NATIONAL TRANSPORTATION SAFETY BOARD NTSB Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

- 1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.
- 2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.
- 3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.
- 4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.
- 5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM It is necessary that ALL questions on this report be answered completely and accurately. If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

 $\ensuremath{\textit{Date/Time:}}$ Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

 ${\it Runway}$: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (*D* and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report.* For additional definitions of questions and responses, please refer to www.ntsb.gov.

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

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

BASI	C INFORMA	TION										
Accident/Incident Location						1	Accident/Incident Date/Time					
	City/Place: Char			State: VA						Local Time: 3:50 PM		
	22936		USA				mm/dd	Vyyyy	т:.	ne Zone:	Eastern	
Latitude:	N38°08.38'		Longitude: W78°2					<u> </u>	111	ne Zone.		
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Serial N	Number:	1110				7	Weight at Tim	e of Accid	ent/Incid	dent:		_ lbs
	Manufacture:					N	Number of Sea	ats: 2		Flight Cre	w Seats: 1	
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Engine	Engine Manufa	cturer	Engine Model/Series	Manufacturer's Serial Number			of Mfg. Horsepower or O lbs of Thrust			Time (hours)	Inspection (hours)	Overhaul (hours)
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OWNER/OPERATOR INFORMA	ATION	
Registered Aircraft Owner		City: Ashland
Name: Heart of Virginia Aviation Inc		State: VA ZIP: 23005
Fractional Ownership Aircraft: O Yes) No	Country: USA
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner Same Address as Registered Owner
Name:		City:
Doing Business As:		
Air Carrier/Operator Designator (4 Charact	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	
□ 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)	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial	R 431 Non-Scheduled or Air Taxi International R 435
□ 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	O Non-US, Non-commercial O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application OFirefighting OUnknown O Aerial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow OOther Work Use O Business OPersonal O Executive/Corporate OPositioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving
O Yes ● No	O Yes ● No	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	pproach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Charlottesville Alberma Airport Identifier: KCHO Proximity to Airport: O Off Airport/Airstri	ırle	Distance From Airport Center: On airport sm Direction From Airport: N/A degrees true Airport Elevation: 640.1 ft. msl
D 7.6 4		
Runway Information Runway ID: 21 (L/R/C) Length:	adam Water	Condition of Runway/Landing Surface (Check all that apply) □ Dry □ Snow-Compacted □ Water-Calm □ Holes □ Snow-Crusted □ Water-Choppy □ Ice Covered □ Snow-Dry □ Water-Glassy □ Rough □ Snow-Wet □ Wet □ Rubber Deposits □ Soft □ Slush-Covered □ Vegetation □ Unknown
Approach/Departure Segment (Select one)	
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	On Instrument Ap	Approach ODownwind OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown
IFR Approach (Check all that apply) ☑ None		VFR Approach (Check all that apply) □None
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	□ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing □ Full Stop □ Precautionary Landing □ Unknown

