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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Mt. Pleasant State: Texas

ZIP: 75455 Country: United States

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/25/2019 *mm/dd/yyyy* Local Time: 1645

Time Zone: CDT

Collision with Other Aircraft: ○ Midair ○ On-ground ◉ None

AIRCRAFT INFORMATION

Registration Number: N15412

Manufacturer: Piper

Model: Seneca I

Serial Number: 34-7350060

Year of Manufacture: 1972

Amateur-Built: ○ Yes ○ No *If Yes:* ○ Kit/Plans ○ Original Design Make: _____

☑ **IFR-Equipped and Certified**
☐ **Commercial Space Flight**
☐ **Unmanned Aircraft**

Maximum Gross Weight: 4200 lbs

Weight at Time of Accident/Incident: 3800 lbs

Number of Seats: 3 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 1

Number of Engines: 2

Category of Aircraft
- ◉ Airplane
- ○ Balloon
- ○ Blimp/Dirigible
- ○ Glider
- ○ Gyroplane
- ○ Helicopter
- ○ Powered Lift
- ○ Rocket
- ○ Ultralight
- ○ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☑ Normal	☐ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*

☑ Retractable

☑ Tricycle	☐ Tailwheel
☐ Amphibian	☐ High Skid
☐ Emergency Float	☐ Skid
☐ Float	☐ Ski
☐ Hull	☐ Ski/Wheel

☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*

◉ Reciprocating	○ Liquid Rocket
○ Turbo Shaft	○ Solid Rocket
○ Turbo Prop	○ Hybrid Rocket
○ Turbo Jet	○ None
○ Turbo Fan	○ Unknown
○ Electric	

Fuel System Type *(Reciprocating)*
○ Carburetor ◉ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ◉ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Lycoming				200			
Eng. 2	Lycoming				200			
Eng. 3								
Eng. 4								

Last Inspection Type

◉ 100-Hour	○ Continuous Airworthiness
○ AAIP	○ Conditional Inspection
○ Annual	○ Unknown

Date Last Inspection: _____ *mm/dd/yyyy*

Airframe Total Time: _____ hrs

hours measured at *(Select one)*
○ Last Inspection ○ Time of Accident/Incident

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

Description of Fire Extinguishing System
- ○ None
- ○ Specify:

Propeller 1 ○ Fixed Pitch ◉ Controllable Pitch ○ Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2 ○ Fixed Pitch ◉ Controllable Pitch ○ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ◉ Yes ○ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ○ C126 (406 MHz)

Was ELT still mounted in aircraft? ◉ Yes ○ No
Was ELT still connected to antenna? ◉ Yes ○ No
Did ELT Activate? ○ Yes ◉ No

If activated:

Did ELT Aid in Locating Aircraft: ○ Yes ◉ No

If not activated:

Indicate Reason:
- ☐ Impact Damage
- ☐ Fire Damage
- ☐ Battery Expired/Damaged
- ☐ Unknown

Additional Equipment *(Check all that apply)*
- ☐ ADS-B
- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☐ Autopilot
- ☐ Data Recorder
- ☐ Electronic Flight Bag or Handheld Device
- ☐ Electronic Multifunction Display
- ☐ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☐ Onboard Weather
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: US Aviation Group, LLC

Fractional Ownership Aircraft: ○ Yes ◉ No

City: Denton

State: Texas ZIP: 76207

Country: United States

Operator of Aircraft ☑ *Same As Registered Owner* ☑ *Same Address as Registered Owner*

Name:

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

City:

State: ZIP:

Country:

Operating Certificates Held *(Check all that apply)*

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

Regulation Flight Conducted Under

- ◉ FAR 91 ○ FAR 129 ○ FAR 415
- ○ FAR 103 ○ FAR 133 ○ FAR 431
- ○ FAR 121 ○ FAR 135 ○ FAR 435
- ○ FAR 125 ○ FAR 137 ○ FAR 437

