

**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>Roanoke</u> State: <u>TX</u> ZIP: <u>76262</u> Country: <u>USA</u> Latitude: <u>N33°2.99'</u> (dd:mm:ss N/S) Longitude: <u>W97°13.93'</u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: _____ Local Time: _____ <i>mm/dd/yyyy</i> Time Zone: _____	
<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 checked="" type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input checked="" 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>  _____ 653 ft MSL

**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> <u>Cessna</u> <b>Model:</b> <u>C-172S</u> <b>Serial Number:</b> <u>172S10045</u> <b>Registration Number:</b> <u>N985GE</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Max Gross Weight:</b> <u>2,558</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>2,272</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> <u>42</u> inches from <input type="checkbox"/> nose or <input checked="" 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 checked="" 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 type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input checked="" 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 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	<b>Date Last Inspection:</b> <u>09/12/2012</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>4,798</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" 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>Cabin mounted hand</u>
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<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>Pointer Inc.</u> <b>Model/Series:</b> <u>3000-11</u> <b>Serial Number:</b> <u>334533</u> <b>Battery Type:</b> <u>Alkaline Battery Pack</u> <b>Battery Exp. Date:</b> <u>MAR 13</u>
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<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 type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected	<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch    Manufacturer: <u>McMauley</u> <input type="checkbox"/> Controllable Pitch    Model: <u>1A170E/JHA7660</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	IO-360-L2A	L-32345-51E	09/08/2005	180	3,569	89	0
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
<b>Registered Aircraft Owner</b> Name: <u>Marcair Inc</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Owner Address</b> City: <u>Roanoke</u> State: <u>Texas</u> ZIP: <u>76054</u> Country: <u>US</u>
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input checked="" type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <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	<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi <b>Domestic or International</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <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)		
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If any, space allowed, continue on separate sheet)		
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" 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>		<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
<b>Aircraft Damage</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <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	<b>Aircraft Explosion</b> <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  
 Front nose wheel and left landing gear broken off due to accident.  
 Propeller bent  
 Right wing tip dented  
 Bottom of aircraft damaged due to belly landing

SUV  
 Roof of SUV dented due to landing gear striking roof.  
 Sunroof glass broken  
 Rear window broken

**AIRPORT INFORMATION** (In the case of an accident or incident occurring on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: 52F Distance From Airport Center: 0 SM  
 Airport Name: Northwest Regional Direction From Airport: 170 degrees MAG  
 Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip Airport Elevation: 643 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: 17 (L/R/C) Length: 3,500 ft Width: 40 ft

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

Runway/Landing Surface (Check all that apply)  
 Asphalt  Grass/Turf  Macadam  Water  
 Concrete  Gravel  Metal/Wood  Unknown  
 Dirt  Ice  Snow

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>F35</u> City: <u>Graford</u> State: <u>Texas</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>10:05</u> Time Zone: <u>CST</u>	<b>Destination</b> Airport ID: <u>52F</u> City: <u>Roanoke</u> State: <u>Texas</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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)  
32 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

Exited through left cabin door.

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

**Weather Observation Facility**

Facility ID: KAFW

Observation Time: 10:30 AM

Time Zone: CST

Distance from Accident Site: 6 NM

Direction from Accident Site: 223 degrees MAG

**Source of Weather Information**

(Check all that apply)

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

**Method of Briefing**

(Check all that apply)

- In Person
- Teletype
- Telephone/Computer
- Aircraft Radio
- TV/Radio
- Unknown

**Briefing Type/Completeness**

- Full
- Partial / Limited By Pilot
- Partial / Limited By Briefer
- Abbreviated
- Unknown
- Not Pertinent

**Light Condition**

- Dawn
- Day
- Dusk
- Night
- Dark Night
- Bright Night
- Not Reported

**Visibility**

20 miles

**Sky/Lowest Cloud Condition**

- Clear
- Few
- Partial Obscuration
- Scattered
- Thin Broken
- Thin Overcast
- Unknown

