

**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>Tampa Executive Airport</u> State: <u>FL</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)	<b>Date/Time</b> Date: <u>03/24/2012</u> Local Time: _____ <i>mm/dd/yyyy</i> Time Zone: _____
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<b>Phase of Operation</b> <input type="checkbox"/> Standing <input 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 checked="" 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> _____ ft MSL
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**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> <u>Cessna</u> <b>Model:</b> <u>172P</u> <b>Serial Number:</b> <u>17276400</u> <b>Registration Number:</b> <u>N99087</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Max Gross Weight:</b> <u>2,407</u> lbs <b>Weight at Time of Accident/Incident:</b> _____ lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ 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> (Check all that apply) <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>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <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
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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 type="checkbox"/> Other, specify: _____	<b>Last Inspection Type</b> <input 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	<b>Date Last Inspection:</b> <u>03/01/2012</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>4,553</u> hrs hours measured at (check one) <input 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 type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Portable</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 checked="" type="checkbox"/> No	<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____
<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 checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>Sensenich</u> Model: <u>76EM8514-0-60</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	Lycoming	O360-A4M	L-38226-36A	5/10/2001	180		19	1,318
Eng. 2								
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: Civil Air Patrol, Inc.

Fractional Ownership Aircraft:  Yes  No

**Owner Address**

City: Maxwell AFB  
 State: AL ZIP: 36112  
 Country: \_\_\_\_\_

**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** (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: \_\_\_\_\_ 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?  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)

Bulkhead Damage, Collapsed Nose Gear, Tail scrape - Discussion with last PIC to fly aircraft reports the nose gear strut was not collapsed at the last flight of the day. The nose gear strut collapsed between 3/24/2012 (Saturday) after the last flight and 3/29/2012 (Thursday) when maintenance came to inspect the aircraft.

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

Airport Identifier: KVDF Distance From Airport Center: \_\_\_\_\_ SM  
 Airport Name: Tampa Executive Airport 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: 23 (L/R/C) Length: 5,000 ft Width: 100 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: KVDF  
 City: Tampa  
 State: FL  
 Country: USA

**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

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	<b>Source of Weather Information</b> <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	<b>Method of Briefing</b> <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Unknown
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<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Not Pertinent	<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	<b>Visibility</b> _____ 10 miles
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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<b>Lowest Cloud Condition Height</b> _____ ft AGL	<b>Ceiling Height</b> _____ ft AGL	<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ 230 degrees MAG  <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ 8 KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ 12 KTS  <input checked="" type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm  <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
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**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**

No NOTAM's

<b>Temperature:</b> _____ (C) or _____ (F)  <b>Altimeter Setting:</b> _____ in. HG or _____ MB  <b>Density Altitude:</b> _____ ft  <b>Dew Point:</b> _____ (C) or _____ (F)	<b>Icing Forecast</b> Amount                      Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed  <b>Icing Actual</b> Amount                      Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input checked="" type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle  <b>Intensity of Precipitation</b> <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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**ADDITIONAL FLIGHT CREW MEMBERS** (Exclusive of cabin attendants, complete the following information)

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>
First Name: <u>None</u>	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</b>
<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		<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>		<b>Degree of Injury</b>
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</b>
<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		<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>		<b>Degree of Injury</b>
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</b>
<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		<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	

**PASSENGER(S) / OTHER PERSONNEL** (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Unknown</u>	_____										
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____ ZIP: _____											
Country: _____											

**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. Last maintenance inspection of the aircraft was 3/1/2012. Aircraft has flown 19.3 tach hours / 22 sorties since last inspection. Aircraft was flown all day on 3/23/2012; however last pilot of the day declined the aircraft when evidence of a tail strike was found. Aircraft was grounded. A maintenance inspection of the aircraft on 3/24/2012 found substantial damage to the bulkhead area of the aircraft forward of the main landing gear struts. Pilot listed on this form was the last know operator of the aircraft and states he completed a proper pre-flight.

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

Operator/Owner Safety Recommendation

None. Aircraft is grounded pending investigation.



**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

<b>Date of this Report</b> 05/09/2012 <i>mm/dd/yyyy</i>	<b>Signature and Name of Pilot/Operator</b> Signature: _____ Type or Print Name: _____
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<b>Signature and Name of Pilot/Operator</b> Signature: _____ Type or Print Name: Frank Jirik Title: NHQ Safety Manager, Civil Air Patrol	<b>Report if Other than Pilot/Operator</b>
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**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> ERA12LA259	<b>Reviewed by NTSB Regional Office</b> ERA	<b>Name of Investigator</b> HICKS	<b>Date Report Received</b> 5/14/2012
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