

**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: MADISON, MS State: MS
 ZIP: 39110 Country: MADISON
 Latitude: 32.44°N Longitude: 90.10°W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/08/2021 Local Time: 3:04 pm
mm/dd/yyyy ~~4:20 PM~~
 Time Zone: CST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N5321A
Manufacturer: CESSNA
Model: SKYHAWK 172
Serial Number: _____
Year of Manufacture: _____
Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 No 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: 4 Flight Crew Seats: 2
 Cabin Crew Seats: 2 Passenger Seats: _____
Number of Engines: 1

Category of Aircraft <u>Airplane</u> Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <u>Normal</u> Special Restricted Aerobatic Limited Balloon Provisionsal Commuter Special Flight Transport Experimental Utility Special Light-Sport Experimental Light-Sport		Landing Gear <i>(Check all that apply)</i> Retractable <u>Tricycle</u> Tailwheel Amphibian High Skid Emergency Float Skid Float Ski Hull Ski/Wheel Other Launch/Recovery System None Unknown		Engine Type (Select one) <u>Reciprocating</u> Liquid Rocket Turbo Shaft Solid Rocket Turbo Prop Hybrid Rocket Turbo Jet None Turbo Fan Unknown Electric
	Certificate of Authorization or Waiver (COA) None Unknown		None Unknown		Fuel System Type (Reciprocating) Carburetor <u>Fuel-Injected</u>

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

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: _____
mm/dd/yyyy

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

Propeller 1 Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____
 Model: _____

Propeller 2 Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____
 Model: _____

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

Description of Fire Extinguishing System
 None
 Specify: _____

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: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: MADISON FLYERS - GEORGE CRICENTI

City: MADISON

State: MS ZIP: 39110

Fractional Ownership Aircraft: Yes No

Country: USA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: GEORGE CRICENTI

City: MADISON

Doing Business As: MADISON FLYERS

State: MS ZIP: 39110

Air Carrier/Operator Designator (4 Character Code): _____

Country: USA

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

- | | | |
|--|----------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> FAR 91 | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 415 |
| <input type="checkbox"/> FAR 103 | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> FAR 431 |
| <input type="checkbox"/> FAR 121 | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> FAR 435 |
| <input type="checkbox"/> FAR 125 | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> FAR 437 |
- FAR 91 Special Flight
- Non-US, Commercial
 - Non-US, Non-commercial
- Public Aircraft *(Select one)*
- Armed Forces
 - Federal
 - State
 - Local
 - Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- | | |
|--|--|
| <input type="checkbox"/> Scheduled or Commuter | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Non-Scheduled or Air Taxi | <input type="checkbox"/> International |
- Passenger
- Cargo
- Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Aerial Application | <input type="checkbox"/> Firefighting | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Aerial Observation | <input type="checkbox"/> Flight Test | |
| <input type="checkbox"/> Air Drop | <input type="checkbox"/> Glider Tow | |
| <input type="checkbox"/> Air Race/Show | <input checked="" type="checkbox"/> Instructional | |
| <input type="checkbox"/> Banner Tow | <input type="checkbox"/> Other Work Use | |
| <input type="checkbox"/> Business | <input type="checkbox"/> Personal | |
| <input type="checkbox"/> Executive/Corporate | <input type="checkbox"/> Positioning | |
| <input type="checkbox"/> External Load | <input type="checkbox"/> Skydiving | |
| <input type="checkbox"/> Ferry | | |

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

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

Airport Name: KMBO - BRUCE CAMPBELL FIELD

Distance From Airport Center: 0 sm

Airport Identifier: KMBO

Direction From Airport: 0 degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: 325 ft. msl

Runway Information

Runway ID: 17 (L/R/C) Length: 4444 ft Width: 75 ft

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

- | | | |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Dry | <input type="checkbox"/> Snow-Compacted | <input type="checkbox"/> Water-Calm |
| <input type="checkbox"/> Holes | <input type="checkbox"/> Snow-Crusted | <input type="checkbox"/> Water-Choppy |
| <input type="checkbox"/> Ice Covered | <input type="checkbox"/> Snow-Dry | <input type="checkbox"/> Water-Glassy |
| <input type="checkbox"/> Rough | <input type="checkbox"/> Snow-Wet | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Rubber Deposits | <input type="checkbox"/> Soft | |
| <input type="checkbox"/> Slush-Covered | <input type="checkbox"/> Vegetation | <input type="checkbox"/> Unknown |