- ○ FAR 91 Special Flight
- ○ Non-US, Commercial
- ○ Non-US, Non-commercial

- ○ Public Aircraft *(Select one)*
  - ○ Armed Forces
  - ○ Federal
  - ○ State
  - ○ Local
- ○ Unknown

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

- ○ Scheduled or Commuter ○ Domestic
- ○ Non-Scheduled or Air Taxi ○ International

- ○ Passenger
- ○ Cargo
- ○ Mail Contract Only

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

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

Revenue Sightseeing Flight

○ Yes ◉ No

Air Medical Flight

○ Yes ◉ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Mount Pleasant Regional

Airport Identifier: KOSA

Proximity to Airport: ○ Off Airport/Airstrip ◉ On Airport/Airstrip ○ N/A

Distance From Airport Center: sm

Direction From Airport: degrees true

Airport Elevation: 364 ft. msl

Runway Information

Runway ID: 17 (L/R/C) Length: 6004 ft Width: 100 ft

Runway/Landing Surface *(Check all that apply)*

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

Condition of Runway/Landing Surface *(Check all that apply)*

- ☑ Dry ☐ Snow-Compacted ☐ Water-Calm
- ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
- ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
- ☐ Rough ☐ Snow-Wet ☐ Wet
- ☐ Rubber Deposits ☐ Soft
- ☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment *(Select one)*

- ○ Taxi ○ VFR Departure ○ On Instrument Approach ○ Downwind ○ Low Approach
- ○ Takeoff ○ IFR Departure Procedure/Clearance ◉ Landing ○ Base ○ Go Around
- ○ Initial Climb ○ Final ○ Aborted Landing (after touchdown)
- ○ Crosswind ○ Unknown

IFR Approach *(Check all that apply)*

☑ None

- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
- ☐ VOR/TVOR ☐ ILS ☐ ASR
- ☑ VOR/DME ☐ Localizer Only ☐ Visual
- ☐ TACAN ☐ LOC-back course ☐ Contact
- ☑ RNAV ☐ Circling
- ☐ Unknown

VFR Approach *(Check all that apply)*

☐ None

- ☑ Traffic Pattern ☐ Stop and Go
- ☑ Straight-In ☐ Touch and Go
- ☐ Valley/Terrain Following ☐ Simulated Forced Landing
- ☐ Go Around ☐ Forced Landing
- ☐ Full Stop ☐ Precautionary Landing
- ☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying ☑ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: Nicholas
Middle Initial: J
Last Name: Strnad
Age at time of Accident/Incident: 27
Date of Birth: [redacted] *mm/dd/yyyy*
Certificate Number: [redacted]
City of Residence: Flower Mound
State: Texas ZIP: 75022
Country: United States

Degree of Injury
◉ None ○ Fatal ○ Minor ○ Unknown ○ Serious

Seat Occupied
○ Left ○ Front ○ Unknown ◉ Right ○ Rear ○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
◉ 3-point	◉ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints
☑ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☑ Flight Instructor ☑ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation
◉ Pilot ○ Other ○ Unknown

Medical Certificate
○ None ○ Class 3 ◉ Class 1 ○ Driver's License (Sport Pilot only) ○ Class 2 ○ Unknown

Medical Certificate Validity
◉ Without limitations/waivers ○ Unknown ○ With limitations/waivers ○ N/A ○ Special Issuance

Date of Last Medical
08/17/2017 *mm/dd/yyyy*

Medical Certificate Limitations
NA

Medical Certificate Special Issuance
NA

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 04/01/2019 *mm/dd/yyyy*

Flight Review Aircraft
Make: Piper
Model: Archer

Airplane Rating(s) *(Check all that apply)*
☐ None ☑ Single-Engine Land ☐ Single-Engine Sea ☑ Multiengine Land ☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None ☑ Airplane ☐ Helicopter ☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None ☑ Airplane Single-Engine ☑ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☑ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings
NA