"FLIGHT CREWMEN	IBER 1" INFO	DRMATIC	NC							
"Flight Crewmember 1" Re	esponsibilities at t Student Pilot	the Time of O Flight In		cident Check Pilot	O Fligh	nt Engineer	O Other I	Flight Crew		
"Flight Crewmember 1" wa	as pilot flying 🛭 🖸	☑Yes □ N	lo							
"Flight Crewmember 1" Id	entification									
First Name: Dan				City of Re	sidence:	Roanoke				
Middle Initial:M					State: Vir	ginia		ZIP: 24017-	5118	
Last Name:Casil					Country:	US	Α			
Age at time of	f Accident/Inciden	ıt: <u>25</u>	Date of B		1995		m/dd/yyyy			
		Ce	ertificate Num	ıber:						
Degree of Injury	Seat Occupie	ed		Re	straint Ty	ре]	Inflatable F	Restraints
None	LeftRightCenter	O Front O Rear O Single	O Unknov	vn	Available O None O Lap o	e Used O None			✓ Not Installed ☐ Installed	
Pilot Certificate(s) (Check as	ll that apply)				⊙ 3-poir	nt	O ³ -point		Not De	ployed
□ None □ Flight □ Private □ Recrea ☑ Student □ Sport	tional	ommercial irline Transpo light Enginee			O 4-poir O 5-poir O Unkn	nt	O 4-point O 5-point O Unknov	vn	☐ Deploy ☐ Unknov	
Principal Occupation	Medical Certifica	ite		Me	edical Cer	tificate Va	lidity		Date of Las	st Medical
• Other	● Class 1	Class 3 Driver's Lice Unknown	nse (Sport Pilot	only) O		nitations/wai tions/waiver uance		nknown //A	08/2019 mm/dd/y	vyy
Medical Certificate Limitat				•				•		
English Proficient NOT VALID FOR NIGHT FLY	VING OR BY COLOR	R SIGNAL CO	ONTROL							
NOT VALID FOR NIGHT FE	THING ON BY COLOR	IN SIGNAL OR	SIVITOL.							
Medical Certificate Special	Issuance									
N/A										
Date of Last Flight Review		Flight	t Review Airo	eraft						
or Equivalent, Including		Make:								
FAR 121/135 Checks:	N/A mm/dd/yyyy	— Model		N/A						
Airplane Rating(s)	Other Aircraft			ent Rating(s	6)	Instructo	r Rating(s)			
(Check all that apply)	(Check all that ap			l that apply)		(Check all				
None	☑ None		☑ None			None ☐ Instrument				
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airpla☐ Helico				e Single-Eng e Multi-Engi		Instrument Helicopter	Helicopter
☐ Multiengine Land	Glider		☐ Power			☐ Gyropla			Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powere	d Lift		Sport	
	☐ Powered Lift									
Type Ratings			•					its (Include d		
						11-5 7-10	5-19: 61.87(h)-2020: 61.87), 61.87(d), 6′ ′(n), 61.93 (Fi	1.87(p) rst Solo Cros	s Country)
						8-9-	2020: Secon	d Śolo Cross Solo Cross Co	Country End	orsement
									,	
File-L4 Time (F)			Airplane			Inst	rument			
Flight Time (Enter appropriate number of hours in each box)	e All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	44.1	44.1	44.1	0	3.4	0	1.8	0	0	0
Pilot in Command (PIC)	5.8	5.8	5.8	0	0	0	0	0	0	0
Time as Instructor										
This Make/Model					3.4	0	1.8		•	
Last 90 Days	6.4	6.4	6.4	0	0	0	0	0	0	0
Last 30 Days	2.6	2.6	2.6	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

"FLIGHT CREWMEN	IBER 2" INFORI	MATIO	N							
"Flight Crewmember 2" R OPilot OCo-Pilot		Fime of A) Flight Inst		ent heck Pilot	O Flig	ght Engineer	OOther I	Flight Crew		
"Flight Crewmember 2" w	as pilot flying ☐ Ye	es 🔲 N	o							
"Flight Crewmember 2" Io	lentification									
First Name: City of Residence:										
Middle Initial:							IP:			
Last Name:										
	Accident/Incident:				-					
			ficate Number							
Degree of Injury	Seat Occupied				straint T	уре			Inflatable R	estraints
O None O Fatal O Minor O Unknown O Serious	OLeft ORight	Front Rear Single	O Unknown		Available Used O None O None Lap only Lap only			v	□ Not Installed □ Installed	
Pilot Certificate(s) (Check of	all that apply)				O 3-po	int	O 3-point	'	☐ Not Dep	loyed
☐ Private ☐ Recre		e Transport	☐ US Milita ☐ Foreign	ary	O 4-po O 5-po O Unk	int	O 4-point O 5-point O Unknow	710	☐ Deploye ☐ Unknow	
☐ Student ☐ Sport	☐ Flight	Engineer			Olik	nown	O Clikilov	, m		
Principal Occupation	Medical Certificate			Me	dical Ce	ertificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Clas					mitations/wai		nknown		
O Other O Unknown	O Class 1 O Driv O Class 2 O Unk		e (Sport Pilot on		With limit Special Is:	tations/waivers	s ON	/A	mm/dd/yy	vv
Medical Certificate Limita	<u> </u>				operar is			I		
Treateur Ceremente Emine	CIONS									
Medical Certificate Special	l Issuance									
		T								
Date of Last Flight Review or Equivalent, Including		Flight R	Review Aircra	ıft						
FAR 121/135 Checks:		Make: _								
	mm/dd/yyyy	_								
Airplane Rating(s)	Other Aircraft Rat	ting(s)	Instrumen	0.	s)	Instructor				
(Check all that apply) ☐ None	(Check all that apply) ☐ None		(Check all th	iat apply)		(Check all th ☐ None	iat apply)		Instrument A	imlana
☐ Single-Engine Land	Airship		Airplane				Single-Engir	ne 🗖	Instrument H	
☐ Single-Engine Sea☐ Multiengine Land	☐ Balloon ☐ Glider		Helicopte				Multi-Engine		Helicopter	_
☐ Multiengine Sea	Gyroplane		Powered	Litt		☐ Gyroplar☐ Powered			Glider Sport	
	Helicopter								•	
Type Ratings	☐ Powered Lift					Student Er	ndorsemen	ts (Include e	lates)	
Type Rueings						Student Li	ador semen	is (memice c	iaresy	
			A farmal a says					I		
Flight Time (Enter approprion number of hours in each box)	1	s Make Model	Airplane Single Engine	Airplane Multiengine	Nigh		rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model			Щ		4		1		<u> </u>	
Last 90 Days										
Last 30 Days Last 24 Hours					+		-			
Lust 47 110013	1	1	I		1	1	1	1	1	ı