Runway/Landing Surface *(Check all that apply)*

- | | | | |
|---|-------------------------------------|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Asphalt | <input type="checkbox"/> Grass/Turf | <input type="checkbox"/> Macadam | <input type="checkbox"/> Water |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Gravel | <input type="checkbox"/> Metal/Wood | |
| <input type="checkbox"/> Dirt | <input type="checkbox"/> Ice | <input type="checkbox"/> Snow | <input type="checkbox"/> Unknown |

Approach/Departure Segment *(Select one)*

- | | | | | |
|--|--|--|------------------------------------|--|
| <input type="checkbox"/> Taxi | <input type="checkbox"/> VFR Departure | <input checked="" type="checkbox"/> On Instrument Approach | <input type="checkbox"/> Downwind | <input type="checkbox"/> Low Approach |
| <input type="checkbox"/> Takeoff | <input type="checkbox"/> IFR Departure Procedure/Clearance | <input type="checkbox"/> Landing | <input type="checkbox"/> Base | <input type="checkbox"/> Go Around |
| <input type="checkbox"/> Initial Climb | | | <input type="checkbox"/> Final | <input type="checkbox"/> Aborted Landing (after touchdown) |
| | | | <input type="checkbox"/> Crosswind | <input type="checkbox"/> Unknown |

IFR Approach *(Check all that apply)*

- | | | | |
|--|--|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> PAR | <input type="checkbox"/> MLS | <input type="checkbox"/> Practice |
| <input type="checkbox"/> ADF/NDB | <input type="checkbox"/> Sidestep | <input type="checkbox"/> LDA | <input type="checkbox"/> GPS |
| <input type="checkbox"/> SDF | <input type="checkbox"/> ILS | <input type="checkbox"/> ASR | |
| <input type="checkbox"/> VOR/TVOR | <input type="checkbox"/> Localizer Only | <input type="checkbox"/> Visual | |
| <input type="checkbox"/> VOR/DME | <input type="checkbox"/> LOC-back course | <input type="checkbox"/> Contact | |
| <input type="checkbox"/> TACAN | <input type="checkbox"/> RNAV | <input type="checkbox"/> Circling | <input type="checkbox"/> Unknown |

VFR Approach *(Check all that apply)*

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> Traffic Pattern | <input type="checkbox"/> Stop and Go |
| <input type="checkbox"/> Straight-In | <input type="checkbox"/> Valley/Terrain Following | <input checked="" type="checkbox"/> Touch and Go |
| <input type="checkbox"/> Go Around | <input type="checkbox"/> Full Stop | <input type="checkbox"/> Simulated Forced Landing |
| | | <input type="checkbox"/> Forced Landing |
| | | <input type="checkbox"/> Precautionary Landing |
| | | <input type="checkbox"/> 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: CINDY City of Residence: PURVIS
 Middle Initial: W State: MS ZIP: 39475
 Last Name: KING Country: USA
 Age at time of Accident/Incident: 53 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None Minor Fatal Unknown Serious		Seat Occupied <input checked="" type="radio"/> Left Right Center <input checked="" type="radio"/> Front Rear Single Unknown		Restraint Type Available None Lap only <input checked="" type="radio"/> 3-point 4-point 5-point Unknown Used None Lap only <input checked="" type="radio"/> 3-point 4-point 5-point Unknown		Inflatable Restraints <input checked="" type="radio"/> Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Private <input checked="" type="radio"/> Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign						
Principal Occupation Pilot <input checked="" type="radio"/> Other Unknown	Medical Certificate None Class 1 Class 2 <input checked="" type="radio"/> Class 3 Driver's License (Sport Pilot only) Unknown		Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A		Date of Last Medical mm/dd/yyyy	

