

# 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><br>Nearest City/Place: <u>Clewiston</u> State: <u>FL</u><br>ZIP: <u>33440</u> Country: <u>United States of America</u><br>Latitude: <u>26:44:06.6N</u> (dd:mm:ss N/S) Longitude: <u>081:03:03.8W</u> (ddd:mm:ss E/W)  |  | <b>Date/Time</b><br>Date: <u>11/11/2013</u> Local Time: <u>11:50</u><br><i>mm/dd/yyyy</i><br>Time Zone: <u>EST</u>  |  |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None |  |
|   |  | <b>Altitude of In-Flight Occurrence</b><br>_____ ft MSL   |  |

## AIRCRAFT INFORMATION

|   |  |   |  |
|---|--|---|--|
| <b>Manufacturer:</b> <u>Piper</u><br><b>Model:</b> <u>PA-28-161</u><br><b>Serial Number:</b> <u>2841122</u><br><b>Registration Number:</b> <u>N9236L</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>Max Gross Weight:</b> <u>2,325</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>1,816</u> lbs<br><b>Location of Center of Gravity at Time of Accident/Incident:</b><br><u>86.23495</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |  |
|---|--|---|--|

|   |  |  |  |
|---|--|--|--|
| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input checked="" type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>4</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: _____ | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |
|---|--|--|--|

|   |  |   |
|---|--|---|
| <b>Type of Maintenance Program</b><br><input type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____ | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input checked="" type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>10/24/2013</u><br><i>mm/dd/yyyy</i><br><b>Airframe Total Time:</b> <u>13,528</u> hrs<br>hours measured at (check one)<br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
|---|--|---|

|   |   |  |
|---|---|--|
| <b>IFR Equipped</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Type of Fire Extinguishing System</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Specify <u>1 Lb. Sodium Bicarb Bottle</u> |
|---|---|--|

|  |   |  |
|--|---|--|
| <b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>ELT Manufacturer:</b> <u>Kannad</u><br><b>Model/Series:</b> <u>AF-Compact</u><br><b>Serial Number:</b> <u>280823</u><br><b>Battery Type:</b> <u>Lithium Manganese Dioxide</u> <b>Battery Exp. Date:</b> <u>01/2017</u> |  |
| <b>ELT Aided in Locating Accident/Incident</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |  |

|   |  |   |
|---|--|---|
| <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch<br>Manufacturer: <u>Sensenich</u><br>Model: <u>74DM6-0-60</u> |
|---|--|---|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Engine Rated Power Measured as (check one)<br><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            | O-320-D3G           | L-10665-39E                  | 04/12/2010                        | 160  | 5,681              | 30                            | 2,321                       |
| Eng. 2 |                     |                     |                              |                                   |  |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                                   |  |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                   |  |                    |                               |                             |

| OWNER/OPERATOR INFORMATION  |  |   |   |
|---|--|---|---|
| <b>Registered Aircraft Owner</b><br>Name: <u>FlightSafety International</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | <b>Owner Address</b><br>City: <u>Vero Beach</u><br>State: <u>FL</u> ZIP: <u>32960</u><br>Country: <u>United States of America</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 type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input checked="" 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 on other aircraft)   |  |   |   |
| <b>Aircraft Registration Number</b><br>_____  | <b>Manufacturer:</b> _____<br><b>Model:</b> _____  | <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>Registered Owner of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____  |  |   |   |
| <b>Pilot of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____   |  |   |   |
| MECHANICAL MALFUNCTION/FAILURE (If applicable, describe in detail on separate sheet)  |  |   |   |
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br><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><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)

Right Landing Gear taken out of right wing as aircraft exited runway. Right fuel tank torn open. Leading edge of right side of stabilator dented. Leading edge of vertical fin dented. Aircraft step taken off from fuselage as aircraft came to rest. Detailed inspection of right wing found a tear in main spar below top spar cap, near the outboard top gear attachment point. It appears damage to spar occurred when main gear struck runway distance remaining sign.

