

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>Knoxville</u> State: <u>TN</u> ZIP: <u>37920</u> Country: <u>USA</u> Latitude: <u>35.53.25</u> (dd:mm:ss N/S) Longitude: <u>83.57.45</u> (ddd:mm:ss E/W)					Date/Time Date: <u>03/23/2014</u> Local Time: <u>1530</u> <small>mm/dd/yyyy</small> Time Zone: <u>E</u>																																																	
Phase of Operation <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input 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>0</u> ft MSL																																															
AIRCRAFT INFORMATION																																																						
Manufacturer: <u>Cessna</u> Model: <u>172M</u> Serial Number: <u>725356</u> Registration Number: <u>N8893V</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: <u>2300</u> lbs Weight at Time of Accident/Incident: <u>1808</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>31.79</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 (Check all that apply) Standard <input 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>4</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>03/07/14</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>6899.0</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident																																																	
IFR Equipped <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Portable / Hand</u> <u>NOT USED</u>																																																		
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ELT Manufacturer: <u>NARCO</u> Model/Series: <u>ELT 10</u> Serial Number: <u>51978</u> Battery Type: <u>BP 1010</u> Battery Exp. Date: <u>11/2015</u>			ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
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>McCawley</u> Model: <u>IC160 / DTM</u>																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. <small>mm/dd/yyyy</small></th> <th>Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>Lycoming</u></td> <td><u>O320-E2D</u></td> <td><u>UNK</u></td> <td><u>10/29/1974</u></td> <td><u>160</u></td> <td><u>5868.3</u></td> <td><u>40.0</u></td> <td><u>1545.9</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td><u>L-39982-27A</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	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	<u>Lycoming</u>	<u>O320-E2D</u>	<u>UNK</u>	<u>10/29/1974</u>	<u>160</u>	<u>5868.3</u>	<u>40.0</u>	<u>1545.9</u>	Eng. 2		<u>L-39982-27A</u>							Eng. 3									Eng. 4								
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Eng. 4																																																						

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>East Tennessee Pilot Association</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>Knoxville</u> State: <u>TN</u> ZIP: <u>37920</u> Country: <u>US</u>
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>William A. Sloves</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Maryville</u> State: <u>TN</u> ZIP: <u>37801</u> Country: <u>US</u>
Regulation Flight Conducted Under <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) <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		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input 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 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
		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		Total Time/Cycles On Part _____ Hours _____ Cycles
		Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input checked="" 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)

1 foot inboard on left wing dented in. Spars bent, skin on left wing buckled.

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

Airport Identifier: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)
 None PAR MLS Practice Stop and Go
 ADF/NDB Sidestep LDA GPS Touch and Go
 SDF ILS ASR Lorán Simulated Forced Landing
 VOR/TVOR Localizer Only Visual Unknown Valley/Terrain Following Forced Landing
 VOR/DME LOC-back course Contact Go Around Precautionary Landing
 TACAN RNAV Circling Full Stop Unknown

Runway Information
 Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: _____ Time Zone: _____	Airport ID: _____ City: _____ State: _____ Country: _____	<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 type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> 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)
 _____ 20 _____ 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 passenger door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KTYS</u> Observation Time: <u>1853Z / 1453 ET</u> Time Zone: <u>E</u> Distance from Accident Site: <u>4.5</u> NM Direction from Accident Site: <u>190</u> degrees MAG	Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS)	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility <u>10</u> miles
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Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Lowest Cloud Condition Height <u>NA</u> ft AGL	Ceiling Height <u>NA</u> ft AGL		
Wind Direction <input checked="" type="checkbox"/> Indicated: <u>350</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>10</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: <u>15</u> KTS <input checked="" type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light

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

Temperature: <u>60</u> (C) or <u>60</u> (F) Altimeter Setting: <u>3010</u> in. HG or _____ MB Density Altitude: <u>300</u> ft Dew Point: <u>UNK</u> (C) or <u>UNK</u> (F)	Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
	Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

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: _____				
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) <i>(Check all that apply)</i>										
<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		Medical Certificate			Medical Certificate Validity			Date of Last Medical		
<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>		
Medical Certificate Limitations										
Medical Certificate Waivers										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft						
_____				Make: _____						
<i>mm/dd/yyyy</i>				Model: _____						
Airplane Rating(s) <i>(Check all that apply)</i>		Other Aircraft Rating(s) <i>(Check all that apply)</i>		Instrument Rating(s) <i>(Check all that apply)</i>		Instructor 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		<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"/> 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 <i>(Include dates)</i>				
Flight Time <i>(enter appropriate number of hours in each box)</i>										
	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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport								
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign								
				<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left								
				<input type="checkbox"/> Center		<input type="checkbox"/> Front								
				<input type="checkbox"/> Right		<input type="checkbox"/> Rear								
				<input type="checkbox"/> Yes		<input type="checkbox"/> Single								
				<input type="checkbox"/> No		<input type="checkbox"/> Unknown								
Type Rating/Endorsement for Accident/Incident Aircraft?				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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport								
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign								
				<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left								
				<input type="checkbox"/> Center		<input type="checkbox"/> Front								
				<input type="checkbox"/> Right		<input type="checkbox"/> Rear								
				<input type="checkbox"/> Yes		<input type="checkbox"/> Single								
				<input type="checkbox"/> No		<input type="checkbox"/> Unknown								
Type Rating/Endorsement for Accident/Incident Aircraft?				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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport								
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign								
				<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left								
				<input type="checkbox"/> Center		<input type="checkbox"/> Front								
				<input type="checkbox"/> Right		<input type="checkbox"/> Rear								
				<input type="checkbox"/> Yes		<input type="checkbox"/> Single								
				<input type="checkbox"/> No		<input type="checkbox"/> Unknown								
Type Rating/Endorsement for Accident/Incident Aircraft?				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: _____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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.

Take off roll. During take off roll, airplane veered sharply left after 225 feet, departed the grass (turf) runway and struck a pole (wood), one foot inboard of the left wing tip.

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

Operator/Owner Safety Recommendation

Unknown at this time.

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 <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
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Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: <u>Jeffrey Scott Clark</u> Title: <u>Flight instructor</u>	<u>04/02/2014</u>
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FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA14CA169	Reviewed by NTSB Regional Office ERA	Name of Investigator Alleyne	Date Report Received 4/2/2014
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