

# 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: PEYTON State: CO  
 ZIP: 80831 Country: US  
 Latitude: N38°56.74' (dd:mm:ss N/S) Longitude: W104°34.14' (ddd:mm:ss E/W)

### Date/Time

Date: 10/05/2012 Local Time: 0244  
 mm/dd/yyyy Time Zone: MDT

### 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

6874 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: PIPER

Model: COMANCHE PA24-250

Serial Number: 24-1784

Registration Number: N6661P Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3000 lbs

Weight at Time of Accident/Incident: 2077 lbs

Location of Center of Gravity at Time of Accident/Incident:

84.2 inches from ☐ nose or ☒ datum  
 -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: 07/09/2012  
 mm/dd/yyyy

Airframe Total Time: 5117.6 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 \_\_\_\_\_

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☐ Yes ☐ No UNKNOWN

ELT Manufacturer: NARCO

Model/Series: ELT 10

Serial Number: Not known

Battery Type: ?

Battery Exp. Date: Aug 2014

### 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: B3D32C412-C

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured<br>as (check one)<br><input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time<br>(hours) | Time Since<br>Inspection<br>(hours) | Time Since<br>Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|--|-----------------------|-------------------------------------|-----------------------------------|
| Eng. 1 | <u>LYCOMING</u>     | <u>O-540-A1C5</u>   | <u>L-1006-40</u>             | <u>2/26/1995</u>           | <u>250</u>   | <u>4070</u>           | <u>42.8</u>                         | <u>1332.4</u>                     |
| Eng. 2 |                     |                     |                              |                            |  |                       |                                     |                                   |
| Eng. 3 |                     |                     |                              |                            |  |                       |                                     |                                   |
| Eng. 4 |                     |                     |                              |                            |  |                       |                                     |                                   |

| OWNER/OPERATOR INFORMATION  |  |  |   |
|---|--|--|---|
| <b>Registered Aircraft Owner</b><br>Name: <u>SIX ONE PAPA LLC</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | <b>Owner Address</b> <span style="background-color: black; color: black;">[REDACTED]</span><br>City: <u>COLORADO SPRINGS</u><br>State: <u>CO</u> ZIP: <u>80904-1806</u><br>Country: <u>USA</u>   |   |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____  |  | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____   |   |
| <b>Regulation Flight Conducted Under</b><br><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)<br><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<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces |  | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |
| <b>Purpose of Flight</b><br>for FAR 91, 103, 133, 137 (Select one)<br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                                  |  | <b>Revenue Operation</b><br>for FAR 121, 125, 129, 135 (Select one)<br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> International<br><br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail |   |
| <b>Type of Commercial Operating Certificate Held</b><br>(Select all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><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 <u>N/A</u>   |  | Manufacturer: _____<br>Model: _____  |   |
| <b>Registered Owner of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____  |  | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None   |   |
| <b>Pilot of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>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<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)<br><br><br><br>  |  |  | <b>Total Time/Cycles On Part</b><br>_____<br>Hours<br>_____<br>Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br>_____<br>Hours |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY   |  |  |   |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input type="checkbox"/> Destroyed  |  | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground  |   |
|   |  | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground   |   |

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

Broken Nose Gear, Broken Main Gear, Propeller Destroyed, Both wings broken, engine shaft bent  
Property Damage - Broken runway light

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

Airport Identifier: KFLY Distance From Airport Center: 1/2 SM  
 Airport Name: MEADOW LAKE Direction From Airport: N/A degrees MAG  
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 6874 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: 15 (L/R/C) Length: 6000 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: KCPS  
 City: CAHOKIA  
 State: ILLINOIS  
 Country: USA

**Time of Departure**

Time: 1100  
 Time Zone: CDT

**Destination**

Airport ID: KFLY  
 City: PEYTON  
 State: CO  
 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)

90 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

SINGLG PERSON ON BOARD - EXITED Aircraft normally through the single cabin door

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**

Facility ID: \_\_\_\_\_

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

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

Distance from Accident Site: \_\_\_\_\_ NM

Direction from Accident Site: \_\_\_\_\_ degrees MAG

**Source of Weather Information**

(Check all that apply)

- |  |                                   |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> National Weather Service | <input type="checkbox"/> Company  |
| <input checked="" type="checkbox"/> Flight Service Station   | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio                            | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report                    | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Commercial Weather Service (DUATS)  |                                   |

**Method of Briefing**

(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                       |

**Briefing Type/Completeness**

- |   |  |
|---|--|
| <input checked="" 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 type="checkbox"/> Not Pertinent |

**Light Condition**

- |   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| <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 |

**Visibility**

10 miles

**Sky/Lowest Cloud Condition**

- |  |  |
|--|--|
| <input 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           |  |

**Ceiling**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> None (clear)        | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken              | <input type="checkbox"/> Indefinite |
| <input checked="" type="checkbox"/> Overcast | <input type="checkbox"/> Unknown    |

**Restriction to Visibility (Check all that apply)**

- |  |                                     |
|--|-------------------------------------|
| <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    |

**Lowest Cloud Condition Height**

1600 ft AGL

**Ceiling Height**

1600 ft AGL

**Wind Direction**☐ Indicated:  
170 degrees MAG☐ Variable**Wind Speed**

Velocity: 12 KTS

-or-

- |   |
|---|
| <input type="checkbox"/> Calm               |
| <input type="checkbox"/> Light and Variable |

**Wind Gusts**

Velocity: \_\_\_\_\_ KTS

- |   |
|---|
| <input type="checkbox"/> Gusting                |
| <input checked="" type="checkbox"/> Not Gusting |

