

# 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: SHIRLEY State: NY

ZIP: 11967 Country: USA

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

(Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 08/13/2016 Local Time: 1300

mm/dd/yyyy

Time Zone: EASTERN

Collision with Other Aircraft: Midair On-ground None

## AIRCRAFT INFORMATION

Registration Number: N-3666V

Manufacturer: CESSNA AIRCRAFT

Model: CE 150G

Serial Number: 150-64966

Year of Manufacture: 1966

Amateur-Built: Yes If Yes: Kit/Plans Make: \_\_\_\_\_

No

Original Design

IFR-Equipped and Certified  
Commercial Space Flight  
Unmanned Aircraft

Maximum Gross Weight: 1600 lbs

Weight at Time of Accident/Incident: 1400 lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 1

Number of Engines: \_\_\_\_\_

### Category of Aircraft

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

### Type of Airworthiness Certificate

(Check all that apply)

Standard Normal Special

Aerobatic  
Balloon  
Commuter  
Transport  
Utility

Restricted  
Limited  
Provisional  
Special Flight  
Experimental  
Special Light-Sport  
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)  
None Unknown

### Landing Gear

(Check all that apply)

Retractable  
Tricycle Tailwheel  
Amphibian High Skid  
Emergency Float Skid  
Float Ski  
Hull Ski/Wheel

Other Launch/Recovery System

None Unknown

### Engine Type (Select one)

Reciprocating Liquid Rocket  
Turbo Shaft Solid Rocket  
Turbo Prop Hybrid Rocket  
Turbo Jet None  
Turbo Fan Unknown  
Electric

### Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>CONTINENTAL</u>	<u>O-200</u>	<u>64613-6A</u>	<u>1967</u>	<u>100 HP</u>	<u>2860</u>	<u>20</u> <u>350</u>
Eng. 2							
Eng. 3							
Eng. 4							

### Last Inspection Type

100-Hour Continuous Airworthiness  
AAIP Conditional Inspection  
Annual Unknown

Date Last Inspection: 02/01/16

Airframe Total Time: 2860 hrs

hours measured at (Select one)

Last Inspection Time of Accident/Incident

### Type of Maintenance Program (Select one)

Annual  
Conditional (Amateur-built only)  
Manufacturer's Inspection Program  
Other Approved Inspection Program (AAIP)  
Continuous Airworthiness  
Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

None  
Specify: \_\_\_\_\_

### Propeller 1

Fixed Pitch  
Controllable Pitch  
Ground Adjustable

Manufacturer: MCCABLEY

Model: 1A100

### Propeller 2

Fixed Pitch  
Controllable Pitch  
Ground Adjustable

Manufacturer: N/A

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

### ELT Installed:

Yes No

If Yes:

ELT Manufacturer: ACK

Model or Part No.: EO1

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: PRINCE AIR INC  
Fractional Ownership Aircraft: Yes ☐ No ☒City: FREEPORT  
State: NY ZIP: 11520  
Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: PRINCE AIR INC  
Doing Business As: \_\_\_\_\_  
Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Same Address as Registered Owner

City: FREEPORT  
State: NY ZIP: 11520  
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**☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ 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☐ Domestic  
☐ International☐ Passenger  
☐ Cargo  
☐ Mail Contract OnlyN/A**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: BROOKHAVEN KHWV  
Airport Identifier: KHWV  
Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/ADistance From Airport Center: \_\_\_\_\_ sm  
Direction From Airport: 240° degrees true  
Airport Elevation: 81 ft. msl**Runway Information**Runway ID: 24 (L/R/C) Length: 4200 ft Width: 100 ft**Runway/Landing Surface (Check all that apply)**☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood  
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown**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)**Taxi  
Takeoff  
Initial ClimbVFR Departure  
IFR Departure Procedure/ClearanceOn Instrument Approach  
☒ LandingDownwind  
☒ Base  
☒ Final  
☐ CrosswindLow Approach  
Go Around  
Aborted Landing (after touchdown)  
Unknown**IFR Approach (Check all that apply)**☒ None☐ ADF/NDI ☐ PAR ☐ M.S. ☐ Practice  
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS  
☐ VOR/TVOR ☐ ILS ☐ ASR  
☐ VOR/DME ☐ Localizer Only ☐ Visual  
☐ TACAN ☐ LOC-back course ☐ Contact  
☐ RNAV ☐ Circling  
☐ 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: RICHARD A. WYEROSKI

City of Residence: BAYPORT

Middle Initial: A

State: NY

ZIP: 11705

Last Name: WYEROSKI

Country: USA

Age at time of Accident/Incident: 70 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

