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

BASI			• •	0									
	nt/Incident Loc						Ac	cident/Incid	lent Date/	Гime			
Nearest City/Place: Willow Run KYIP Airport, Belleville State: mi							Da	te: 07/	10/2019	Lo	cal Time: <u>^</u>	15:30	
ZIP: <u>48112</u> Country: <u>USA</u>									d/yyyy				
Latitude	42, 14N		Longitude: <u>83, 3</u>	2W						11	me Zone: <u>r</u>	EASTERN	
(Enter in decimal degrees or degrees:minutes:seconds)							Co	ollision with	Other Air	craft: C) Midair	OOn-groun	d O None
AIRC	RAFT INFO	RMATIO	N				I						
Registration Number: N2930Y								🗖 IFR-Equi	oped and Co	ertified			
Manufacturer: PIPER								Commerc	-	ight			
Model:	PA34-200						Μ	laximum Gi	oss Weigh	t:		lbs	
Serial N	Number:						W	eight at Tir	ne of Accio	lent/Inci	dent:		lbs
Year of	Manufacture:						N	umber of Se	ats:		Flight Cre	ew Seats:	
Amateu	r-Built: OYes		OKit/Plans Mal	ke:				abin Crew Sea					
	ONo	(Original Design				N	umber of E	ngines:	i			
-	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge		1		-	e Type (Se	elect one)	
⊙ Airpl O Ballo		(Check all the Standar)				(Check all th		<i>pply)</i> ractable			procating o Shaft	OLiqui OSolid	d Rocket Rocket
OBlim	o/Dirigible	🛛 Norma	al 🗖 Restric			Tricycle			ailwheel	O Turb	o Prop	OHybr	id Rocket
OGlide OGyro		Aeroba								O Turb		O None	
OHelic						□ Amphibia □ Emergeno			ligh Skid kid	OTurb OElec		OUnkn	lown
OPowe		Transp				Float	5	□s	ki				
ORock OUltra		🗖 Utility		Light-Spo nental Ligl		□Hull		ШS	ki/Wheel	•	• •	(Reciprocatii	ng)
O Unkn	C	□Certificate	e of Authorization	-	-	Other La	unch	n/Recovery Sy	stem	OCarb	uretor	⊙ Fuel-	Injected
		None		Unknown	(0011)	□ None		U	Jnknown		-	-	
			Engine		Manuf	acturer's		Date of Mfg.	Rated Pow O Horse		Total Time	Time Inspection	Since: Overhaul
Engine	Engine Manufa	cturer	Model/Series			Number		mm/dd/yyyy	O lbs of		(hours)	(hours)	(hours)
Eng. 1													
Eng. 2 Eng. 3													
Eng. 5 Eng. 4													
	spection Type			Propell	er 1	OFixed F						Dit -1	
О 100-Н	our OCont	inuous Airwo				-	rollable Pitch O Controllable Pitch nd Adjustable O Ground Adjustable						
O AAIP O Annu		ditional Inspection	ction							ufacturer:			
Datt L	ast Inspection:	mm/dd/yy	<i>yy</i>		stalled:	OYes O	No				ipment (Check all that	t apply)
Airfran	ne Total Time:		hrs	If Yes:	nufaa+				□ AD □ Air	S-B frame Para	chute		
	s measured at (S)		·н (д ·н (Model or	nulaciur r Part No	er:			□Ang	gle of Atta	ck Indicato	r	
TSO No.: OC91 (121.5 MHz													
				OC126 (406 MHz)						vice			
O Annual O Conditional (Amateur-built only) Was ELT still mou										ltifunction			
O Manufacturer's Inspection Program Was EL1 still connected to an							? OYes ON		ctronic Pri idheld GP	mary Fligh S	it Display		
O Other Approved Inspection Program (AAIP)					er Ores O	INO		⊟Hea	ids Up Dis	splay			
	nuous Airworthin ; specify:	ess		5		ocating Aircra	ft:	OYes ON		board Wea	ther king Device	2	
	tion of Fire Ex	tinguishing	System		ctivated:	9		-		ll Warning		L C	
O None	2			Indicate		Impact Da		je	□Vid	eo Record	ling Device		
O Spec	ify:					Fire Dama		1/D- 1	□Oth	er, Specify	y:		
						□ Battery Ex □ Unknown		a/Damaged					