ADDITIONAL FLIC	GHT CREWMEM	BERS (Exclusiv	e of cabin cr	ew, complete	the followin	g information)				
Crew Name and Add	ress						Seat Occupie	d	Injury		
Middle Initial:	First Name: City of Residence: Middle Initial: State: ZIP: Last Name: Country:							O Left O Front O Center O Rear O Right O Single O Unknown			
Pilot Certificate(s) (Check all that apply) □ None □ Flight Instructor □ Commercial □ US Military □ Private □ Recreational □ Airline Transport □ Foreign □ Student □ Sport □ Flight Engineer						Restraint Tyj Available O None O Lap Only O 3-point O 4-point	Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed			
Type Rating/Endorse Accident/Incident Ai		□ No		light Time at Accident/Inci	the Time	hrs	O 5-point O Unknown	O 5-point O Unknown	☐ Deployed ☐ Unknown		
Crew Name and Add	ress						Seat Occupie		Injury		
Middle Initial:	_	State	e:		ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer Type Rating/Endorsement for Total Flight Time at the Time							Restraint Tyj Available O None O Lap Only O 3-point O 4-point O 5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed		
Accident/Incident Air		□No			dent:		O Unknown	O Unknown	☐ Unknown		
PASSENGER(S) /	OTHER PERSO	NNEL (Include c	abin crew; c	ontinue on se	eparate shee	t if necessary)		1		
Name and Address				Seat	Injury	Restraint T		Inflatable Restraints	Age		
First Name: Middle Initial: Last Name:	State: 2	ZIP:	<u> </u>	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown		
First Name: Middle Initial: Last Name: OCrew	State: 2	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years		
First Name: Middle Initial: Last Name: OCrew	State: 2	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	O 3-point O 4-point O 5-point	Not Installed Installed Not Deployed Deployed Unknown	☐Under 5 years		
First Name: Middle Initial: Last Name: OCrew	State: 2	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years		

