

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

| | |
|--|---|
| Accident/Incident Location Nearest City/Place: <u>Elkton</u> State: <u>FL</u> ZIP: <u>32033</u> Country: <u>USA</u> Latitude: <u>29°47'55 N</u> (dd:mm:ss N/S) Longitude: <u>081°28'01 W</u> (ddd:mm:ss E/W) | Date/Time Date: <u>07/14/2019</u> Local Time: <u>9:21am</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern Daylight</u> |
|--|---|

| | | |
|---|---|---|
| Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown | Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None | Altitude of In-Flight Occurrence <u>30</u> ft MSL |
|---|---|---|

AIRCRAFT INFORMATION

| | |
|---|--|
| Manufacturer: <u>Cessna</u> Model: <u>172SP</u> Serial Number: _____ Registration Number: <u>N35585</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Max Gross Weight: <u>2550</u> lbs Weight at Time of Accident/Incident: <u>2050</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>39</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC) |
|---|--|

| | | | |
|---|--|--|--|
| Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown | Type of Airworthiness Certificate (Check all that apply) Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport | Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____ | Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown |
|---|--|--|--|

| | | |
|---|--|---|
| Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____ | Last Inspection Type <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown | Date Last Inspection: <u>05/31/2019</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>2317.5</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
|---|--|---|

| | | |
|---|---|--|
| IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____ |
|---|---|--|

| | |
|--|---|
| ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ELT Manufacturer: <u>POINTER, INC</u> Model/Series: <u>3000-11</u> Serial Number: <u>330294</u> Battery Type: <u>ALKALINE</u> Battery Exp. Date: <u>02/21</u> |
|--|---|

| | | |
|---|---|--|
| Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected | Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>MCLAULEY</u> Model: <u>1A17DE/J4A7660</u> |
|---|---|--|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|--------------------------------|--|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | <u>LYCOMB</u> | <u>10-360-L2A</u> | | | <u>186</u> | <u>7573</u> | <u>1800</u> | <u>1800</u> |
| Eng. 2 | | | | | | | <u>60</u> | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

OWNER/OPERATOR INFORMATION

| | |
|--|--|
| Registered Aircraft Owner Name: <u>Christiansen Aviation Inc</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Owner Address City: _____ State: _____ ZIP: _____ Country: _____ |
|--|--|

| | |
|--|--|
| Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>FLORIAN FRISCH FLIGHT ACADEMY</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____ | Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>STANT AVIATION</u> State: <u>FL</u> ZIP: <u>32095</u> Country: <u>US</u> |
|--|--|

| | |
|---|--|
| Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces | Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|

| | | |
|---|--|---|
| Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input checked="" type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown | Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail | Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft |
|---|--|---|

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

| | | |
|-------------------------------------|-------------------------------------|--|
| Aircraft Registration Number: _____ | Manufacturer: _____ Model: _____ | Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None |
|-------------------------------------|-------------------------------------|--|

Registered Owner of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

| | |
|---|--|
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (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 |
|---|--|

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

| | | |
|--|---|--|
| Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed | Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground | Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground |
|--|---|--|

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

*A/C NOSE STRUT & RIGHT MAIN GEAR DEPARTED A/C ON IMPACT. BOTH WINGS NEAR TIP SECTION & TAIL DAMAGED DURING A/C FLIP UPSIDE DOWN ON IMPACT. PROSPC DESTROYED ON GROUND CONTACT. A/C LANDED IN PLOWED FIELD.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: N/A KSGJ Distance From Airport Center: 12 SM
 Airport Name: SAINT AUGUSTINE, FL Direction From Airport: 240 degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ ft. MSL

Approach Segment (Select one)

On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

None PAR MLS Practice
 ADF/NDB Sideslip LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach (Check all that apply)

None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

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

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 Unknown
 Slush Covered Vegetation

FLIGHT ITINERARY INFORMATION

| | | | |
|---|---|--|--|
| Last Departure Point Airport ID: <u>KSGJ</u> City: <u>Saint Augustine</u> State: <u>FL</u> Country: <u>USA</u> | Time of Departure Time: <u>08:40</u> Time Zone: <u>EDT</u> | Destination Airport ID: <u>KSGJ</u> City: <u>Saint Augustine</u> State: <u>FL</u> Country: <u>USA</u> | Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|--|

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

None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

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

Class A Class E Prohibited Area Jet Training Area Special
 Class B Class G Restricted Area TRSA Air Traffic Control Area
 Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
 Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)