OWNER/OPERATOR INFORMA		
Registered Aircraft Owner		City: WATERFORD
Name: DCT AVIATION		State: MI ZIP: 48327
Fractional Ownership Aircraft: O Yes O	No	Country: USA
Operator of Aircraft	gistered Owner	Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Characte	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Under Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
 None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) 	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR	AR 431 AR 435 AR 437 O Passenger O Cargo
Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135)	O Non-US, Commercial O Non-US, Non-commercial	O Mail Contract Only
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
 Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft 	 Armed Forces Federal State Local Unknown 	 Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate First Gibber Tow Other Work Use Opersonal <li< td=""></li<>
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry
O Yes O No	O Yes O No	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	approach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: WILLOW RUN AIRPOR		
Airport Identifier: KYIP		Distance From Airport Center: <u>.250</u> sm Direction From Airport: <u>0</u> degrees true
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	
	• ·	
Runway Information Runway ID: 23R (L/R/C) Length: 599 Runway/Landing Surface (Check all that a Z Asphalt Grass/Turf Maca Concrete Gravel Metal Dirt Ice Snow	<i>apply)</i> dam ☐ Water I/Wood _	Condition of Runway/Landing Surface (Check all that apply) Image: Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Unknown
Approach/Departure Segment (Select one,)	
OTaxi OTakeoff OInitial Climb OVFR Departure OIFR Departure Proc	OOn Instrument Ap edure/Clearance OLanding	ApproachO Downwind O BaseO Low Approach O Go AroundO FinalO Aborted Landing (after touchdown) O Unknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
□None		□None
ADF/NDBPARSDFSidestepVOR/TVORILSVOR/DMELocalizer OnlyTACANLOC-back courseRNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown □Unknown	☑ 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 Crew 												
"Flight Crewmember 1" was pilot flying 🛛 Yes 🗖 No												
"Flight Crewmember 1" Identification												
First Name: Roderick City of Residence: ALLEN PARK												
Middle Initial: J K ZIP: 48101												
Last Name: LELENTAL Country: USA												
Age at time of Accident/Incident: <u>64</u> Date of Birth: <u>mm/dd/yyyy</u>												
U U			- ertificate Num									
Degree of Injury Seat Occupied Restraint Type Inflatable Restraints												
O None O Fatal	⊙ Left	O Front	O Unknov		Availab	-	Used					
 Minor Unknown Serious 	O Right O Center	O Rear O Single			O None	-	O None		🛛 Not Ins			
	-	O Single			O Lap o ⊙ 3-poi		OLap only ⊙3-point	y	□ Installe □ Not De			
Pilot Certificate(s) (Check all the second sec		Commercial	🗖 US Mi	ilitory	O 4-poi		O 4-point					
\square Private \square Recreation		Airline Transp			O 5-poi	nt	O 5-point		Unknov	vn		
□ Student □ Sport		Flight Enginee	r		O Unkr	lown	O Unknov	vn				
Principal Occupation M	edical Certific	ate		N	edical Ce	rtificate Va	lidity		Date of Las	st Medical		
		Class 3				nitations/wai	•	nknown				
• Other	Class 1 C		ense (Sport Pilot	only)	With limit	ations/waiver			07/27/20			
• · · · · · · · · · · · · · · · · · ·) Unknown		C	Special Iss	uance			mm/dd/y	vyy		
	Medical Certificate Limitations											
MUST WEAR CORRECTIVE LE	MUST WEAR CORRECTIVE LENSES, POSSESS GLASSES FOR NEAR/INTERMEDIATE VISION											
Medical Certificate Special Is	ssuance											
The area of the ar	sumee											
Data of Lost Flight Daviaw		Eliste	(D))									
Date of Last Flight Review or Equivalent, Including			t Review Airc	rait								
FAR 121/135 Checks:	05/21//2019		PIPER									
	mm/dd/yyyy		: <u>PA28-181</u>			1						
	Other Aircraf (Check all that a			ent Rating l that apply)	(s)	Instructo (Check all	r Rating(s)					
□ None	□ None	ppiy)	□ None	і іпаї арріу)		\square None	іпаї арріу)	Г	Instrument	Aimlane		
□ Single-Engine Land	🗖 Airship		🗖 Airpla			🗖 Airplan	e Single-Engi	ine 🗖	Instrument			
 Single-Engine Sea Multiengine Land 	☐ Balloon ☐ Glider		Helico			Airplan	e Multi-Engii		Helicopter Glider			
☐ Multiengine Sea	Gyroplane			eu Liit		Powere			Sport			
	☐ Helicopter ☐ Powered Lift								1			
Type Ratings						Student I	Indorsemen	nts (Include	dates)			
INSTRUMENT						Student I	Shuor senier	its (include)	uies)			
								-		-		
Flight Time (Enter appropriate	All	This Make	Airplane Single	Airplane		Inst	rument			Lighter		
number of hours in each box)	Aircraft	& Model	Engine	Multiengin	e Night	Actual	Simulated	Rotorcraft	Glider	Than Air		
Total Time	1793.2	24.5	1596.1	187			2.8					
Pilot in Command (PIC)	1683.4	24.5	1574.3	108		96 361.8						
Time as Instructor	0	0	0	024	.5	0 0	-					
This Make/Model						0 0						
Last 90 Days	29.8	24.5	14	24	-	.2 3						
Last 30 Days	18.9	24.5	3.2	24		0 0						
Last 24 Hours	1.6	1.6	0	1	.6	0 0	8	<u> </u>				

