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

DACI			seu ioi iep	orting									
								••••••••••••••••••••••••••••••••••••••	ant Data //	Г!			
Accident/Incident Location Nearest City/Place: Flagler Executive Airport State: FL								cident/Incid					
ZIP: 32164 Country: USA					_ State: _		Da	te:04/0 mm/da	<u>)1/2020</u>	Lo	cal Time: _	0900	
Latitude: 29-27-54.5440N Longitude: 081-12-27.5360W					360W				~ y y y y	Ti	me Zone: _	EDT	
(Enter in decimal degrees or degrees:minutes:seconds)							-		0.1 11		NC1 :	•	
							Co	ollision with	Other Air	craft: C) Mildair	OOn-groun	id O None
AIRCRAFT INFORMATION													
Registr	ation Number:	N311ER						☑ IFR-Equip					
Manufa	acturer: Diamo	ond						Commerci		ght			
Model:	DA42NG						Μ	laximum Gr	oss Weigh	t: 4407		lbs	
Serial N	Number: 42.N2	212						eight at Tin	-				lbs
Year of	Manufacture:	2016					N	umber of Se	ats: 4		Flight Cre	ew Seats: 2	
Amateu	ir-Built: OYes	If Yes: (OKit/Plans Mal	ke:				abin Crew Seat					
	No		Original Design					umber of En					
Catego	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge				Engine	e Type (Se		
Airpla		(Check all the Standar	11 .			(Check all the	-				procating		d Rocket Rocket
OBallo OBlim	on Dirigible	Norma		ted			Ret	ractable		O Turb O Turb			id Rocket
OGlide	r	Aerob	atic 🗖 Limite	d		Tricycle			ailwheel	OTurb		ONone	
OGyroj OHelic		☐ Balloo ☐ Comm				Amphibia			igh Skid	OTurb		OUnkr	lown
OPowe		Transp	- 1			□Emergenc □Float	cy F	loat □SI □SI		OElec	tric		
ORock		Utility	Special	l Light-Spo		Hull			ci/Wheel	Fuel Sv	stem Type	(Reciprocati	ng)
OUltralight Experi OUnknown			-	-	-	□ Other La	unch/Recovery System			OCarburetor OFuel-Injec			
COURT	own	□Certificate	e of Authorization	or Waiver Unknown	(COA)	□ None			nknown			-	5
				Clikilowii				Date	Rated Pow	er	Total	Time	Since:
			Engine	Manufacturer'				of Mfg.	O Horsep	power or	Time	Inspection	Overhaul
Engine Eng. 1	Engine Manufa Austro Engine	cturer	Model/Series e4-c-00-000-000	Serial Number 00 e4-c-00568				mm/dd/yyyy	O lbs of Thrust 165		(hours) 523.4	(hours) 60.4	(hours)
Eng. 2	Austro Engine		e4-c-00-000-000				165					60.4	
Eng. 3				-	0.000						02011		
Eng. 4													
Last In	spection Type			Propell	er 1	OFixed P				Ditah			
	our OCont	tinuous Airwo	orthiness		OControllable Pitch OControllable Pitch OGround Adjustable OGround Adjustable								
OAAIP	OCond	ditional Inspec		Manufac	cturer:	IT Prop	Manufacturer: MT Prop						
O Annua				Model: MTV-6-R-C-F/CF190-6			00-69 Model: <u>MTV-6-R-C-F/CF190-69</u>						
Date La	ast Inspection:	<u>03/05/2</u> mm/dd/yy		ELT In	LT Installed: OYes ONo Additional Equipment (Check					Check all that	t apply)		
Airfran	ne Total Time:		hrs	If Yes:									
	rs measured at (S	elect one)				er: Kannad					ck Indicato	or	
OL	ast Inspection	• Time of A	ccident/Incident		SO No + O COL (121 5)								
					(406 MHz)		14 (121.5 1111		a Recorde etronic Fli		Handheld De	vice	
O Annual Was ELT still me				Г still mo	unted in aircra	aft?	OYes ONo	✓ Elee	etronic Mu	ltifunction	Display		
	itional (Amateur-l facturer's Inspect			Was EL	Г still cor	Dunted in aircraft? OYes ONo Image: Constraint of the section of							
	Approved Inspect		(AAIP)			? OYes 💿	No						
	nuous Airworthin	ess		If active		agating Airona	£4.		□Ont	☐ Heads Up Display ☐ Onboard Weather			
	; specify:	4	Sustan	-	ctivated:	ocating Aircra	iit.			ellite Tracl 1 Warning	king Devic	e	
O None	otion of Fire Ex	unguishing	system	If not ad Indicate		Impact Da	mao	re.			ing Device	;	
O Spec						Fire Dama	ge			er, Specify			
						Battery Ex	pire	d/Damaged	1				
						🗹 Unknown							