None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)
56 Gallons

Fuel Type
 80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

Both occupants were in the 2 front seats, and exited through their respective doors (which were the door that was able to be opened

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | | | | | |
|--|--|--|--|--|--|
| Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG | | Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) | | Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown | |
| Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer | | Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported | | Visibility _____ miles | |
| Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered | | Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast | | Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust | |
| Lowest Cloud Condition Height _____ ft AGL | | Ceiling Height _____ ft AGL | | <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown | |
| Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input checked="" type="checkbox"/> Variable | | Wind Speed Velocity: _____ KTS -or- <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable | | Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting | |
| | | Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air | | <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm | |
| | | Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe | | <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light | |

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

| | | | | | |
|--|--|---|--|---|--|
| Temperature: _____ (C) or _____ (F) | | Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light | | Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed | |
| Altimeter Setting: _____ in. HG or _____ MB | | Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light | | Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed | |
| Density Altitude: _____ ft | | | | Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower | |
| Dew Point: _____ (C) or _____ (F) | | | | <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle | |
| | | | | Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy | |

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: Terry (STUDENT) City: Saint Augustine
 Middle Initial: R State: FL ZIP: 32084
 Last Name: Umberhaur Country: USA
 Age at time of Accident/Incident: 31 Date of Birth: Certificate Number:
mm/dd/yyyy

| | | | |
|---|--|---|--|
| Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | Seat Occupied <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single | Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|--|

Pilot Certificate(s) (Check all that apply)

None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

| | | | |
|--|---|---|---|
| Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown | Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown | Date of Last Medical <u>02/12/2019</u> <small>mm/dd/yyyy</small> |
|--|---|---|---|

Medical Certificate Limitations

none

Medical Certificate Waivers

none

| | |
|--|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01/03/2019</u> <small>mm/dd/yyyy</small> | Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C175</u> |
|--|--|

| | | | |
|--|--|---|---|
| Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea | Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport |
|--|--|---|---|

| | |
|---------------------|---|
| Type Ratings | Student Endorsements (Include dates) |
|---------------------|---|

| Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | 271 | 215 | 271 | 0 | 24 | 3 | 69 | 0 | 0 | 0 |
| Pilot in Command (PIC) | 223 | 160 | 223 | 0 | 20 | 3 | 66 | 0 | 0 | 0 |
| Time as Instructor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| This Make/Model | | | | | 21 | 3 | 69 | | | |
| Last 90 Days | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Last 30 Days | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Last 24 Hours | 1.5 | 1.5 | 1.5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: Rasim City: Tokyo
 Middle Initial: SL State: EI ZIP: 72254
 Last Name: Firas Country: USA
 Age at time of Accident/Incident: 27 Date of Birth: Certificate Number:
mm/dd/yyyy

| | | | |
|---|--|---|--|
| Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | Seat Occupied <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single | Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|--|

Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

| | | | |
|--|---|---|--|
| Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown | Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown | Date of Last Medical <u>4/16/2017</u> <small>mm/dd/yyyy</small> |
|--|---|---|--|

Medical Certificate Limitations
none

Medical Certificate Waivers
none

| | |
|---|---|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>8/24/2018</u> <small>mm/dd/yyyy</small> | Flight Review Aircraft Make: <u> </u> Model: <u>PA 28-161</u> |
|---|---|

| | | | |
|---|---|---|--|
| Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea | Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport |
|---|---|---|--|

| | |
|---------------------|---|
| Type Ratings | Student Endorsements (Include dates) |
|---------------------|---|

| Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | 1030.7 | 300.7 | 929.9 | 100.8 | 34.8 | 4.3 | 48.3 | | | |
| Pilot in Command (PIC) | 932.8 | 300.7 | 845.5 | 87.3 | 31.7 | 4.3 | 48.3 | | | |
| Time as Instructor | 714.6 | 300.7 | 714.6 | 0 | 5.6 | 0 | 0 | | | |
| This Make/Model | | | | | 5.6 | 0 | 0 | | | |
| Last 90 Days | 146.7 | 146.7 | 146.7 | 0 | 0 | 0 | 0 | | | |
| Last 30 Days | 62.8 | 62.8 | 62.8 | 0 | 0 | 0 | 0 | | | |
| Last 24 Hours | 2.2 | 2.2 | 2.2 | 0 | 0 | 0 | 0 | | | |

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

| | | |
|--|---|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ City: _____ | Middle Initial: _____ State: _____ ZIP: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal |
| Last Name: _____ Country: _____ | | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <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 | |

| | | |
|--|---|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ City: _____ | Middle Initial: _____ State: _____ ZIP: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal |
| Last Name: _____ Country: _____ | | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <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 | |

| | | |
|--|---|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ City: _____ | Middle Initial: _____ State: _____ ZIP: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal |
| Last Name: _____ Country: _____ | | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <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 flight attendants; continue on separate sheet if necessary)

| Name and Address | Seat | Crew | Non-Revenue | Revenue | Non-Occupant | FAA | Fatal Injury | Serious Injury | Minor Injury | No Injury | Unknown |
|---|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| First Name: _____ City: _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name: _____ Country: _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 time and point of departure, intended destination, and services obtained.