"FLIGHT CREWMEN	MBER 2" INFOR	RMATIC	NC								
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot O Student Pilot O Flight Instructor OCheck Pilot O Flight Engineer OOther Flight Crew											
"Flight Crewmember 2" w	as pilot flying 🛛 🗖	Yes 🗖	No								
"Flight Crewmember 2" Io	lentification										
First Name: KEVIN			C	City of Residence:							
Middle Initial:								IP:			
Last Name: WINSHIP											
Age at time of	Accident/Incident:		rtificate Numb				i aa yyyy				
Degree of Injury	Seat Occupied				traint T				mflatable D	lagtuginta	
● None ● Fatal	OLeft	OFront	O Unknow	m	Restraint Type				Inflatable Restraints		
O Minor O Unknown O Serious	• Right • Center	ÖRear OSingle			Availab O Non O Lap	e	Used O None O Lap only	7	□ Not Inst □ Installed		
Pilot Certificate(s) (Check a	all that apply)				⊙ 3-po		O Eup oniO 3-point	, 	🗖 Not Dep	oloyed	
		nmercial	🗖 US Mil	litary	O 4-po O 5-po		O 4-point		□ Deploye □ Unknow		
□ Private □ Recre □ Student □ Sport		ine Transpo tht Engineer		ı	O 5-po		O 5-point O Unknow	/n		VII	
		in Enginee	4								
Principal Occupation	Medical Certificate	,		Me	dical Ce	ertificate Va	lidity		Date of Las	t Medical	
O Pilot	O None O Cl		(C) D'I (imitations/wai		nknown			
O Other O Unknown		nknown	ense (Sport Pilot		with limits pecial Is	tations/waivers	s ON	/A	mm/dd/yy		
Medical Certificate Limita	• •				<u>r · · · · ·</u>						
Medical Certificate Emilia											
Medical Certificate Specia	l Issuance										
Date of Last Flight Review	,	Flight	t Review Airci	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 appl	0.7		that apply)	,	(Check all th					
□ None	□ None		None			□ None			Instrument A		
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		Airplan				Single-Engir		Instrument H Helicopter	elicopter	
☐ Multiengine Land	Glider		Helicop			Gyroplar	Multi-Engine		Glider		
☐ Multiengine Sea	Gyroplane					D Powered			Sport		
	☐ Helicopter ☐ Powered Lift										
Type Ratings						Student E	ndorsement	t s (Include d	ates)		
-,18-								- ,			
					1			1	1	1	
Flight Time (Enter appropria	ate All T	his Make	Airplane Single	Airplane		Inst	rument	-		Lighter	
number of hours in each box)	Aircraft &	& 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											
Last 24 Hours	<u> </u>				1						

