

# 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: Merced Calif State: CA  
 ZIP: 95959 Country: USA  
 Latitude: 39.2239 Longitude: -121.0059  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 9/17/2021 Local Time: 3:30  
*mm/dd/yyyy* Time Zone: PST  
 Collision with Other Aircraft:  Midair  On-ground  None

## AIRCRAFT INFORMATION

**Registration Number:** N4977G  
**Manufacturer:** Cessna  
**Model:** 172N  
**Serial Number:** 17273524  
**Year of Manufacture:** 1987  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design *Make:* \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 2300 lbs  
**Weight at Time of Accident/Incident:** 1825 lbs  
**Number of Seats:** 4 Flight Crew Seats: 2  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 2  
**Number of Engines:** 1

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

- Type of Airworthiness Certificate**  
*(Check all that apply)*
- |  |   |
|--|---|
| <b>Standard</b>                            | <b>Special</b>                                    |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic         | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon           | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter          | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport         | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility           | <input type="checkbox"/> Special Light-Sport      |
|  | <input type="checkbox"/> Experimental Light-Sport |
- Certificate of Authorization or Waiver (COA)  
 None  Unknown

- Landing Gear**  
*(Check all that apply)*
- Retractable
- |   |                                    |
|---|------------------------------------|
| <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"/> Other Launch/Recovery System |                                    |
| <input type="checkbox"/> None                         | <input type="checkbox"/> Unknown   |

- Engine Type** *(Select one)*
- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric                 |                                     |
- Fuel System Type** *(Reciprocating)*
- Carburetor  Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>D-320-H780L-744774</u>	<u>1978</u>	<u>1978</u>	<u>160</u>	<u>37833</u>	<u>1</u>	<u>2580.5</u>
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**

100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown

**Date Last Inspection:** 9/17/2021  
*mm/dd/yyyy*

**Airframe Total Time:** 3491 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable

Manufacturer: Propeller  
 Model: 16160/PT160

**Propeller 2**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable

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

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** Garmin  
**Model or Part No.:** \_\_\_\_\_  
**TSO No.:**  OC91 (121.5 MHz)  OC91a (121.5 MHz)  
 OC126 (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: \_\_\_\_\_

**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: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: John V. Downer

City: Norada City  
State: Ca ZIP: 95957

Fractional Ownership Aircraft:  Yes  No

Country: USA

**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: John V. Downer

City: Norada City  
State: Ca ZIP: 95955

Doing Business As: \_\_\_\_\_

Country: USA

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

**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 415
- FAR 431
- FAR 435
- 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)

- 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

**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: Norada County  
Airport Identifier: KL60  
Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/A

Distance From Airport Center: 1 sm  
Direction From Airport: 270 degrees true  
Airport Elevation: 3100 ft. msl

**Runway Information**

Runway ID: 025 (L/R/C) Length: 7652 ft Width: 75 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
- Downwind
- Base
- Final
- Crosswind
- Low Approach
- Go Around
- Aborted Landing (after touchdown)
- Unknown

**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: Emil   City of Residence: Nevada City  
 Middle Initial: J.   State: CA   ZIP: 95967  
 Last Name: VADRIK   Country: USA  
 Age at time of Accident/Incident: 25   Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input checked="" 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	<b>Restraint Type</b> Available <input type="radio"/> None <input checked="" type="radio"/> Lap only <input checked="" type="radio"/> 5-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	<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" 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			

<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <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	<b>Medical Certificate Validity</b> <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	<b>Date of Last Medical</b> <u>30/06/2020</u> mm/dd/yyyy
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**Medical Certificate Limitations**  
CLASSES LOW VISION

**Medical Certificate Special Issuance**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>1/7/21</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>Cessna</u> Model: <u>172R</u>
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<b>Airplane Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> <input checked="" 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	<b>Instrument Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" 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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<b>Type Ratings</b> <u>SEL</u>	<u>Knowledge test 10/21/15</u>	<b>Student Endorsements (Include dates)</b> <u>Emil Solo 6/13/15</u> <u>Instrument w/ 250 hours - 6/21/16</u> <u>Solo endr @ 6/19/15</u> <u>2-Comm Solo 8/22/16</u> <u>2-Comm Pilot 8/22/16</u> <u>50 DASH 5/21/14</u>
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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	253.7	E-172	243.9		3					
Pilot in Command (PIC)	47.36	C-172	47.36							
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours	4	C-172	4							

