

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: USAF Academy State: CO
ZIP: 80840 Country: United States
Latitude: 38:58:10 N (dd:mm:ss N/S) Longitude: 104:48:46 W (dd:mm:ss E/W)

Date/Time

Date: 03/24/2012 Local Time: 1315
mm/dd/yyyy Time Zone: Mountain

Phase of Operation

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

N/A ft MSL

AIRCRAFT INFORMATION

Manufacturer: Cessna
Model: 172
Serial Number: 172 74398
Registration Number: N97LP Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2550 lbs
Weight at Time of Accident/Incident: 2303.7 lbs
Location of Center of Gravity at Time of Accident/Incident:
42.98 inches from ☐ nose or ☒ datum
-or- Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)

Standard **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 4

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☐ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☒ Other, specify: Part 141

Last Inspection Type

☒ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 01/13/2012
mm/dd/yyyy

Airframe Total Time: 12573.6 hrs
hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☒ None
☐ Specify _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: ACK

Model/Series: E-01-03

Serial Number: N/A

Battery Type: Oxracell Battery Exp. Date: 04/2015

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☒ Carburetor
☐ Fuel Injected

Propeller

☒ Fixed Pitch
☐ Controllable Pitch

Manufacturer: Sensenich

Model: 7LE M85PY-0-60

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O-360-A4M</u>	<u>L-13427-39A</u>	<u>08/27/2010</u>	<u>180</u>	<u>7339.9</u>	<u>257.8</u>	<u>301.7</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>United States Air Force Academy Aero Club</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address [REDACTED] City: <u>Colorado Springs</u> State: <u>CO</u> ZIP: <u>80840</u> Country: <u>United States</u>
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Select all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION (if air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (if more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☒ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

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

Aircraft is in one piece, but airframe is twisted.
Landing gear is bent. Nosewheel sheared off.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KAFF Distance From Airport Center: < 1 SM
Airport Name: United States Air Force Academy Airfield Direction From Airport: N/A degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 6572 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: 34R (L/R/C) Length: 3500 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

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

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 ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KAFF
City: Colorado Springs
State: CO
Country: United States

Time of Departure

Time: 1315
Time Zone: Mountain

Destination

Airport ID: KAFF
City: Colorado Springs
State: CO
Country: United States

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

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

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

40 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ T100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

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

The Aircraft came to rest upside down. The pilot exited the pilot side door. The two passengers exited the passenger (right) side door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: AFF

Observation Time: unknown

Time Zone: Mountain

Distance from Accident Site: < 1 NM

Direction from Accident Site: unknown degrees MAG

Source of Weather Information

(Check all that apply)

- ☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☒ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☒ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

- ☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☒ Not Pertinent

Light Condition

- ☐ Dawn
☒ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

10 + miles

Sky/Lowest Cloud Condition

- ☒ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

- ☒ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility (Check all that apply)

- ☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height

N/A ft AGL

Ceiling Height

N/A ft AGL

Wind Direction

☒ Indicated:
340 degrees MAG

☐ Variable

Wind Speed

Velocity: 9 KTS

- or-
☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: 13 KTS

- ☒ Gusting
☐ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

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

M 0110/12

M0073/12

M0071/12

M0025/12

Temperature: _____ (C)
 or 70 (F)

Altimeter Setting: 30.07 in. HG
 or _____ MB

Density Altitude: 8500 ft

Dew Point: _____ (C)
 or 34 (F)

Icing Forecast

- Amount
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
 Type
☐ Rime
☐ Clear
☐ Mixed