Medical Certificate Limitations
N/A

Medical Certificate Special Issuance
N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: N/A mm/dd/yyyy
Flight Review Aircraft
 Make: N/A
 Model: _____

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

Student Endorsements (Include dates)
 SOLO 9/23/2021
 PRE-SOLO AERONAUTICAL 9/23/21
 PRE-SOLO FLIGHT TRNG 9/23/21

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	38.9	38.9	38.9	N/A	N/A	-	-	-	-	-
Pilot in Command (PIC)	3.8	3.8	3.8	-	-	-	-	-	-	-
Time as Instructor	N/A	-	-	-	-	-	-	-	-	-
This Make/Model										
Last 90 Days	23	23	23	-	-	-	-	-	-	-
Last 30 Days	12	12	12	-	-	-	-	-	-	-
Last 24 Hours	1.0	1.0	1.0	-	-	-	-	-	-	-

"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: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer							
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 Unknown With limitations/waivers N/A Special Issuance		Date of Last Medical _____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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

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

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: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____							
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____							
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____							
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____							
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KMBO</u> City: <u>MADISON, MS</u> State: <u>MS</u> Country: <u>MADISON</u>	Time of Departure Time: <u>2:57 pm</u> Time Zone: <u>CST</u>	Destination Airport ID: <u>KMBO</u> City: <u>MADISON</u> State: <u>MS</u> Country: <u>MADISON</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR Activated? Yes No Unknown <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="radio"/> None VFR	<input type="radio"/> Special VFR IFR	<input type="radio"/> Special IFR VFR On Top	<input type="radio"/> VFR Flight Following Traffic Advisory	<input type="radio"/> Cruise Unknown / NA
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Airspace where the accident/incident occurred (Check all that apply)

<input checked="" type="radio"/> Class A	<input type="radio"/> Class G	<input type="radio"/> Military Operations Area (MOA)	<input type="radio"/> Special Air Traffic Control Area	Altitude of In-Flight Occurrence: <u>Runway</u> ft msl
<input type="radio"/> Class B	<input type="radio"/> Demo Area	<input type="radio"/> Airport Advisory Area	<input type="radio"/> Unknown	
<input type="radio"/> Class C	<input type="radio"/> Warning Area	<input type="radio"/> Jet Training Area		
<input type="radio"/> Class D	<input type="radio"/> Prohibited Area	<input type="radio"/> TRSA		
<input type="radio"/> Class E	<input type="radio"/> Restricted Area	<input type="radio"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="radio"/> National Weather Service <input type="radio"/> Flight Service Station <input type="radio"/> TV/Radio <input checked="" type="radio"/> Automated Report <input type="radio"/> Commercial Weather Service (DUATS) <input type="radio"/> On-Board Weather <input type="radio"/> Company Military <input checked="" type="radio"/> Internet <input type="radio"/> None <input type="radio"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered Lowest Cloud Condition Height <u>N/A</u> ft agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured Indefinite <input type="radio"/> Unknown Ceiling Height <u>N/A</u> ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction Variable <u>CALM</u> Direction: _____ degrees true	Wind Speed <input checked="" type="radio"/> Calm <input type="radio"/> Light and Variable Speed: _____ kts	Wind Gusts <input checked="" type="radio"/> Not Gusting Speed: _____ kts	Visibility <u>unlimited</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Hail <input type="radio"/> Rain Showers <input type="radio"/> Drizzle <input type="radio"/> Ice Pellets <input type="radio"/> Snow Pellets <input type="radio"/> Snow Grains <input type="radio"/> Ice Crystals <input type="radio"/> Freezing Rain <input type="radio"/> Snow Shower <input type="radio"/> Ice Pellets Shower <input type="radio"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Blowing Dust <input type="radio"/> Blowing Sand <input type="radio"/> Blowing Snow <input type="radio"/> Blowing Spray <input type="radio"/> Dust <input type="radio"/> Fog <input type="radio"/> Ground Fog <input type="radio"/> Haze <input type="radio"/> Ice Fog <input type="radio"/> Smoke <input type="radio"/> Unknown
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Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	N/A	<input type="radio"/> Trace	Rime	<input type="radio"/> Light	Clear	<input type="radio"/> Moderate	Mixed	<input type="radio"/> Severe	Unknown	<input type="radio"/> Unknown		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	N/A	<input type="radio"/> Trace	Rime	<input type="radio"/> Light	Clear	<input type="radio"/> Moderate	Mixed	<input type="radio"/> Severe	Unknown	<input type="radio"/> Unknown		Turbulence Type (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Clear Air <input type="radio"/> Terrain-Induced <input type="radio"/> Convective Turbulence Severity <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme
Amount	Type																													
<input checked="" type="radio"/> None	N/A																													
<input type="radio"/> Trace	Rime																													
<input type="radio"/> Light	Clear																													
<input type="radio"/> Moderate	Mixed																													
<input type="radio"/> Severe	Unknown																													
<input type="radio"/> Unknown																														
Amount	Type																													
<input checked="" type="radio"/> None	N/A																													
<input type="radio"/> Trace	Rime																													
<input type="radio"/> Light	Clear																													
<input type="radio"/> Moderate	Mixed																													
<input type="radio"/> Severe	Unknown																													
<input type="radio"/> Unknown																														

