

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: <u>Cottage Grove</u> State: <u>WI</u> ZIP: <u>53527</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>07/31/2012</u> Local Time: <u>11:59am</u> mm/dd/yyyy Time Zone: <u>central</u>	
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 _____ ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Cessna</u> Model: <u>150M</u> Serial Number: <u>15076726</u> Registration Number: <u>N45080</u>		Max Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
Amateur-built: ☐ Yes ☒ No			

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>2</u> 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
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Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	Date Last Inspection: <u>05/12/2012</u> mm/dd/yyyy Airframe Total Time: <u>6,706</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident
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IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Type of Fire Extinguishing System ☒ None ☐ Specify _____
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ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No	ELT Manufacturer: <u>MERL</u> Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: <u>Dec 2013</u>	
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: _____ Model: _____
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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	Continental	O-200-A	254198-8-48		100	1,032	18	1,032
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>James L Sainsbury</u> Fractional Ownership Aircraft: ☒ Yes ☐ No		Owner Address City: <u>Monona</u> State: <u>WI</u> ZIP: <u>53716</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>James L Sainsbury</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: <u>Monona</u> State: <u>WI</u> ZIP: <u>53716</u> Country: <u>USA</u>	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ FAR 103 ☐ FAR 133 ☐ Non-US. Commercial ☐ FAR 121 ☐ FAR 135 ☐ Non-US. Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown		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)

Both wings badly damaged.
Spinner bent.
Prop had mud on tip, but unsure of actual prop strike off of runway.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: 87Y

Distance From Airport Center: _____ SM

Airport Name: Blackhawk

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 920 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 InformationRunway ID: 4 (L/R/C) Length: 2,814 ft Width: 57 ft**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	

Runway/Landing Surface (Check all that apply)

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

FLIGHT ITINERARY INFORMATION**Last Departure Point**Airport ID: C47
City: Portage
State: WI
Country: USA**Time of Departure**Time: 11:25am
Time Zone: central**Destination**Airport ID: 87Y
City: Cottage Grove
State: WI
Country: USA**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)26 Gallons**Fuel Type**

☒ 80/87	☐ 115/145	☐ JP3
☐ 100 Low Lead	☐ Jet A	☐ JP4
☐ 100/130	☐ Automotive	☐ JP5

☐ Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

Normal door exit.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: MSN ATISObservation Time: Information Foxtrot, 7/31/12Time Zone: centralDistance from Accident Site: 7 NMDirection from Accident Site: 290 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

Visibility10 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 Height3,500 ft AGL**Ceiling Height**

ft AGL

Wind Direction

- ☐
- Indicated:
-
- 340
- degrees MAG
-
- ☐
- Variable

Wind Speed

- Velocity:
- 6
- KTS
-
- or-
-
- ☐
- Calm
-
- ☐
- Light and Variable

Wind Gusts

- Velocity: _____ 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

none

Temperature: 27 (C)
or _____ (F)Altimeter Setting: 2996 in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: 18 (C)
or _____ (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: James
Middle Initial: L
Last Name: Sainsbury

City: Monona
State: WI ZIP: 53716
Country: USA

Age at time of Accident/Incident: 58 Date of Birth: 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
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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>04/21/2011</u> mm/dd/yyyy
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Medical Certificate Limitations

Holder shall wear corrective lenses while exercising the privileges of this certificate.

Medical Certificate Waivers

none

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

06/26/2012
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 172

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings**Student Endorsements** (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	397	240	397		15		4			
Pilot in Command (PIC)	331	174	331		8		1			
Time as Instructor	0	0	0		0		0			
This Make/Model					7		1			
Last 90 Days	14	8	14		0		0			
Last 30 Days	5	3	5		0		0			
Last 24 Hours	2	2	2		0		0			

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.

On Tuesday morning July 31, 2012 I went for a pleasure cross country flight. I went to Adams County airport (63C). On my return leg I stopped at Portage airport (C47) to top off fuel. I continued back to Blackhawk (87Y). I received Madison (MSN) ATIS "Foxtrot" (winds 340@6, visibility 10 miles, sky 3500 scattered, temperature 27, dewpoint 18, altimeter 2996).

Since runway choice was either 27 or 04, and the wind not that strong I elected to practice the right pattern for 04 having not landed on that runway in a long time.

I landed on 04, a little left of center but did not think it was overly left. In coasting to taxi speed the left wing tip caught the overgrown brush that has taken over that end of the runway, and caused me to swing sharply left and nose into the brush on that side of the runway.

Both wings, wing tips, and cowling were damaged, glare shield was scratched by brush, and the nose spinner was dented. There was mud on the prop tip but not sure of an actual prop strike.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

I should of elected runway 27, knowing that it was clear on both sides. I did not know just how much the brush had grown back near 04 since the last time the local EAA Chapter 93 had voluntarily cleaned it up a few years ago. I now know that the brush is heavily overgrown on the west side of 04 and a notice should be given that runway 4 is narrower than published.

Had I made a more perfect landing / rollout on the center line, the wing tips would not have hit the brush.

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

09/10/2012

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: James L Sainsbury

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.

CEN12LA507

Reviewed by NTSB Regional Office

CENTRAL Region

Name of Investigator

A. LEMISHKO

Date Report Received