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)											
Crew Name and Ad	dress						Seat Occupie	d	Injury		
First Name:		City	of Reside	nce:			OLeft	O Front	O None		
Middle Initial: ZIP:							O Center O Right	O Rear O Single	O Minor O Serious		
Last Name: Country:								O Unknown	O Fatal O Unknown		
Dilat Cartificate(a)							Restraint Ty)e•	Inflatable		
Pilot Certificate(s)			nmercial		Military		Available	Used	Restraints		
\square Private							O None O Lap Only	O None O Lap Only	□ Not Installed		
Student Sport Flight Engineer						O 3-point	O 3-point	☐ Installed ☐ Not Deployed			
Type Rating/Endors	sement for		Total F	light Time at	t the Time		O 4-point O 5-point	O 4-point O 5-point	Deployed		
Accident/Incident A		🗖 No		0	ident:	hrs	O Unknown	O Unknown	Unknown		
Crew Name and Ad	dress						Seat Occupie		Injury		
First Name:							OLeft OCenter	O Front O Rear	O None O Minor		
Middle Initial:					ZIP:		ORight	OSingle	O Serious O Fatal O Unknown		
Last Name:		Cour	ntry:					OUnknown			
Pilot Certificate(s)	(Check all that apply)						Restraint Ty	pe:	Inflatable		
□ None	□ Flight Instructor	Con	nmercial	□ US	Military		Available O None	Used O None	Restraints		
Private Student	Recreational	🗖 Airl	line Transp		eign		O Lap Only	O Lap Only	□ Not Installed		
Student	□ Sport		ght Engined	er			O 3-point O 3-point O 4-point O 4-point		☐ Installed ☐ Not Deployed		
Type Rating/Endor: Accident/Incident A		ΠNo		light Time at Accident/Inci		hrs	O 4-point O 5-point O Unknown	O 5-point O Unknown	 Deployed Unknown 		
Accident/Incident Aircraft? Yes No of this Accident/Incident: hrs O Unknown O Unknown PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)											
PASSENGER(S)	/ OTHER PERSC)NNEL (I	Include c		ontinue on s	eparate shee	t if necessary)				
	/ OTHER PERSC	DNNEL (I	Include c	abin crew; c				Inflatable			
PASSENGER(S) Name and Address	/ OTHER PERSC	DNNEL (i	Include c		ontinue on so Injury	Restraint T	уре	Inflatable Restraints	Age		
Name and Address	City :			abin crew; c	Injury	Restraint T Available ONone	Type Used ONone	Restraints			
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat	Injury ONone OMinor	Restraint T Available ONone OLap Only	Ype Used O None O Lap Only	Restraints	Under 5 years		
Name and Address	City : State:	ZIP:		Seat	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point	Restraints	Under 5 years		
Name and Address First Name: Middle Initial: Last Name:	City : State:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	Under 5 years		
Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Restraints	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown		
Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City :	ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints	□ Under 5 years I <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years		
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City : State:	ZIP: O Oti ZIP:	ther	Seat Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Yype 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	Restraints	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5,		
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O Oti ZIP:	:her	Seat Seat OLeft OCenter ORight OUnknown Row: OLeft OLeft OLeft	Injury None OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Yype 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	Restraints	☐ Under 5 years I Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years I If Under 5,		
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger City : Country: OPassenger	ZIP: O Ot ZIP: O Ot	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OUnknown	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used	Restraints	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held		
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew First Name: First Name: OCrew	City : State: Country: OPassenger City : State: Country: OPassenger City :	ZIP: O Ot ZIP: O Ot	ther ther	Seat Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft OCenter ORight OLeft OLeft OLnknown Row: OLeft	Injury ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown ONone	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Deployed Unknown Not Not Installed Not Deployed Not	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held		
