## 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 INFORMA	ATION						acciden	to an	u moro	CIIIS	
Accident/Incident Loc Nearest City/Place: KCi ZIP: 29678	EU Country:	usa:		_ State: _	SC D	ate: 04/02	1	Lo		4:30	
Latitude: 34-40-20.1		Longitude: <u>O\$2</u> degrees:minutes:se		09,20	<u> </u>	ollision with	Other Airc			Costerv	nd None
AIRCRAFT INFO	RMATIO									On-groun	nd Arone
Registration Number	N5422 sance	NAME OF TAXABLE PARTY.			0 v	☐ IFR-Equip ☐ Commerci	al Space Fli			<u>.</u>	
Model: CE-172P					N	Maximum Gr	oss Weight	: 25	50	lbs	
Serial Number: 17		6	The SE			Weight at Tin				358	lbs
Year of Manufacture:					N	Number of Se	ats: 4		Flight Cre	w Seats:	2
Amateur-Built: OYe		Okit/Plans Mal	ke:		C	Cabin Crew Sea	ts: Ø		Passenger	1700	
		Original Design				lumber of E	ngines:	1			J. See Land
Category of Aircraft  Airplane  Balloon  Blimp/Dirigible  Glider  Gyroplane  Helicopter  Powered Lift  Check all that apply)  Standard  Special  Normal  Restricted  Limited  Provisional  Commuter  Special Flight  Transport  Experimental				Landing Gear (Check all that a Re Tricycle Amphibian Emergency I	ailwheel igh Skid kid ki	Engine Type (Select one) Reciprocating O Liquid Rocket O Turbo Shaft O Solid Rocket O Turbo Prop O Hybrid Rocket O Turbo Jet O None O Turbo Fan O Unknown O Electric					
ORocket OUltralight OUnknown Utility Special Light-Sport Experimental Light-Sport Other				□ Ski/Wheel  aunch/Recovery System □ Unknown			37%				
Engine Engine Manufa		Engine Model/Series	eri a	Serial N	ncturer's Number	Date of Mfg. mm/dd/yyyy	Rated Power of Horsep O lbs of T	ower or	Total Time (hours)		Since: Overhaul (hours)
Eng. 1 Lycoming	<del>)</del>	0-360-A	IM	L-32	307-36A	11/10/1989	180		19849	43.4	1984.9
Eng. 3						-					
Eng. 4	THE		DA TO BY	HERE !							THE PERSON NAMED IN
			Propeller 1  We Fixed Pitch OControllable Pitch OGround Adjustable  Manufacturer:  Model: 76EM85Py - 0 - 60  We Fixed Pitch OControllable Pitch OGround Adjustable  Manufacturer:  Model:					The state of the s			
Airframe Total Time: 3138 hrs hours measured at (Select one) Last Inspection O Time of Accident/Incident  Type of Maintenance Program (Select one) Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness  ELT Install If Yes: ELT Manufa Model or Par TSO No.: Of Was ELT still Was ELT still Did ELT Act			nufacture r Part No. : O C91 ( O C126  F still mon F still con Activate ated: Aid in L citivated:	(406 MHz) unted in aircraft?	Additional Equipment (Check all that apply)  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 Stall Warning System Video Recording Device Stall Warning System Video Recording Device Ground Adjustable Controllable Pitch Ocontrollable Pitch Ocontrollabl					evice	

