

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

Accident/Incident Location Nearest City/Place: <u>College Station</u> State: <u>TX</u> ZIP: <u>77845</u> Country: <u>USA</u> Latitude: <u>77845</u> (dd:mm:ss N/S) Longitude: <u>096-21-41-800 W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>03/26/2013</u> Local Time: <u>2:30</u> mm/dd/yyyy Time Zone: <u>Central</u>	
Phase of Operation <u>30-35-18.900 N</u> ☐ 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>320</u> on Runway ft MSL	

Manufacturer: <u>Cessna</u> Model: <u>152</u> Serial Number: <u>15283362</u> Registration Number: <u>N4684T</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>11069</u> lbs Weight at Time of Accident/Incident: <u>1423</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>34</u> inches from ☐ nose or ☒ datum 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> 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>03/12/2013</u> mm/dd/yyyy Airframe Total Time: <u>11246.9</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 ELT Activated ☒ Yes ☐ No ☒ Yes ☐ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: <u>6-2014</u>	
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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: <u>McCawley</u> Model: <u>1A103-TCM</u>
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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	<u>Lycoming</u>	<u>O-235L2C</u>	<u>L2037015</u>		<u>110</u>	<u>10302</u>	<u>19</u>	<u>959.3</u>
Eng. 2								
Eng. 3								
Eng. 4								

Registered Aircraft OwnerName: Central Texas Flight Training, Inc.Fractional Ownership Aircraft: ☐ Yes ☒ No**Operator of Aircraft**☒ Same As Registered Owner

Name: _____

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

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 | |

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 | |

Owner AddressCity: Harker Heights
State: TX ZIP: 76548
Country: US**Operator Address**☒ Same As Registered OwnerCity: _____
State: _____ ZIP: _____
Country: _____**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**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 |

Aircraft Registration NumberN4684J**Manufacturer:**Cessna**Model:**152**Damage to Other Aircraft**

☐ Destroyed	☐ Minor
☒ Substantial	☐ None

Registered Owner of Other AircraftFirst Name: SHAWN
Middle Initial: M
Last Name: MAINESCity: COOPERAS COV.
State: _____ ZIP: _____
Country: _____**Pilot of Other Aircraft**First Name: SHAWN
Middle Initial: M
Last Name: MAINESCity: COOPERAS COVE
State: TX ZIP: 76522
Country: USAWas 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**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)

Nose strut collapse, bent prop, belly skin & lower
Cowl damage, broke front wheel fork broke

Airport Identifier: KCLL

Distance From Airport Center: 0 SM

Airport Name: Easter Wood Field

Direction From Airport: - degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip

Airport Elevation: 320 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: 34 (L/R/C) Length: 7000 ft Width: 150 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

Last Departure Point

Airport ID: KTPL

City: Tempe

State: AZ

Country: USA

Time of Departure

Time: 1:00

Time Zone: Central

Destination

Airport ID: KCLL

City: College Station

State: TX

Country: US

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 on Board at Last Takeoff
(convert from pounds, as necessary)

14 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

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

1 pilot. cut off fuel & opened door & walked out.

Weather Observation Facility

Facility ID: KCCU

Observation Time: 2:00 pm

Time Zone: Central

Distance from Accident Site: 0 NM

Direction from Accident Site: - degrees MAG

Source of Weather Information

(Check all that apply)

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

Method of Briefing

(Check all that apply)

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

Briefing Type/Completeness

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

Light Condition

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

Visibility

+ 10 miles

Sky/Lowest Cloud Condition

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

Ceiling

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

Restriction to Visibility (Check all that apply)

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

Lowest Cloud Condition Height

un Restricted ft AGL

Ceiling Height

un Restricted 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
☐ 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

Taxi way closures



Temperature: _____ (C)

or 70 (F)

Altimeter Setting: 30.29 in. HG

or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)

or 20 (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" 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: SHAWN City: CORPUS CHRISTI
 Middle Initial: M State: TX ZIP: 76522
 Last Name: MANNES Country: USA
 Age at time of Accident/Incident: 38 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
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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 _____ mm/dd/yyyy
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Medical Certificate Limitations

N/A

Medical Certificate Waivers

N/A

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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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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	36 hrs	36 hrs	36 hrs	—						
Pilot in Command (PIC)	7 hrs	7 hrs	7 hrs	—						
Time as Instructor	—	—	—	—						
This Make/Model										
Last 90 Days										
Last 30 Days	36 hrs	36 hrs	36 hrs	—						
Last 24 Hours										

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: _____ 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
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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 _____ mm/dd/yyyy
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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: _____
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Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings	Student Endorsements (Include dates)
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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										

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	☐ Left	☐ Front
☐ Private	☐ Flight Instructor	☐ Right	☐ Rear
☐ Recreational	☐ Sport	☐ Center	☐ Single
☐ Commercial	☐ Airline Transport	☐ Flight Engineer	☐ Unknown
☐ 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	☐ Left	☐ Front
☐ Private	☐ Flight Instructor	☐ Right	☐ Rear
☐ Recreational	☐ Sport	☐ Center	☐ Single
☐ Commercial	☐ Airline Transport	☐ Flight Engineer	☐ Unknown
☐ U.S. Military	☐ Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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.

DEPARTED TEMPLE KTEL APPROX 1:30 PM FOR SOLD CROSS COUNTRY.
ARRIVED AT COLLEGE STATION KELL APPROX 2:30 PM. REQUESTED
PERMISSION TO PERFORM 3 TOUCH AND GO'S. AFTER APPROVAL, BEGAN
TO EXECUTE MANUEVERS, HAD COMPLETED TWO TOUCH AND GO'S.
ON MY THIRD ATTEMPT, EVERYTHING SEEMED QUITE NORMAL.
THE AIRCRAFT TOUCHED DOWN ON THE MAIN LANDING GEARS. AS
I BROUGHT THE NOSE DOWN, THE NOSE OF THE AIRCRAFT HIT
THE RUNWAY, STRIKING THE PROPELLER. I DID NOT REALIZE THE
NOSE WHEEL HAD COLLAPSED UNTIL I HAD EXITED THE PLANE.
I TURNED THE FUEL AND MIXTURE OFF, I SAT OFF THE RUNWAY
AND WAITED FOR THE RESPONDERS.

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

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

Date of this Report03/28/2013
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: SHAWN MANNES**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: Craig CaddellTitle: OWNER**NTSB Accident/Incident No.**
CEN13LA209**Reviewed by NTSB Regional Office**
West Chicago, IL**Name of Investigator**
Edward Malinowski**Date Report Received**
3/28/13