OWNER/OPERATOR INFORMA	TION	
Registered Aircraft Owner		City: Daytona Beach
Name: Embry Riddle Aeronautical Unive	ersity	State: FL ZIP: 32114
Fractional Ownership Aircraft: O Yes O	No	Country: USA
Operator of Aircraft Same As Reg	gistered Owner	Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Character	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	
 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 Demond Air Tarii (FAR 135) 	• FAR 91OFAR 129OFAR• OFAR 103OFAR 133OFAR• OFAR 121OFAR 135OFAR• OFAR 125OFAR 137OFAR• OFAR 91Special Flight• Onon-US, CommercialOnon-US, Non-commercial	R 431 O Non-Scheduled or Air Taxi O International
 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 	OPublic Aircraft <i>(Select one)</i> O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application OFirefighting OUnknown O Aerial Observation OFlight Test OInstructional O Air Drop OGlider Tow Other Work Use O Banner Tow Other Work Use OPersonal O Executive/Corporate OPositioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry
OYes ONo	O Yes O No	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	pproach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Flagler Executive Airpo		Distance From Airport Center:sm
Airport Identifier: KFIN		Direction From Airport centersin degrees true
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: <u>30</u> ft. msl
·		
Runway Information Runway ID: _29(L/R/C) Length: _55 Runway/Landing Surface (Check all that a ☑ Asphalt □ Grass/Turf □ Maca □ Concrete □ Gravel □ Metai □ Dirt □ Ice □ Snow	<i>(pply)</i> dam ☐ Water	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered
Approach/Departure Segment (Select one))	
OTaxi OTakeoff OInitial Climb	edure/Clearance OOn Instrument Ap OLanding	OpproachO Downwind O BaseO Low Approach O Go AroundO FinalO Aborted Landing (after touchdown)O CrosswindO Unknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLSPracticeLDAGPSASRVisualContactCircling	Image: 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 Image: Stop and Go

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident										
-	O Student Pilot	U		Check Pilot	O Flig	ht Engineer	O Other I	Flight Crew		
"Flight Crewmember 1" was		□Yes ☑ N	No							
"Flight Crewmember 1" Iden	ntification									
First Name: <u>Jiyong</u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			City of R	esidence: <u></u>	aytona Be	ach		
Middle Initial:					State: FI	orida		ZIP: <u>32117</u>	,	
Last Name: Park					Country:	United St	ates of Am	erica		
Age at time of A	Accident/Incide	ent: 27	Date of B	irth:	5	_	m/dd/yyyy			
		C	- ertificate Num	ber:						
Degree of Injury	Seat Occup				estraint T	vpe]	Inflatable F	Restraints
O None O Fatal	O Left	O Front	O Unknow		Availab		Used			
O Minor O Unknown	Right Contar	O Rear			O None		ONone		□ Not Ins	talled
\bigcirc Serious	O Center	O Single			O Lap		OLap onl ⊙3-point	у	☐ Installe ☑ Not Dej	
Pilot Certificate(s) (Check all		Ci-1		1.4	⊙ 3-po O 4-po		O 4-point		Deploy	
 □ None □ Private □ Recreati 		Commercial Airline Transp	ort Dreig		O 5-po	int	O 5-point		Unknov	vn
Student Sport		Flight Enginee	er 🗌 🖸		O Unkı	nown	O Unknow	vn		
Principal Occupation M	ledical Certifi	rato		N	adical Co	rtificate Va	lidity		Date of Las	at Medical
		Class 3				mitations/wai	-	nknown	Date of Las	st Wieurear
			ense (Sport Pilot	-		ations/waiver			04/24/20	
O Unknown		Unknown			Special Iss	suance			mm/dd/yy	vyy
Medical Certificate Limitation	ons									
Must wear corrective lens										
Madical Cartificate Special I	suanaa									
Medical Certificate Special I	ssuance									
				-						
Date of Last Flight Review or Equivalent, Including		0	t Review Airc	eraft						
FAR 121/135 Checks:	02/20/2019		Diamond							
	mm/dd/yyyy		I: DA42VI			•				
Airplane Rating(s)	Other Aircra			ent Rating	(s)		r Rating(s)			
<i>(Check all that apply)</i> □ None	<i>(Check all that a</i> ✓ None	apply)	`	l that apply)		(Check all	that apply)	-		
☐ Single-Engine Land	Airship		☐ None ☑ Airpla	ne		□ None □ Airplan	e Single-Eng		Instrument	
□ Single-Engine Sea	Balloon		Helico	pter		Airplan	e Multi-Engi	ne 🗆	Helicopter	I
 Multiengine Land Multiengine Sea 	☐ Glider ☐ Gyroplane		D Power	ed Lift		Gyropl			Glider Sport	
	Helicopter						u Ent		sport	
T. D. d	□ Powered Lif	t							• .	
Type Ratings						Student I	Endorseme	nts (Include	dates)	
none										
Flight Time (Enter appropriate			Airplane			Inst	rument			
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengin	e Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1,439	584	856	85	4 26	62 19	91			
Pilot in Command (PIC)	1,311	522	789	52	2 23	31 16	37			
Time as Instructor	1,144	522	884	52	2 20)7 14	37			
This Make/Model										
Last 90 Days	199	129	70	12	9	4 1	1			
Last 30 Days	69	50	19	5	0	4 0	0			
Last 24 Hours	2	0	2		0	0 0	0			