## **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**

01-20-2015  
mm/dd/yyyy

## **Medical Certificate Limitations**

MUST WEAR CORRECTIVE LENSES

## **Medical Certificate Special Issuance**

N/A

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

02-17-2016  
mm/dd/yyyy

## **Flight Review Aircraft**

Make: PA-28-140

Model: CHEERKEE

## **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

## **Type Ratings**

## **Student Endorsements (Include dates)**

N/A

## **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	8700	1300	6425	1900	700	390	260			
Pilot in Command (PIC)	6600	1275	6000	1000	300					
Time as Instructor	4500	1000	4400	600	300	290	10			
This Make/Model					100	10	30			
Last 90 Days	25	10	25	0	0	0	0			
Last 30 Days	13	10	25	0	0	0	0			
Last 24 Hours	0	0	0	0	0	0	0			

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# "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: Godwin City of Residence: Freeport  
 Middle Initial: - State: NY ZIP: 11520  
 Last Name: Daniel Job Prince Country: USA  
 Age at time of Accident/Incident: 30 Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Fatal <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Center <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	<b>Restraint Type</b> <b>Available</b> <input checked="" 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>Used</b> <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="radio"/> Not Installed <input type="radio"/> Installed <input type="radio"/> Not Deployed <input type="radio"/> Deployed <input type="radio"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Private <input checked="" type="radio"/> Student <input type="radio"/> Flight Instructor <input type="radio"/> Recreational <input type="radio"/> Sport <input type="radio"/> Commercial <input type="radio"/> Airline Transport <input type="radio"/> Flight Engineer <input type="radio"/> US Military <input type="radio"/> Foreign		<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> With limitations/waivers <input type="radio"/> Special Issuance <input checked="" type="radio"/> Unknown <input type="radio"/> N/A	
<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 1 <input type="radio"/> Class 2 <input checked="" type="radio"/> Class 3 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Unknown	<b>Date of Last Medical</b> <u>11/14/2013</u> mm/dd/yyyy	

## Medical Certificate Limitations

- NONE -

## Medical Certificate Special Issuance

- NA -

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

- NA -  
mm/dd/yyyy

## Flight Review Aircraft

Make: - NA -  
Model: - NA -

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

- NA -

## Student Endorsements (Include dates)

- N-A -

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	56.1	56.1	56.1	0						
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	10.5	10.5	10.5							
Last 30 Days	9.0	9.0	9.0							
Last 24 Hours	2.5	2.5	2.5							



**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

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

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

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

<b>Name and Address</b> <i>N/A</i>		<b>Seat</b>	<b>Injury</b>	<b>Restraint Type</b>		<b>Inflatable Restraints</b>	<b>Age</b>
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  If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
Crew	Passenger	Other					
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  If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
Crew	Passenger	Other					
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  If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
Crew	Passenger	Other					
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  If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
Crew	Passenger	Other					