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

Operator/Owner Safety Recommendation

REFER TO ATTACHED OPERATOR STATEMENT

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>07/22/2019</u> <small>mm/dd/yyyy</small> | Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>Bartram Ellis</u> |
|--|---|

| |
|--|
| Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: <u>SHAWN MARSHALL</u> Title: <u>CEO</u> |
|--|

FOR NTSB USE ONLY

| | | | |
|---|--|--------------------------------------|--|
| NTSB Accident/Incident No. GAA19CA412 | Reviewed by NTSB Regional Office GAAID | Name of Investigator HICKS | Date Report Received 22JUL2019 |
|---|--|--------------------------------------|--|

FAA accident report:

I, (Bassam Elias) was providing a dual flight instruction flight to Terry Umbenhaur (commercial pilot) for his CFI training. He isn't my student but I agreed to fly with him since his instructor was busy. Terry dispatched the airplane under his name, inserted himself in the system as PIC and pre-flighted so he was the acting PIC of this flight. This was our third flight together, he was flying from the right seat (still adjusting to the transition to right seat). We practiced a few maneuvers, then I was introducing emergencies (engine fire in specific). I demonstrated the task the first time, went down to a 100 feet over a field and recovered, then climbed back up to altitude. I then let Terry try it, the approach was looking fine. At about 200 feet, Terry said "we're too fast" (which we were, at approximately 90 knots) so I told him "do whatever it takes to get down safely" (I was quoting the DPE who will conduct his check-ride). So he slowed down, but when I started seeing that we're slowing down too much (approximately 60 knots), I calmly said "alright recover and go around", in which he did not respond. We continued to slow down even more (approximately 50 knots) and our sink rate started drastically increasing. I said "recover" again, then a third time in a loud tone "RECOVER", he did not respond. I added full power and took controls, then announced "my controls". At that point we were stalling at a 100 feet, I broke out of the stall at around 30-40 feet but our sink rate was too high for me to recover from. The plane smashed hard on the field, drifted, then we hit a ditch in which the nose gear dug in and flipped the plane forward on the roof. My first priority at this point was safety, I asked Terry "are you okay?", he responded "I'm sorry, I'm so sorry", in which I responded "Are You Okay?", he said "yes". I unlatched my door and instructed him to do the same, he was unable to do so I ran outside to his door and still wasn't able to unlatch his door. At this point, I didn't know if we had fuel leakage so I ran back to my door and was pulling him out from my side. After we were both out safely, I called the flight school to send help. Police arrived shortly after the accident.

Reasoning behind practicing emergencies at such low of an altitude:

DPE Jay Lawrence (our flight school's only CFI examiner) made it very clear that he will fail the applicant if they don't take the plane down to a 100 feet in emergencies (in which he's done in the past with several applicants). When I told him that all flight schools only go down to 500 feet (also as described in FAR 91.119), he replied "I don't care what the flight school says, how do I know you're going to make the field at 500 feet? I want you to take me all the way down in which I can ensure a landing will be possible". He had a story to tell, where his FAA boss died from an engine fire at 800 feet, so Jay is big on engine fires on check-rides. I still teach emergencies down to 500 feet but ONLY for my CFI applicants, I teach them to bring it down to 100 feet and I specifically tell them "this is what Jay wants to see although I do not recommend it". Jay learned about our accident and still holds firm on his opinion.