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner	PARTONIE PARTON A PR	0. A.H. J.				
Name: Velocity Aviation L	Carrie alicus de la Carrie de l	City: Atlanta  State: GA ZIP: 30341				
Fractional Ownership Aircraft: O Yes O	(No	Country: USA				
Operator of Aircraft Same As Re	gistered Owner	☐ Same Address as Registered Owner				
AT.	38	City:				
Doing Business As:						
Air Carrier/Operator Designator (4 Charact	er Code):	State: ZIP:				
TO NOT WOOD WATER OF THE THE		Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Und	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
None   Flag Carrier Operating Certificate (FAR 121)   Supplemental   Air Cargo	FAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4	31 Non-Scheduled or Air Taxi OInternational				
□ 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)	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Passenger O Cargo O Mail Contract Only				
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	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Personal				
Revenue Sightseeing Flight OYes XNo	Air Medical Flight O Yes No	O Executive/Corporate O External Load O Ferry O Skydiving				
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ann	roach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Oconee Cou Airport Identifier: KCEU Proximity to Airport: Ooff Airport/Airstri	nty Regional Airport	Distance From Airport Center:sm  Direction From Airport:degrees true				
	p pontanpolovansuip ON/A	Airport Elevation: 890 ft. msl				
Runway Information Runway ID: 7/25 (L/R/C) Length: 5  Runway/Landing Surface (Check all that a grass/Turf Maca Grass/Turf Maca Gravel Meta Snow	dam Water	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	,					
OTaxi OTakeoff OInitial Climb OVFR Departure OIFR Departure Proc	edure/Clearance Oon Instrument App	oroach ODownwind OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown				
IFR Approach (Check all that apply)	G = O = O = com V har and	VFR Approach (Check all that apply)  □None				
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	Traffic Pattern  Straight-In  Valley/Terrain Following  Go Around  Full Stop  Unknown				

"FLIGHT CREWMEME	BER 1" INF	ORMATI	ON							
"Flight Crewmember 1" Res O Pilot O Co-Pilot	Student Pilot	OFlight		Check Pilot	Onu	Then I do	to yether to			ray Berg
'Flight Crewmember 1" was		Yes 1		Check Pilot	O Flig	ht Engineer	O Other F	light Crew		
"Flight Crewmember 1" Idea		1000					W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
First Name: Eric	imication						A 1 1	MB VAL	T wingout	
Middle Initial: Gregor	nia						Avonda	le Es	states	
Last Name: Santos	10				State:	GA	Z	IP: 30	2002	0.00
		30			Country:	US	A			
Age at time of A	Accident/Incide		_ Date of			_ m	m/dd/yyyy		-1	·
N 6Y 1	7		Certificate Nu	mber:						
Degree of Injury O None O Fatal	Seat Occur		Taken in 19		straint T	ype	ne Vic		Inflatable	Restraints
Minor O Unknown	C Right	Front O Rear	O Unkno	own	Availabl		Used			
O Serious	O Center	O Single			ONone		ONone	1 -	Not In	
Pilot Certificate(s) (Check all	that apply)		- 0		O Lap o		OLap only		Install	
☐ None ☐ Flight In ☐ Private ☐ Recreation		Commercial	US N		O4-poi	nt	O 4-point		Deploy	yed
☐ Private ☐ Recreation ☐ Student ☐ Sport		Airline Transp Flight Engine		gn	O 5-poi		o 5-point O Unknown			own
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	edical Certifi	cate	A Tiest A	Me	dical Cer	rtificate Va	lidity	listă	Date of La	st Medical
		Class 3		100	Without lin	nitations/wai	vers O Un	known		
	Class 1 (Class 2 (	Oriver's Lic OUnknown	ense (Sport Pilo	ot only)	With limita Special Iss	ations/waiver	5 O N/.		10/19/2018 mm/dd/yyyy	
Medical Certificate Limitation	ns									
Date of Last Flight Review or Equivalent, Including		Fligh	t Review Air	rcraft	ueff t	had.	*		n R seguri s	ea.Pho.apC
FAR 121/135 Checks:		Make	:							
	mm/dd/yyyy	Mode	d:		Je Je	-kolei	VI 114 TH			and the same of th
Airplane Rating(s)	Other Aircra	ft Rating(s)	Instrur	nent Rating(s	i)	Instructo	r Rating(s)	0	Annual Control	B analogo
Check all that apply)  None	(Check all that	apply)		all that apply)		(Check all				
Single-Engine Land	☐ None ☐ Airship		None			None None			☐ Instrument	Airplane
Single-Engine Sea	☐ Balloon		☐ Airpi ☐ Helio		ă l	☐ Airplan ☐ Airplan	e Single-Engir e Multi-Engine		☐ Instrument ☐ Helicopter	
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider☐ Gyroplane		☐ Powe	ered Lift	☐ Gyroplane ☐ Glider					
-SSV	☐ Helicopter				- 1	☐ Powere	d Lift		☐ Sport	
P D. #	Powered Lif	t								
Type Ratings		ad include				Student E	ndorsement	s (Includ	le dates)	Topa Ray
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						1.conm	loxecogra	101/11	19 See	odd tun
Flight Time (Enter appropriate			Airplane	1 4	40-1			· ·	T	Theod
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night		Cimulated	Dot		Lighter
Total Time	59.5	59-5	59.5	Wattengme	9.2	Actual O	Simulated	Rotorcraf	The second second second	Than Air
Pilot in Command (PIC)	7.6	7.6	7.6	Ø	CS	05	4.	Ø	Ø	06
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This Make/Model					THE ST			REDI		
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ast 30 Days	13.6	13.6	13.6	\$	1.2	(%	let	0	Ø	B
Last 24 Hours	3.9	39	20	CA	nt.	06	1	1000	ch.	1

