

# 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

<b>Accident/Incident Location</b> Nearest City/Place: <u>Newfane</u> State: <u>NY</u> ZIP: <u>14108</u> Country: <u>USA</u> Latitude: <u>43-16.00</u> (dd:mm:ss N/S) Longitude: <u>078-46.07</u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>08/01/2010</u> Local Time: <u>1420</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input checked="" 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 type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b>  <div style="text-align: right;">425 ft MSL</div>

## AIRCRAFT INFORMATION

<b>Manufacturer:</b> <u>Cessna</u> <b>Model:</b> <u>A185F</u> <b>Serial Number:</b> <u>18503924</u> <b>Registration Number:</b> <u>N4976D</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Max Gross Weight:</b> <u>3,350</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>3,311</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> <u>43.992409</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- <u>                    </u> Percent Mean Aerodynamic Cord (% MAC)	
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<b>Category of Aircraft</b> <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	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <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	<b>Number of Seats:</b> <u>6</u> If Large Aircraft, how many seats for: Flight Crew: <u>                    </u> Cabin Crew: <u>                    </u> Passengers: <u>                    </u>	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input checked="" type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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<b>Type of Maintenance Program</b> <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 checked="" type="checkbox"/> Other, specify: <u>100 Hr. Inspections</u>	<b>Last Inspection Type</b> <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	<b>Date Last Inspection:</b> <u>07/01/2010</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>2,903</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify <u>                    </u>
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<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ELT Activated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>Dorne &amp; Margelin</u> <b>Model/Series:</b> <u>ELT-6.1</u> <b>Serial Number:</b> <u>Not Available</u> <b>Battery Type:</b> <u>MERL BP-1020</u> <b>Battery Exp. Date:</b> <u>5/2010</u>	
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Engine Type</b> <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	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>Hartzell</u> Model: <u>HC-C3YR-1RF/F7854</u>
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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	Textron Lycoming	T10-54-J2BD	L-4088-61A		350	1,713	54	1,713
Eng. 2								
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Daystar Trading & Ventures, LLCFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: GetzvilleState: NY ZIP: 14068Country: USA**Operator of Aircraft**☐ Same As Registered OwnerName: Frontier Skydivers, Inc.

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

**Operator Address**☐ Same As Registered OwnerCity: NewfaneState: NY ZIP: 14108Country: USA**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 checked="" 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**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**Purpose of Flight**

for FAR 91, 103, 133, 137 (Select one)

- ☐ Personal  
☐ Business  
☐ Executive/Corporate  
☒ Other Work Use  
☐ Instructional  
☐ Ferry  
☐ Positioning  
☐ Aerial Application  
☐ Aerial Observation  
☐ Air Drop  
☐ Air Race / Show  
☐ Flight Test  
☐ Public Use  
☐ Unknown

**Revenue Operation**

for FAR 121, 125, 129, 135 (Select one)

- ☐ Scheduled or Commuter  
☒ Non-Scheduled or Air Taxi

**Domestic or International**☐ Domestic ☐ International**Cargo Operation**

- ☐ Passenger/Cargo  
☒ Passenger \_\_\_\_\_ How many?  
☐ Cargo \_\_\_\_\_ lbs  
☐ Mail

**Type of Commercial Operating Certificate Held**

(Check all that apply)

- ☒ None  
☐ Flag Carrier Operating Certificate (121)  
☐ Supplemental  
☐ Air Cargo  
☒ Foreign Air Carriers (129)  
☐ Commuter Air Carrier (135)  
☐ On-Demand Air Taxi (135)  
☐ Large Helicopter (127)  
☐ Rotorcraft External Load (133)  
- or -  
☐ Agricultural Aircraft (137)  
☐ 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**☐ Destroyed ☐ Minor  
☐ Substantial ☐ None**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ 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**☐ None ☐ Substantial  
☐ Minor ☒ Destroyed**Aircraft Fire**☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground**Aircraft Explosion**☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground

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

A/C split in half, wings and landing gear separated, front half upside down.