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	485	15	369	116	24	3	76			
Pilot in Command (PIC)	345	15	241	94	11					
Time as Instructor	206	10	189	10	8					
This Make/Model										
Last 90 Days	76	6	70	6	10		2			
Last 30 Days	28	4	25	4			2			
Last 24 Hours	3	1	2	1						

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying ☐ Yes ☑ No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ *mm/dd/yyyy*

Certificate Number: _____

Degree of Injury
○ None ○ Fatal
○ Minor ○ Unknown
○ Serious

Seat Occupied
○ Left ○ Front ○ Unknown
○ Right ○ Rear
○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints
☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation
○ Pilot
○ Other
○ Unknown

Medical Certificate
○ None ○ Class 3
○ Class 1 ○ Driver's License (Sport Pilot only)
○ Class 2 ○ Unknown

Medical Certificate Validity
○ Without limitations/waivers ○ Unknown
○ With limitations/waivers ○ N/A
○ Special Issuance

Date of Last Medical
_____
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ *mm/dd/yyyy*

Flight Review Aircraft
Make: _____
Model: _____

Airplane Rating(s) *(Check all that apply)*
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

Crew Name and Address	Seat Occupied	Injury
First Name: ____________ City of Residence: ____________ Middle Initial: ______ State: ________ ZIP: ______ Last Name: ____________ Country: ____________	○ Left ○ Front ○ Center ○ Rear ○ Right ○ Single ○ Unknown	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*	Restraint Type:	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	**Available** / **Used** ○ None ○ None ○ Lap Only ○ Lap Only ○ 3-point ○ 3-point ○ 4-point ○ 4-point ○ 5-point ○ 5-point ○ Unknown ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No **Total Flight Time at the Time of this Accident/Incident:** ________hrs		

Crew Name and Address	Seat Occupied	Injury
First Name: ____________ City of Residence: ____________ Middle Initial: ______ State: ________ ZIP: ______ Last Name: ____________ Country: ____________	○ Left ○ Front ○ Center ○ Rear ○ Right ○ Single ○ Unknown	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*	Restraint Type:	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	**Available** / **Used** ○ None ○ None ○ Lap Only ○ Lap Only ○ 3-point ○ 3-point ○ 4-point ○ 4-point ○ 5-point ○ 5-point ○ Unknown ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No **Total Flight Time at the Time of this Accident/Incident:** ________hrs		

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: ________ City: ________ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ________ Country: ________ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** / **Used** ○ None ○ None ○ Lap Only ○ Lap Only ○ 3-point ○ 3-point ○ 4-point ○ 4-point ○ 5-point ○ 5-point ○ Unknown ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ________ City: ________ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ________ Country: ________ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** / **Used** ○ None ○ None ○ Lap Only ○ Lap Only ○ 3-point ○ 3-point ○ 4-point ○ 4-point ○ 5-point ○ 5-point ○ Unknown ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ________ City: ________ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ________ Country: ________ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** / **Used** ○ None ○ None ○ Lap Only ○ Lap Only ○ 3-point ○ 3-point ○ 4-point ○ 4-point ○ 5-point ○ 5-point ○ Unknown ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ________ City: ________ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ________ Country: ________ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** / **Used** ○ None ○ None ○ Lap Only ○ Lap Only ○ 3-point ○ 3-point ○ 4-point ○ 4-point ○ 5-point ○ 5-point ○ Unknown ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: KDTO
City: Denton
State: Texas
Country: USA

Time of Departure
Time: 1540
Time Zone: CDT

Destination
Airport ID: KOSA
City: Mount Pleasant
State: Texas
Country: USA

Type Flight Plan Filed
○ None ○ VFR/IFR
○ Company VFR ○ IFR
○ Military VFR ○ Unknown
◉ VFR
Activated? ○ Yes ○ No ○ Unknown

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

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
☑ National Weather Service ☑ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☑ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility
Facility ID: KOSA
Observation Time: 1630
Time Zone: CDT
Distance from Accident Site: 0 nm
Direction from Accident Site: _____ degrees true

