

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

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Cambridge</u> State: <u>NY</u> ZIP: <u>14816</u> Country: <u>USA</u> Latitude: <u>42°59'66"N</u> (dd:mm:ss N/S) Longitude: <u>73°20'46"W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>05/05/2012</u> Local Time: <u>4:PM</u> Time Zone: <u>Eastern</u>
Phase of Operation <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	Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence <u>NA</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Cessna</u> Model: <u>172 Skyhawk</u> Serial Number: <u>17253138</u> Registration Number: <u>N5551R</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>2300</u> lbs Weight at Time of Accident/Incident: <u>2100</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>42.29</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- Percent Mean Aerodynamic Cord (% MAC)
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate (Check all that apply) Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____
		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown

Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>5/15/11</u> Airframe Total Time: <u>4325</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Hand held</u>
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ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: <u>Ameri-King</u> Model/Series: <u>460</u> Serial Number: <u>4609871</u> Battery Type: <u>Lithium</u> Battery Exp. Date: <u>12/11/12</u>
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Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>McCaughey</u> Model: <u>Cruise prop standard</u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg.	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>0300D</u>	<u>213-25-D1C</u>	<u>1989</u>	<u>160</u>	<u>2065</u>	<u>20</u>	<u>760</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Cambridge Valley Flying Club</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>Cambridge</u> State: <u>NY</u> ZIP: <u>12816</u> Country: <u>USA</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Bruce J. Fuller</u> Doing Business As: <u>NA</u> Air Carrier/Operator Designator (4 Character Code): <u>NA</u>		Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Barnington</u> State: <u>VT</u> ZIP: <u>05201</u> Country: <u>USA</u>	
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Flightseeing Flight <input type="checkbox"/> Yes <input type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
Type of Commercial Operating Certificate Held (Select all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft			
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number: _____ Manufacturer: _____ Model: _____		Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed		Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	
Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground			

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

Vin screen broken, Prop totalled, Engine internal damage
 top of wings crushed, Nose wheel assembly torn off.
 Substantial damage horiz. stabilizer. Center of fuselage
 twisted & apart.

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

Airport Identifier: 1B8 Distance From Airport Center: _____ SM
 Airport Name: Chapin Field Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 508 ft. MSL
 Approach Segment (Select one) NA
☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None NA ☐ PAR ☐ MLS ☐ Practice
☐ AD/NDP ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

☒ None NA ☐ 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: 2100 ft Width: 63 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: 1B8
 City: Cambridge
 State: NY
 Country: USA
 Time of Departure
 Time: 3:30PM
 Time Zone: Eastern
 Destination
 Airport ID: 1B8
 City: Cambridge
 State: NY
 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 & SERVICES INFORMATION

Fuel on Board at Last Takeoff
 (convert from pounds, as necessary)
27 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

Released belt/restraints, opened pilot's side door,
crawled out of inverted plane.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: DDHObservation Time: 3: PMTime Zone: EasternDistance from Accident Site: 2.5 NMDirection from Accident Site: 159 degrees MAG

Source of Weather Information

(Check all that apply)

☒ National Weather Service☐ Flight Service Station☒ TV/Radio☒ Automated Report☐ Commercial Weather Service (DUATS)☐ Company☐ Military☒ Internet☐ Unknown

Method of Briefing

(Check all that apply)

☐ In Person☐ Teletype☒ Telephone/Computer☒ Aircraft Radio☒ TV/Radio☐ Unknown

Briefing Type/Completeness

☐ Full☐ Partial / Limited By Pilot☐ Partial / Limited By Briefer☐ Abbreviated☐ Unknown☒ Not Pertinent

Light Condition

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

Visibility

10.7 miles

Sky/Lowest Cloud Condition

☐ Clear☐ Few☐ Partial Obscuration☒ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown

Ceiling

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

Restriction to Visibility (Check all that apply)

☒ None☐ Blowing Dust☐ Blowing Sand☐ Blowing Snow☐ Blowing Spray☐ Dust☐ Fog☐ Ground Fog☐ Haze☐ Ice Fog☐ Smoke☐ Unknown

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction

☒ Indicated310 degrees MAG☒ Variable

Wind Speed

Velocity: 5-9 KTS

-or-

☐ Calm☒ Light and Variable

Wind Gusts

Velocity: 134 KTS☒ Gusting☐ Not Gusting

Type of Turbulence (Check all that apply)

☐ None☒ Clear Air☐ In Clouds☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme☐ Severe☐ Moderate☐ Moderate Chop☒ Light

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

None

Temperature: 60° (C)or 60° (F)Altimeter Setting: 29.92 in. HGor MBDensity Altitude: 5'08 ftDew Point: 40° (C)or 40° (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☐ Rain☐ Snow☐ Hail☐ Rain Showers☐ Freezing Rain☐ Snow Shower☐ Drizzle☐ Ice Pellets☐ Snow Pellets☐ Snow Grains☐ Ice Crystals☐ Ice Pellets 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: Bruce City: Bennington
 Middle Initial: I. State: VT ZIP: 05201
 Last Name: Faller Country: USA
 Age at time of Accident/Incident: 63 Date of Birth: 1/1/48 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

08/23/2011
mm/dd/yyyy

Medical Certificate Limitations

(worn)

