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: SANDUSKY / KSKY State: OH
ZIP: 44870 County: USA
Latitude: 41-25.973 (dd mm.ss N/S) Longitude: 82-39.502 (dd mm.ss E/W)

Date/Time
Date: 05/04/2011 (mm/dd/yyyy) Local Time: 2:00
Time Zone: EST

Phase of Operation
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence
— ft MSL

AIRCRAFT INFORMATION

Manufacturer: COMMANDER
Model: 114-B
Serial Number: 14634
Registration Number: N114JG Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3,260 lbs
Weight at Time of Accident/Incident: 2,508 lbs
Location of Center of Gravity at Time of Accident/Incident:
107.4 inches from ☐ nose or ☒ datum ok/ENVELOPE
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)
Standard: ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport
Special: ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport

Number of Seats: 4
If Large Aircraft, how many seats for:
Flight Crew: _____
Cabin Crew: _____
Passengers: _____

Landing Gear ☒ Retractable
Check any additional landing gear configuration that applies:
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☒ Annual
☐ Conditional (Amateur-built only)
☒ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 05/07/2010 (mm/dd/yyyy)

Airframe Total Time: 917.3 hrs
hours measured at (check one)
☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped
☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed
☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System
☐ None
☒ Specify 2½# HALON

ELT Installed ☒ Yes ☐ No
ELT Activated ☐ Yes ☒ No
ELT Aided in Locating Accident/Incident
☐ Yes ☒ No

ELT Manufacturer: AMERI-KING
Model/Series: AK-450
Serial Number: 0897A
Battery Type: DURACELL MN1300D ALK. (HAS NICKEL CADMIUM) Battery Exp. Date: 06/2011

Engine Type
☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☐ Carburetor
☒ Fuel Injected

Propeller
☐ Fixed Pitch
☒ Controllable Pitch
Manufacturer: McCAULEY
Model: B3D32C419-C

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Engine Rated Power Measured in (check one)	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	LYCOMING	IO-540-T4B5	L-25369-48A	8/22/95	☒ Horsepower or ☐ lbs of Thrust 260	917.3	31.4	—
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: JOE EDWARD GREENE
Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address
City: SANDUSKY
State: OH ZIP: 44870
Country: USA

Operator of Aircraft ☒ Same As Registered Owner
Name:
Doing Business As:
Air Carrier/Operator Designator (4 Character Code):

Operator Address ☒ Same As Registered Owner
City:
State: ZIP:
Country:

Regulation Flight Conducted Under
☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ 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

Aircraft Registration Number

Manufacturer:
Model:

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft
First Name: NA
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

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.)

YET TO BE DETERMINED. PRESENTLY INVESTIGATING. WILL REPORT TO TODD FOX UPON COMPLETION.

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)*

NO PROPERTY DAMAGE. NO FUEL SPILL.

DAMAGE TO AL. INCLUDES: 1/NOSEWHEEL HOUSING BENT 2/PROP STRIKE 3/LEFT WING TIP HIT TURF 4/RIGHT BOARDING STEP HIT EDGE OF ASPHALT AND DAMAGED FUSELAGE 5/FIREWALL BENT AT ALL MOTOR MOUNT ATTACHMENT POINTS 6/RIGHT MAIN GEAR LINKAGE BROKEN 7/BELLY SKIN DAMAGED IN AFT PORTION AND IT APPEARS FUSELAGE STRUCTURE IS DAMAGED (BENT)

AIRPORT INFORMATION

Airport Identifier: _____ **Distance From Airport Center:** _____ SM

Airport Name: _____ **Direction From Airport:** _____ 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 ☐ Sidestep ☐ 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: 09 (L/R/C) Length: 3559 ft Width: 60 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: 89D
City: KELLEY'S ISLAND
State: OH
Country: USA

Time of Departure

Time: 13:40
Time Zone: EST

Destination (SEE NOTE 1)

Airport ID: KSKY
City: SANDUSKY
State: OHIO
Country: USA

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/SERVICE INFORMATION

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

29 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 TURNED OFF FUEL, REMOVED KEYS, SHUT DOWN ALL ELECTRICAL THEN EXITED A.S. VIA PILOT DOOR

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID: K PGV AWOS-3
Observation Time: 13:30 EST
Time Zone: EST
Distance from Accident Site: 10.6 NM
Direction from Accident Site: [redacted] 301 degrees MAG

Source of Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☒ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☐ Not Pertinent

Light Condition
☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility
10 S miles

Sky/Lowest Cloud Condition
☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☒ Scattered

Ceiling
☐ None (clear) ☐ Obscured
☒ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

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

Lowest Cloud Condition Height
4,900 ft AGL

Ceiling Height
4,900 ft AGL

Wind Direction
☒ Indicated: 010 degrees MAG
☐ Variable

Wind Speed
Velocity: [redacted] KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts
Velocity: _____ KTS
☐ Gusting
☒ Not Gusting

Type of Turbulence *(Check all that apply)*
☒ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

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

NONE APPLICATABLE

Temperature: 09 (C) or _____ (F)
Altimeter Setting: 30.29 in. HG or _____ MB
Density Altitude: - 312 ft
Dew Point: 03 (C) or _____ (F)

