

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>NEWBERRY</u> State: <u>ML</u> ZIP: <u>49868</u> Country: <u>USA</u> Latitude: <u>46° 18' 66" N</u> (dd:mm:ss N/S) Longitude: <u>085° 27' 43" W</u> (dd:mm:ss E/W)					Date/Time Date: <u>09/02/2012</u> Local Time: <u>2:15 PM</u> mm/dd/yyyy Time Zone: <u>EASTERN</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 <u>11/A</u> ft MSL		
AIRCRAFT INFORMATION									
Manufacturer: <u>CESSNA</u> Model: <u>C-182-P</u> Serial Number: <u>18263597</u> Registration Number: <u>N5981J</u> Amateur-built: ☐ Yes ☒ No					Max Gross Weight: <u>2950</u> lbs Weight at Time of Accident/Incident: <u>2375</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>42.0</u> 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 ☐ Normal ☐ Utility ☐ Aerobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>4</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			
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>06/26/2012</u> mm/dd/yyyy Airframe Total Time: <u>7643.5</u> 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 <u>FIRE BOTTLE UNDER L/H SEAT</u>				
ELT Installed ☒ Yes ☐ No		ELT Activated ☒ Yes ☐ No		ELT Manufacturer: <u>AATEX</u> Model/Series: <u>ME 406</u> Serial Number: <u>188-00075</u> Battery Type: <u>LITHIUM</u> Battery Exp. Date: <u>12/2013</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: <u>MCCALLEY</u> Model: <u>C2A34C204-C</u>					
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>TCM</u>	<u>O-470-U</u>	<u>834434-R</u>	<u>05/6/2007</u>	<u>230</u>	<u>1829</u>	<u>91</u>	<u>1829</u>	
Eng. 2									
Eng. 3									
Eng. 4									

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>MICHIGAN DEPT. OF NATURAL RESOURCES</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Roscommon</u> State: <u>MI</u> ZIP: <u>48653</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>DEAN B. MINETT</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>NEWBERRY</u> State: <u>MI</u> ZIP: <u>49868</u> Country: <u>USA</u>	
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 ☐ Cargo ☐ Mail How many? <u>N/A</u> lbs	
		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) ☐ 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: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			Total Time/Cycles On Part _____ Hours _____ Cycles
			Time Since This Part Inspected/Overhauled _____ Hours
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 - APPROX. 85% BY FIRE.

RUNWAY SURFACE - AN AREA AT THE SITE OF THE FIRE
APPROX. 30' DIAMETER.

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

Airport Identifier: KERY Distance From Airport Center: 1/4 MILE SM
 Airport Name: LUCE COUNTY AIRPORT Direction From Airport: N/A degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: 869 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 ☐ Sideslip ☐ 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: 11 (L/R/C) Length: 4304 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: KERY
 City: NEWBERRY, MI
 State: MICHIGAN
 Country: USA

Time of Departure
 Time: 12:57 PM
 Time Zone: EASTERN

Destination
 Airport ID: KERY
 City: NEWBERRY
 State: MICHIGAN
 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)
40 Gallons

