIP)				If active		. 0103 0	110			ds Up Dis			
O Other, specify: Did ELT Aid in Lo				ocating Aircra	ft:	OYes ONo		oard Wea ellite Tracl	ther king Device	3			
Description of Fin	re Ex	tinguishing	System	e	ctivated:	_			□Sta	1 Warning	System		
O None O Specify:				Indicate	Reason:	☐ Impact Da □ Fire Dama		e		eo Record er, Specify	ling Device		
Speeny.						Battery Ex		d/Damaged		· · · · · ·			
						Unknown 🗆							

Commercial of Munovation of Ward (CON) O Federal Commercial Space Transportation O State Commercial Space Transportation License O Local Outher Operator of Large Aircraft O Local Outher Operator of Large Aircraft O Ves Air Medical Flight Air Medical Flight O Yes No Air Parpo O State O Yes No Air Medical Flight O Yes O Yes No Air Parpo O State O Yes No Air Parpo O State O Yes No Air Parpo O State O Yes No Airport INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airpor Airport Identifier: 3N6 Distance From Airport Center: Proximity to Airport/Airstrip O N/A Runway Information Condition of Runway/Landing Surface (Check all that apply) Runway/Landing Surface (Check all that apply) Base O IrR Departure Procedure/Clearance OIn Instrument Approach OIr Raver OIreadam Water	OWNER/OPERATOR INFORM	TION							
Name:	Registered Aircraft Owner		City:						
Practional Ownership Alteraft O Yes O N Country: Operator of Aircraft O State: As Regulation Owner State:	Name:								
Name:									
Doing Business As:	Operator of Aircraft Same As Re	gistered Owner	Same Address as	Registered Owner					
Doing Business As:	Name:		City:						
Operating Certificates Held (Check all that apply) Regulation Flight Conducted Under (Check all that apply) Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) Diver OFAR 10 OFAR 112 OFAR 113 OFAR 113 OFAR 113 (Select one for each group) Bigle Carrier Operating Certificate (FAR 121) OFAR 103 OFAR 113 OFAR 413 (Select one for each group) Onenestic Bigle Carrier Operating Certificate (FAR 122) OFAR 103 OFAR 113 OFAR 413 (Select one for each group) Onenestic Bigle Carrier Operating Certificate (FAR 123) OFAR 112 OFAR 113 OFAR 413 OFAR 120 OFAR 413 Commental Arcanic (FAR 137) OFAR 120 OFAR 113 OFAR 413 OFAR 413 OFAR 413 Commental Arcanic (FAR 137) OPAR 415 OPAR 415 OFAR 413 OFAR 413 OFAR 413 Commental Arcanic (FAR 141) OPAR 415 OFAR 413 OFAR 413 OFAR 413 OFAR 413 OFAR 413 Commental Arcanic (FAR 1413) OPAR 414 OPAR 414 OPAR 414 OPAR 414 OFAR 413 OFAR 414 OFAR 414 OFAR 413 OFAR 413 OFAR 414 OFAR 414 OFAR 414 OPAR 414 OFAR 414 OFAR 414 <td< td=""><td></td><td></td><td> State:</td><td>ZIP:</td></td<>			State:	ZIP:					
(Check all flaar apply) (Select one far each group) (Select one far each group) (None (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one far each group) (Select one) (Select one far each group) (Select one) (Select one) (Select one) (Se	Air Carrier/Operator Designator (4 Character	er Code):	Country:						
Brage Carrier Operating Certificate (FAR 121) OFAR 133 OFAR 133 OFAR 433 Bayuppermental OFAR 120 OFAR 133 OFAR 435 Dark Cargo OFAR 133 OFAR 435 Device and Carrier (FAR 129) OFAR 130 OFAR 435 Device and Carrier (FAR 135) OFAR 130 OFAR 435 Commercial Commercial Air Carrier (FAR 135) OFAR 915 Special Flight OFAR 915 Special Flight Commercial Space Transportation Oracle Commercial Space Transportation OFAR 915 Special Flight OFAR 915 Special Flight Commercial Space Transportation Oracle Commercial Space Transportation Oracle Commercial Observation OFAR 915 Special Flight OFAR 915 Special Flight Other Operator of Large Aircraft Other Operator of Cargo OfAred Tow OfAred Tow OfAred Tow Commercial Space Transportation Cargo OfAred Tow OfAred Tow OfAred Tow Other Operator of Large Aircraft O'Ared Tow OfAred Tow OfAred Tow OfAred Tow OfAred Tow O'Yes No O'Yes No O'Ared Tow O'Ared Tow Airport Name: Old Bridge Airport Air Medical Flight O'Yes O'Yes		Regulation Flight Conducted Ur							