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew											
"Flight Crewmember 2" wa		•	No	Check Fliot	Urn	gin E	ngmeer	Oulier	light Clew		
"Flight Crewmember 2" Id	entification										
First Name: John				Ci	ty of Re	eside	ence: Dav	ytona Bea	ch		
Middle Initial: J		ate: FL				IP: 32114					
Last Name: Licardi				nited Stat		. 02111					
	Accident/Incider	nt: 20	Date of Bi		Junu y.			les /dd/vvvv			
rige at time of			rtificate Numb								
Degree of Injury	Seat Occup				traint T	 [vne	 }			Inflatable R	estraints
• None • • • • • • • • • • • • • • • • • • •	⊙Left	OFront	OUnknow		Available Used				innutuoite i	coti unito	
O Minor O Unknown O Serious	ORight OCenter	ORear OSingle			O Non	e		O None		□ Not Inst	
Pilot Certificate(s) (Check a	ll that apply)	0			O Lap ⊙ 3-po			O Lap only O 3-point	/	☐ Installed ☑ Not Dep	
\square None \square Flight		Commercial	🗖 US Mi	litary	O 4-po	oint		O 4-point		Deploye	ed
□ Private □ Recrea	tional 🗖 .	Airline Transpo	ort 🗖 Foreigi		O 5-po O Unki		n	O 5-point O Unknow	'n	Unknov	vn
□ Student □ Sport		Flight Enginee	r								
Principal Occupation	Medical Certific	ate		Med	lical Ce	ertifi	icate Val	idity		Date of Las	t Medical
O Pilot		Class 3					tions/waiv		nknown	00/00/00	4.0
 Other O Unknown) Driver's Lice) Unknown	ense (Sport Pilot		Vith limit pecial Is:		ns/waivers	O N	/A	<u>08/22/20</u> mm/dd/yy	
Medical Certificate Limitat	• • • • • •	Clikilowii		0.0	peelai 15.	Suan					
	.10115										
Must Wear Corrective lenses											
Medical Certificate Special	Issuance										
Date of Last Flight Review		Flight	t Review Airc	raft							
or Equivalent, Including FAR 121/135 Checks:	10/04/2019	Make:	Cessna								
	mm/dd/yyyy	Model	: <u>C-172</u>								
Airplane Rating(s)	Other Aircraf		Instrum	ent Rating(s))			Rating(s)			
(Check all that apply)	(Check all that a	pply)	`	l that apply)		`	heck all th	at apply)	_		
☐ None ☑ Single-Engine Land	☐ None ☐ Airship		□ None ☑ Airpla	ne			None Airplane	Single-Engin		Instrument A Instrument H	irplane eliconter
□ Single-Engine Sea	Balloon		Helico	pter			Airplane	Multi-Engine	• 🛛	Helicopter	encopter
 Multiengine Land Multiengine Sea 	☐ Glider ☐ Gyroplane		D Power	ed Lift			Gyroplan Powered			Glider Sport	
	Helicopter						Powered	LIII		Sport	
T D (I	□ Powered Lift					C.	1 / 1				
Type Ratings						Sti	udent En	dorsement	s (Include d	ates)	
Flight Time (Enter appropria	te All	This Make	Airplane Single	Airplane			Instr	ument			Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	t	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	235	16	219	16		36	0	43			
Pilot in Command (PIC)	162	0	162	0	;	30	0	37			
Time as Instructor	0	0	0	0		0	0	0			
This Make/Model	10	40		10		0	0	0			
Last 90 Days Last 30 Days	16 6	16 6	0	16 6		2	0	5 3			
Last 30 Days	0	6 0	0	0		2	0	3			
Last 24 110015	U	U	U	0	I	J	U	0	1	1	