**Ceiling**

- None (clear)
- Broken
- Overcast
- Obscured
- Indefinite
- Unknown

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

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

**Lowest Cloud Condition Height**

ft AGL

**Ceiling Height**

ft AGL

**Wind Direction**

- Indicated: \_\_\_\_\_ degrees MAG
- Variable

**Wind Speed**

- Velocity: \_\_\_\_\_ KTS
- or-
- Calm
- Light and Variable

**Wind Gusts**

- Velocity: \_\_\_\_\_ KTS
- Gusting
- Not Gusting

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

- None
- Clear Air
- In Clouds
- Vicinity of Thunderstorm

**Severity of Turbulence**

- Extreme
- Severe
- Moderate
- Moderate Chop
- Light

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

None

Temperature: \_\_\_\_\_ (C)  
or 75 (F)

Altimeter Setting: 30.00 in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)

**icing Forecast**

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

**icing Actual**

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

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

- None
- Rain
- Snow
- Hail
- Rain Showers
- Freezing Rain
- Snow Shower
- Drizzle
- Ice Pellets
- Snow Pellets
- Snow Grains
- Ice Crystals
- Ice Pellets Shower
- Freezing Drizzle

**Intensity of Precipitation**

- Light
- Moderate
- Heavy



<b>PILOT "B" INFORMATION</b>											
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b>											
<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											
<b>Pilot "B" Identification</b>											
First Name: _____					City: _____						
Middle Initial: _____					State: _____			ZIP: _____			
Last Name: _____					Country: _____						
Age at time of Accident/Incident: _____				Date of Birth: _____			Certificate Number: _____				
<b>Degree of Injury</b>				<b>Seat Occupied</b>			<b>Seat Belt</b>			<b>Shoulder Harness</b>	
<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious				<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			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pilot Certificate(s) (Check all that apply)</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											
<b>Principal Occupation</b>		<b>Medical Certificate</b>				<b>Medical Certificate Validity</b>			<b>Date of Last Medical</b>		
<input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<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				<input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			_____ <i>mm/dd/yyyy</i>		
<b>Medical Certificate Limitations</b>											
<b>Medical Certificate Waivers</b>											
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b>					<b>Flight Review Aircraft</b>						
_____					Make: _____						
<i>mm/dd/yyyy</i>					Model: _____						
<b>Airplane Rating(s)</b>		<b>Other Aircraft Rating(s)</b>		<b>Instrument Rating(s)</b>		<b>Instructor Rating(s)</b>					
<i>(Check all that apply)</i>		<i>(Check all that apply)</i>		<i>(Check all that apply)</i>		<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		<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		<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport					
<b>Type Ratings</b>						<b>Student Endorsements (Include dates)</b>					
<b>Flight Time (enter appropriate number of hours in each box)</b>											
	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)**

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

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

**NARRATIVE HISTORY OF FLIGHT (Post-accident/incident)**

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 was on the return leg of my solo cross country flight from Northwest Regional Airport to Possum Kingdom and back to Northwest Regional. During my return leg from Possum Kingdom I turned on the strobe light to be more visible due to the amount of anticipated aircraft traffic in and around Northwest regional. My flight in Northwest Regional's traffic pattern was normal. I was in a left traffic pattern for runway 17 at 1600 feet MSL. When I was abeam the numbers, I cut the power and trimmed for 70 knots. As instructed, I did not use flaps to land at this airport. When I turned final, I aimed for the line just after the runway numbers. I checked my speed again and I was at 65 knots. I did not see the SUV because he turned left and drove across my landing path during the short final phase of my landing and ended up in my blind spot. Just before crossing the fence I was at about 60 knots. Just after crossing the fence, I felt the impact of the landing gear hitting the SUV. After hitting the SUV, the plane immediately landed on its belly and I slid a couple hundred yards and veered off into a grassy area on the right side of runway 17.

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

**Operator/Owner Safety Recommendation**

Move the displaced threshold 400 feet forward and or make the stop sign more visible with a sign that states that drivers must look both ways before proceeding.

**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> <u>11/13/12</u> <small>mm/dd/yyyy</small>	<b>Signature and Name of Pilot/Operator</b> Signature:  Type or Print Name: <u>WILLIAM DAVIS</u>
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**Signature and Name of Person Filing Report if Other than Pilot/Operator**  
Signature: \_\_\_\_\_  
Type or Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> CEN13LA041	<b>Reviewed by NTSB Regional Office</b> -- CEN --	<b>Name of Investigator</b> T. Sorensen	<b>Date Report Received</b> 13 November 2012
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