

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
 Nearest City/Place: Indian trail State: NC
 Date: 7/28/20 Local Time: _____
 ZIP: 28079 Country: _____ Time Zone: _____
 Latitude: 35.123509 Longitude: -80.583383
 (Enter in decimal degrees or degrees:minutes:seconds)

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: 33JM
 Manufacturer: P.Pet
 Model: PA-28-235
 Serial Number: 28-10305
 Year of Manufacture: _____
 Amateur-Built: Yes No
 If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: _____ lbs
 Weight at Time of Accident/Incident: _____ lbs
 Number of Seats: _____ Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
 Number of Engines: _____

Category of Aircraft
 Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate
 (Check all that apply)
 Standard Normal Restricted Limited
 Acrobatic Provisional
 Balloon Special Flight
 Commuter Experimental
 Transport Experimental Light-Sport
 Utility Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
 (Check all that apply)
 Retractable
 Tricycle
 Amphibian
 Emergency Float
 Float
 Hull
 Other Launch/Recovery System
 None Unknown

Engine Type (Select one)
 Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric
 Fuel System Type (Reciprocating)
 Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>LYcoming</u>	<u>0-540-B205</u>	<u>1-726140</u>				
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type
 100-Hour
 AAIP
 Annual
 Unknown

Date Last Inspection: 11/1/2019
 mm/dd/yyyy

Airframe Total Time: 2826.6 hrs
 hours measured at (Select one)
 Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Propeller 1
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: Halsbach
 Model: HC-C3W-1NF/F169SF

Propeller 2
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

ELT Installed: Yes No
 If Yes:
 ELT Manufacturer: _____
 Model or Part No.: _____
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No
 Was ELT still connected to antenna? Yes No
 Did ELT Activate? Yes No
 If activated:
 Did ELT Aid in Locating Aircraft: Yes No
 If not activated:
 Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment (Check all that apply)
 ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multifunction Display
 Electronic Primary Flight Display
 Handheld GPS
 Heads Up Display
 Onboard Weather
 Satellite Tracking Device
 Stall Warning System
 Video Recording Device
 Other, Specify: _____

Description of Fire Extinguishing System
 None
 Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Kingdom Av City: Sutton
 Fractional Ownership Aircraft: Yes No State: AK ZIP: 99677
 Country: _____

Operator of Aircraft Same As Registered Owner

Name: Yuriy Shmakov City: Indian Trail
 Doing Business As: _____ State: NC ZIP: 28079
 Air Carrier/Operator Designator (4 Character Code): _____ Country: _____

Operating Certificates Held
 (Check all that apply)

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- FAR 91
- FAR 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial

- Public Aircraft (Select one)
 - Armed Forces
 - Federal
 - State
 - Local
 - Unknown

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

Revenue Operation for FAR 121, 125, 129, 135
 (Select one for each group)

- Scheduled or Commuter
- Non-Scheduled or Air Taxi
- Passenger
- Cargo
- Mail Contract Only
- Domestic
- International

Purpose of Flight for FAR 91, 103, 133, 137
 (Select one)

- Aerial Application
- Aerial Observation
- Air Drop
- Air Race/Show
- Banner Tow
- Business
- Executive/Corporate
- External Load
- Ferry
- Firefighting
- Flight Test
- Glider Tow
- Instructional
- Other Work Use
- Personal
- Positioning
- Skydiving
- Unknown

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Goose Creek Distance From Airport Center: _____ sm
 Airport Identifier: 28A Direction From Airport: _____ degrees true
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A Airport Elevation: 565 ft. msl

Runway Information

Runway ID: 04-22 (L/R/C) Length: 2350 ft Width: 35 ft

Runway/Landing Surface (Check all that apply)

- Asphalt
- Concrete
- Dirt
- Grass/Turf
- Gravel
- Ice
- Macadam
- Metal/Wood
- Snow
- Water
- Unknown

Condition of Runway/Landing Surface (Check all that apply)

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush-Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

Approach/Departure Segment (Select one)

- Taxi
- Takeoff
- Initial Climb
- VFR Departure
- IFR Departure Procedure/Clearance
- On Instrument Approach
- Landing

IFR Approach (Check all that apply)

- None
- ADF/NDB
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- LOC-back course
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice
- GPS
- Unknown

VFR Approach (Check all that apply)

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary Landing
- Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____ mm/dd/yyyy

Age at time of Accident/Incident: _____ Date of Birth: _____

Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Unknown <input type="radio"/> Minor <input type="radio"/> Serious	Seat Occupied <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Center	Restraining Type Available <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown

Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Class 1 <input type="radio"/> Class 3 <input type="radio"/> Other <input type="radio"/> Class 2 <input type="radio"/> Unknown <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical 1/31/18 mm/dd/yyyy
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Medical Certificate Limitations
 Must wear corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 1/10/17 mm/dd/yyyy
Flight Review Aircraft
 Make: Piper Model: PA-28

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Balloon <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Glider <input type="checkbox"/> Helicopter <input type="checkbox"/> Multiengine Sea <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Instrument Airplane <input checked="" 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
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Type Ratings (Include dates)

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	320	65	265							
Pilot in Command (PIC)	216	64								
Time as Instructor										
This Make/Model										
Last 90 Days	14.5	14.5								
Last 30 Days	14.5	14.5								
Last 24 Hours										

