

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>Georgetown</u> State: <u>OH</u> ZIP: <u>45121</u> Country: <u>United States</u> Latitude: <u>N38-52-55.0</u> (dd:mm:ss N/S) Longitude: <u>W83-52-57.8</u> (ddd:mm:ss E/W)		Date/Time Date: <u>11/02/2012</u> Local Time: <u>1801</u> mm dd/yyyy Time Zone: <u>CDT</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 20 ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Fairchild Heli-Porter</u> Model: <u>Pilatus PC-6/B1A-H2</u> Serial Number: <u>2040</u> Registration Number: <u>N476XP</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>47,774</u> lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: <u>17.4</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport </td> <td style="vertical-align: top;"> Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport </td> </tr> </table>	Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>1</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
Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport				

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: _____ mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at <i>(check one)</i> ☐ 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 <u>portable fire extinguisher</u>
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ELT Installed ELT Activated ☐ Yes ☐ No ☐ Yes ☐ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____	
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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 <i>(check one)</i> ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Paraclete Aviation LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Raeford</u> State: <u>NC</u> ZIP: <u>28376-8081</u> Country: <u>United States</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Peter Morris Burgdorfer</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>Franklin</u> State: <u>OA</u> ZIP: <u>16323-1049</u> Country: <u>United States</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 _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check 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 <u>N476XP</u>	Manufacturer: <u>Fairchild Heli- Porter</u> Model: <u>Pilatus PC6/B1a-H2</u>		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 sustained substantial damage. Right wing is folded and flattened puncture and fuel tank destroyed. tail section has damage to both horizontal and vertical stab several points of impact evident. Nose of aircraft has crumpled fire wall and motor mounts compromised. Engine buried in mud and has struck several trees on the way down. windshield has been broken and several tree limbs have pierced cockpit.

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

Distance From Airport Center: _____ SM

Airport Name: Brown County AirportDirection From Airport: 30 degrees east degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 957 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: 35 (L/R/C) Length: 3,529 ft Width: 65 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: KGOSCity: GoshenState: IndianaCountry: United States**Time of Departure**

Time: _____

Time Zone: _____

DestinationAirport ID: GEOCity: GeorgetownState: OhioCountry: 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 F ☐ 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)*100 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

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

One occupant Broke windscreen out and exited through it.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: GEO

Observation Time: 20:00

Time Zone: cdt

Distance from Accident Site: 0 NM

Direction from Accident Site: 30 degrees MAG

Source of Weather Information

(Check all that apply)

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

Method of Briefing

(Check all that apply)

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

Briefing Type/Completeness

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

Light Condition

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

Visibility

_____ 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 (Check all that apply)

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

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction☐ Indicated:
_____ degrees MAG☐ Variable**Wind Speed**

Velocity: _____ KTS

-or-

- ☒
- Calm
-
- ☐
- Light and Variable

Wind Gusts

Velocity: _____ KTS

- ☐
- Gusting
-
- ☒
- Not Gusting

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| ☒ 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/incidentTemperature: _____ (C)
or _____ (F)Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (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 (Check all that apply)

- | | |
|--|---|
| ☐ 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" IdentificationFirst Name: PeterCity: FranklinMiddle Initial: MState: PA ZIP: 16323-1049Last Name: BurgdorferCountry: United StatesAge at time of Accident/Incident: 61Date of Birth: mm/dd/yyyyCertificate 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 Medical06/09/2012mm/dd/yyyy**Medical Certificate Limitations**

Must have available glasses for near vision

Medical Certificate Waivers

None

**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**06/01/2012mm/dd/yyyy**Flight Review Aircraft**Make: CessnaModel: 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
AircraftThis Make
& ModelAirplane
Single
EngineAirplane
Multiengine

Night

Instrument
Actual Simulated

Rotorcraft

Glider

Lighter
Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

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										

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																
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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
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: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
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Country: _____																
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
Country: _____																

NARRATIVE HISTORY OF FLIGHT (Form 108-1)

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.

- 1 DEPARTED GOSHEN INDIANA APPROX 4:30 PM
- 2 OBTAINED VFR FLIGHT FOLLOWING
- 3 DESTINATION RAE FORD N.C.
- 4 FUEL & OVERNIGHT STOP ALONG THE WAY
DIDN'T WANT TO FLY AFTER DARK.
- 5 CHOOSE GEORGETOWN AFTER ASCERTAINING I
WAS WELL SOUTH OF PRESIDENTIAL TFR'S
- 6 UNEVENTFUL UNTIL TOUCHDOWN. 3 POINT
AIRCRAFT BOUNCED. APPLIED POWER TO CHECK BOUNCE
AND AIRCRAFT VEERED TO THE RIGHT, LEFT RUDDER
AND AILERON LEFT WERE NOT EFFECTIVE
STRUCK TREES ON RIGHT SIDE ON RMY 36

Operator/Owner Safety Recommendation

DIF NOT USED

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**

mm dd yyyy

Signature and Name of Pilot/Operator

Signature

Type or Print Name

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.**

CEN13CA043

Reviewed by NTSB Regional Office

CEN-TX

Name of Investigator

Leah Yeager

Date Report Received

11/3/2012