

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: Colorado Springs (KCOS) State: CO
 ZIP: _____ Country: _____
 Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)

Date/Time

Date: 04/21/2013 Local Time: 12:45
 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

_____ ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: KCOS

Observation Time: 12:00

Time Zone: MST

Distance from Accident Site: 1 mile NM

Direction from Accident Site: _____ 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

5 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: 210 degrees MAG

☐ Variable

Wind Speed

Velocity: 10 KTS

-or-

☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: 18 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

none

Temperature: _____ (C) ?
 or 70 (F)

Altimeter Setting: 3009 in. HG ?
 or _____ MB

Density Altitude: 8293 ft ?

Dew Point: _____ (C) ?
 or 50 (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

AIRCRAFT INFORMATION									
Manufacturer: <u>Cessna</u> Model: <u>T-182</u> Serial Number: <u>T18208327</u> Registration Number: <u>N538MA</u>					Max Gross Weight: <u>3100</u> lbs Weight at Time of Accident: <u>2637</u> lbs Location of Center of Gravity at Time of Accident: <u>41.39</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 <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ 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: <u>2</u> Cabin Crew: _____ Passengers: <u>2</u>		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>03/01/2013</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>859</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident				
IFR Equipped ☒ Yes ☐ No ☐ Unknown			Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown		Type of Fire Extinguishing System ☐ None ☒ Specify <u>Portable</u>				
ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No			ELT Manufacturer: <u>Pointer</u> Model/Series: <u>3000-11</u> Serial Number: <u>333410</u> Battery Type: _____ Battery Exp. Date: <u>08/2013</u>						
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>Hartzel</u> Model: _____					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	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>IO-540 SER</u>		<u>11/03/2004</u>		<u>859</u>		<u>859</u>	
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner Name: <u>Air Illini LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No					Owner Address [REDACTED] City: <u>Colorado Springs</u> State: <u>CO</u> ZIP: <u>80906</u> Country: <u>USA</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				

Airspace where the accident occurred (Check all that apply)			
☐ Class A ☐ Class B ☒ Class C ☐ Class D	☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area	☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area	☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown
Aircraft Load Description (Check all that apply)			
☒ None ☐ Passengers ☐ Cargo	☐ Towing Glider ☐ Towing Banner ☐ Other External	☐ Parachutists ☐ Water ☐ Chemical/Fertilizer/Seeds	☐ Livestock ☐ Unknown
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (convert from pounds, as necessary) 42 Gallons	Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130 ☐ 115/145 ☐ Jet A ☐ Automotive ☐ JP3 ☐ JP4 ☐ JP5 ☐ Other, specify _____		
Other Services, if Any, Prior to Departure			
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.) Don't believe so but the my inability to control the plane on the ground was new.			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) Damage to left wing. Propeller was ruined as was nose gear			
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 Had time to shut down. No fuel leaks			