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 5 miles of an airport, complete this section)Airport Identifier: 2IS

Distance From Airport Center: \_\_\_\_\_ SM

Airport Name: Airglades Airport

Direction From Airport: \_\_\_\_\_ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip

Airport Elevation: \_\_\_\_\_ 20 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: 13 (L/R/C) Length: 5,901 ft Width: 75 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****Last Departure Point**Airport ID: KOBECity: OkeechobeeState: FLCountry: United States of America**Time of Departure**Time: 11:24Time Zone: EST**Destination**Airport ID: 2ISCity: ClewistonState: FLCountry: United States of America**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)

31 Gallons**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3  
☒ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5

☐ Other, specify \_\_\_\_\_**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

Through the aircraft door

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

|  |  |   |  |   |
|--|--|---|--|---|
| <b>Weather Observation Facility</b><br>Facility ID: <u>KIMM</u><br>Observation Time: <u>1155</u><br>Time Zone: <u>EST</u><br>Distance from Accident Site: <u>26</u> NM<br>Direction from Accident Site: <u>231</u> degrees MAG   |  | <b>Source of Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input checked="" type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input checked="" type="checkbox"/> Internet<br><input type="checkbox"/> Unknown |  | <b>Method of Briefing</b><br>(Check all that apply)<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Teletype<br><input checked="" type="checkbox"/> Telephone/Computer<br><input type="checkbox"/> Aircraft Radio<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Unknown  |
| <b>Briefing Type/Completeness</b><br><input checked="" type="checkbox"/> Full<br><input type="checkbox"/> Partial / Limited By Pilot<br><input type="checkbox"/> Partial / Limited By Briefer<br><input type="checkbox"/> Abbreviated<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Not Pertinent        |  | <b>Light Condition</b><br><input type="checkbox"/> Dawn<br><input checked="" type="checkbox"/> Day<br><input type="checkbox"/> Dusk<br><input type="checkbox"/> Night<br><input type="checkbox"/> Dark Night<br><input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported  |  | <b>Visibility</b><br><u>10</u> miles  |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="checkbox"/> Clear<br><input type="checkbox"/> Few<br><input type="checkbox"/> Partial Obscuration<br><input type="checkbox"/> Scattered<br><input type="checkbox"/> Thin Broken<br><input type="checkbox"/> Thin Overcast<br><input type="checkbox"/> Unknown |  | <b>Ceiling</b><br><input checked="" type="checkbox"/> None (clear)<br><input type="checkbox"/> Broken<br><input type="checkbox"/> Overcast<br><input type="checkbox"/> Obscured<br><input type="checkbox"/> Indefinite<br><input type="checkbox"/> Unknown  |  | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown |
| <b>Lowest Cloud Condition Height</b><br><u>                    </u> ft AGL   |  | <b>Ceiling Height</b><br><u>                    </u> ft AGL   |  |   |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Indicated:<br><u>70</u> degrees MAG<br><input type="checkbox"/> Variable  | <b>Wind Speed</b><br>Velocity: <u>10</u> KTS<br>-or-<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable | <b>Wind Gusts</b><br>Velocity: <u>15</u> KTS<br><input checked="" type="checkbox"/> Gusting<br><input type="checkbox"/> Not Gusting   | <b>Type of Turbulence</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> In Clouds<br><input type="checkbox"/> Vicinity of Thunderstorm<br><b>Severity of Turbulence</b><br><input type="checkbox"/> Extreme<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Moderate Chop<br><input type="checkbox"/> Light |   |

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

IMIA 11/095 2IS SVC AUTOMATED WEATHER BROADCAST SYSTEM NOT AVBL DIAL UP 1311082036-1311122000EST  
IMIA 11/088 2IS OBST TOWER LGT (ASR 1030062) 264552.00N0811004.00W (6.5NM WNW 2IS) 284FT (265FT AGL) OUT OF SERVICE  
1311081102-1311231102

AIRMETS - NONE  
SIGMENTS - NONE

PIREPS - SUA UA/OV PBI 030031/TM 1709/FL 080/TP LJ31/ TB CONS LGT

|  |  |   |
|--|--|---|
| <b>Temperature:</b> <u>30</u> (C)<br>or <u>          </u> (F)<br><b>Altimeter Setting:</b> <u>30.13</u> in. HG<br>or <u>          </u> MB<br><b>Density Altitude:</b> <u>1,808</u> ft<br><b>Dew Point:</b> <u>20</u> (C)<br>or <u>          </u> (F) | <b>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle |
|  | <b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed   |   |