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

Other Services, if Any, Prior to Departure

NONE

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 DOVE OUT LEFT DOOR TO RUNWAY SURFACE & ROLLED TO A SAFE DISTANCE OF 10', THEN STOOD & RAN.			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>KERY - AWOS</u> Observation Time: <u>2:10 PM</u> Time Zone: <u>EASTERN</u> Distance from Accident Site: <u>1/2</u> NM Direction from Accident Site: <u>090°</u> degrees MAG	Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☐ Internet ☐ Unknown		Method of Briefing <i>(Check all that apply)</i> ☐ 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 ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Not Reported		Visibility <u>10+</u> miles
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered	Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown		Restriction to Visibility <i>(Check all that apply)</i> ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown
Lowest Cloud Condition Height <u> </u> ft AGL	Ceiling Height <u> </u> ft AGL		
Wind Direction ☐ Indicated: <u>130</u> degrees MAG ☒ Variable	Wind Speed Velocity: <u>13</u> KTS -or- ☐ Calm ☐ Light and Variable	Wind Gusts Velocity: <u>18</u> KTS ☒ Gusting ☐ Not Gusting	Type of Turbulence <i>(Check all that apply)</i> ☐ None ☐ In Clouds ☒ Clear Air ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident NONE			
Temperature: <u> </u> (C) or <u>77</u> (F) Altimeter Setting: <u>30.10</u> in. HG or <u> </u> MB Density Altitude: <u>2171</u> ft Dew Point: <u> </u> (C) or <u>59</u> (F)	Icing Forecast Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed Icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed		Type of Precipitation <i>(Check all that apply)</i> ☒ None ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow 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>DEAN</u> City: <u>NEWBERRY</u> Middle Initial: <u>B.</u> State: <u>MI</u> ZIP: <u>49868</u> Last Name: <u>MWETT</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>61</u> Date of Birth: <u>mm/dd/yyyy</u> Certificate Number: <u>mm/dd/yyyy</u>																																																																																																				
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>06/27/2012</u> <i>mm/dd/yyyy</i>																																																																																													
Medical Certificate Limitations <u>NONE</u>																																																																																																				
Medical Certificate Waivers <u>NONE</u>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/29/2012</u> <i>mm/dd/yyyy</i>			Flight Review Aircraft Make: <u>CESSNA</u> Model: <u>C-182-P</u>																																																																																																	
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																																																																																														
Type Ratings <u>NONE</u>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>10.135</td> <td>6055</td> <td>8660</td> <td>1677</td> <td>1006</td> <td>496</td> <td>—</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>9.325</td> <td>6041</td> <td>8480</td> <td>—</td> <td>1000</td> <td>482</td> <td>—</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>970</td> <td>115</td> <td>935</td> <td>35</td> <td>—</td> <td>—</td> <td>—</td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>490</td> <td>128</td> <td>—</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>142.9</td> <td>140.7</td> <td>142.9</td> <td>0</td> <td>—</td> <td>—</td> <td>—</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>38.3</td> <td>36.1</td> <td>38.3</td> <td>0</td> <td>0</td> <td>.7</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></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	10.135	6055	8660	1677	1006	496	—				Pilot in Command (PIC)	9.325	6041	8480	—	1000	482	—				Time as Instructor	970	115	935	35	—	—	—				This Make/Model					490	128	—				Last 90 Days	142.9	140.7	142.9	0	—	—	—				Last 30 Days	38.3	36.1	38.3	0	0	.7	0				Last 24 Hours	1.5	1.5	1.5	0	0	0	0			
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N/A

PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident/Incident**
☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew
Pilot "B" Identification

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ 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
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

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers**
**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

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 ☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

N/A

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 ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ 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	
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ 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	
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ 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														
First Name: _____	City: _____	State: _____	ZIP: _____											
Middle Initial: _____														
Last Name: _____	Country: _____													
First Name: _____	City: _____	State: _____	ZIP: _____											
Middle Initial: _____														
Last Name: _____	Country: _____													
First Name: _____	City: _____	State: _____	ZIP: _____											
Middle Initial: _____														
Last Name: _____	Country: _____													
First Name: _____	City: _____	State: _____	ZIP: _____											
Middle Initial: _____														
Last Name: _____	Country: _____													
First Name: _____	City: _____	State: _____	ZIP: _____											
Middle Initial: _____														
Last Name: _____	Country: _____													
First Name: _____	City: _____	State: _____	ZIP: _____											
Middle Initial: _____														
Last Name: _____	Country: _____													
First Name: _____	City: _____	State: _____	ZIP: _____											
Middle Initial: _____														
Last Name: _____	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.

SEPT 2, 2012 FLIGHT BEGAN @ 1257 PM EASTERN, FROM THE NEWBERRY, MI LUCE CTY AIRPORT ON A ROUTINE FIRE DETECTION FLIGHT FOR THE STATE OF MICHIGAN - DEPT. OF NATL. RESOURCES. THE FLIGHT PROCEEDED TO THE EAST-EARN END AREA OF THE UPPER PENINSULA, THE TURNING BACK TO THE WEST TO CONTINUE DETECTION, AS I REACHED THE TROUT LAKE AREA, OR ABOUT 10-12 MILES ESE OF THE LUCE CO. APT., AT 4500' MSL, I DETECTED A WHIFF OF WHAT SEEMED LIKE "HOT ELECTRICAL" ODOR. I LOOKED IN THE AIRCRAFT FOR ANY SIGN OF TROUBLE, BUT EVERYTHING WAS OPERATING NORMALLY AT THE TIME. I WAS CONCERNED ENOUGH THOUGH SO I RADIOED THE DNR IN MARGETTE (ICC) AND TOLD THEM I WOULD BE STOPPING AT NEWBERRY (LUCE CO. APT) FOR A FEW MINUTES TO CHECK SOMETHING OUT. I GOT THE AWOS WEATHER FOR WINDS & FAVORED RUNWAY, WHICH WAS BEST FOR RUNWAY 11. I THEN ENTERED THE TRAF FIC PATTERN FOR RUNWAY 11 AT KEAY AND SET UP FOR A STABILIZED APPROACH TO THE RUNWAY. THE AIR WAS CHOPPY WITH SOME CONVECTIVE TURBULENCE. WHILE ON FINAL APPROACH AT APPROX 4-500 FEET FROM THE APPROACH END OF THE RUNWAY, AN ABRUPT LARGE PUFF OF SMOKE WAS EMITTED FROM UNDER THE RIGHT SIDE OF THE INSTRUMENT PANEL AREA. THIS MOMENTARILY DISTRACTED ME, AND AT ALMOST THE SAME TIME I EXPERIENCED CONVECTIVE TURBULENCE THAT WAS SEVERE ENOUGH TO PUT MY HEAD TO THE CELLING, AND EVERYTHING THAT WAS ON THE SEATS, CLIP BOARD, CAMERAS, WATER BOTTLES, CHARTS, COUNTY MAP.