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

Airport Identifier: 85N

Distance From Airport Center: 0 SM

Airport Name: Hollands International

Direction From Airport: 250 degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip

Airport Elevation: 364 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: 25 (L/R/C) Length: 2,875 ft Width: 75 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: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

**Time of Departure**

Time: \_\_\_\_\_

Time Zone: \_\_\_\_\_

**Destination**

Airport ID: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

**Type Flight Plan Filed**

☐ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR

Activated? ☐ Yes ☐ 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)

30 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

Pilot unfastened seat belt and crawled out

Front two passengers ejected from aircraft upon landing.

Rear 3 passengers unfastened seat belts &amp; climbed out.

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: <u>IAG</u> Observation Time: <u>1353</u> Time Zone: <u>Eastern</u> Distance from Accident Site: <u>12</u> NM Direction from Accident Site: <u>210</u> degrees MAG		<b>Source of Weather Information</b> (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Unknown		<b>Method of Briefing</b> (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Pertinent		<b>Light Condition</b> <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		<b>Visibility</b> <u>10</u> miles	
<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		<b>Restriction to Visibility</b> (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 <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	
<b>Lowest Cloud Condition Height</b> <u>                    </u> ft AGL		<b>Ceiling Height</b> <u>                    </u> ft AGL			
<b>Wind Direction</b> <input type="checkbox"/> Indicated: <u>                    </u> degrees MAG <input checked="" type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: <u>3</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: <u>            </u> KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (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 <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light		
<b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b> None					
<b>Temperature:</b> <u>28</u> (C) or <u>            </u> (F) <b>Altimeter Setting:</b> <u>29.97</u> in. HG or <u>            </u> MB <b>Density Altitude:</b> <u>2,122</u> ft <b>Dew Point:</b> <u>16</u> (C) or <u>            </u> (F)		<b>Icing Forecast</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <b>Icing Actual</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed		<b>Type of Precipitation</b> (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 <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 <b>Intensity of Precipitation</b> <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: Paul  
Middle Initial: E  
Last Name: Gath

City: Arcade  
State: NY ZIP: 14009  
Country: USA

Age at time of Accident/Incident: 68 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy 

### Degree of Injury

☐ None ☐ Fatal  
☒ Minor ☐ Unknown  
☐ Serious

### Seat Occupied

☒ Left ☐ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

### Seat Belt

Used ☒ Yes ☐ No  
Available ☐ Yes ☐ No

### Shoulder Harness

Used ☒ Yes ☐ No  
Available ☐ Yes ☐ 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

☐ 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  
☒ With limitations/waivers  
☐ Unknown

### Date of Last Medical

04/27/2010  
mm/dd/yyyy

## Medical Certificate Limitations

Wear Glasses

## Medical Certificate Waivers

S.O.D.A.  
Defective Color Vision

## Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

12/01/2009  
mm/dd/yyyy

## Flight Review Aircraft

Make: Cessna  
Model: 182

### 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  
☐ Free 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	3,985	559	3,985		38					
Pilot in Command (PIC)	3,937	559	3,937		38					
Time as Instructor	0									
This Make/Model										
Last 90 Days	96	96	96							
Last 30 Days	17	17	17							
Last 24 Hours	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: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
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

**Seat Belt**

Used ☐ Yes ☐ No  
Available ☐ Yes ☐ No

**Shoulder Harness**

Used ☐ Yes ☐ No  
Available ☐ Yes ☐ 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**

☐ 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  
☐ With limitations/waivers  
☐ Unknown

**Date of Last Medical**

\_\_\_\_\_  
mm/dd/yyyy

**Medical Certificate Limitations****Medical Certificate Waivers****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  
☐ Free 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										