FLIGHT ITINERARY I	NFORMATION	<u> </u>							
Last Departure Point		e of Departure	Destination	n		Type Fligh	ıt Plan I	Filed	
Airport ID: KOFP		Approx 2:45 Airport ID: KCHO				None None	O VFR/IFR		
City: Hanover County	Time	:Approx. 2:45	City: Cha	City: Charlottesville			y VFR	O IFR O Unknown	
State: Virginia	ne Zone: Eastern State: Virginia				O Military O VFR	VIK	Olikilowii		
Country: USA			Country:	USA		Activated?	O Yes	ONo OUnknown	
Type of ATC Clearance/Serv	vice (Check all that o	apply)							
	Special VFR IFR		ecial IFR R On Top		☐ VFR Flight Folk ☐ Traffic Advisory		☐ Crui ☐ Unk	se nown / NA	
Airspace where the accident							Altitu	de of In-Flight	
_	Class G Demo Area		itary Operations port Advisory A		☐ Special ☐ Air Traffic Contr	rol Area	Occui	rrence:	
☐ Class C ☐	Warning Area	☐ .Jet ²	Training Area		□Unknown			ft msl	
	Prohibited Area Restricted Area	☐ TRS							
WEATHER INFORMA		ACCIDEN	T/INCIDEN	T SITE					
Source of Pilot Weather Info		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		servation Facility	7			
(Check all that apply)					9999993736				
■ National Weather Service □ Flight Service Station	☐ Com ☐ Milit				me:				
TV/Radio	☐ Inter	•							
Automated ReportCommercial Weather Service	(DITATE) None				Accident Site:				
On-Board Weather	(DUATS) 🗖 Unkr	iown			Accident Site:			s true	
Basic Conditions		Light Conditi	ion						
● VMC		O Dawn	O Dusk	_	_	ıknown			
O IMC O Unknown		●Day	ONight	O Brig	ht Night				
Sky/Lowest Cloud Condition	n	Ceiling			Tomanomotivino		(0)	00 (E)	
	Thin Broken	None (Clear)	0	Obscured	Temperature:				
	Thin Overcast	O Broken O Indefinit			Dew Point: _	((C) or _	73 (F)	
O Partial Obscuration C O Scattered) Unknown	O Overcast O Unknown			Altimeter Setting: 29.86 in. Hg or 1011.03 MB				
Lowest Cloud Condition He	eight	Ceiling Height				or10	11.03 ME	3	
	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	1() miles		
☐ Variable	☐ Calm		Not Gustin	ng		:			
	☐ Light and Varia	ible			RVV		miles		
or- Direction: South degrees true	Speed: 7	kts	-or- Speed:	kts	Density Altitu		700	ft	
Intensity of Precipitation	Type of Precipita	ation (Check all t			Restriction to			_	
OLight	⊠ _{None}	□ Drizzle	☐ Freezin	g Rain	■ None			····· ··	
O Moderate	Rain	☐ Ice Pellets	☐ Snow S	hower	☐ Blowing Du		Ground Fo	og	
O Heavy ● N/A	□ Snow □ Hail	☐ Snow Pellet☐ Snow Grain			☐ Blowing Sa☐ Blowing Sn		Haze Ice Fog		
OUnknown	Rain Showers	☐ Ice Crystals		8 2 112214	☐ Blowing Sp	ray 🔲 S	Smoke		
					Dust		Unknown		
Icing Forecast Amount Type		Icing Actual Amount	Туре		Turbulence Type (Check a	ll that apply)	Se	everity	
None N/A		None	ON/A		None	и ти ирріу)		Light	
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		☐ Clear Air ☐ Terrain-Indu	iced	_	Moderate Severe	
O Moderate O Mixed		O Moderate	O Mixe		☐ Convective			Extreme	
O Severe O Unknow	n	O Severe	O Unkn	iown					
O Unknown		O Unknown							
NOTAMs (D and FDC), A	AIRMETs, SIGN	IETs, PIREPS	s in effect at	the time of t	he accident/inci	dent:			
Taxiway 'A' closed betwee	n commercial ramp &	Smith Worrell Rai	mp						
Taxiway 'E' Closed Airment Sierra: MTN Obsc	•		15,						

DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage Aircraft Fire Aircraft Explosion O None O Substantial None O Both Ground and In-Flight None O Both Ground and In-Flight O In-Flight Minor O Destroyed O Fire at Unknown Time O In-Flight O Explosion at Unknown Time O Unknown O On-Ground O Unknown O On-Ground O Unknown

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

Nose gear assembly collapsed at shock absorber attach point, nose gear fairing damaged, one propeller blade broke off with the second one damaged. Engine mount frame sheared in half at two support arms. Gearbox will need to be torn down and inspected for possible 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 and location, services obtained, and intended destination. Provide as much detail as possible.

Report of the incident at Charlottesville-Albemarle Airport

Hello, this is Dan Marco Daroy Casil. I am writing this report of my behalf of the accident that happen at CharlottesvilleAlbemarle Airport. First thing first, I called Hanover County Airport office on Monday the 24th of August 2020 to get schedule for my Cross Country flying to towered airport which is at Charlottesville-Albemarle and do 3 takeoff and 3 landings full stop then return back to Hanover County Airport. So, I got scheduled on Friday the 28th of August at 2pm. I was supposed to fly 108SF P-92 Tecnam but it was on 100hrs, so 508TE P-92 Tecnam was my other option to fly to Charlottesville. On that day, I was 30 mins late due to a car accident at interstate 64 near Lexington and so I must take a detour. I was driving from Roanoke to Hanover County Airport which takes about almost 3 hours. Once I got there, I grabbed the dispatch and went to preflight 508TE. So, I flew from Hanover and everything was perfect. I was 15miles South East of Charlottesville and that is when I started contacting the Tower. I took the weather and check my gauges and make sure everything on green and it was. I was a little nervous before I contacted the Charlottesville tower because it was my first time going solo on a towered airport. So I practiced and practiced before I called Charlottesville tower. I called the tower, "Charlottesville tower November 508TangoEcho at 15miles South East inbounding with information Charlie. Also l am a student pilot and needed to do 3 takeoffs and 3 landings." The tower replied and told me to fly midfield and make a left downwind to runway 21. I got so confident and did not feel nervous anymore. Whoever that was on the tower, he did an excellent job and I thank him. Anyway, I did my landing checklist. Once I got to the end left downwind, the tower told me to clear to land and replied that I am clear to land. Then I set my flaps to 15degree/TO and maintain 60knts all the way to base. Once I turned final, I set the flaps to full. I was low so I added some more speed to 3300rpm to gain altitude and when I did, I set it back to 3000rpm. Once the back wheels touch the ground first when I landed, the nose wheel dropped hard and bounced twice and damaged the front nose wheel and the prop. On the first bounce, I thought of going around but it just happened to fast that the second bounced already happen and that's when the front gear collapsed. I checked my surroundings and make sure that there was no fire or anything then I called the tower that I have an accident on landing and that I thought that I have a flat tire at the front of the plane. After I called the tower, I quickly turn the engine off and took the key out. Also shut the fuel selector off on both sides except the master switch so I can talk to the tower and listen to my instruction. The tower called someone the staff to help me and they were super nice and make sure I was okay and I was perfectly fine like nothing happen. They took a picture of my driver license and my hard copy of my student pilot certificate. I talked to my instructor of what happen and told me that he is on his way to Charlottesville with the director of maintenance at Hanover. After all that, I was just in the lobby waiting for my instructor and the director to pick me up. They also filled out a paper about their information etc.