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Middle Initial:	City : State: OPassenger City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP: O Ot	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft OLeft	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Restraints Restraints Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown		
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew First Name: First Name: OCrew	City : State: OPassenger City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP: O Ot	ther	Seat Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft OCenter ORight OLeft	Injury ONone OMinor OSerious OFatal OUnknown ONone OFatal OUnknown ONone ONone ONone ONone	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point	Yype 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 Lap Only O 3-point O Lap Only O 3-point O 5-point O 5-point O 5-point	Restraints Restraints Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Deployed Unknown Not Installed Not Installed Installed	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown		
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FLIGHT ITINERARY	INFORMAT	ON						
Last Departure Point	Г	ime of Departure	Destinatio	on		Type Flight	t Plan Fi	led
Airport ID: KPTK	ort ID: KPTK			KYIP to KPT	<	• None		O VFR/IFR
City: WATERFORD	1	ime: <u>14:30</u>	City: WAT	ERFORD		O Company O Military V		O IFR O Unknown
State: MICHIGAN	T	ime Zone: <u>EST</u>	State: MI			O VFR		
Country: USA				SA		Activated?	OYes	ONo OUnknown
Type of ATC Clearance/S	ervice (Check all th	hat apply)	•					
VFR VFR	□ Special VFR ☑ IFR		ecial IFR R On Top		 VFR Flight Foll Traffic Advisory 		Cruise	e own / NA
Airspace where the accide			· ·				Altitud	e of In-Flight
	□Class G □Demo Area		itary Operations port Advisory Ai		☐ Special ☐ Air Traffic Conti	ol Area	Occuri	-
	Warning Area		Training Area	ica		of Alea		ft msl
	Prohibited Area	TR: FAI						
Source of Pilot Weather I		HE ACCIDEN			servation Facility			
(Check all that apply)	mation				servation racinty			
National Weather Service		Company			me:			
☐ Flight Service Station ☐ TV/Radio		Ailitary nternet			Inc			
Automated Report		None			Accident Site:			
Commercial Weather Servi	ce (DUATS)	Jnknown						truo
Basic Conditions		Light Conditi	ion	Direction from	Accident Site:		_uegrees	uue
• VMC		ODawn	ODusk	O Dark	Night O Un	known		
O IMC		Day	ONight		ht Night			
O Unknown								
Sky/Lowest Cloud Condit		Ceiling			Temperature:	((C) or	(F)
O Clear O Few	O Thin Broken O Thin Overcast	O None (Clear) O Broken		Obscured Indefinite	Dew Point:	(C)) or	(F)
O Partial Obscuration	O Unknown	O Overcast	-	Unknown				
O Scattered					Altimeter Sett	or		Ig
Lowest Cloud Condition		Ceiling Heigh	t	0 1				
7000	ft agl	7000		ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles	
□ Variable	Calm	7 . 11	Not Gustin	ıg	RVR	:	feet	
-or-	Light and V -or-	ariable	-or-		RVV	:	miles	
Direction: 210 degrees tru		kts	Speed: 19	kts	Density Altitu	de:		ft
Intensity of Precipitation	Type of Preci	pitation (Check all i	that apply)		Restriction to	Visibility (Cl	heck all th	at apply)
O Light	None	Drizzle	□ Freezing		🛛 None	🗖 Fe		
O Moderate O Heavy	Rain	☐ Ice Pellets	□ Snow S ts □ Ice Pelle		Blowing Du		round Fog	
O Heavy O N/A	□ Snow □ Hail	□ Snow Pellet □ Snow Grain			□ Blowing Sand □ Haze □ Blowing Snow □ Ice Fog			
O Unknown	□ Rain Shower			-	□ Blowing Sp □ Dust		moke Inknown	
Icing Forecast		Icing Actual			Turbulence	<u> </u>		
Amount Type		Amount	Туре		Type (Check a	ll that apply)		erity
None O N/A O N/A		NoneTrace	ON/A		☑ None □ Clear Air			.ight ∕Ioderate
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Terrain-Indu	ıced		levere
O Moderate O Mixe	d	O Moderate	O Mixe	d	Convective	Turbulence		Extreme
O Severe O Unkn O Unknown	own	O Severe O Unknown	O Unkn	lown				
						-		
NOTAMs (D and FDC)	, AIRMETs, SI	GMETs, PIREP	s in effect at	the time of tl	he accident/incio	dent:		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O Minor