Betoreraf External Load (FAR 13) OFAR 91 Special Flight Commeter Air Carrier (FAR 135) ONno-US, Non-commercial Decommeter Air Carrier (FAR 137) OPable Aircraft (Scleer one) Diffust School (FAR 141) Onno-US, Non-US, Non-commercial Decommeter Air Carrier (FAR 137) OPable Aircraft (Scleer one) Diffust School (FAR 141) Oracid Space Transportation Ecommeter Jayses Transportation Oracid Space Transportation Dother Operator of Large Aircraft O'Inknown O'Yes <o'no< td=""> O'Sate O'Yes<o'no< td=""> O'Sate O'Yes<o'no< td=""> O'Sate Airr Medical Flight O'Yes O'No Air Porop Oiffait Test O'Yes<o'no< td=""> O'Yes O'No Airport InFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airpor Airport Information Oiff Airport/Airstrip O'Na Proximity to Airport: O'ff Airport/Airstrip O'na Airport Chere::</o'no<></o'no<></o'no<></o'no<>	 Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo 	OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR	431 435 437						
Commercial Air Tour (FAR 136) OPublic Aircraft (Select one) OPideral Oracinal Aircraft (Air Aircraft (Select one) Oracinal Aircraft (FAR 14) OPideral Commercial Space Transportation Oracinal Application or Waiver (COA) Determine Learner Oracinal Application Commercial Space Transportation License Oracinal Application Other Operator of Large Aircraft O Inknown Other Operator of Large Aircraft Air Medical Flight O Yes No Airport Name: Old Bridge Airport Airport Name: Old Bridge Airport Proving State Oracinal Application Oracinal Application Oracinal Application Airport Name: Old Bridge Airport Airport Name: Old Bridge Airport Proving State Oracinal Application Oracinal Application Oracinal Application Proving V Airport Old Bridge Airport Airport Name: Old Bridge Airport Proving V Airport Off Airport/Airstrip Proving V Airport Off Airport/Airstrip Runway Information Condition of Runway/Landing Surface (Check all that apphy) <t< td=""><td>■ Rotorcraft External Load (FAR 133) ■ Commuter Air Carrier (FAR 135)</td><td>ONon-US, Commercial</td><td>O Cargo</td><td>nly</td></t<>	■ Rotorcraft External Load (FAR 133) ■ Commuter Air Carrier (FAR 135)	O Non-US, Commercial	O Cargo	nly					
□ Critificate of Authorization or Waiver (COA) ○ Federal ○ Federal ○ Federal ○ Aerial Observation ○ Observation ○ Aerial Observation ○ Other Work Use ○ Other Work Use ○ Air Race/Show ○ Other Work Use ○ Business ○ Personal	Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)	(Select one)						
Revenue Sightseeing Flight O'Yes Air Medical Flight O'Yes O'Yes O'Skydiving AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport Airport Name: Old Bridge Airport Distance From Airport Center:sm Airport Identifier: 3N6	Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License	O Federal O State O Local	 Aerial Observat Air Drop Air Race/Show Banner Tow Business 	ion OFlight Test OGlider Tow OInstructional OOther Work Use OPersonal orate OPositioning					