# **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: Ozgen  
 Middle Initial: B  
 Last Name: Erdogan

City: Ankara  
 State: \_\_\_\_\_ ZIP: 06530  
 Country: Turkey

Age at time of Accident/Incident: 30 Date of Birth: 1983  
*mm/dd/yyyy*

Certificate Number:                      **+**

### **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**

06/29/2013  
*mm/dd/yyyy*

## **Medical Certificate Limitations**

Must Wear Corrective Lenses

## **Medical Certificate Waivers**

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

*mm/dd/yyyy*

## **Flight Review Aircraft**

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_

### **Airplane Rating(s)**

(Check all that apply)  
☒ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

### **Other Aircraft Rating(s)**

(Check all that apply)  
☒ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

### **Instrument Rating(s)**

(Check all that apply)  
☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

### **Instructor Rating(s)**

(Check all that apply)  
☒ None  
☐ Airplane Single-Engine
 ☐ Instrument Airplane  
☐ Airplane Multi-Engine
 ☐ Instrument Helicopter  
☐ Gyroplane
 ☐ Glider  
☐ Powered Lift
 ☐ Sport

## **Type Ratings**

## **Student Endorsements (Include dates)**

61.87(b) 10/12/2013  
 61.87(c)(d) 10/12/2013  
 61.87(n) 10/12/2013  
 61.93(a)(e) 11/09/2013  
 61.93(b)(2) 11/09/2013  
 61.93(c)(2) 11/11/2013

| 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  | 50           | 50                | 50                     |                      |       |            | 1         |            |        |                  |
| Pilot in Command (PIC)                                      | 11           | 11                | 11                     |                      |       |            |           |            |        |                  |
| Time as Instructor  |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  | 50           | 50                | 50                     |                      |       |            |           |            |        |                  |
| Last 30 Days  | 34           | 34                | 34                     |                      |       |            | 1         |            |        |                  |
| Last 24 Hours   | 1            | 1                 | 1                      |                      |       |            |           |            |        |                  |

# PILOT "B" INFORMATION

## Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

## Pilot "B" Identification

First Name: \_\_\_\_\_

City: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

mm/dd/yyyy

## Degree of Injury

☐ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

## Seat Occupied

☐ Left ☐ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

## Seat Belt

Used ☐ Yes ☐ No  
Available ☐ Yes ☐ No

## Shoulder Harness

Used ☐ Yes ☐ No  
Available ☐ Yes ☐ No

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

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

## Principal Occupation

☐ Pilot  
☐ Other  
☐ Unknown

## Medical Certificate

☐ None ☐ Class 3  
☐ Class 1 ☐ Driver's License (Sport Pilot only)  
☐ Class 2 ☐ Unknown

## Medical Certificate Validity

☐ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

## Date of Last Medical

mm/dd/yyyy

## Medical Certificate Limitations

## Medical Certificate Waivers

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

mm/dd/yyyy

## Flight Review Aircraft

Make: \_\_\_\_\_

Model: \_\_\_\_\_

## Airplane Rating(s)

(Check all that apply)

☐ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

## Other Aircraft Rating(s)

(Check all that apply)

☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

## Instrument Rating(s)

(Check all that apply)

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

## Instructor Rating(s)

(Check all that apply)

☐ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

## Type Ratings

## Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)

All Aircraft

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

| Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument Actual | Instrument Simulated | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|-------------------|----------------------|------------|--------|------------------|
| 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><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____   |   | <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>Pilot Certificate(s)</b> (Check all that apply)<br><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<br><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>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><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><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____   |   | <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>Pilot Certificate(s)</b> (Check all that apply)<br><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<br><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>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><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><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____   |   | <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>Pilot Certificate(s)</b> (Check all that apply)<br><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<br><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>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |   |

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

| Name and Address  | Seat  | Crew                     | Non-Revenue              | Revenue                  | Non-Occupant             | FAA                      | Fatal                    | Serious Injury           | Minor Injury             | No Injury                | Unknown                  |
|---|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 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.

### Student:

I took off from KVRB at 10:34 local. Flight route was KVRB-KOBE-2IS-KVRB. In KOBE, I made 4 full stop taxi backs. Then I flew through Airglades(2IS). RWY 13 was in use. I made 1 full stop taxi back to runway 13. There was left crosswind during landing, but aircraft was on the centerline. After, I taxied back to Runway 13. I lined up to runway. During take off, wind was from left, I made left crosswind correction and turned yoke to left. Take off power set. Aircraft was on centerline. During ground roll, right wing slightly came up. For correction I turned yoke to right and pushed right rudder. Aircraft was not on the centerline inspite of correction. I pushed the brakes but aircraft moved out to the left side of Runway 13. Right wing hit the thousand marker board. Right Landing gear ripped off during collision with the board and also right wing damaged. After collision with the board, I cut off mixture. When sliding on the grass, Aircraft Stopped. I closed all electrical switches and magnetos and evacuated Aircraft.

