

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>Murphysboro</u> State: <u>IL</u> ZIP: <u>62966</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W) | | Date/Time Date: <u>02/14/2013</u> Local Time: <u>19:10</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u> | |
| Phase of Operation <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 checked="" 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>1,400</u> ft MSL |

AIRCRAFT INFORMATION

| | |
|--|--|
| Manufacturer: <u>Cessna</u> Model: <u>152</u> Serial Number: <u>15285957</u> Registration Number: <u>N95670</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Max Gross Weight: <u>1,670</u> lbs Weight at Time of Accident/Incident: <u>1,570</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>32.03</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 <i>(Check all that apply)</i> 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>2</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 type="checkbox"/> Annual <input type="checkbox"/> Unknown | Date Last Inspection: <u>12/14/2012</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>11,953</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident |
|---|--|---|

| | | |
|---|---|--|
| IFR Equipped <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____ |
|---|---|--|

| | |
|--|---|
| ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ELT Manufacturer: <u>Dorne and Margolin ELT</u> Model/Series: <u>DM ELT 8.1</u> Serial Number: <u>5984</u> Battery Type: <u>Alkaline</u> Battery Exp. Date: <u>02/28/2014</u> |
|--|---|

| | | |
|---|---|---|
| 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>McCauley</u> Model: <u>IAI03/TCM6958</u> |
|---|---|---|

| 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 | O235N2C | L-9857-15 | 07/30/2007 | 110 | 1,281 | 14 | 1,281 |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

| OWNER/OPERATOR INFORMATION | | | |
|--|---|--|--|
| Registered Aircraft Owner Name: <u>Board of Trustees of Southern Illinois University</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Owner Address City: _____ State: _____ ZIP: _____ Country: _____ | |
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: <u>Board of Trustees of Southern Illinois University</u> Doing Business As: <u>Aviation Flight</u> Air Carrier/Operator Designator (4 Character Code): <u>BNZS</u> | | Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____ | |
| Regulation Flight Conducted Under <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Public Use (select type) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown </div> </div> | | Revenue Sightseeing 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 type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input checked="" 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 checked="" 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 (Check all that apply) <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div> | | | 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 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)

Aircraft sustained damage to the leading edge of the right wing. Suspected Rib-nose damage underneath skin.

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

Airport Identifier: KMDH Distance From Airport Center: 1 SM
 Airport Name: Southern Illinois Airport Direction From Airport: 045 degrees MAG
 Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 411 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☒ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TWOR ☐ 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: 36R (L/R/C) Length: 6,506 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: KMDH
 City: Murphysboro
 State: IL
 Country: USA

Time of Departure

Time: 19:00
 Time Zone: Central

Destination

Airport ID: KMDH
 City: Murphysboro
 State: IL
 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)

24 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

Normal exit after shutdown on the ramp. Student exited out of the pilots side (left) door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KMDH ASOSObservation Time: 2352ZTime Zone: centralDistance from Accident Site: 0 NMDirection from Accident Site: 0 degrees MAG**Source of Weather Information**

(Check all that apply)

- | | |
|--|-----------------------------------|
| <input checked="" 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 type="checkbox"/> Unknown |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|---|
| <input checked="" type="checkbox"/> In Person |
| <input type="checkbox"/> Teletype |
| <input 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 type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| | | <input type="checkbox"/> Not Reported |

Visibility miles**Sky/Lowest Cloud Condition**

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

Ceiling

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

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 ft AGL**Ceiling Height** ft AGL**Wind Direction**

- ☒ Indicated:
310 degrees MAG
- ☐ Variable

Wind Speed

- Velocity: 6 KTS
- or-
- ☐ Calm
☐ Light and Variable

Wind Gusts

- Velocity: 0 KTS
- ☐ Gusting
☒ 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

None

Temperature: 12 (C)
or (F)

Altimeter Setting: 29.97 in. HG
or MB

Density Altitude: 163 ft

Dew Point: M02 (C)
or (F)