OYes ONO OYes No AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airpot Airport Name: Old Bridge Airport Distance From Airport Center: sm Airport Identifier: 3N6 Direction From Airport Center: sm Proximity to Airport: Off Airport/Airstrip OOn Airport/Airstrip ON/A Runway Information Condition of Runway/Landing Surface (Check all that apply) Asphalt Grass/Turf Macadam Water Otercete Gravel Metal/Wood On Instrument Approach Obwnwind OLow Approach Offaxi OVFR Departure OOn Instrument Approach ODownwind OLow Approach Offaxioff OVFR Departure Procedure/Clearance OOn Instrument Approach ODownwind OLow Approach Offaxi OVFR Departure Procedure/Clearance OOn Instrument Approach ODownwind OLow Approach Offaxioff OVFR Departure Procedure/Clearance OOn Instrument Approach ODownwind OLow Approach Offaxioff OVFR Departure Procedure/Clearance OA Instrument Approach ODownwind OLow Approach <td>Revenue Sightseeing Flight</td> <td>Air Medical Flight</td> <td></td> <td>ÖSkydiving</td>	Revenue Sightseeing Flight	Air Medical Flight		ÖSkydiving					
Airport Name: Old Bridge Airport sm Airport Identifier: 3N6		•							
Airport Name: Old Bridge Airport sm Airport Identifier: 3N6		if accident/incident occurred on an	proach landing takeoff	departure, or within 3 miles of an airport)					
Airport Identifier: <u>3N6</u> Direction From Airport:									
Proximity to Airport: O Off Airport/Airstrip On Airport/Airstrip ON/A Airport Elevation:									
Runway ID: 24 (L/R/C) Length: 3500 ft Width: 50 ft Dry Snow-Compacted Water-Calm Runway/Landing Surface (Check all that apply) Water acadam Holes Snow-Crusted Water-Choppy Z Asphalt Grass/Turf Macadam Water Bough Snow-Dry Water-Glassy Dorrete Gravel Metal/Wood Unknown Rubber Deposits Soft Wet Approach/Departure Segment Select one) OOn Instrument Approach ODownwind OLow Approach OTaxi OVFR Departure OIFR Departure Procedure/Clearance On Instrument Approach OBase Ofo Around OInitial Climb OVFR Departure Procedure/Clearance OI Instrument Approach OFinal OAborted Landing (after touchdown) OFinal OAborted Landing (after touchdown) OLow Approach Other touchdown) OFinal OAborted Landing (after touchdown) OLow Approach Other touchdown) OFinal OFinal OAborted Landing (after touchdown) OLow Approach Orswind Unknown Unknown Other touchdown) Other touchdown) None Image: Sidestep		o On Airport/Airstrip ON/A							
OTaxi OTakeoff OInitial Climb OVFR Departure OIFR Departure Procedure/Clearance On Instrument Approach OLow Approach OLow Approach OFinal OCrosswind OLow Approach OGO Around OAborted Landing (after touchdown) OUnknown IFR Approach (Check all that apply) VFR Approach (Check all that apply) On Instrument Approach OF inal OC crosswind OLow Approach OGO Around OAborted Landing (after touchdown) IFR Approach (Check all that apply) Instrument Approach (Check all that apply) Instrument Approach (Check all that apply) None Instrument Approach (Check all that apply) Instrument Approach (Check all that apply) SDF Isidestep ILDA Instrument Approach (GPS VOR/TVOR ILS ASR Valley/Terrain Following Isimulated Forced Landing	Runway ID: 24 (L/R/C) Length: 35 Runway/Landing Surface (Check all that all tha	<i>pply)</i> dam □ Water //Wood _		Snow-Compacted Water-Calm Snow-Crusted Water-Choppy Snow-Dry Water-Glassy Snow-Wet Wet Soft Soft					
OTakeoff Olinitial Climb OIFR Departure Procedure/Clearance OLanding OBase OGo Around Olinitial Climb OIFR Departure Procedure/Clearance OLanding OBase Ogo Around IFR Approach (Check all that apply) Orosswind OUnknown None Intraffic Pattern Stop and Go ADF/NDB IPAR IMLS IPractice SDF Sidestep ILDA IGPS VOR/TVOR ILS IASR Valley/Terrain Following Isinulated Forced Landing	Approach/Departure Segment (Select one))							