FLIGHT ITINERARY INFORMATION					
<b>Last Departure Point</b> Airport ID: <u>KMTT</u> City: <u>MONTAUK</u> State: <u>NY</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>12:30</u> Time Zone: <u>EASTERN</u>		<b>Destination</b> Airport ID: <u>KHWV</u> City: <u>SHIRLEY</u> State: <u>NY</u> Country: <u>USA</u>	
<b>Type of ATC Clearance/Service</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> None VFR</span> <span><input type="checkbox"/> Special VFR IFR</span> <span><input type="checkbox"/> Special IFR VFR On Top</span> <span><input type="checkbox"/> VFR Flight Following Traffic Advisory</span> <span><input type="checkbox"/> Cruise Unknown / NA</span> </div>					
<b>Airspace where the accident/incident occurred</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div>           Class A            Class B            Class C            Class D            Class E         </div> <div> <input checked="" type="checkbox"/> Class G            Demo Area            Warning Area            Prohibited Area            Restricted Area         </div> <div>           Military Operations Area (MOA)            Airport Advisory Area            Jet Training Area            TRSA            FAR 93         </div> <div>           Special Air Traffic Control Area            Unknown         </div> <div> <b>Altitude of In-Flight Occurrence:</b>  <u>2800</u> ft msl         </div> </div>					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
<b>Source of Pilot Weather Information</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div>           National Weather Service            Flight Service Station            TV/Radio  <input checked="" type="checkbox"/> Automated Report            Commercial Weather Service (DUATS)            On-Board Weather         </div> <div>           Company            Military  <input checked="" type="checkbox"/> Internet            None            Unknown         </div> </div>			<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
<b>Basic Conditions</b> <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC Unknown		<b>Light Condition</b> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Dawn</span> <span><input type="checkbox"/> Dusk</span> <span><input type="checkbox"/> Dark Night</span> <span><input type="checkbox"/> Unknown</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Day</span> <span><input type="checkbox"/> Night</span> <span><input type="checkbox"/> Bright Night</span> </div>			
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		<b>Ceiling</b> <input checked="" type="checkbox"/> None (Clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB	
<b>Lowest Cloud Condition Height</b> _____ ft agl		<b>Ceiling Height</b> _____ ft agl			
<b>Wind Direction</b> Variable -or- Direction: <u>220</u> degrees true		<b>Wind Speed</b> Calm Light and Variable -or- Speed: <u>7</u> kts		<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	
<b>Intensity of Precipitation</b> Light Moderate Heavy N/A Unknown		<b>Type of Precipitation</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Rain  <input type="checkbox"/> Snow  <input type="checkbox"/> Hail  <input type="checkbox"/> Rain Showers           </div> <div> <input type="checkbox"/> Drizzle  <input type="checkbox"/> Ice Pellets  <input type="checkbox"/> Snow Pellets  <input type="checkbox"/> Snow Grains  <input type="checkbox"/> Ice Crystals           </div> <div> <input type="checkbox"/> Freezing Rain  <input type="checkbox"/> Snow Shower  <input type="checkbox"/> Ice Pellets Shower  <input type="checkbox"/> Freezing Drizzle           </div> </div>		<b>Restriction to Visibility</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <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           </div> <div> <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           </div> </div>	
<b>Icing Forecast</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Amount</b>  <input checked="" type="checkbox"/> None  <input type="checkbox"/> Trace  <input type="checkbox"/> Light  <input type="checkbox"/> Moderate  <input type="checkbox"/> Severe  <input type="checkbox"/> Unknown           </div> <div> <b>Type</b>            N/A            Rime            Clear            Mixed            Unknown           </div> </div>		<b>Icing Actual</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Amount</b>  <input checked="" type="checkbox"/> None  <input type="checkbox"/> Trace  <input type="checkbox"/> Light  <input type="checkbox"/> Moderate  <input type="checkbox"/> Severe  <input type="checkbox"/> Unknown           </div> <div> <b>Type</b>            N/A            Rime            Clear            Mixed            Unknown           </div> </div>		<b>Turbulence</b> <b>Type</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence <b>Severity</b> Light Moderate Severe Extreme	
<b>NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>  					


**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)

LEFT ELEVATOR BOLT MISSING, ELEVATOR  
APPEARED TO BE BENT. BOLT MISSING.

**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.

DURING ROUTINE TRAINING FLIGHT  
STUDENT COMPLAINED AIRCRAFT WAS HANDLING  
"FUNNY" I IMMEDIATELY TOOK CONTROL  
AND NOTICED LEFT ELEVATOR WAS MOVING  
UP & DOWN. UNCONTROLLABLY, THE AIRCRAFT  
WAS LINED UP WITH RUNWAY 24 BROOKHAUSEN  
AIRPORT. I ELECTED NOT TO MOVE CONTROLS  
AND MADE A 7 MI. STRAIGHT IN, FROM  
2800'. I SLIGHT POWER REDUCTION WAS  
NEED TO DESCEND @ 150' PER MIN. THE  
AIRCRAFT MADE A FIRM TOUCHDOWN.  
NO FLAPS WERE USED





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

Operator/Owner Safety Recommendation

I RECOMMEND THAT THE FIBERGLASS END  
CAP BE REMOVED TO CHECK BOLT 38A.  
IN ADDITION A CASELATED NUT WITH A  
CARTER PIN TO REPLACE # 49- ~~NAS568~~  
NUT PLATE. NAS 68283

**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.)

# 48 - 0432001-24 HINGE ASSEMBLY ~~DOOR~~ ~~PLATE~~  
# 49 - NAS682A3 NUT PLATE  
# 38A - AN3-7A BOLT  
# 39 - AN960-10 WASHER  
# 35 - 0432003-1 BUSHING  
# 34 - 0432165-1 HINGE ASSEMBLY

Total Time/Cycles  
On Part  
N/A Hours  
N/A CyclesTime Since This Part  
Inspected/Overhauled  
60 Hours**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

16 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify \_\_\_\_\_

Other Services, if Any, Prior to Departure

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? Yes ☐ No ☒

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

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

Aircraft Registration Number

N/A

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

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

Damage to Other Aircraft

Destroyed

Substantial

Minor

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.

N/A

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

Date of this Report

08/30/2016  
mm/dd/yyyy

Name of Pilot/Operator:

RICHARD A. WYEROSKI

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.

ERA16LA293

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

T. GUNTHER

Date Report Received

8/30/16