Name: *Bassam Elias*

Certificate number: [REDACTED]

Accident date: *7/14/2019*

Accident location and time: *Elkton, FL at 9:20 am*

Report date: *7/14/2019*

Signature: [REDACTED]

Statement from Terry Umbenhaur on Cessna 172SP N35585 incident/accident near Elkton, Florida on July 14, 2019 at 9:21am

I was in CFI flight training with my instructor Bassam Elias, in a Cessna 172SP, tail number N35585. I departed KSGJ (St Augustine airport) around 8:40am local time on July 14, 2019, and sometime after departing the Class D airspace to the west, did several flight maneuvers safely, including steep turns, slow flight, chandelles, and lazy eights. Then I was instructed to fly to a field (near Elkton), and my instructor requested the controls to demonstrate a simulated emergency descent to simulated forced landing in a field. While demonstrating this maneuver to me, my instructor told me that my DPE (Jay Lawrence) would require me to continue the simulated forced landing down to 50 feet AGL, and that one of my instructor's students failed specifically because he refused to descend below 500 feet AGL (Florida Flyers prohibits simulated emergency descents in a field to continue below 500 feet AGL). My cue to these maneuvers being necessary would be the phrase "I smell smoke" and then 5 seconds later "I see fire". I would then be required to descend the plane at 120 knots with the engine idle to simulate extinguishing the flames, and then landing the plane by "doing whatever it takes" as my instructor phrased it. My instructor took the controls and demonstrated this to me starting at an altitude somewhere between 1000 to 2000 feet AGL, setting power to idle, then flying with a steep nose-down pitch to reach 120 knots, and then levelling off to an altitude somewhere between 500 to 1000 feet AGL, then making sharp turns to reach a safe field to land. He descended the plane down while maintaining a safe gliding path to what would have been a safe landing and then recovered the plane between 50 to 100 feet AGL using full power, barely clearing power lines by an estimated 50 to 100 feet on the recovery.

After the instructor recovered the airplane and climbed to around 1000 to 1500 feet AGL, he gave me the controls and told me "I smell smoke". I attempted to follow the procedure as he just demonstrated it to me. This was my first time performing this maneuver going below 500 feet AGL, since my school prohibits it, but I was instructed to go down to as low as 50 feet AGL as this could be required not to fail the checkride with the DPE. I removed the power and descended the plane down at 120 knots while looking for a suitable field to land at, then levelled off at around 500 to 1000 feet AGL. I was then lined up for a suitable field, but I realized after descending to an altitude of 200 feet AGL at a speed of 100 knots that my airspeed was too high to safely land without overshooting the field.

At this time that I verbally said my airspeed was too high to safely land and shouted "full power" as my intention was to add full power and climb since the plane was fully in a position to recover but felt dangerously low to me. However, my instructor immediately responded "do whatever it takes", so I continued to attempt the simulated landing without power, verbally announcing I was making a left turn (with the intent of ensuring we would be able to land on the field safely). About 5 seconds into the left turn at around 100 to 150 feet above the ground, the instructor said "My controls" and I said "Your controls" and he responded "My controls", during which time the plane was continuing to turn left. The instructor levelled off the plane which continued to descend for another 5 to 10 seconds. I heard the stall warning horn just before the plane touched the ground and the instructor was able to fly the plane almost level prior to landing, though I did not hear the engine being on at any time after I gave the instructor the controls. The instructor made a forced landing almost level with the ground, and the plane slid against the field grains for around 10 seconds, only tipping upside down over about a 5 to 10 second period as the plane was coming to a stop. The instructor was able to release his seatbelt quickly and told me to exit the plane immediately in case of possible danger. We were both able to exit out of our respective doors within 30 seconds of the plane stopping. After assessing the plane was safe to reenter, the instructor attempted to secure the plane while I contacted the flight school. The police and

an ambulance arrived within 5 to 10 minutes of the crash, though luckily neither of us required medical attention. A few hours after the incident/accident, a representative from the FAA arrived to take information and photos.

At no point during the flight did the instructor tell me or indicate to me to take any corrective action, or that I was doing anything wrong, and he did not make any attempt to control the plane until he asked for the flight controls during the final left turn just prior to the forced landing.



Terry Umbenhour

07/18/2019

Operator/Owner Statement-Safety Recommendation.

Operators Operation Manual Has previously and currently uses minimum altitude allowed for simulated emergency procedures. This minimum altitude is clearly represented in standardization training and notated in operator's standards manual "**Do not descend below 500 feet**". Company operation Manual has defined the determination in all company aircraft as such "Anytime a Florida Flyers Flight Instructor is aboard a Florida Flyers Training flight acting as the students instructor; the Flight Instructor will be considered the Pilot-in-Command of that Flight". This accident could have been prevented if instructor adhered to Company established standards and procedures.

Shawn Marshall
CEO/Chief Flight Instructor

St Augustine Location: KSGJ Airport