None None ADF/NDB PAR SDF Sidestep LDA GPS VOR/TVOR ILS	OTakeoff OIFR Departure Proc		OBase OFinal	O Go Around O Aborted Landing (after touchdown)					
ADF/NDB PAR MLS Practice Traffic Pattern Stop and Go SDF Sidestep LDA GPS Straight-In Touch and Go VOR/TVOR ILS ASR Valley/Terrain Following Simulated Forced Landing	IFR Approach (Check all that apply)		VFR Approach (Chec	k all that apply)					
SDF Sidestep LDA GPS Straight-In Touch and Go VOR/TVOR ILS ASR Valley/Terrain Following Simulated Forced Landing	□None		□None						
VOR/DME Localizer Only Visual Go Around Forced Landing TACAN LOC-back course Contact Full Stop Precautionary Landing RNAV Circling Unknown Unknown Unknown	SDFSidestepVOR/TVORILSVOR/DMELocalizer OnlyTACANLOC-back course	□LDA □GPS □ASR □Visual □Contact □Circling	☐ Straight-In ☐ Valley/Terrain Followin ☐ Go Around	Touch and Go Given Simulated Forced Landing Forced Landing Precautionary Landing					

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident										
O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew "Flight Crewmember 1" was pilot flying ☑ Yes □ No										
"Flight Crewmember 1" Ide	ntification									
First Name: Michael City of Residence: East Brunswick										
Middle Initial:					State: NJ			ZIP: 08816	5	
Last Name: Ciuraru					Country:					
Age at time of	Accident/Incident	: 24	Date of B	irth:	199		m/dd/yyyy			
6			ertificate Num							
Degree of Injury	Seat Occupied				- Restraint Ty	vpe		1	Inflatable F	Restraints
• None • Fatal	⊙ Left	O Front	O Unknov		Available	-	Used			•••••
O Minor O Unknown O Serious	O Right O Center	O Rear O Single			O None	-	O None		□ Not Inst	
Pilot Certificate(s) (Check all		Obligie			O Lap or ⊙ 3-poir		OLap onl ⊙3-point	у	☐ Installe	
□ None □ Flight Ir		ommercial	🗖 US Mi	litary	O 4-poir		O 4-point		Deploy	ed
□ Private □ Recreati	onal 🛛 🗖 Aii	rline Transpo	ort 🔲 Foreigi	~	O 5-poir		O 5-point O Unknov	vn	Unknov	vn
☑ Student	🗖 Fli	ight Enginee	r		O Unkno	JWII	OURNOV	VII		
Principal Occupation N	Iedical Certificat	te		N	Iedical Cer	tificate Va	lidity		Date of Las	t Medical
		Class 3			• Without lin		•	nknown		
⊙ Other (nse (Sport Pilot		With limita		s ÖN	[/A	<u>08/08/20</u> mm/dd/yy	
	, <u> </u>	Jnknown			Special Issu	lance			mini da y	yy
Medical Certificate Limitation	ons									
Medical Certificate Special I	ssuance									
Date of Last Flight Review		Flight	t Review Airc	raft						
or Equivalent, Including		_								
FAR 121/135 Checks:		- Model	•							
$\mathbf{A} = \mathbf{D} + \mathbf{C} = \mathbf{C}$	<i>mm/dd/yyyy</i> Other Aircraft l				-(-)	T				
Airplane Rating(s) (Check all that apply)	(Check all that app			ent Rating		(Check all	r Rating(s)			
□ None	\square None		√ None	(indi uppiy)		√ None	inai appiy)		Instrument	Airplane
□ Single-Engine Land	Airship		🗖 Airpla			🗖 Airplan	e Single-Eng	ine 🗖	Instrument	
 Single-Engine Sea Multiengine Land 	☐ Balloon ☐ Glider		☐ Helico			☐ Airplan ☐ Gyropla	e Multi-Engi		Helicopter Glider	
☐ Multiengine Sea	Gyroplane					Powere			Sport	
	Helicopter								•	
Powered Lift Student Endorsements (Include dates)										
	<u>. </u>									
Flight Time (Enter appropriate		This Make	Airplane Single	Airplane		Inst	rument	-		Lighter
number of hours in each box)		& Model	Engine	Multiengin		Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	56	56	56		0					
Pilot in Command (PIC)						-				
Time as Instructor										