		RMATIO	No.						
"Flight Crewmember 2" Resp	onsibilities at the	Time of A	ccident/Incident	1 1/2		to post to be for			
OPilot OCo-Pilot	Student Pilot	OFlight Ins	tructor OCheck		ght Engineer	OOther I	light Crew		
"Flight Crewmember 2" was		es 🗆	lo .						
"Flight Crewmember 2" Iden						40,00	Observation 1		
First Name:				City of Re	esidence:				
Middle Initial:									
Last Name:							Marian Company		
Age at time of A	ccident/Incident:			Country:					
rigo at time of Ac	cidentificident		The state of the s		mm.	/dd/yyyy			
Degree of Injury	Seat Occupied	Cert	ificate Number:	amuki als. 152	3				
O None O Fatal	CONTRACTOR OF THE PROPERTY OF	<b>O</b> Front	OUnknown	Restraint 7	уре			Inflatable R	Restraints
O Minor O Unknown Serious	ORight	ORear OSingle	Chkhown	Availab O Non	е	Used O None		□Not Inst	
Pilot Certificate(s) (Check all ti	hat apply)		3	O Lap		O Lap only O 3-point		Installed	
□ None □ Flight Ins		mercial	☐ US Military	0 4-pc		O 4-point	mile in his	□ Not Dep □ Deploye	
☐ Private ☐ Recreatio	nal 🔲 Airlii	ne Transpor		О 5-ро	int	O 5-point	77 11 2 2	Unknow	vn
☐ Student ☐ Sport	☐ Fligh	nt Engineer	9	O Unk	nown	O Unknow	n		
Principal Occupation Me	edical Certificate	accoding.		Madical C	wifit X7 :	1.4:4		D.4 CT	. 35 11 1
- I - I - I - I - I - I - I - I - I - I	None OCla				ertificate Val	5100		Date of Las	t Medical
O Other	Class 1 O Dri	ver's Licens	se (Sport Pilot only)	O With limit	mitations/waiv tations/waivers	ers OU	nknown		
O Unknown O  Medical Certificate Limitation	Class 2 O Unl	known	Str. or O	O Special Is			A S	mm/dd/yy	יעע
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:		125-12	Review Aircraft				- 10		A to and
or Equivalent, Including	mm/dd/yyyy	125-12					- 10	or and the	A Top and I was a second
or Equivalent, Including FAR 121/135 Checks:		Make: _ Model:		-	Male W	The state of the s		5. 1484 v.	January V
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)	Make: _ Model: ating(s)		ating(s)	Instructor	Rating(s)		S. Sall - Control of the Control of	Arthur Park
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None	Other Aircraft Ra (Check all that apply)  None	Make: _ Model: ating(s)	Instrument Ra	ating(s)	Instructor (Check all the	Rating(s) at apply)	10	A SHIP TO SHIP TO SHIP TO SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	And State
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or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider	Make: _ Model: ating(s)	Instrument Ra	ating(s)	Instructor (Check all the None Airplane Airplane	Rating(s) at apply) Single-Engin Multi-Engine	e	Instrument A Instrument H Helicopter	irplane
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Crew Name and A					NAME OF TAXABLE PARTY.	g information)			
T' AN						Seat Occupio	ed	Injury	
						OFront	ONone		
Middle Initial:         State:         ZIP:           Last Name:         Country:						O Right	O Kear O Single	O Minor O Serious	
Dast Haire.		Country:			_		O Fatal O Unknown		
Pilot Certificate(s	(Check all that apply)	74				Restraint Ty	ne.		
None	Commercial	☐ US Military			Available Used		Inflatable Restraints		
☐ Private☐ Student		Airline Transp	port  For			O None O Lap Only	O None O Lap Only	☐ Not Installed	
	ALC: N. CONTRACTOR OF STREET	Flight Engine	er	The Park of the Park	-15	O3-point O4-point	O 3-point	☐ Installed☐ Not Deployed	
Type Rating/End		Total F	light Time a	t the Time	- 5	O5-point	O 4-point O 5-point	Deployed	
Accident/Incident	Aircraft? Yes No	of this	Accident/Inc	ident:	hrs	OUnknown	Unknown		
Crew Name and A	Address					Seat Occupie	d	Taliane	
First Name:						OLeft	OFront	Injury O None	