NOTAMS (D and FDC), AIRMETS, SIGMETS, PIREPs in effect at the time of the accident/incident:

N/A

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Nose strut, firewall, prop strike

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.

ON 8 NOV 2021, I PREPARED FOR SOLO FLIGHT INSTRUCTION AS USUAL. PRE-FLIGHT INSPECTION, WEATHER OBTAINED, NOTIFIED TRAFFIC THAT I WOULD BE CONDUCTING "TOUCH & GO" TRAINING AT THE AIRFIELD. ALL WEATHER CONDITIONS WERE PERFECT, TEMP MODERATE AND WINDS WERE CALM. I CONDUCTED ONE COMPLETE TRAFFIC PATTERN Lmp with good touch-n-go landing. ON THE SECOND LANDING MY APPROACH WAS A LITTLE TOO HIGH, RESULTING IN A LITTLE EXCESS SPEED ON TOUCH DOWN. THE AIRPLANE BOUNCED HARD ON FIRST TOUCH DOWN. I TRIED TO COMPLETE THE LANDING VERSUS ADDING POWER FOR GO-AROUND. LACK OF EXPERIENCE IN THIS SITUATION LED TO ME NOT IMMEDIATELY KNOWING HOW TO CORRECT IT. THE SECOND BOUNCE WAS SIGNIFICANTLY HARDER THAN THE FIRST, LAUNCHING THE AIRCRAFT SEVERAL FEET OFF THE GROUND AT STALL SPEED. THIS CAUSED THE AIRCRAFT TO LAND EXTREMELY HARD AND COLLAPSE THE FRONT WHEEL STRUT THEREFORE A PROP STRIKE OCCURRED. LANDING REMAINED ON THE CENTER-LINE OF THE RUNWAY. NO DAMAGE TO ANYTHING BUT THE AIRCRAFT.

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

Operator/Owner Safety Recommendation

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)	Fuel Type			
50 Gallons	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
 NONE

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
 OUT DOOR AS NORMAL

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

Aircraft Registration Number	Manufacturer: _____	Damage to Other Aircraft Destroyed _____ Minor _____ Substantial _____ None _____
_____	Model: _____	
Registered Owner of Other Aircraft	Pilot of Other Aircraft	
Name: _____	Name: _____	
City: _____	City: _____	
State: _____ ZIP: _____	State: _____ ZIP: _____	
Country: _____	Country: _____	

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

CWK

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>3 DEC 2021</u> <small>mm/dd/yyyy</small> <u>12/03/2021</u>	Name of Pilot/Operator: <u>CINDY W. KING</u> Signature: _____ <small>-- or --</small> Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN22LA056	Reviewed by NTSB Regional Office Denver, CO	Name of Investigator Aguilera	Date Report Received 3 DEC 2021
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