Icing Forecast

- | Amount | Type |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Rime |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate |
| | <input type="checkbox"/> Severe |
| | <input type="checkbox"/> Mixed |

Icing Actual

- | Amount | Type |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Rime |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate |
| | <input type="checkbox"/> Severe |
| | <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" Responsibilities at the Time of Accident/Incident

Pilot "A" Identification

City: Gillespie
State: IL ZIP: 62033
Country: USA

Degree of Injury

Seat Occupied

Seat Belt

Shoulder Harness

Pilot Certificate(s) (Check all that apply)

Principal Occupation

Medical Certificate

Medical Certificate Validity

Date of Last Medical

Medical Certificate Limitations

None

Medical Certificate Waivers

None

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

09/10/12
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 172

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)*

7

| PILOT "B" INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|---|--|--|--|---|-----------|--|--|------------------|---|--------------|-------------------|------------------------|----------------------|-------|------------|--|------------|--------|------------------|--------|-----------|------------|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|
| Pilot "B" Responsibilities at the Time of Accident/Incident <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> 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: _____ <div style="text-align: center; font-size: small;">mm/dd/yyyy</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | | | Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single | | | Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown | | Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | | | Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown | | | Date of Last Medical <div style="text-align: center; font-size: small;">mm/dd/yyyy</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Certificate Limitations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Certificate Waivers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <div style="text-align: center; font-size: small;">mm/dd/yyyy</div> | | | | Flight Review Aircraft Make: _____ Model: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea | | Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | | Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | | Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift | | | <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type Ratings | | | | | | Student Endorsements (Include dates) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | | | | | 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 | | | | | | | | | | |
| 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: _____ ZIP: _____ | | | <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 | | | | | | | | |
| <input type="checkbox"/> Foreign | | | | | | | | | | | | | | | | |
| 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: _____ ZIP: _____ | | | <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 | | | | | | | | |
| <input type="checkbox"/> Foreign | | | | | | | | | | | | | | | | |
| 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: _____ ZIP: _____ | | | <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 | | | | | | | | |
| <input type="checkbox"/> Foreign | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | |
| Name and Address | | | | | | 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: _____ | | | | | | | | | | | | | |
| 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.

At approximately 19:00 local time the private pilot was training at night on the first of what was planned to be numerous takeoff and landings at KMDH. The pilot departed runway 36R. Just prior to the power reduction on the downwind the pilot encountered what is suspected to be a flock of ducks one of which impacted the right wing about mid point (See attached photos). The pilot reduced power and was cleared to land. He landed normally and taxied the aircraft back to the ramp and shutdown the aircraft. The aircraft was grounded awaiting inspection by the repair station to determine the extent of the damage. The damage appears to have bent a nose rib based on a preliminary inspection.

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

Operator/Owner Safety Recommendation

This accident is difficult to prevent however, SIUC will continue to train instructional staff and students on the hazards of wildlife strikes.

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**

02/15/2013

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: _____

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

Signature: _____

Type or Print Name: John K. VogesTitle: Chief Flight Instructor/ Program Coordinator SIUC Aviation Flight**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

CEN13CA169

Reviewed by NTSB Regional Office

West Chicago, IL

Name of Investigator

Edward Malinowski

Date Report Received

2/19/13

Bird Strike N95670 2-14-2013

I was doing a night solo flight to practice some landings in a 152. It was my first take off of the evening; I had just pulled carburetor heat at midfield downwind and had my hand on the throttle, getting ready to pull power because I was almost abeam the numbers. I then saw a flash of 4-6 birds fly up from the bottom left of my view to the top right of my view and heard a loud noise. The impact lifted the right wing upward slightly and I realized that I probably encountered a bird strike. Tower then cleared me for the option and I then informed him that I would be full stop. Foolishly, I did not inform tower of the bird strike. I then immediately turned right base then final and landed safely, taxied to park and looked for damage. It sounded to me that the impact came from under the cowling on the right side so I could not see any damage. The day after I realized it actually hit the right wing which caused substantial damage to the aircraft.

Ryan Smith