		MBERS (Exclusiv	e of cabin cr	ew, complete	the followin	g information)		
Crew Name and Add	lress						Seat Occupie	d	Injury
Middle Initial:		State	e:		ZIP:		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (None Private Student Type Rating/Endorse Accident/Incident Ai	Flight Instructor Recreational Sport	□ Airl □ Flig		oort For er light Time at		hrs	Restraint Typ Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Crew Name and Add	lress						Seat Occupie	d	Injury
Middle Initial:		State	e:		ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (None Private Student Type Rating/Endors Accident/Incident Ai	Flight Instructor Recreational Sport ement for rcraft? Yes	Airl Airl D Flig		oort	-	hrs	Restraint Tyj Available O None D Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
			ماريدام م	ahin anaun a		awayata akaa	4 :f		
TAGGENGER(3)	OTHER PERSC	ONNEL (Include c	abin crew; c	ontinue on s	eparate shee	et if necessary)	Inflatable	
Name and Address	OTHER PERS	ONNEL (Include c	abin crew; c Seat	ontinue on s Injury	eparate shee Restraint T		Inflatable Restraints	Age
	City : State:	ZIP:				Restraint T Available ONone OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown	Under 5 years
Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None D Lap Only O 3-point O 4-point O 5-point O Unknown Used O None D Lap Only O 3-point O 4-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown	□ Under 5 years I <i>If Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>If Under 5</i> , ○ Child Restraint ○ Lap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City : Country: City : City : City : OPassenger Country: OPassenger City : City : City : State: City : State:	ZIP: O Ot ZIP: O Ot ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None Lap Only O 3-point O 4-point O Unknown Used O None Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints Not Installed Installed Not Deployed Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years

FLIGHT ITINERARY	INFORMATIO	N						
Last Departure Point	Tim	e of Departure	Destinatio	n		Type Fligh	t Plan F	filed
Airport ID: KDAB	port ID: KDAB		Airport ID:	KFIN		• None		O VFR/IFR
City: Daytona Beach	Time	e: <u>0830</u>	City: Flag	ler		O Company O Military		O IFR O Unknown
State: Florida	Time	e Zone: EDT	State: Flor			O Wintary O VFR	VFK	O Unknown
Country: USA			Country: U			-	OYes	ONo OUnknown
Type of ATC Clearance/Se	ervice (Check all that	apply)						
□ None	☐ Special VFR ☐ IFR	□ Spe	ecial IFR R On Top		□ VFR Flight Foll □ Traffic Advisory	U	Cruis	se nown / NA
Airspace where the accide	nt/incident occurre	d (Check all that	apply)				Altitu	de of In-Flight
□ Class B □ Class C	Class G Demo Area Warning Area Prohibited Area	🗖 Air	itary Operations port Advisory A Training Area		☐ Special ☐ Air Traffic Contr ☐ Unknown	rol Area	Occur	rence:
	Restricted Area							
WEATHER INFORM	ATION AT THE	E ACCIDEN	T/INCIDEN	T SITE				
Source of Pilot Weather Ir	formation	· ·		Weather Ob	servation Facility	<u>.</u>		
(Check all that apply)				Facility ID: K	DAB			
✓ National Weather Service	Con			Observation Ti				
☐ Flight Service Station ☐ TV/Radio	☐ Mili □ Inter			Time Zone:				
Automated Report	Non	e			Accident Site: 15		nm	
□ Commercial Weather Servic □ On-Board Weather	e (DUATS) 🔲 Unk	nown			Accident Site: 190		degrees	true
Basic Conditions		Light Conditi	ion	Direction from	Accident Site. 100			, true
⊙ VMC		ODawn	ODusk	ODark	Night O Un	known		
OIMC		O Day	ONight		ht Night			
O Unknown					1			
Sky/Lowest Cloud Condition		Ceiling	_		Temperature:		(C) or _	(F)
⊙ Clear O Few	O Thin Broken O Thin Overcast	 None (Clear) Broken 		Obscured Indefinite	Dew Point: (C) or(F)			
O Partial Obscuration	OUnknown	O Overcast		Unknown	Altimeter Setting: in. Hg			
O Scattered	-		-		Altimeter Sett	or or		
Lowest Cloud Condition I	e	Ceiling Heigh	ıt			01	WIL	,
	ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility		miles	
□ Variable	Calm		□ Not Gustir	ng	RVR	:	feet	
-0r-	Light and Vari -or-	able	-0r-			:	miles	
Direction: <u>320</u> degrees true		kts	Speed: G17	kts	Density Altitu			ft
Intensity of Precipitation	Type of Precipit	ation (Check all t			Restriction to		heck all t	_
OLight	✓ None	Drizzle	Freezin	g Rain	✓ None	• • • • • • • • • • • • • • • • • • •		
O Moderate	Rain	Ice Pellets	□ Snow S	hower	Blowing Du	st 🗖 🤇	Ground Fo	og
O Heavy	Snow	Snow Pellet			☐ Blowing Sa ☐ Blowing Sn		laze ce Fog	
⊙ N/A O Unknown	 Hail Rain Showers 	□ Snow Grain □ Ice Crystals		g Drizzle	Blowing Sp		Smoke	
			,		Dust	ם ד	Jnknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount None	Type ⊙ N/A		Type (Check a. ✓ None	ll that apply)		verity Light
 None N/A Trace Rime 		O Trace	O Rime		Clear Air			Moderate
O Light O Clear		O Light	O Clear		Terrain-Indu			Severe
O Moderate O Mixed O Severe O Unkno		O Moderate O Severe	O Mixe O Unkr			Furbulence		Extreme
O Severe O Unknown	9WII	OUnknown	U Uliki	10 W II				
NOTAMs (D and FDC),	AIRMET: SICK	 //ETs pidfd/	s in effect of	the time of t	he accident/incid	lent•		
$\mathbf{P} \mathbf{U} = \mathbf{P} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} U$	AIN/12 1 5, 51GI	111 I S, I INEP.	s in criect al	the time of th		aciit.		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage O None