### Instructor:

On the Morning of Monday November 11, 2013 I met with Ozgen Erdogan before his solo flight lesson 3.08s at the PTN building where we discussed preflight information. The first thing that I asked him for was his solo flight order so I could go down the checklist according to PTN and Flight Safety procedures. I first checked to make sure that he had filled in the appropriate information for the lesson to be performed. Next, I asked him for his OFP, Sectional Chart, Logbook, Passport, and Student Pilot License/ medical. Ozgen's initial flight planning was from Vero Beach KVRB to Okeechobee KOBE to Air Glades 2IS to Pahokee KPHK and then to return to KVRB (KVRB - KOBE - 2IS - KPHK - KVRB). While I looked over his OFP I asked him to brief the flight to me so I could confirm that he understood his plan. The OFP was accurate on the route, time, fuel, and distance calculations. After checking his OFP for accuracy I checked to make sure his sectional chart markings were accurate and also depicted what he had planned for. After checking the overall flight plan and OFP I asked him to brief me on the weather beginning with the Area and then moving into greater detail on each point of intended landing. Ozgen briefed me on what he expected conditions to be like, and given that the winds seemed to be strong from the east that morning I instructed him to cut Pahokee out of his planning and reroute KVRB - KOBE - 2IS - KVRB. Ozgen then made adjustments to his OFP. While he finished his new route planning, I checked to make sure that he had airport diagrams for each airport he now planned on landing at. After a little bit more time had passed during the preflight briefing, I asked Ozgen to double check the weather and notams. He printed out updated weather from DUATS and we went over the weather one more time along with the notams for KVRB, KOBE, 2IS, KFPR, KMLB, and X26. Once I was satisfied that he was fully planned for the flight, and that he understood what to do on his route, we then talked about possible alternates that he could go in case of deteriorating weather conditions, or system malfunctions. We also discussed that since Air Glades has only one runway, like Pahokee, he needs to be sure to check the weather and especially the winds during his Warmup and if the crosswind component was either above 8 knots, or above what he felt comfortable with at the time, that he should turn divert back to the practice areas and work on air work and then return to Vero Beach. After that, we opened his logbook and Flight Safety book and verified his crosswind component, checked his previous endorsements, and I endorsed him for his new route of KVRB - KOBE - 2IS - KVRB. I then signed his student pilot license / medical for his cross country endorsement and asked him if he knew that he was in a cadet and not a warrior, he said that it was fine because we had plenty of practice in the cadet. Finally, I went back over the solo flight order to make sure I had covered everything. All information was filled in including special instructions of "Full Stop Taxi Backs Only" and "Crosswind Limit 8 kts." Once I confirmed that the solo order was accurate as well I endorsed it. I then shook his hand and told him to send me a message when he is safe on the ground back in KVRB. The next message I received was from Ozgen after he had called dispatch to inform the OPS desk of the occurrence. I hope I was able to help clear up any events before the flight. Please let me know if I can do anything else to help. Thank you

Jonathan Hudson

## RECOMMENDATION (Please type or print in ink)

### Operator/Owner Safety Recommendation

All solo flight operations were suspended for a safety stand-down. Briefings were conducted with both student and instructor groups to highlight the following areas:

- Scenario based discussion on the effect and proper use of the flight controls during normal/crosswind takeoffs and landings, in a variety of operational scenarios.
- Importance of maintaining constant awareness and assessment of wind conditions during entire flight, and subsequent sound aeronautical decision-making.

Prior to release for continued solo operations, all Academy students will conduct a dual flight mission with their instructor for review of the items mentioned above and verification of satisfactory performance.

Continuous monitoring will be maintained through our FSA Safety System.



**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**11/20/2013*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: [Signature]Type or Print Name: Nancy M KitterTitle: Center Manager**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

ERA14CA046

**Reviewed by NTSB Regional Office**

ERA - Ashburn

**Name of Investigator**

Patrick Murray

**Date Report Received**

November 20, 2013