Middle Initial:				ZIP:		O Center	ORear	O Minor	
Last Name:						ORight	O Single O Unknown	O Serious O Fatal	
Dilat Cartier and	30.0		to senti					O Unknown	
None	(Check all that apply)	1 1 1 1	narosatt			Restraint Ty Available		Inflatable	
☐ Private		Commercial Airline Transp	ort  For		b; -1 - 12/26, 2	O None	Used O None	Restraints	
☐ Student		Flight Engine		cigii		O Lap Only O3-point	O Lap Only O 3-point	☐ Not Installed☐ Installed☐	
Type Rating/Ende	orsement for	Total F	light Time a	t the Time		O 4-point	O 4-point	☐ Not Deployed	
	Type Rating/Endorsement for  Accident/Incident Aircraft?					O 5-point O 5-point O Unknown		☐ Deployed ☐ Unknown	
PASSENGER(S	S) / OTHER PERSONNEL	(include o	abin crew; c	ontinue on s	eparate shee	t if necessary)	Cindiowii		
Name and Addres			BANDLAS LEX		PERM		Inflatable	T	
				T					
The state of the s			Seat	Injury	Restraint T		Restraints	Age	
	City :		Type II		Restraint T Available ONone	Used O None	Restraints		
Middle Initial:	State: ZIP:		OLeft OCenter	ONone OMinor	Available O None O Lap Only	Used O None O Lap Only	Restraints  Not Installed Installed	☐ Under 5 years	
Middle Initial:			OLeft	O None O Minor O Serious	Available O None	Used O None O Lap Only O 3-point	Restraints  Not Installed Installed Not Deployed	☐ Under 5 years  If Under 5,	
Middle Initial:	State: ZIP: Country:		OLeft OCenter ORight OUnknown	ONone OMinor	Available O None O Lap Only O 3-point O 4-point O 5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years  If Under 5,  ○ Child Restrain	
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Middle Initial:  Last Name:  Crew  First Name:  Middle Initial:  Last Name:  Crew  First Name:  Middle Initial:	State:	Other Other	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown 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  Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Available O None O Lap Only O 3-point O 4-point O 5-point O 4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Installed Installed	Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown	
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FLIGHT ITINERARY II	NFORMATION					
Last Departure Point  Airport ID: KLZU  City: Law remaile  State: GA  Country: USA  Type of ATC Clearance/Serv  None UFR  Airspace where the accident  Class A  Class B  Class C  Class D	Time Time Time Special VFR IFR	zone: Euskern  zone: Euskern  zpply)  Check all that a	City:C State:S Country: cial IFR C On Top apply) tary Operations ort Advisory Ar Training Area A	KCEU lemson with Caro USA	VFR Flight Folk	Unknown / NA  Altitude of In-Flight
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Source of Pilot Weather Info (Check all that apply)  National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service ( On-Board Weather	Com  Com  Milit	pany ary net		Weather Ob Facility ID: Observation Time Zone: Distance from	Servation Facility KCEU ime:  Accident Site:	nm
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<b>愛</b> N/A <b>O</b> Unknown	Hail Rain Showers	Snow Grains  Ice Crystals	Freezin	g Drizzle	☐ Blowing Sn ☐ Blowing Sp: ☐ Dust	
Icing Forecast  Amount  Mone  O N/A  O Trace O Light O Moderate O Severe O Unknown  Type O N/A  O Rime O Clear O Mixed O Unknow	Icing Actual Amount None Trace Light Moderate Severe OUnknown	Type O N/A O Rime O Clean O Mixe O Unkr	e r ed nown	Turbulence  Type (Check all that apply)  None Clear Air Terrain-Induced Convective Turbulence  Severity Light Moderate Severe Extreme		
NOTAMs (D and FDC), A	AIRMETs, SIGN	IETs, PIREPs	in effect at	the time of t	he accident/incid	dent:

