

**Commonwealth of Virginia**  
 Department of Aviation  
 5702 Gulfstream Road  
 Richmond, Virginia 23250-2422



# Aircraft Accident Report

**I. Location and Time of Accident:**

1. City or Place SUFFOLK Date 1/06/2015 Hour 1310  
 2. If on an airport, name same \_\_\_\_\_  
 3. If off airport, give detailed location 1 MILE WEST OF HAMPTON ROADS EXECUTIVE AIRPORT

**II. Operator:**

1. Full Name RUSSEL FRANKLIN KINDER Date of Birth [REDACTED] Sex MALE  
 2. Address [REDACTED]  
 3. Injuries None  
 4. FAA Certification, Kind and Number [REDACTED]  
 5. Ratings N/A Medical date and class 06/07/2013, Medical Certificate Third Class

**III. Personnel**

NAME OF PERSONNEL	ADDRESS AND SEAT OCCUPIED	NON-OCCUPANT	DEGREE OF INJURY			
			Fatal	Serious	Minor	None
PILOT <u>RUSSEL FRANKLIN KINDER</u>	<u>[REDACTED]</u>					
OCCUPATION <u>STUDENT PILOT</u>	<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					X
PILOT <u>MARTIN STEVEN ARTHUR</u>	<u>[REDACTED]</u>					
OCCUPATION <u>PILOT EXAMINER</u> (LIST ALL ON BOARD, ALSO PERSONS INJURED ON GROUND)	<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT					X
NUMBER OF PERSONS ABOARD AIRCRAFT <u>2</u>	NUMBER OF NON-OCCUPANTS INJURED	<b>TOTAL</b> <u>2</u>				

**IV. Injury to Ground Crew, Spectators, etc.:**

Names, addresses, injuries N/A

**V. Property Damage (structures, power lines, crops, livestock, etc.):**

Describe damage in detail (dollar estimate necessary) N/A

**VI. Type of Flying Engaged in at Time of Accident:**

Day  Night  XC  Local  Student Solo  Student Dual   
 Purpose of Flight TRAINING

**VII. Weather at Accident Site:**

SOURCE OF INFORMATION <u>J. THOMAS BENN, Operations Manager for Hampton Roads Executive Airport</u> <u>MARTIN S. ARTHUR</u>	SKY COVER <input checked="" type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CEILING AT <u>10000</u> FT. <input type="checkbox"/> SCATTERED AT _____ FT.	WIND DIRECTION <u>W</u> VELOCITY <u>10</u> XTS. GUSTS <u>15</u> XTS.
TURBULANCE IN FLIGHT <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> EXTREME <input type="checkbox"/> LIGHT <input type="checkbox"/> SEVERE	LIGHT CONDITIONS <input type="checkbox"/> DAWN/DUSK <input type="checkbox"/> BRIGHT NIGHT <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK NIGHT	VISIBILITY <u>10 MILES</u> ALTIMETER SETTING <u>3011</u> HG.
WEATHER CONDITIONS AND RESTRICTIONS TO VISIBILITY <input type="checkbox"/> FOG <input type="checkbox"/> SMOKE <input type="checkbox"/> THUNDERSTORM <input type="checkbox"/> SNOW <input type="checkbox"/> FREEZING RAIN <input type="checkbox"/> HAZE <input type="checkbox"/> RAIN <input type="checkbox"/> HAIL <input type="checkbox"/> SLEET <input type="checkbox"/> ICING CONDITIONS	TEMP (°F) <u>46</u>	DEWPOINT(°F) <u>28</u>

**VIII. Aircraft:**

- 1. Make CESSNA Model C-172  
Serial No. 172S9594 Identification No. N2102P
- 2. Owner (Name and Address) EAST COAST AVIATION LLC.  
5192 W. MILITARY HWY.  
CHESAPEAKE, VA 23321-1109
- 3. Virginia Aircraft License No. C3257 Date Issued 03302012
- 4. Engine Make LYCOMING Model IO-360 Horse Power 180
- 5. Aircraft Damage MAJOR DAMAGE TO WINGS AND NOSE OF PLANE

**IX. Collision Accidents** (If accident involved collision with other aircraft, complete the following information pertaining to other aircraft):

- 1. FAA No. \_\_\_\_\_ Make \_\_\_\_\_  
Model \_\_\_\_\_ Serial No. \_\_\_\_\_
- 2. Virginia Aircraft License No. \_\_\_\_\_ Date Issued \_\_\_\_\_
- 2. Owner (Name and Address) \_\_\_\_\_

**X. Description of Accident:**

The instructor began to simulate engine failure by slowing the plane to teach the student pilot how to recover from engine failure. The plane lost power and would not come back on. They slowed the plane and put it down in the swamp area striking a tree and nose diving into the ground.

**XI. Witness:**

- 1. Name NIA Address \_\_\_\_\_
- 2. Name \_\_\_\_\_ Address \_\_\_\_\_
- 3. Remarks: \_\_\_\_\_

**XII. VIRGINIA LAW VIOLATED:** (Code of Virginia, Title 5, Aviation and the Aviation Board's Regulations governing the licensing of aircraft and airports, and the operations of aircraft in the Commonwealth of Virginia.)

NIA

**XIII. Action Taken:**

NIA

Date of Investigation: 1/06/2015

Trooper M.A. Dumbauld  
Investigator

Investigating Agency:

- State Police
- Department of Aviation