Icing Actual

- Amount
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
 Type
☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>Michael</u> City: <u>Monument</u> Middle Initial: <u>E</u> State: <u>CO</u> ZIP: <u>80132</u> Last Name: <u>Dearborn</u> Country: <u>United States</u> Age at time of Accident/Incident: <u>48</u> Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious			Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No		Shoulder Harness Used ☒ Yes ☐ No Available ☒ Yes ☐ No																																																																																												
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military																																																																																																				
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 ☐ With limitations/waivers ☐ Unknown		Date of Last Medical <u>12/22/2010</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>Must wear corrective lenses.</u>																																																																																																				
Medical Certificate Waivers <u>None</u>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>N/A</u> mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make & Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Total Time</td> <td style="padding: 2px;">60.4</td> <td style="padding: 2px;">59.6</td> <td style="padding: 2px;">60.4</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">3.8</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">5.4</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Pilot in Command (PIC)</td> <td style="padding: 2px;">14.4</td> <td style="padding: 2px;">14.4</td> <td style="padding: 2px;">14.4</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Time as Instructor</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">This Make/Model</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Last 90 Days</td> <td style="padding: 2px;">13.2</td> <td style="padding: 2px;">13.2</td> <td style="padding: 2px;">13.2</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Last 30 Days</td> <td style="padding: 2px;">6.6</td> <td style="padding: 2px;">6.6</td> <td style="padding: 2px;">6.6</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Last 24 Hours</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </tbody> </table>											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	60.4	59.6	60.4		3.8		5.4				Pilot in Command (PIC)	14.4	14.4	14.4								Time as Instructor											This Make/Model											Last 90 Days	13.2	13.2	13.2								Last 30 Days	6.6	6.6	6.6								Last 24 Hours	0									
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PILOT "B" INFORMATION																																																																																																				
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Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td colspan="10" style="background-color: #cccccc;"></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																	
Pilot Name and Address						Degree of Injury											
First Name: _____			City: _____			☐ None		☐ Fatal									
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown									
Last Name: _____			Country: _____			☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer									
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military									
☐ Foreign						☐ Left											
						☐ Right											
						☐ Center											
						☐ Front											
						☐ Rear											
						☐ Single											
						☐ Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs											
Pilot Name and Address						Degree of Injury											
First Name: _____			City: _____			☐ None		☐ Fatal									
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown									
Last Name: _____			Country: _____			☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
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Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown									
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						☐ Front											
						☐ Rear											
						☐ Single											
						☐ Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs											
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
Name and Address						RF	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
First Name: <u>Joshua</u>																	
Middle Initial: <u>M</u>																	
Last Name: <u>Dearborn</u>						City: <u>Monument</u>						State: <u>CO</u> ZIP: <u>80132</u>					
						Country: <u>United States</u>											
First Name: <u>Chance</u>							☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
Middle Initial: <u>T</u>																	
Last Name: <u>Dearborn</u>																	
						City: <u>Monument</u>						State: <u>CO</u> ZIP: <u>80132</u>					
						Country: <u>United States</u>											
First Name: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____																	
Last Name: _____																	
						City: _____						State: _____ ZIP: _____					
						Country: _____											
First Name: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____																	
Last Name: _____																	
						City: _____						State: _____ ZIP: _____					
						Country: _____											
First Name: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____																	
Last Name: _____																	
						City: _____						State: _____ ZIP: _____					
						Country: _____											
First Name: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____																	
Last Name: _____																	
						City: _____						State: _____ ZIP: _____					
						Country: _____											

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 time and point of departure, intended destination, and services obtained.

See attached.

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

Operator/Owner Safety Recommendation

None

ADDITIONAL INFORMATION (Please type or print in ink)

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

On 3/30/12 my instructor called me and we had a short conversation during which he said the winds at the time of the accident were 9kts ~~the~~ variable from 340 to 130 and gusting as ~~approx~~ recorded by the Air Force Academy weather station. This was not indicated by the windsock on the field I looked at right before the take-off run.

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

Date of this Report 03/30/2012 mm/dd/yyyy	Signature and Signature: [Redacted] Type or Print Name: MICHAEL L. [Redacted]
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Signature and Name of Person Filing Report if Other than Pilot/Operator

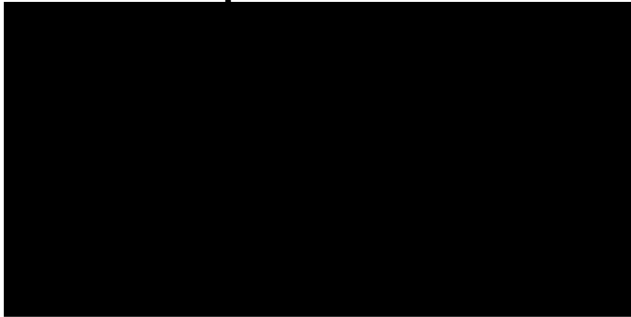
Signature: _____
Type or Print Name: _____
Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN12CA200	Reviewed by NTSB Regional Office WEST CHICAGO, IL	Name of Investigator SILLIMAN	Date Report Received 4/2/12
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The KAFF tower was closed. I did a preflight which was normal. Tanks were full of fuel and oil was 8 qts. I made a call to taxi and got words from SOF. Winds were announced as down the runway at 9 kts gusting to 13 kts. I taxied to 34R and did a runup. The runup was normal, which included leaning for max power. I made the call for take off on 34R and lined up on runway coming to full stop to make sure nosewheel was lined up with runway. I checked the windsock on the right side of the runway and ~~the~~ it showed the wind coming slightly from the right. I applied full power and checked the RPM oil pressure and that airspeed was alive. The take-off run seemed normal and I rotated at 55 kts, while in the center of the runway. Immediately after getting in the air the plane drifted left and I began to hear stall horn. I lowered nose to gain airspeed but came to ground, I believe in the dirt to right of runway. I decided to abort and brought power to idle. Plane was not moving slow enough to stop when I saw 8/26 runway coming up. I saw a hump/ditch on the 8/26 runway edge and pulled up to clear this. I believe I cleared 8/26 but was in the air 10-15' above the ground. I did not have enough airspeed to stay airborne and came to the ground hard. We bounced once and came down

again. The nose wheel caught in the dirt
and the airplane flipped tail over nose. The
propellor stopped immediately. We came to rest
on the back of the plane. I told the
passengers (my sons) to release their seatbelts
and harness and get out of the airplane
immediately after making sure everyone was
okay. I turned the master switch off and
~~and~~ then we walked back to the aero
club building.



3/24/12