Medical Certificate Waivers

NA

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

01/12/2012
mm/dd/yyyy

Flight Review Aircraft

 Make: Cessna
 Model: 172 (Same aircraft)
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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	177.9	177.9	177.9	.00	4.5	.00	.00	.00	.00	.00
Pilot in Command (PIC)	127.3	127.3	127.3	.00	4.5	.00	.00	.00	.00	.00
Time as Instructor	NA				1.5	.00	.00			
This Make/Model										
Last 90 Days	.6	.6	.6	.00	.00	.00	.00	.00		
Last 30 Days	.2	.2	.2	.00	.00	.00	.00	.00		
Last 24 Hours	.00	.00	.00	.00	.00	.00	.00	.00		

NH

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: _____

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

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		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 CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																	
Pilot Name and Address						Degree of Injury											
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal									
Middle Initial: _____			State: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown									
Last Name: _____			Country: _____			<input type="checkbox"/> Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer									
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military									
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						Total Flight Time at the Time of this Accident/Incident: _____ hrs											
Pilot Name and Address						Degree of Injury											
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal									
Middle Initial: _____			State: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown									
Last Name: _____			Country: _____			<input type="checkbox"/> Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer									
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military									
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						Total Flight Time at the Time of this Accident/Incident: _____ hrs											
Pilot Name and Address						Degree of Injury											
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal									
Middle Initial: _____			State: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown									
Last Name: _____			Country: _____			<input type="checkbox"/> Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer									
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military									
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						Total Flight Time at the Time of this Accident/Incident: _____ hrs											
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
Name and Address																	
First Name: Wendy																	
Middle Initial: Faller																	
Last Name: _____																	
City: Birmingham																	
State: AL																	
Country: USA																	
First Name: Lois																	
Middle Initial: B																	
Last Name: Boyce																	
City: Jackson																	
State: MS																	
Country: USA																	
First Name: _____																	
Middle Initial: _____																	
Last Name: _____																	
City: _____																	
State: _____																	
Country: _____																	
First Name: _____																	
Middle Initial: _____																	
Last Name: _____																	
City: _____																	
State: _____																	
Country: _____																	
First Name: _____																	
Middle Initial: _____																	
Last Name: _____																	
City: _____																	
State: _____																	
Country: _____																	

NARRATIVE HISTORY OF FLIGHT (Please type at 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
ATT.
write up

wind
direction
3/8/600 h.s. EST

[Signature]

terrain
lay out
B.D. Cambridge N

~~Crash~~

Hand 1 1 1 1 1

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

Operator/Owner Safety Recommendation

More time Solo + w/CFI practicing
crosswind + gusty conditions
T+L's

2. More caution re to-go or no in crosswind/gusty conditions.

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

5/9/12
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: 

Type or Print Name: Bruce Faller

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

Signature

Type or Print Name: as above

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA12CA320

Reviewed by NTSB Regional Office

ERA-VA

Name of Investigator

D. Diaz

Date Report Received

05/18/2012

May 5, 2012, 1965 Cessna 172, N5551R accident at 1B8
Continental 6 cyl 0300 engine.

Bruce Faller, private pilot, arrived at Chapin Field +/-
3:p.m.(1500hrs) and had Cessna 172, 51R reserved 3:30--5:00
for a local run around. Wind had been NW +/-13mph earlier in
the day, per/DDH weather and onsite observation. Wind rate had
decreased as the day progressed; but, direction had not changed.
By 3:30 it was 5-9 NW, per N.O.A.A. weather service and by the
sock. *ANOS*

Since pilot had not flown since Feb.26, when he had completed
multiple T&L's at Chapin, on 5/5 he completed one T&L, full stop,
to observe wind at elevation and refresh. Complete walkaround
and runup was done previously.

He then loaded his wife, Wendy, front right, who has no pilot
training; but, has ridden shotgun over multiple hours. Also,
picked up a family friend, Lois Joyce, from Jackson, N.J. for
her first small plane ride. (Hopefully not last.)

Weight and balance rules were observed, +/- 570#, passengers
and pocketbooks...

Restarted engine, completed 2nd runup, announced and proceeded
to take-off on runway 25, shortfield takeoff with 10% flaps.
Lifted off at about 900' of total 2100,' crabbed slightly to
right towards NW/crosswind. At about 30' above runway, leveled
and corrected to centerline to pick up speed.....and landed
upside down.

A bystander/pilot observed our tail suddenly lift (and stated
it was a "quartering tailwind,") and nose descend putting nose
gear into the dirt beside runway, plowing perhaps 30',
breaking gear off, flipping end over end.

On settling, Pilot immediately shut power and gas off, then
unhooked shoulder harnesses from self and passengers, pushed
open door and crawled out.

Wind gust appeared to have come out of the NE, judging from
direction in which plane was toppled.

Local Sheriff's dept., State Police, Rescue squad and Fire
personnel were on hand within 15 minutes.

No fire resulted. Family guest from N.J. suffered minor injury,
and was evaluated at local E.R. and released. No other physical
injuries were observed.

Sheriff's Dept. and pilot immediately called to report accident
to F.A.A.

5/6 10:a.m.(0800hrs) With verbal permission from F.A.A., righted
plane, noted gas coming from overflow; but, no other leaks.

Removed and shutoff ELT, and pulled 51R with tractor to hangar,
on remaining, undamaged gear.

Jack Meerwarth, Cambridge Valley Flying Club ops, then drained
27 gallons fuel from belly drain.