This Make/Model										
Last 90 Days	├ ──┤									
Last 30 Days	┨──┤─									
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot O Student Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" w	as pilot flying 🛛 🗋	Yes 🗖	No							
"Flight Crewmember 2" Id	lentification									
First Name:				C	ity of Re	esidence:				
Middle Initial:								IP:		
Last Name:										
	Accident/Incident:									
Age at time of							a ada yyyy			
Degree of Injury	Seat Occupied		rtificate Numb		traint T				nflatable D	lagtuginta
O None O Fatal	-	OFront	O Unknow	m			** •	I	Inflatable Restraints	
O Minor O Unknown O Serious	ORight	ÖRear OSingle	_		Availab O Non O Lap	e	Used O None O Lap only	v	□ Not Inst □ Installed	
Pilot Certificate(s) (Check a	ll that apply)				O 3-po		O 3-point	,	🗖 Not Dep	oloyed
	Instructor 🛛 Com		🗖 US Mil		O 4-po O 5-po		O 4-point		□ Deploye □ Unknov	
□ Private □ Recrea □ Student □ Sport		ine Transpo ht Enginee		1	O 5-po		O 5-point O Unknow	vn		VII
			1							
Principal Occupation	Medical Certificate			Me	dical Ce	ertificate Va	lidity]	Date of Las	t Medical
O Pilot	O None O Cla		(C) D'1 ;			imitations/wai		nknown		
O Other O Unknown		iver's Lice iknown	nse (Sport Pilot		with limits pecial Is	tations/waiver: suance	s ON	/A	mm/dd/yy	
Medical Certificate Limita	•				<u>r · · · · ·</u>					
Medical Certificate Emitta										
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	t Review Airc	raft						
or Equivalent, Including		-	:							
FAR 121/135 Checks:	mm/dd/yyyy	- Model								
Airplane Rating(s)	Other Aircraft R			ent Rating(s	<u> </u>	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply			that apply)	,	(Check all th				
□ None	□ None		None	11.07		□ None	11.07		Instrument A	irplane
☐ Single-Engine Land	Airship						Single-Engir		Instrument H	elicopter
 ☐ Single-Engine Sea ☐ Multiengine Land 	☐ Balloon ☐ Glider		Helicop			☐ Airplane	Multi-Engine		Helicopter Glider	
☐ Multiengine Sea	Gyroplane			a Lin		Powered			Sport	
	Helicopter									
Type Ratings	□ Powered Lift					Student Fi	ndorsement	ts (Include d	ates)	
Type Ratings						Student E	nuor semen		ues)	
Flight Time (Enter appropria	ite All TI	his Make	Airplane Single	Airplane		Inst	rument			Lighter
number of hours in each box)		& Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Add	ress						Seat Occupie	d	Injury	
First Name: City of Residence: Middle Initial: State: Last Name: Country:							O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Type Rating/Endorsement for Total Flight Time at the Time Accident/Incident Aircraft? Yes						Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown		
Crew Name and Add	ress						Seat Occupie	Injury		
Middle Initial:		State	e:	nce: Z	ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air	Flight Instructor Recreational Sport ement for rcraft? Yes	Airl Grig	of this A	oort For er light Time at Accident/Inci	t the Time ident:		Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
PASSENGER(S) /	OTHER PERSO	ONNEL (I	include c	abin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable	T	
Name and Address				Seat	Injury	Restraint T	уре	Restraints	Age	
First Name: Middle Initial: Last Name: OCrew	State: Country:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	 Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown 	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	 ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown 	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: Middle Initial: Last Name: O Crew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	 Not Installed Installed Not Deployed Deployed Unknown 	Under 5 years	