O Minor

ge
Substantial
Destroyed
Unknown

Aircraft Fire None In-Flight On-Ground

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)

The gears were sheared off. Propellers (6 of them) destroyed. Extensive hull damage.

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.

Departure time - 0830 EDT KDAB Destination - KFIN No service obtained.

We were practicing simulated in-flight engine failure. We were at about 2,000' and so per ERAU policy, we simulated feathering the inop engine by setting the inop (left) engine to 12%. After having completed the securing checklist, we continued with one-engine landing checklist and joined the traffic pattern into KFIN. The student flew single engine traffic pattern well until as we started the round out, student brought right power to idle and the airplane started yawing to right (as we still had 12% on the left engine). IP instructed the student to use more left rudder but the airplane kept yawing to right. The student decided to abort the landing and started go-around. Although the student advanced both power to 100%, the airplane started yawing to left. IP then took flight controls and even with full right rudder deflection, the airplane continued yawing to the left and crashed into the grass field off the runway. Terrain was flat.

RECOMMENDATION (How	/ could this	accident/incident ha	ave been prev	vented?)				
Operator/Owner Safety Recomm								
MECHANICAL MALFUN Was there Mechanical Malfund			re space is ne	eeded, co	ontinue on sepa	rate sheet)	Total Tir	ne/Cycles
(If yes, list the name of the part, man			scribe the failu	re.)			On Part	ile/Cycles
								Hours
								Cycles
							Time Sin	ce This Part
								l/Overhauled
								Hours
								110000
FUEL & SERVICES INF	ORMATI	ON						
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)		O 80/87 O 100 Low Lead	○ 115/145○ Jet A		O Jet B O JP8	O Other, specify	ý	
	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	the occupan	ts exited and how ma	any occupants	s evacuate	ed each location			
The crew opened the main do	por and eva	cuated.						
OTHER AIRCRAFT – C							-	A
Aircraft Registration Number		urer:					Damage to Oth Destroyed	Minor
							□ Substantial	□ None
Registered Owner of Other Air					Other Aircraft			
Name:				Name: _ City:				
				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 ACC	CURATE TO THE BEST OF MY KNOWLEDGE
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Date of this Report Name of Pilot/Operator:										
04/01/2020 Signature:										
<i>mm/dd/yyyy or</i> Check here to electronically sign this document										
If a Person Other than Pilot/Operator is Filing Report										
Name:	Name: Title:									
Signature:										
or 🔲 C	heck here to	electronically sign this document								
	FOR NTSB USE ONLY									
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investig	gator	Date Report Received					
ERA20CA143		ERA	Eric Gutierrez		4/2/2020					