Basic Conditions
◉ VMC
○ IMC
○ Unknown

Light Condition
○ Dawn ○ Dusk ○ Dark Night ○ Unknown
◉ Day ○ Night ○ Bright Night

Sky/Lowest Cloud Condition
◉ Clear ○ Thin Broken
○ Few ○ Thin Overcast
○ Partial Obscuration ○ Unknown
○ Scattered

Lowest Cloud Condition Height
_____ ft agl

Ceiling
◉ None (Clear) ○ Obscured
○ Broken ○ Indefinite
○ Overcast ○ Unknown

Ceiling Height
_____ ft agl

Temperature: _____ (C) or _____ (F)
Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg
or _____ MB

Wind Direction
☐ Variable
-or-
Direction: _____ degrees true

Wind Speed
☑ Calm
☐ Light and Variable
-or-
Speed: _____ kts

Wind Gusts
☑ Not Gusting
-or-
Speed: _____ kts

Visibility 10 miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft

Intensity of Precipitation
○ Light
○ Moderate
○ Heavy
◉ N/A
○ Unknown

Type of Precipitation *(Check all that apply)*
☑ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility *(Check all that apply)*
☑ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

Amount	Type
◉ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Icing Actual

Amount	Type
◉ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Turbulence

Type *(Check all that apply)*	Severity
☑ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ Extreme

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
○ None	○ Substantial	◉ None	○ Both Ground and In-Flight	◉ None	○ Both Ground and In-Flight
○ Minor	◉ Destroyed	○ In-Flight	○ Fire at Unknown Time	○ In-Flight	○ Explosion at Unknown Time
	○ Unknown	○ On-Ground	○ Unknown	○ On-Ground	○ Unknown

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

The planes nosewheel went through the nose cowling. Caused the propellers to hit the runway and damaged them beyond repair.

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.

Nicholas J. Strnad- PIC/instructor
Chevaan Meegolle- Student
Flight report for Seneca 15412
Date of occurrence: November 25, 2019

Preflight: My preflight for the Seneca consisted of me going through the online maintenance, check out, and any last minute items that were needed (ie using the restroom, flight plan/weather changes, weight and balance). Looking over the maintenance I didn't notice anything detrimental to the flight. Every squawk had been closed/corrected. However, I always use the latest item fixed as an emphasis in my preflight. After reviewing recent flights and my students' flight plan, we started our way toward the aircraft to do our preflight inspection. This was around 3pm. I always start my preflight with a look in the cabin for the required documents. Have to make sure the aircraft is legally able to fly. After reviewing the documents, I take my student through the checklist and check all of the items listed for the preflight inspection. We go from the cabin to checking the batteries, lights, ailerons, flaps, gear, stall horn, and overall structural integrity. As we finish the preflight I like to take one last look at the aircraft from a front view, just in case I missed anything. Looking from the angle I noticed that the front gear's strut was extended substantially. The strut was extended the length of 12-14 inches, when in most cases the ideal length is 4-7 inches extended. I called maintenance to take a look at the nose gear after looking it over with a few other CFI's near me. A maintenance employee drove up on a golf cart. He opened the front nose cowling, unscrewed something (couldn't get a good look at what exactly he was adjusting) using a screwdriver. He proceeded to let out some of the pressure from the strut, which caused it to lower. He then hand tightened the piece back on and closed the cowling door. I asked him twice if "that's it?" and he responded with "yep." I again went around the nose gear to make sure everything was within standards and everything seemed fine.

Taxi: Taxiing to the run-up posed no problems. I was looking out for a flat tire or something that would pose a possible issue with the strut.

Run-up: The run-up was also within standards. Nothing stood out to me as wrong. Everything in the run-up check was looked over and nothing seemed out of standards.

Takeoff/en route: Take off was fine, nothing about the nose gear stood out. The climb and gear retraction was normal. I didn't notice anything in these two phases of flight that would cause me to be alarmed.