**Type of Turbulence (Check all that apply)**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air       | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |  |                                |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

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

Temperature: \_\_\_\_\_ (C)  
or 27 (F)Altimeter Setting: 30.08 in. HG  
or \_\_\_\_\_ MB

Density Altitude: 6368 ft

Dew Point: \_\_\_\_\_ (C) Unknown  
or \_\_\_\_\_ (F)**Icing Forecast****Amount**

- |  |                                   |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Icing Actual****Amount**

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> None  | <input type="checkbox"/> Moderate          |
| <input type="checkbox"/> Trace | <input checked="" type="checkbox"/> Severe |
| <input type="checkbox"/> Light |  |

**Type**

- |  |
|--|
| <input checked="" type="checkbox"/> Rime |
| <input type="checkbox"/> Clear           |
| <input type="checkbox"/> Mixed           |

**Type of Precipitation (Check all that apply)**

- |  |   |
|--|---|
| <input checked="" 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 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   |

**Intensity of Precipitation**

- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <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: ROBERT City: CONIFER  
 Middle Initial: L State: CO ZIP: 80433  
 Last Name: ZIMMERMAN Country: USA  
 Age at time of Accident/Incident: 58 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

04/13/2012  
 mm/dd/yyyy

## Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES. NOT VALID FOR ANY CLASS AFTER 4/30/2013

## Medical Certificate Waivers

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

09/14/2012  
 mm/dd/yyyy

## Flight Review Aircraft

Make: PIPER  
 Model: LOMANCHE PA24-250

## 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

NONE

## Student Endorsements (Include dates)

N/A

## 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             | 815.6        | 429.6             | 815.6                  | —                    | 30.4  | 68.2       | 99.7      |            |        |                  |
| Pilot in Command (PIC) | 741.5        | 429.6             | 741.5                  |                      | 27.3  | 68.2       | 94.5      |            |        |                  |
| Time as Instructor     |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model        |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days           | 10.6         | 10.6              | 10.6                   |                      |       | 3.9        |           |            |        |                  |
| Last 30 Days           | 10.6         | 10.6              | 10.6                   |                      |       | 3.9        |           |            |        |                  |
| Last 24 Hours          | 4.4          | 4.4               | 4.4                    |                      |       | 3.6        |           |            |        |                  |



# PILOT "B" INFORMATION

N/A

## 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: \_\_\_\_\_

|  |  |   |  |
|--|--|---|--|
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|--|

## Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign  
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

|   |  |  |   |
|---|--|--|---|
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |
|---|--|--|---|

**Medical Certificate Limitations**

**Medical Certificate Waivers**

|  |  |
|--|--|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br>_____ mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |
|--|--|

|  |  |   |  |
|--|--|---|--|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|--|--|---|--|

|                     |   |
|---------------------|---|
| <b>Type Ratings</b> | <b>Student Endorsements (Include dates)</b> |
|---------------------|---|

| 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)

*N/A*
**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** (Include flight attendants; continue on separate sheet if necessary)

**Name and Address**
*NONE*

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

**Seat**
**Crew**
**Non-**
**Revenue**
**Revenue**
**Non-**
**Occupant**
**FAA**
**Fatal**
**Serious**
**Injury**
**Minor**
**Injury**
**No Injury**
**Unknown**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ 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.

I left KCPS at ~11AM CDT with a full fuel load (90 gallons) in heavy rain on an IFR flight plan to KFLY (Meadowlake) near Colorado Springs. I obtained a briefing from FSS that indicated rain in Missouri and rising ceilings in Kansas. The forecast for my arrival at KFLY was for scattered clouds @ 11000 AGL. I flew at 4,000 to avoid possible icing. After Goodland, I was told to climb, eventually all the way to 9,000 before reaching the HGO VOR. At that point, I began accumulating significant ice and I requested a lower altitude. At my second request, I was allowed to descend to the MVA of 8500, but this was still in clouds and the ice continued to accumulate. I asked for lower but was told that 8500 was the MVA. At approximately ADANE intersection, the ceiling rose and I was out of the ice. Shortly after breaking out, I saw the Meadowlake airport, reported it in sight, and cancelled IFR.

At this point the aircraft had 1½-2" of ice. I lowered the landing gear and kept my speed up as I flew a wide and fast pattern. On very short final I pulled the throttle back and the aircraft stalled @ an indicated airspeed of ~105 mph. The nose dropped, hitting just short of the runway. The nose gear was ripped off, the plane slid down the runway and veered right, and skidded around until facing 180° from the runway (landing direction). The terrain around KFLY is relatively flat, although it rises to the north, but well away from the traffic pattern.

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

Operator/Owner Safety Recommendation

I can think of three things that could have mitigated/prevented this incident.

- 1) I should have contacted Flight Watch and found that conditions in the Colorado Springs area were significantly worse than forecast.
- 2) When the ice began to accumulate, I should have sought an ice-free solution, probably behind me.
- 3) Knowing I had so much ice and that the plane was flying at 120 mph, I should have landed at that speed, although that would add the risk of an overrun incident. Alternatively, COS has much longer runways that would have facilitated a high speed landing.

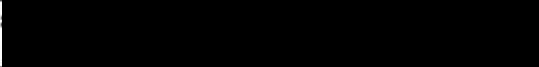


**ADDITIONAL INFORMATION** (Please type or print in ink)

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

Signature: 10/20/2012  
mm/dd/yyyy

Signature:

Type or Print Name:

Robert L. Zimmerman**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.

CEN13CA005

Reviewed by NTSB Regional Office

West Chicago, IL

Name of Investigator

Edward Malinowski

Date Report Received

10/21/12