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 _____	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: _____																																						
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)																																						
Airport Identifier: <u>KCOS</u> Airport Name: <u>Colorado Springs Municipal Airport</u>		Distance From Airport Center: <u>1.0</u> SM Direction From Airport: _____ degrees MAG Airport Elevation: <u>1883.8</u> m _____ ft. MSL																																				
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip																																						
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) <table style="width:100%; border: none;"> <tr> <td>☒ None</td> <td>☐ PAR</td> <td>☐ MLS</td> <td>☐ Practice</td> </tr> <tr> <td>☐ ADF/NDB</td> <td>☐ Sidestep</td> <td>☐ LDA</td> <td>☐ GPS</td> </tr> <tr> <td>☐ SDF</td> <td>☐ ILS</td> <td>☐ ASR</td> <td>☐ Loran</td> </tr> <tr> <td>☐ VOR/TVOR</td> <td>☐ Localizer Only</td> <td>☐ Visual</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ VOR/DME</td> <td>☐ LOC-back course</td> <td>☐ Contact</td> <td></td> </tr> <tr> <td>☐ TACAN</td> <td>☐ RNAV</td> <td>☐ Circling</td> <td></td> </tr> </table>		☒ 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) <table style="width:100%; border: none;"> <tr> <td>☐ None</td> <td>☐ Stop and Go</td> </tr> <tr> <td>☒ Traffic Pattern</td> <td>☒ Touch and Go</td> </tr> <tr> <td>☐ Straight-In</td> <td>☐ Simulated Forced Landing</td> </tr> <tr> <td>☐ Valley/Terrain Following</td> <td>☐ Forced Landing</td> </tr> <tr> <td>☒ Go Around</td> <td>☐ Precautionary Landing</td> </tr> <tr> <td>☐ Full Stop</td> <td>☐ Unknown</td> </tr> </table>	☐ 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
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Runway Information Runway ID: <u>17L</u> (L/R/C) Length: <u>13501</u> ft Width: <u>150</u> ft		Condition of Runway/Landing Surface (Check all that apply) <table style="width:100%; border: none;"> <tr> <td>☒ Dry</td> <td>☐ Snow-Compacted</td> <td>☐ Water-Calm</td> </tr> <tr> <td>☐ Holes</td> <td>☐ Snow-Crusted</td> <td>☐ Water-Choppy</td> </tr> <tr> <td>☐ Ice Covered</td> <td>☐ Snow-Dry</td> <td>☐ Water-Glassy</td> </tr> <tr> <td>☐ Rough</td> <td>☐ Snow-Wet</td> <td>☐ Wet</td> </tr> <tr> <td>☐ Rubber Deposits</td> <td>☐ Soft</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Slush Covered</td> <td>☐ Vegetation</td> <td></td> </tr> </table>	☒ 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																			
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FLIGHT ITINERARY INFORMATION																																						
Last Departure Point Airport ID: <u>KCOS</u> City: <u>Colorado Springs</u> State: <u>CO</u> Country: <u>USA</u>	Time of Departure Time: <u>12pm</u> Time Zone: <u>MT</u>	Destination Airport ID: <u>KCOS</u> City: <u>Colorado Springs</u> State: <u>CO</u> Country: <u>USA</u>																																				
Type of ATC Clearance/Service (Check all that apply) <table style="width:100%; border: none;"> <tr> <td>☒ None</td> <td>☐ Special VFR</td> <td>☐ Special IFR</td> <td>☐ VFR Flight Following</td> <td>☐ Cruise</td> </tr> <tr> <td>☐ VFR</td> <td>☐ IFR</td> <td>☐ VFR On Top</td> <td>☐ Traffic Advisory</td> <td>☐ Unknown / NA</td> </tr> </table>		☒ None	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise	☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☒ VFR Activated? ☐ Yes ☐ No																										
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PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>B Joseph</u> City: <u>Colorado Springs</u> Middle Initial: _____ State: <u>CO</u> ZIP: <u>80906</u> Last Name: <u>Leininger</u> Country: _____ Age at time of Accident: <u>52</u> 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 <u>12/07/2014</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations Holder shall possess glasses for near vision																																																																																																				
Medical Certificate Waivers 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11-23-12</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>T-182</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 ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport																																																																																												
Type Ratings PIC in high performance - 3/20/2013						Student Endorsements (Include dates) PIC Solo Written - 3/27/12 Cross Country Solo - 5/24/12 Private - 9/22/12																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <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>103.7</td> <td>14.7</td> <td>103.7</td> <td>-</td> <td>3.1</td> <td>-</td> <td>3.0</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>44.9</td> <td>14.7</td> <td>44.9</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>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>This Make/Model</td> <td colspan="10" style="background-color: black; color: black;">[REDACTED]</td> </tr> <tr> <td>Last 90 Days</td> <td>25.2</td> <td>14.7</td> <td>25.2</td> <td>-</td> <td>0</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Last 30 Days</td> <td>4.7</td> <td>4.7</td> <td>4.7</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Last 24 Hours</td> <td>12</td> <td>0</td> <td>0</td> <td>-</td> <td>-</td> <td>-</td> <td>-</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	103.7	14.7	103.7	-	3.1	-	3.0	-	-	-	Pilot in Command (PIC)	44.9	14.7	44.9	-	-	-	-	-	-	-	Time as Instructor	-	-	-	-	-	-	-	-	-	-	This Make/Model	[REDACTED]										Last 90 Days	25.2	14.7	25.2	-	0	-	-	-	-	-	Last 30 Days	4.7	4.7	4.7	-	-	-	-	-	-	-	Last 24 Hours	12	0	0	-	-	-	-	-	-	-
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Time as Instructor	-	-	-	-	-	-	-	-	-	-																																																																																										
This Make/Model	[REDACTED]																																																																																																			
Last 90 Days	25.2	14.7	25.2	-	0	-	-	-	-	-																																																																																										
Last 30 Days	4.7	4.7	4.7	-	-	-	-	-	-	-																																																																																										
Last 24 Hours	12	0	0	-	-	-	-	-	-	-																																																																																										

PILOT "B" INFORMATION XXA																																																																																																				
Pilot "B" Responsibilities at the Time of Accident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____																																																																																																				
Age at time of Accident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
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) <i>(Check all that apply)</i> ☐ 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) <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																																																																																														
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <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="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; 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></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 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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NA

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied

☐ 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

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
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Degree of Injury

☐ None ☐ Fatal
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Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Seat Occupied

☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
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 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

Working on touch + goes in the pattern. Completed 5 successful maneuvers with gust of 18 kts. Was changed to short approach by tower. Was on final with full flap landing. Landed flat and bounced ~ 5 feet. Thought I could settle plane but it was drifting with wind to the right towards grass. I believe the left wing was struck as I attempted to correct to the left. Plane drifted right and prop and nose gear collapsed into a gully. Turned off engine and shut down.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

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 <u>04-29-2013</u> mm/dd/yyyy	Signature of Pilot/Operator Signature: <u>[Signature]</u> Type or Print Name: <u>B Joseph Leininger</u>
---	--

Signature and Name of Person Filing Report if Other than Pilot/Operator

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

FOR NTSB USE ONLY

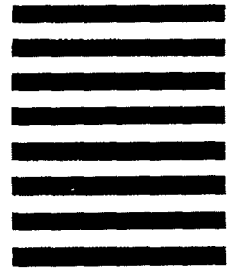
NTSB Accident/Incident No. CEN13CA236	Reviewed by NTSB Regional Office Arlington, TX	Name of Investigator Craig Hatch	Date Report Received 2 May, 2013
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FOLLOW ADDRESSING INSTRUCTIONS BELOW

When reporting an aircraft accident/incident, MAIL THIS FORM TO THE NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) REGIONAL OFFICE NEAREST THE SCENE OF THE ACCIDENT. NTSB Regional Offices are located in the following cities:

Anchorage, AK
Arlington, TX
Atlanta, GA
Chicago, IL
Denver, CO

Gardena, CA
Miami, FL
Parsippany, NJ
Seattle, WA
Ashburn, VA

The complete mailing addresses for NTSB Regional Offices are listed under U.S. GOVERNMENT in the telephone directories of the listed cities, or on the NTSB Web site <<http://www.nts.gov>>.

NATIONAL TRANSPORTATION SAFETY BOARD
Office of Aviation Safety