Enter MT Pleasant Airspace: Initially we were going to set up for the RNAV into runway 35. Winds were calm and hadn't observed/heard any traffic. Until we were told from a king air departing that they were taking off 17 and we had the option after they had left. I decided to forgo the RNAV and just set up in the downwind for run way 17 to allow proper spacing and allow the wake turbulence to dissipate. So it was at this point that we set up into the downwind.

Downwind: I made my student (with me supervising) do the before landing checklist, verify that we were at the proper gear down speed, verify the gear handle, and lowered the gear. At that point we checked the gear for three green lights in the cabin, the nose gear is visible in the mirrors located on the inner walls of the engine, and no red indication from the gear down indicator. I also observed that we were at the prescribed speed of 115mph, and that we were abeam the touchdown point. So he put in 10 degrees of flaps.

Base: I made my student verify for a second time that the gear was down, 3 green, one in the mirror, and no red. I had him check his speed, which was at 105mph. he then put in 25 degrees of flaps after verifying both.

Final: At final we checked for the third and final time gear, speed, and configuration. I had him go to flaps 40. Speed was at 95 mph and nothing about the gear had a problem.

Landing: We landed at the prescribed speed and configuration at around 4:20-4:45pm. The first wheels to touch were the back mains. As

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

Operator/Owner Safety Recommendation

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

_____ Gallons

Fuel Type

○ 80/87	○ 115/145	○ Jet B	○ Other, specify _____
◉ 100 Low Lead	○ Jet A	○ JP8	
○ 100/130	○ Jet A-1	○ Automotive	

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

After the right engine stopped I checked my student for injuries. Asked him if he was injured/good enough to get out. He replied that he was fine. I opened my door, exited going away from the props (toward the back of the aircraft), and got off the runway.

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

Aircraft Registration Number

_____

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

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

Date of this Report	Name of Pilot/Operator: Nicholas Strnad
12/05/2019 *mm/dd/yyyy*	Signature:
	-- or -- ☑ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN20TA025	CENTRAL	LINDBERG	12/16/2019

Full pilot statement from NTSB Accident Report Form 6120.1 Page 9 "Narrative History of Flight"

Nicholas J. Strnad- PIC/instructor

Chevaan Meegolle- Student

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Final: At final we checked for the third and final time gear, speed, and configuration. I had him go to flaps 40. Speed was at 95 mph and nothing about the gear had a problem.

Landing: We landed at the prescribed speed and configuration at around 4:30-4:45pm. The first wheels to touch were the back mains. As soon as the front nose wheel made contact it had a flat tire like feel to it. My initial thought was that the wheel had gone flat en route, that the pressure from our cruising altitude caused the wheel to deflate. After getting all three wheels on the runway the nose of the aircraft felt like it “jumped.” It was at this point that I took complete control of the aircraft. My goal was to slow it down, due to the fact that this jump put us into an aggressive angle of attack. My primary method of slowing us down was retarding the throttle and backpressure using the relative wind. I was trying to settle the plane back down and land. And I was relatively successful after the first “jump” of stabilizing the aircraft. As it came back down the front wheel hit again and “jumped” again, except this time it was in a shorter interval. This was much harder to control and it made the nose come down more aggressive. The third time the nose gear hit the runway was when it went through the cowling. At this point the front window had shattered and the nose was sliding across the runway. I immediately killed the engines and was trying to bring the aircraft to a complete stop. As the aircraft came to a complete stop, I checked my student and myself to make sure we could get out. My student confirmed that he was able to move and we immediately got out of the aircraft. After getting off the runway I called dispatch at US Aviation to inform them of the situation and they handled the rest from there on out.

Conclusion: Seneca 15412 had no initial, en route, or gear down problems throughout the flight. The problem arose on the landing of the aircraft. However the landing was at a controllable descent rate and at the set prescribed speed/configuration. I did my best to ensure the safety of my student and myself.