Icing Forecast
Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe
Type: ☐ Rime ☐ Clear ☐ Mixed

Icing Actual
Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe
Type: ☐ Rime ☐ Clear ☐ Mixed

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

Intensity of Precipitation
☐ Light ☐ Moderate ☐ 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: JOE
Middle Initial: E.
Last Name: GREENE

City: SANDUSKY
State: OH ZIP: 44870
Country: USA

Age at time of Accident/Incident: 68 Date of Birth: [redacted] (mm/dd/yyyy) Certificate Number: [redacted]

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
04/12/2011 (mm/dd/yyyy)

Medical Certificate Limitations
MUST HAVE AVAILABLE GLASSES FOR NEAR VISION

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 05/09/2009 (mm/dd/yyyy)

Flight Review Aircraft
Make: COMMANDER
Model: 114-B

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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings
COMPLEX

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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	714.9	352.7	714.9	0	21.5	11.9	42.8	0	0	0
Pilot in Command (PIC)	714.9	352.7	714.9	0	21.5	11.9	42.8	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					2.6	11.9	42.8			
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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: _____ City: _____

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

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
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ 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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS [illegible]

Pilot Name and Address.

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

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

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

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

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______hrs

Pilot Name and Address

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

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

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

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

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______hrs

Pilot Name and Address

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

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

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

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ 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 [illegible]

Name and Address		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NARRATIVE HISTORY OF FLIGHT

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.

NORMAL APPROACH @ 85 KTS & FULL FLAPS AS PER P.O.H., LEFT WING SLIGHTLY LOW BECAUSE OF CROSSWIND OF 6 KTS. NORMAL TOUCH-DOWN & ROLLED OUT APROX. 40-60YD. WAS APPROX. 12-14" RIGHT OF CENTER LINE AND ROLL-OUT WAS STRAIGHT. AT 40-60YD POINT, AIRPLANE STARTED VEERING LEFT APPROX 20°. I APPLIED RIGHT RUDDER BUT NO RESPONE TO DIRECTION CHANGE, I THEN APPLIED FULL RIGHT RUDDER & RIGHT BRAKING BUT STILL NO CHANGE OF DIRECTION. I CHECKED AIRSPEED AND DID NOT HAVE ENOUGH ROOM (BEFORE LEAVING RUNWAY ASPHALT) TO INITIATE A GO-AROUND. AIRPLANE LEFT RUNWAY INTO SOFT/WET GRASS AREA, PARALLEL WITH RUNWAY. AIRPLANE THEN RETURNED TO RUNWAY AT APPROX. 20° ANGLE. UPON NOSE ENTERING RUNWAY, PROP STRIKE OCCURRED. ALSO, LEFT WINGTIP HIT GRASSY AREA & WAS DAMAGED AN RIGHT FOOT STEP CAUGHT ASPHALT WHICH BENT FUSELAGE. AIRPLANE WENT INTO SKID TO LEFT & RIGHT MAIN LINKAGE BROKE. AIRPLANE CAME TO REST FACING ≈ 360°. NOSE WHEEL HOUSING IS BENT TO RIGHT APPROX. 10° ON VERTICAL. FIREWALL BENT AT ALL POINT WHERE MOTOR MOUNTS ATTACH, WHEN LEFT WING TIP HIT, IT BENT HINGE SIDE OF FUSELAGE ON PILOTS DOOR.

RECOMMENDATION

Operator/Owner Safety Recommendation

NOT SURE, BUT IT APPEARS NOSE WHEEL WAS POINTED LEFT ON ROLL-OUT. BUT, LANDING WAS NOT HARD & I TOUCHED DOWN ON MAINS FIRST BEFORE NOSE WHEEL TOUCHED.

I PROBABLY SHOULD HAVE PULLED BACK ON YOKE WHEN I COULD NOT GET ANY RESPONSE FROM FULL [redacted] RIGHT RUDDER & RIGHT BRAKING APPLIED. THIS WOULD PROBABLY PULLED NOSE WHEEL OFF RUNWAY AND GAVE ME RUDDER CONTROL.

ADDITIONAL INFORMATION *(Please type or print in ink)*

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

① LEFT 89D THEN FLEW PRACTICE APPROACH (GPS 27) TO KPCW. BROKE APPROACH OFF @ 5 MI. FROM T.D. POINT. [redacted] LEFT TURN & CLIMBED TO 2,800' AND SET UP FOR PRACTICE APPROACH (VOR/DME 27) TO KSKY. TRACKED VOR OUTBOUND AND DID STD. COURSE REVERSAL. TRACK INBOUND TO IAF (IHOLE). ANNOUNCED 5 EAST & CIRCLED FOR LEFT DOWNWIND FOR KSKY RUNWAY 09, ANNOUNCED D.W., MID-FIELD, BASE & FINAL.

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

Date of this Report	Signature and Name of Pilot/Operator
05/13/2011 (mm/dd/yyyy)	Signature: [redacted]
	Type or Print Name: JOE E. GREENE

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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN11LA326	WEST CHICAGO, IL	ANDREW TODD FOX	05/17/2011