DECOMMENDATION												
RECOMMENDATION (How could to Operator/Owner Safety Recommendation		ve been prevented?)										
Students are taught to initia	ate a go around i	if they do not hav	ve a stabilized ann	roach and if they								
	=	-		<u> </u>								
bounce on landing. The re	•			9								
felt that he did not have enough time. We will increase emphasis on go around techniques and look at creating a training scenario that simulates a bounced arrival.												
and look at creating a train	ing scenano ina	i simulates a pot	inced amvai.									
		* * * * * * * * * * * * * * * * * * *										
MECHANICAL MALFUNCTIO	N/FAILURE (If mon	space is needed, contir	ue on separate sheet)									
Was there Mechanical Malfunction/Fai (If yes, list the name of the part, manufacturer,		cribe the failure.)		Total Time/Cycles On Part								
				Hours								
				Cycles								
				Cycles								
				Time Since This Part Inspected/Overhauled								
				Hours								
FUEL & SERVICES INFORMA	TION	· · · · · · · · · · · · · · · · · · ·										
Fuel on Board at Last Takeoff	Fuel Type											
(Convert from pounds, as necessary)	O 80/87	_	Jet B	_{fy} 93 Premium								
22.9 Gallons	O 100 Low Lead O 100/130	_ <u>_</u>	JP8 Automotive									
Other Services, if Any, Prior to Depart	ure											
				Au.								
EVACUATION OF AIRCRAFT												
Was an emergency evacuation of the ai		☐ Yes 📕 No	······································									
Method of Exit - Describe how the occu	pants exited and how man	ny occupants evacuated ea	ich location									
Exited normally through pil	ot door - single o	occupant										
			i a									
OTHER AIRCRAFT COLLIE	ION											
OTHER AIRCRAFT - COLLIS												
				Damage to Other Aircraft ☐ Destroyed ☐ Minor								
				Substantial None								
Registered Owner of Other Aircraft		Pilot of Oth	er Alrcraft	· · · · · · · · · · · · · · · · · · ·								
\t												
Name:		Name:										
City: State: ZIP:		City:	ZIP:									

ADDITIONAL INC	ODMATI	ON (5)						_
		ON (Please type or print in ink)						
Use this space it additi	ional space	e is needed for any answers.				3		
			5		, A			
		e de la companya del companya de la companya del companya de la co						
					•			
				• • • • • • • • • • • • • • • • • • •				
				· ·				•
				*				
•						•		
						n n		
I HEREBY CERTIFY	THAT TI	HE ABOVE INFORMATION IS	COMPLET	TE AND ACCURA	TE TO THE	BEST OF MY	KNOWLED(3E
		Pilot/Operator: HEART OF V					\	
- adla-lana	Signature			SOLOMON		0		
mm/dd/yyyy	or/	Check here to electronically s	,		1 2			
If a Person Other than	n Pilot/Op	perator is Filing Report						
Name:					Title:			
Signature:			····		•			
- or □ Ch	eck here to	o electronically sign this document	i.					
				SE ONLY				
NTSB Accident/Incide ERA20CA304	ent No.	Reviewed by NTSB Regional O ERA	Office	Name of Investigat GERHARDT, A	tor NDAM	Г	Date Report Re 9/9/2020	eceived