<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)																					
<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious															
<b>Pilot Certificate(s)</b> (Check all that apply) <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						<b>Seat Occupied</b> <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															
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs																		
<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious															
<b>Pilot Certificate(s)</b> (Check all that apply) <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						<b>Seat Occupied</b> <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															
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<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs																		
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non- Revenue	Revenue	Non- Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown					
<b>Name and Address</b> First Name: <u>Christan</u> City: <u>                    </u> Middle Initial: _____      State: <u>NY</u> ZIP: _____ Last Name: <u>Herboth</u> Country: _____						Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
First Name: <u>Joseph</u> City: <u>                    </u> Middle Initial: _____      State: <u>NY</u> ZIP: _____ Last Name: <u>King</u> Country: _____						Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First Name: <u>Michael</u> City: <u>                    </u> Middle Initial: _____      State: <u>NY</u> ZIP: _____ Last Name: <u>Maley</u> Country: _____						Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: <u>Tonya</u> City: <u>                    </u> Middle Initial: _____      State: <u>NY</u> ZIP: _____ Last Name: <u>Tiede</u> Country: _____						Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Thomas</u> City: <u>                    </u> Middle Initial: _____      State: <u>NY</u> ZIP: _____ Last Name: <u>Medbury</u> Country: _____						Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
First Name: _____      City: _____ Middle Initial: _____      State: _____      ZIP: _____ 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____      City: _____ Middle Initial: _____      State: _____      ZIP: _____ 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____      City: _____ Middle Initial: _____      State: _____      ZIP: _____ 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"/>	<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.

See Attached Sheet.

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

Operator/Owner Safety Recommendation

Install spring attachment on door handle to put positive pressure in the closed position.



August 1, 2010

I am the skydiving pilot for Frontier Skydivers. Here is my recollection of our accident.

This was my 8<sup>th</sup> load of the day. On my first seven loads, I was sometimes taking off on runway 7, sometimes on runway 25. Winds were light and variable most of the day. The wind direction that I pulled up on our weather station showed 3 to 5 mph out of the East South East. However, on this load, wind sock was limp, as were the wind blades (wind blades are used to show wind direction for jumpers and are more susceptible to wind direction and strength). Consequently I departed on runway 25.

I had five jumpers aboard, two fun jumpers that were planning on exiting at 5500'. One tandem instructor and student along with a video person, exit altitude was to be at 12,500'. Fun jumper #1 was sitting with his back to the instrument panel. Fun jumper #2 was in the kneeling position facing forward, directly in front of jumper #1. Video person was sitting with his back to the rear of the plane facing forward, next to him was the tandem student. Tandem instructor was sitting with his back against the pilot seat, facing the rear.

My run up, roll out & take off was normal. Plane rotated at approximately 400 to 500 feet down the runway as normal. Just as the plane left the runway, the jump door opened, not sure what the cause was. This in itself is no problem, matter of fact, when the door opened, I think I sort of smiled thinking I will shut the door once we gain altitude and clear the runway. However, the next thing I saw was frightening. My one fun jumper, who was in the kneeling position, was reaching out and trying to close the door. I yelled at him to leave the door alone but to no avail. I then tried slapping him to get his attention again to no avail. At this point, I looked at him and his entire top half of his body was leaning outside the plane trying to grab the door. I tried once more to grab him and pull him in. This is the time I noticed I was over to the left of the runway, on top of the trees. My airspeed was dropping, I could not lower the nose due to the trees directly below me, I could not raise the nose due to my airspeed. My only thought was to maintain level flight and hopefully increase my airspeed. Time or space did not allow for this to happen.

**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**

08/13/2010

*mm/dd/yyyy***Signature and Name of Pilot/Operator**Signature: 

Type or Print Name: Paul E. Gath

**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

ERA10LA389

**Reviewed by NTSB Regional Office**

ASHBURN, VA

**Name of Investigator**

L. SCHIADA

**Date Report Received**

10-22-2010