ge Substantial Destroyed

O Unknown

Aircraft Fire None In-Flight

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

Aircraft Explosion

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)

O On-Ground

PROPELLERS NOSE CONE RIGHT WING TIP LANDING GEAR REAR FUSELAGE DENTED

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.

KPTK 14:30 7/10/19 NORMAL TAKE OFF WITH FLIGHT INSTRUCTOR ON BOARD DEPATRED TO WILLOW RUN KYIP AND CONTACTED DETROIT APPROACH CONTROL 118.95 TO CONDUCT RNAV 23L ILS 23L APPROACHES. ILS 23L APPROACH ENDED IN A TOUCH AND GO. 15;10 CONTACTED WILLOW RUN TOWER KYIP 125.275 AND FLEW 4 TOUCH AND GO LANDING ON 23R WITH NO PROBLEMS.

5TH TOUCH AND GO LANDING (ACCIDENT), LOWERED LANDING GEAR ON MID RIGHT DOWNWIND 23R, LOWERED 10 DEGREE FLAPS OPPOSITE 23 RIGHT NUMBERS. LOWERED 25 DEGREE FLAPS ON RIGHT BASE 23R. ON FINAL AT 105 MPH, CROSEED THRESHOLD AT 95 MPH. DITOUCHDOWN ON 100FT MARKER ON CENTER LINE. COASTED AIRCRAFT AND RETRACTED FLAPS USING JOHNSON BAR. MAYBE 2500FT RUNWAY DISTANCE APPLIED FULL POWER AND GENTLY RAISED NOSE TO 3-5 DEGREES NOSE. THEN ACCICENT. INSTRUCTOR TOLD ME RIGHT WING TIP HIT THE RUNWAY. AIRCRAFT MADE TWO OR THREE RIGHT TURNS IN GRASS

INJURY WAS A 1 INCH CUT ON LOWER LEFT ARM. VERY LITTLE BLOOD.

'DID NOT USE 40 DEGREE OF FLAPS ON FINAL BECAUSE 19 KNOT GUSTS.

EVERY CONTROL ACTION WAS FOLLOWED BY A CALL OUT

RECOMMENDATION (How	v could this	accident/incident h	ave been prev	vented?)				
Operator/Owner Safety Recomm								
			_		_		_	_
MECHANICAL MALFU				eeded, co	ontinue on sepa	rate sheet)		
Was there Mechanical Malfun (If yes, list the name of the part, man				re)			Total Tim On Part	e/Cycles
UNKNOWN	iljuonin or, pui		serve me jana				on runt	
ONNIOWIN								Hours
								Cycles
								e This Part
							Inspected	/Overhauled
								Hours
FUEL & SERVICES INF	ORMATI	ON						
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)		 ○ 80/87 ○ 100 Low Lead 	O 115/145 O Jet A		O Jet B O JP8	O Other, specify		
75	Gallons	O 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to) Departure							
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation	of the aircr	aft performed?	□ Yes	🛛 No				
Method of Exit – Describe how		-			ed each location			
EXITED THROUGH RIGHT P	-		5 1					
OTHER AIRCRAFT – C		N (If air or ground	collision occ	urrod co	mploto this soc	tion for other air	araft)	
Aircraft Registration Number	1				-		Damage to Oth	er Aircraft
An craft Registration Number		urer:				C	Destroyed	☐ Minor
Registered Owner of Other Air					Other Aircraft	L	Substantial	□ None
~								
Name: City:				City:				
State:ZIP:				State:		ZIP:		
Country:				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 Name of Pilot/Operator:											
Signature:											
mm/dd/yyyy	<i>mm/dd/yyyy or</i> Check here to electronically sign this document										
I If a Person Other than Pilot/Operator is Filing Report											
Name:				Title:							
or 🔲 C	heck here to	electronically sign this document									
FOR NTSB USE ONLY											
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investi	igator	Date Report Received						
CEN19LA217 Central Shaun Williams 7/15/2019											