WU / 20

<b>"FLIGHT CREWMEMBER 2" INFORMATION</b>																																																																																																				
<b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b> <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																				
<b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																				
<b>"Flight Crewmember 2" Identification</b> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
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*Not applicable*

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
<b>Crew Name and Address</b>			<b>Seat Occupied</b>		<b>Injury</b>	
First Name: _____	City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None	
Middle Initial: _____	State: _____	ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name: _____	Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown	<input type="radio"/> Fatal	
					<input type="radio"/> Unknown	
<b>Pilot Certificate(s) (Check all that apply)</b>			<b>Restraint Type:</b>		<b>Inflatable Restraints</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military	<b>Available</b>	<b>Used</b>	<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"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="radio"/> None	<input type="radio"/> None	
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer		<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
				<input type="radio"/> 3-point	<input type="radio"/> 3-point	
				<input type="radio"/> 4-point	<input type="radio"/> 4-point	
				<input type="radio"/> 5-point	<input type="radio"/> 5-point	
				<input type="radio"/> Unknown	<input type="radio"/> Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>		<b>Total Flight Time at the Time of this Accident/Incident: _____ hrs</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Crew Name and Address</b>			<b>Seat Occupied</b>		<b>Injury</b>	
First Name: _____	City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None	
Middle Initial: _____	State: _____	ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name: _____	Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown	<input type="radio"/> Fatal	
					<input type="radio"/> Unknown	
<b>Pilot Certificate(s) (Check all that apply)</b>			<b>Restraint Type:</b>		<b>Inflatable Restraints</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military	<b>Available</b>	<b>Used</b>	<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"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="radio"/> None	<input type="radio"/> None	
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer		<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
				<input type="radio"/> 3-point	<input type="radio"/> 3-point	
				<input type="radio"/> 4-point	<input type="radio"/> 4-point	
				<input type="radio"/> 5-point	<input type="radio"/> 5-point	
				<input type="radio"/> Unknown	<input type="radio"/> Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>		<b>Total Flight Time at the Time of this Accident/Incident: _____ hrs</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints
First Name: _____	City: _____	<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	<b>Available</b>	<b>Used</b>	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____			<input type="radio"/> None	<input type="radio"/> None	
Last Name: _____	Country: _____			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other				<input type="radio"/> 3-point	<input type="radio"/> 3-point	
				<input type="radio"/> 4-point	<input type="radio"/> 4-point	
		<input type="radio"/> 5-point	<input type="radio"/> 5-point			<input type="checkbox"/> Under 5 years
		<input type="radio"/> Unknown	<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"/> Unknown
						<i>If Under 5,</i>
						<input type="checkbox"/> Child Restraint
						<input type="checkbox"/> Lap-Held
						<input type="checkbox"/> Unknown
First Name: _____	City: _____	<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	<b>Available</b>	<b>Used</b>	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____			<input type="radio"/> None	<input type="radio"/> None	
Last Name: _____	Country: _____			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other				<input type="radio"/> 3-point	<input type="radio"/> 3-point	
				<input type="radio"/> 4-point	<input type="radio"/> 4-point	
		<input type="radio"/> 5-point	<input type="radio"/> 5-point			<input type="checkbox"/> Under 5 years
		<input type="radio"/> Unknown	<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"/> Unknown
						<i>If Under 5,</i>
						<input type="checkbox"/> Child Restraint
						<input type="checkbox"/> Lap-Held
						<input type="checkbox"/> Unknown
First Name: _____	City: _____	<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	<b>Available</b>	<b>Used</b>	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____			<input type="radio"/> None	<input type="radio"/> None	
Last Name: _____	Country: _____			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other				<input type="radio"/> 3-point	<input type="radio"/> 3-point	
				<input type="radio"/> 4-point	<input type="radio"/> 4-point	
		<input type="radio"/> 5-point	<input type="radio"/> 5-point			<input type="checkbox"/> Under 5 years
		<input type="radio"/> Unknown	<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"/> Unknown
						<i>If Under 5,</i>
						<input type="checkbox"/> Child Restraint
						<input type="checkbox"/> Lap-Held
						<input type="checkbox"/> Unknown