(CONTINUED ON NEXT PAGE →)

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

Operator/Owner Safety Recommendation

AN ABRUPT
GIVEN THE CIRCUMSTANCES WITH SMOKE IN THE COCKPIT,
FOLLOWED IMMEDIATELY BY A SIGNIFICANT TURBULENCE,
ALL ON SHORT FINAL, THIS ACCIDENT WAS UNAVOIDABLE.

ADDITIONAL INFORMATION (Please type or print in ink)

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

CONTD. FROM "NARRATIVE HIST. OF FLIGHT"

BOOK, ETC FLEW UP AND FORWARD LANDING AFT OF THE RUDDER PEDALS, ETC. THIS ALSO CONTRIBUTED WITH THE SMOKE TO EXTEND MY DISTRACTION. I QUICKLY LOOKED BACK TO CONTINUE TO THE RUNWAY, WHEN AT THAT INSTANT ALL I SAW WAS GRASS OUT IN FRONT OF THE WINDSHIELD. THE AIRPLANE IMMEDIATELY HIT THE GROUND SHORT OF THE RUNWAY 126'. THE NOSE GEAR BROKE OFF WHICH IN TURN DAMAGED THE FIREWALL AREA, AND FUEL LINE JUST AFT OF THAT. THE AIRPLANE SLID FORWARD IN A WINGS LEVEL TAIL HIGH ATTITUDE ONTO THE RUNWAY AT CENTER LINE. IT CONTINUED TO SLIDE APPROX 200 FEET VERGING SLIGHTLY TO THE RIGHT SIDE OF THE RUNWAY BEFORE STOPPING. JUST BEFORE IT CAME TO A STOP I SAW FLAMES COMING UP ALL AROUND MY LEGS, & BEGINNING TO FILL THE FORWARD COCKPIT AREA. I SUSPECT THESE FLAMES WERE IN PART DUE TO THE DAMAGE SUSTAINED UPON IMPACT, AND THE SHOWER OF SPARKS THAT OCCURED WHILE SLIDING ON THE ASPHALT. I WAS ABLE TO GET THE LEFT DOOR OPEN, GET THE SEAT SLID BACK (AGAINST AN 'UPHILL' ANGLE), AND GET THE SEAT BELT OFF. BY THEN THE FIRE WAS LAPPING ONTO MY HANDS AND FACE, AND I DROVE OUT TO THE PAVEMENT, AND ROLLED AWAY. AS I LOOKED BACK THE FIRE HAD COMPLETELY FILLED THE CABIN TO THE REAR WINDOWS. AFTER STUMBLING SOME 200 FEET UP THE RUNWAY, I NOTICED MY LEGS & ARM WERE BADLY BURNED. THE AIRPLANE CONTINUED TO BURN WITH A FURY. THE ONLY PORTIONS OF THE AIRPLANE THAT REMAINED WERE, FORWARD OF THE FIREWALL, THE WINGS FROM OUTBOARD OF THE FUEL CELLS, AND A SMALL MOLTEN SECTION OF THE EMPENAGE.

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

Date of this Report 09/12/2012 mm/dd/yyyy	Signature and Name of Pilot/Operator Signature: [Signature] Type or Print Name: DEAN B. MINETT
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: [Signature] Type or Print Name: [Signature] Title:	
FOR NTSB USE ONLY	
NTSB Accident/Incident No. CEN12TA604	Reviewed by NTSB Regional Office W. Chicago IL
Name of Investigator P.S. Sullivan	Date Report Received 9/12/12