Committee to the second se				
DAMAGE TO AIRCRAFT	ND OTHER PR	OPERTY		
Aircraft Damage	Aircraft Fire		At	
O None Substantial	None	O Both Ground and In-Flight	Aircraft Explosion	
O Minor O Destroyed	O In-Flight	O Fire at Unknown Time	O In-Flight	O Both Ground and In-Flight O Explosion at Unknown Time
O Unknown	On-Ground	OUnknown	On-Ground	O Unknown
Description of Damage to Aircraft	and Other Dues out			
Description of Damage to Aircraft	and Other Property	(Use additional sheet if necessary)	Λ , , , ,	
Left wing, fire wall,	eague, prop	, landing-goar, "	front covel	
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NARRATIVE HISTORY OF FL				
Describe what occurred in chronol	ogical order, includir	ng circumstances leading to and	d nature of accident/inc	ident. Describe terrain and include
Wiedlage distribution sketch if perti	nent. Attach extra she	ets if needed. State departure tim	ne and and location, servi	ces obtained, and intended
destination. Provide as much detail a	s possible.		and the second s	,
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RECOMMENDATION (How could this	accident/incident ha	ave been prevented?			
Operator/Owner Safety Recommendation				PU DV A 19E	
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Was there Mechanical Malfunction/Failur	e? Tyes WNo		onunue on sepa	rate sneet)	Total Time/Carles
(If yes, list the name of the part, manufacturer, par	t no., serial no., and de	scribe the failure.)			Total Time/Cycles On Part
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					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
<b>FUEL &amp; SERVICES INFORMATI</b>	ON				
Fuel on Board at Last Takeoff	Fuel Type				
(Convert from pounds, as necessary)	O 80/87	O 115/145	O Jet B	Other, specify	
AO Gallons	0 100/130	O Jet A O Jet A-1	O JP8 O Automotive		
Other Services, if Any, Prior to Departure			O Tantomotivo		
EVACUATION OF AIRCRAFT				W 100 Market 1, 12	
Was an emergency evacuation of the aircr		Yes No			
Method of Exit - Describe how the occupan The student pulot exited	ts exited and how ma	any occupants evacua	ted each location		
The student pilot exited	Through the	- main left c	deor		
OTHER AIRCRAFT - COLLISIO	N (If air or ground	collision occurred c	omplete this san	tion for other aire	ra64\
					amage to Other Aircraft
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ADDITIONAL INFORMATION	ON (Please type or print in ink)		
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	FOR NTSB	USE ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAA19CA194	GAA	Kate Benhoff	4/9/2019

Appendix (1)

April 2<sup>nd</sup>, 2019

Approximately 4:40pm to 5:00pm

I was doing a left traffic pattern for runway 25 at Clemson Oconee Airport. On final approach, my flaps were extended 20 degrees and my airspeed was between 60 and 65 KIAS on the indicated airspeed. The vertical airspeed indicator showed a gradual descent between 300 and 500 feet per minute. I was trying to do a regular safe landing on the beginning of the runway. When the back wheels touched down, I gradually released some of the back pressure on the yoke to transition the nosewheel down from flaring. When the nosewheel touched the runway, I immediately felt a strong vibration, which pulled me to the left. I tried to counteract the vibration and left pull by pulling back softly on the yoke to raise the nose wheel a little. This resulted in the airplane becoming airborne and banking left. With all my effort controlling the ailerons and rudder, I was momentarily unable to control the airplane. It all happened so fast, I cannot describe the details of the final impact.

Eric Santos