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KGOW</u> City: <u>Gross Point</u> State: <u>GA</u> Country: <u>US</u>	<b>Time of Departure</b> Time: <u>3:30 PM</u> Time Zone: <u>PST</u>	<b>Destination</b> Airport ID: <u>KGOW</u> City: <u>Gross Point</u> State: <u>GA</u> Country: <u>US</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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**Type of ATC Clearance/Service (Check all that apply)**

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input checked="" type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

**Airspace where the accident/incident occurred (Check all that apply)**

<input checked="" type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

**Altitude of In-Flight Occurrence:** 3500 ft msl

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

<b>Source of Pilot Weather Information (Check all that apply)</b> <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) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Weather Observation Facility</b> Facility ID: <u>KGOW</u> Observation Time: <u>3:10 PM</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>005</u> degrees true
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<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input checked="" type="radio"/> Dawn <input type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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<b>Sky/Lowest Cloud Condition</b> <input type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	<b>Temperature:</b> <u>19</u> (C) or _____ (F) <b>Dew Point:</b> <u>5</u> (C) or _____ (F) <b>Altimeter Setting:</b> <u>30.11</u> in. Hg or _____ MB
<b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling Height</b> _____ ft agl	

<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>5</u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>2.0</u> miles RVR: <u>1500</u> feet RVV: <u>1.5</u> miles <b>Density Altitude:</b> <u>4300</u> ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <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"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	<b>Restriction to Visibility (Check all that apply)</b> <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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<b>Icing Forecast</b> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Icing Actual</b> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Turbulence</b> Type (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme
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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       Both Ground and In-Flight  
 In-Flight       Fire at Unknown Time  
 On-Ground       Unknown

**Aircraft Explosion**

- None       Both Ground and In-Flight  
 In-Flight       Explosion at Unknown Time  
 On-Ground       Unknown

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

Prop Strike, Right wing destroyed, right fuselage damaged, rear windows damage

**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.

Plane was pre flighted and engine started, I taxied to the run up area of 25 and performed my pre-flight check. I took off normally and called my cross wind turn at PA, I then called my Downwind turn and proceeded to the numbers at 25 and performed my decent activities, when I made my base turn I noticed an electrical annunciator (low voltage) and I could not call the base turn on my radio, I made my final turn without calling it (no radio) with three notches of flaps, while crossing the pod adjacent to the threshold I encountered windshere (was not in the weather briefing) which elevated the airplane, I attempted to regain my glide path and lowerd the flaps to full. the Plane floated down the runway as I attempted to land it and decided that it was safer to continug to land rather than to go around as I was concerned about the ability to gain altitude at that distance. On putting the main wheels on the ground I applied full breaking but the plane skidded off the end of the runway into a ditch.

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

Operator/Owner Safety Recommendation

I should have gone around immediately upon noticing the electrical/radio problem that would have allowed me to troubleshoot the problem and land correctly

**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) 25-30 Gallons  
Fuel Type:  80/87  115/145  Jet B  Other, specify \_\_\_\_\_  
 100 Low Lead  Jet A  JP8  
 100/130  Jet A-1  Automotive

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

Pilot opened door, exited and checked out of plane

**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~~  
~~Model: \_\_\_\_\_  Substantial  None~~  
Registered Owner of Other Aircraft: Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_  
Pilot of Other Aircraft: Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ 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: 9/23/2021  
mm/dd/yyyy

Name of Pilot/Operator: Ernie S. Kodonca

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

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. WPR21LA348	Reviewed by NTSB Regional Office WPR - Federal Way, WA	Name of Investigator S. Stein	Date Report Received 9/24/2021
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