

**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: Salisbury State: NC
 ZIP: 28146 Country: US
 Latitude: 35-38-45.2000N Longitude: 08-31-13-0000W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 08/04/2017 Local Time: 0800
mm/dd/yyyy Time Zone: EDT
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N777NG
Manufacturer: Czech Aircraft Works
Model: Sport Cruiser
Serial Number: 07SC059
Year of Manufacture: 2007
Amateur-Built: Yes No *If Yes:* Kit/Plans Original Design *Make:* _____

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 1320 lbs
Weight at Time of Accident/Incident: 1100 lbs
Number of Seats: 2 Flight Crew Seats: 2
 Cabin Crew Seats: 0 Passenger Seats: 0
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. <i>mm/dd/yyyy</i> | Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|----------------------|------------------------------|--------------------------------|--|--------------------|--------------------------------|------------------|
| Eng. 1 | ROTAX | ROTAX 912S (4 Cycle) | 052502073/AA843B | 2016 | 100 | 153 | 42 | 153 |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: 06/01/2017
mm/dd/yyyy
Airframe Total Time: 2593 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: Sensenich
 Model: 2AOR5R70EN

Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: _____
 Model: _____

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

ELT Installed: Yes No
If Yes:
ELT Manufacturer: AMERI-KING
Model or Part No.: AK-450
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: NMG Aviation LLCCity: CharlotteFractional Ownership Aircraft: Yes NoState: NC ZIP: 28202Country: US**Operator of Aircraft** Same As Registered Owner Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held*(Check all that apply)*

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 415
- FAR 103 FAR 133 FAR 431
- FAR 121 FAR 135 FAR 435
- FAR 125 FAR 137 FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft *(Select one)*
- Armed Forces
- Federal
- State
- Local
- Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*

- Scheduled or Commuter Domestic
- Non-Scheduled or Air Taxi International
- Passenger
- Cargo
- Mail Contract Only

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

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

Revenue Sightseeing Flight Yes No**Air Medical Flight** Yes No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Rowan County AirportDistance From Airport Center: 0 smAirport Identifier: KRUQDirection From Airport: NA degrees trueProximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 772 ft. msl**Runway Information**Runway ID: 20 (L/R/C) Length: 5500 ft Width: 100 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

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

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

| Crew Name and Address | Seat Occupied | Injury |
|---|--|--|
| First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown |
| Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input 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 | Restraint Type: 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 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 | Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <u>N/A</u> City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> 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 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 | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> 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 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 | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> 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 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 | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> 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 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 | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |

FLIGHT ITINERARY INFORMATION

| | | | |
|--|--|---|---|
| Last Departure Point Airport ID: <u>KRUQ</u> City: <u>Salisbury</u> State: <u>NC</u> Country: <u>US</u> | Time of Departure Time: <u>0800</u> Time Zone: <u>EDT</u> | Destination Airport ID: <u>KRUQ</u> City: <u>Salisbury</u> State: <u>NC</u> Country: <u>US</u> | Type Flight Plan Filed <input checked="" 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 type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--|--|---|---|

Type of ATC Clearance/Service (Check all that apply)

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

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

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

Altitude of In-Flight Occurrence:
675 ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | |
|---|--|
| Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather | Weather Observation Facility Facility ID: <u>KRUQ</u> Observation Time: <u>0730</u> Time Zone: <u>EDT</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>N/A</u> degrees true |
|---|--|

| | |
|---|---|
| Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown | Light Condition <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 |
|---|---|

| | | |
|--|--|--|
| Sky/Lowest Cloud Condition <input checked="" 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 type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl | Ceiling <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 Ceiling Height _____ ft agl | Temperature: _____ (C) or <u>75</u> (F) Dew Point: _____ (C) or <u>45</u> (F) Altimeter Setting: <u>29.92</u> in. Hg or _____ MB |
|--|--|--|

| | | | |
|--|--|--|---|
| Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true | Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts | Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts | Visibility <u>7</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>UNK</u> ft |
|--|--|--|---|

| | | |
|--|--|---|
| Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown | Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input checked="" type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
|--|--|---|

| Icing Forecast <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown | | Icing Actual <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown | | Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe <input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme |
|---|-------------------------------|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|---|--------|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|---|
| Amount | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> None | <input type="radio"/> N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Trace | <input type="radio"/> Rime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Light | <input type="radio"/> Clear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Moderate | <input type="radio"/> Mixed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Severe | <input type="radio"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> None | <input type="radio"/> N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Trace | <input type="radio"/> Rime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Light | <input type="radio"/> Clear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Moderate | <input type="radio"/> Mixed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Severe | <input type="radio"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
none

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)*

Landing gear, prop, underside left wing, flaps left wing

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.

I was flying solo a 2007 Sportcruiser doing touch and go landings at Rowan County Airport on August 3, 2017. I used my checklist to perform preflight, taxiing, and engine run-up. I departed on Runway 20 and discovered the canopy was not lashed. I struggled around the pattern and was able to make a normal landing. I checked the latch handle and believed the canopy was now secure. I again departed using Runway 20 and discovered the canopy was still open. I flew the traffic pattern and just prior to landing the canopy opened in such a way as to obstruct my vision of the runway. I hit hard, bounced, and applied full power to go around. I went around the pattern again and was able to land at slightly above stall speed on the runway centerline. The second hard landing had torn off two thirds of the tricycle landing gear and as a result I skidded to a stop near the centerline. There were no injuries or fire. The FAA was called and I made a written statement at that time. The cause of the incident was while the canopy latch was fully down prior to takeoff, the canopy itself needed to be pushed up so that gravity seated the canopy. In this position the lever would have been connected to the latch and the canopy secured. Newer models of the Sportcruiser have a warning light display when the canopy is not secure.

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

Operator/Owner Safety Recommendation

2007 Sportcruiser did not come equipped with "hatch not latched" warning light or voice warning. Newer models have warning light when hatch lever may be down, but canopy is not latched.

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)

20 Gallons**Fuel Type**

80/87 115/145 Jet B Other, specify 93 low lead
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

Other Services, if Any, Prior to Departure

None

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

Solo pilot pushed open the canopy and exited on the left wing after calling the FSS about the blocked runway.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number**N/A**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.

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

| | |
|--|--|
| Date of this Report <u>11/09/2017</u> <i>mm/dd/yyyy</i> | Name of Pilot/Operator: <u>Albert J. Mangan, Jr.</u> Signature: _____ -- or -- <input checked="" type="checkbox"/> 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. GAA17CA465 | Reviewed by NTSB Regional Office GAAID | Name of Investigator HICKS, M. | Date Report Received 09NOV2017 |
|---|--|--|--|