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

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

“Flight Crewmember 2” was pilot flying Yes No

“Flight Crewmember 2” Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____

Certificate Number: _____

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Unknown <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
		Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Class 3 <input type="radio"/> Other <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Unknown <input type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	Date of Last Medical _____ mmm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

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

Flight Review Aircraft

Make: _____

Model: _____

mm/dd/yyyy

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <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
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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		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 CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Seat Occupied <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> US Military <input type="checkbox"/> Foreign		Restraint Type: Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Flight Time at the Time of this Accident/Incident: _____ hrs			

Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Seat Occupied <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> US Military <input type="checkbox"/> Foreign		Restraint Type: Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Flight Time at the Time of this Accident/Incident: _____ hrs			

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Ruben</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Shm-kw</u> Country: _____ <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input checked="" type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input checked="" type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input checked="" type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input checked="" type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <input type="checkbox"/> If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <input type="checkbox"/> If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <input type="checkbox"/> If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <input type="checkbox"/> If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
 Airport ID: EAY
 City: Montreal
 State: QC
 Country: _____

Time of Departure
 Time: _____
 Time Zone: _____

Destination
 Airport ID: 27a
 City: _____
 State: _____
 Country: _____

Type Flight Plan Filed
 None VFR/IFR
 Company VFR IFR
 Military VFR Unknown
 VFR Activated? Yes No Unknown

Type of ATC Clearance/Service (Check all that apply)
 None Special VFR
 VFR IFR Special IFR
 VFR On Top VFR Flight Following
 VFR Traffic Advisory Cruise
 Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)
 Class A Class G Military Operations Area (MOA)
 Class B Demo Area Airport Advisory Area
 Class C Warning Area Jet Training Area
 Class D Prohibited Area TRSA
 Class E Restricted Area FAR 93

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information
 (Check all that apply)
 National Weather Service Company
 Flight Service Station Military
 TV/Radio Internet
 Automated Report None
 Commercial Weather Service (DUATS) Unknown
 On-Board Weather

Weather Observation Facility
 Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

Basic Conditions
 VMC Dark Night Unknown
 IMC Bright Night

Light Condition
 Dawn Dusk Dark Night
 Day Night Bright Night

Sky/Lowest Cloud Condition
 Clear Thin Broken Obscured
 Few Thin Overcast Indefinite
 Partial Obscuration Unknown Overcast

Temperature: _____ (C) or _____ (F)
 Dew Point: _____ (C) or _____ (F)
 Altimeter Setting: _____ in. Hg
 or _____ MB

Lowest Cloud Condition Height _____ ft agl

Wind Direction
 Variable Wind Gusts
 Direction: _____ degrees true Not Gusting Speed: _____ kts

Wind Speed
 Calm Light and Variable
 Light and Variable -or- Speed: _____ kts

Intensity of Precipitation
 Light None Freezing Rain
 Moderate Rain Snow Shower
 Heavy Snow Ice Pellets Shower
 N/A Hail Freezing Drizzle
 Unknown Rain Showers Ice Crystals

Restriction to Visibility (Check all that apply)
 None Fog
 Blowing Dust Ground Fog
 Blowing Sand Haze
 Blowing Snow Ice Fog
 Blowing Spray Smoke
 Dust Unknown

Icing Forecast
 Amount None N/A Trace Rime Clear Mixed Severe Unknown

Icing Actual
 Amount None N/A Trace Rime Clear Mixed Severe Unknown

Turbulence
 Type (Check all that apply)
 None Clear Air Terrain-Induced Convective Turbulence

Severity
 Light Moderate Severe Extreme

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
 None
 Substantial
 Minor
 Destroyed
 Unknown

Aircraft Fire
 None
 In-Flight
 On-Ground

Aircraft Explosion
 None
 In-Flight
 On-Ground

Aircraft Explosion
 Both Ground and In-Flight
 Explosion at Unknown Time
 Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Nose gear broke, left tire bent, minor dents and scratches to both wings

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

My son (Robin) ^{and I} were flying from Monroe Airport (EAY) to 28a. I was thinking about moving ~~my~~ Airplane to that airport. As we were flying in. I flew over midfield to determine the wind direction and runway to use. Seeing the windsock I made a decision to use RW4. I came in a little higher on final trying to avoid the trees ~~at~~. which caused my airspeed to be a bit higher. (about 85-90) My touch down was about mid point on RW. At that moment I thought I might be able to come to a complete stop. But when I hit the grass the airpave was not slowing down and skid off the edge of the field into the ditch.

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

Operator/Owner Safety Recommendation

When I came in higher and faster than normal, I should have followed the go around procedures.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
(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

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

34 Gallons

Fuel Type

- 80/87
- 100 Low Lead
- 100/130

- 115/145
- Jet A
- Jet A-1

- Jet B
- JP8
- Automotive

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

when Airplan came to complete stop. Pilot and Passanger exited the Aircraft thru the main door hatch

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____

Manufacturer: _____

Model: _____

Damage to Other Aircraft

- Destroyed
- Substantial
- Minor
- None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____

State: _____ ZIP: _____

Country: _____

Country: _____

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

8/15/20
mm/dd/yyyy

Name of Pilot/Operator:

Yury Shmeko

Signature:

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or --

Check here to electronically sign this document

NTSB Accident/Incident No.
ERA20CA267

Reviewed by NTSB Regional Office
ERA - VA

Name of Investigator
H. Kemner

Date Report Received
8/15/2020

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