FLIGHT ITINERARY	INFORMATIC	DN							
Last Departure Point	Ti	me of Departure	Destinatio	n		Type Fligh	t Plan F	ʻiled	
Airport ID: KMIV		1120	Airport ID:	3N6		• None		O VF	
City: Millville	Tu	ne: 1130	City: Old	Bridge		O Company		O IFF	
State: NJ	Tir	ne Zone: EST	State: NJ			O Military V O VFR	VFK	O Unl	known
Country: USA			Country: L			Activated?	OYes	ONo	OUnknown
Type of ATC Clearance/S	ervice (Check all the	at apply)							
••	Special VFR		ecial IFR		☑ VFR Flight Foll	owing	Cruis	se	
VFR	🗖 IFR	D VF	R On Top		Traffic Advisory		🗖 Unkr	nown / N	ЧA
Airspace where the accide	nt/incident occurr						Altitu	de of I	n-Flight
	Class G		litary Operations		Special			rence:	-
	□ Demo Area □ Warning Area		port Advisory A Training Area	rea	☐ Air Traffic Contr ☐ Unknown	ol Area			ft msl
	Prohibited Area								
Class E	Restricted Area	🗖 FAI	R 93						
WEATHER INFORM	IATION AT TH	E ACCIDEN	T/INCIDEN	T SITE					
Source of Pilot Weather In	nformation			Weather Ob	servation Facility				
(Check all that apply)				Facility ID:					
□ National Weather Service □ Flight Service Station		mpany litary			me:				
TV/Radio									
Automated Report					Accident Site:				
Commercial Weather Servic	$rac(DUATS) \square Ur$	known			Accident Site:			true	
Basic Conditions		Light Condit	ion						
O VMC		ODawn	O Dusk	ODark	Night O Un	known			
OIMC		O Day	ONight		ht Night				
O Unknown			-						
Sky/Lowest Cloud Condit	ion	Ceiling			Temperature:	18	(C) or		<u>(</u> F)
⊙ Clear	O Thin Broken	None (Clear)		Obscured	Dew Point: <u>1</u>	1 (C) or		(\mathbf{F})
O Few O Partial Obscuration	O Thin Overcast O Unknown	O Broken O Overcast	O Broken O Indefinite O Overcast O Unknown			<u> </u>) 01 _		(1')
O Scattered	Clikilowii	Overease	0	Chikhowh	Altimeter Sett				
Lowest Cloud Condition	Height	Ceiling Heigh	nt			or	MB	5	
	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles		
□ Variable	✓ Calm		🔽 Not Gustin	ıg	-				
	Light and Va	riable							
-0r-	-or-	1.4	-or-	•	RVV		miles		
Direction:degrees tru	· -	kts	Speed:	kts	Density Altitu			ft	
Intensity of Precipitation		itation (Check all i			Restriction to			hat appl	V)
O Light O Moderate	✓ None □ Rain	DrizzleIce Pellets	□ Freezin □ Snow S		✓ None ■ Blowing Due	∎F st ∎C	og Fround Fo	ω	
O Heavy	\square Snow	Snow Pellet			Blowing Sa			5	
⊙ N/A	🗖 Hail	Snow Grain	ns 🛛 Freezin		Blowing Sn	ow 🗖 Io	ce Fog		
OUnknown	□ Rain Showers	□ Ice Crystals	5		□ Blowing Sp. □ Dust		moke Jnknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Туре		Type (Check a	ll that apply)	Se	verity	
\odot None \odot N/A		• None	⊙ N/A		None			Light	
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Clear Air Terrain-Indu	iced		Modera Severe	te
O Moderate O Mixed		O Moderate	O Mixe					Extreme	,
O Severe O Unkno		O Severe	O Unkr						
O Unknown		O Unknown							
NOTAMs (D and FDC),	, AIRMETs, SIG	METs, PIREP	s in effect at	the time of tl	he accident/incid	lent:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O None O Minor geAircraft FireO SubstantialO NoneO DestroyedO In-FlightO UnknownO On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown Aircraft Explosion O None

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Aircraft pilot side wing clipped trees and bent unable to open pilot side door. 180 degree rotation caused front landing gear to break off resulting in damage to nose of aircraft.

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.

Took off from 3N6 around 10am October 17, 2017 in light wind favoring runway 6 destined KMIV. Upon reaching cruise altitude roughly 2500 ft, requested flight following via McGuire approach then handed off to Atlantic City. Landed at KMIV Runway 28 taxied back and took off again destined back to 3N6. Requested flight following again via Atlantic City and McGuire. Approximately 5 miles out proceeded to get the weather via the airport's AWOS. Weather reported was winds calm, visibility 10 miles. Decided to use runway 24 for a landing as it is a bit easier. Performed all necessary checks and configured plane for landing. Airplane touches down but appears to be sliding to the left. Try correcting but it is too late and pilot side wing smacks the nearby trees thus making the aircraft rotate 180 degrees into the remaining trees and bushes

RECOMMENDATION (How co	ould this accident/incident ha	ve been prevented?)			
Operator/Owner Safety Recommen-	dation				
MECHANICAL MALFUNC	CTION/FAILURE (If mor	e space is needed, co	ontinue on sepa	rate sheet)	
Was there Mechanical Malfunctio		.1 .1 . C .1			Total Time/Cycles
(If yes, list the name of the part, manufac	cturer, part no., serial no., and des	cribe the failure.)			On Part
					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INFO	RMATION				
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type	0.000	0 1 - 1		
	● 80/87 ● 100 Low Lead	O 115/145 O Jet A	O Jet B O JP8	O Other, specify	
	allons 0 100/130	O Jet A-1	O Automotive		
Other Services, if Any, Prior to D	departure				
EVACUATION OF AIRCR	AFT				
Was an emergency evacuation of	the aircraft performed?	🗆 Yes 🛛 No			
Method of Exit – Describe how the	e occupants exited and how ma	ny occupants evacuate	ed each location		
OTHER AIRCRAFT - COI	LLISION (If air or ground of	collision occurred, co	mplete this sect	tion for other aircrat	it)
Aircraft Registration Number M	Manufacturer:				nage to Other Aircraft
	Model:				Destroyed I Minor Substantial None
Registered Owner of Other Aircr	aft	Pilot of	Other Aircraft	•	
Name:		Name:			
City:		City:		ZIP:	
Country:		Country		Z.II	

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 Name of Pilot/Operator: Michael Ciuraru										
11/3/2017	11/3/2017 Signature:									
mm/dd/yyyyy	$mm/dd/yyyy$ or \checkmark Check here to electronically sign this document									
If a Person Other than Pilot/Operator is Filing Report										
Name:				Title:						
C! (
or 🔲 C	or Check here to electronically sign this document									
FOR NTSB USE ONLY										
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Invest	8	Date Report Received					
GAA18CA024 GAA Kathryn Benhoff 11/3/2017										