

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: Put In Bay State: Ohio
 ZIP: 43456 Country: United States of America
 Latitude: 41.6531 (dd:mm:ss N/S) Longitude: 82.8175 (ddd:mm:ss E/W)

Date/Time

Date: 04/21/2014 Local Time: 730
 mm/dd/yyyy Time Zone: Eastern

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

650 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Piper

Model: PA-28-181

Serial Number: 28-90015

Registration Number: N405S

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2,550 lbs

Weight at Time of Accident/Incident: 2,425 lbs

Location of Center of Gravity at Time of Accident/Incident:

N/A 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
☐ Acrobatic
☐ Transport

Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 4

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: 02/14/2014

mm/dd/yyyy

Airframe Total Time: 8,599 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 ☐ Hand Held
☒ Specify

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: Narco

Model/Series: ELT-10

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: N/A

Battery Type: Self Contained

Battery Exp. Date: 07/31/2015

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: Sensenich

Model: 76EM8S5-0-62

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	Lycoming	O-360-A4M	L-3879S-36E	03/05/2014	180	50	11	50
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Ozziac Enterprises Inc</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Norwalk</u> State: <u>Ohio</u> ZIP: <u>44857</u> Country: <u>United States</u>
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Griffing Flying Service</u> Doing Business As: <u>Griffing Flying Service</u> Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>Port Clinton</u> State: <u>Ohio</u> ZIP: <u>43452</u> Country: <u>United States</u>
Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ FAR 121 ☒ FAR 135 ☐ Non-US, Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☒ Non-Scheduled or Air Taxi Domestic or International ☒ Domestic ☐ International	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: _____		
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)**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)
Airport Identifier: 3W2 **Distance From Airport Center:** 1 SM

Airport Name: Put in Bay **Direction From Airport:** 210 degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip **Airport Elevation:** 600 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: 03 (L/R/C) **Length:** 2,870 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: KPCW
City: Port Clinton
State: Ohio
Country: United States
Time of Departure
Time: 715 am
Time Zone: Eastern
Destination
Airport ID: 3W2
City: Put in Bay
State: Ohio
Country: 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 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)
20 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 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							
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE							
Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)					
Briefing Type/Completeness ☐ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☐ Unknown ☐ Partial / Limited By Briefer ☐ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☒ Day ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported					
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ 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		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					
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident							
Temperature: _____ (C) or _____ 50 (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast <table style="width: 100%;"> <tr> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Type</th> </tr> <tr> <td> ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light </td> <td> ☐ Rime ☐ Clear ☐ Mixed </td> </tr> </table>		Amount	Type	☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light	☐ Rime ☐ Clear ☐ Mixed
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Amount	Type						
☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light	☐ Rime ☐ Clear ☐ Mixed						
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>Hunter</u> City: <u>Edgerton</u> Middle Initial: <u>W</u> State: <u>Ohio</u> ZIP: <u>43517</u> Last Name: <u>McDonald</u> Country: <u>United States</u> Age at time of Accident/Incident: <u>23</u> Date of Birth: <u> </u> Certificate Number: <u> </u> <i>mm/dd/yyyy</i>																																																																																																				
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>11/12/2013</u> <i>mm/dd/yyyy</i>																																																																																													
Medical Certificate Limitations 																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>12/29/2013</u> <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA-28-181</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 						Student Endorsements (Include dates) 																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make & Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Time</td> <td style="padding: 2px;">975</td> <td style="padding: 2px;">300</td> <td style="padding: 2px;">950</td> <td style="padding: 2px;">27</td> <td style="padding: 2px;">73</td> <td style="padding: 2px;">13</td> <td style="padding: 2px;">91</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Pilot in Command (PIC)</td> <td style="padding: 2px;">900</td> <td style="padding: 2px;">300</td> <td style="padding: 2px;">875</td> <td style="padding: 2px;">27</td> <td style="padding: 2px;">70</td> <td style="padding: 2px;">13</td> <td style="padding: 2px;">90</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Time as Instructor</td> <td style="padding: 2px;">67</td> <td style="padding: 2px;">1</td> <td style="padding: 2px;">67</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">This Make/Model</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 90 Days</td> <td style="padding: 2px;">250</td> <td style="padding: 2px;">230</td> <td style="padding: 2px;">230</td> <td style="padding: 2px;">20</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 30 Days</td> <td style="padding: 2px;">60</td> <td style="padding: 2px;">45</td> <td style="padding: 2px;">45</td> <td style="padding: 2px;">5</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 24 Hours</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">0</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	975	300	950	27	73	13	91	0	0	0	Pilot in Command (PIC)	900	300	875	27	70	13	90	0	0	0	Time as Instructor	67	1	67	0	2	0	0	0	0	0	This Make/Model											Last 90 Days	250	230	230	20	0	0	0	0	0	0	Last 30 Days	60	45	45	5	0	0	0	0	0	0	Last 24 Hours	0	0	0	0	0	0	0	0	0	0
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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: _____ 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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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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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 2px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 2px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 2px;">Night</th> <th colspan="2" style="text-align: center; padding: 2px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 2px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 2px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 2px;">Actual</th> <th style="text-align: center; padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">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: 2px;">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: 2px;">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: 2px;">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: 2px;">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: 2px;">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: 2px;">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 (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										
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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		☐ Left		☐ Front								
						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ Unknown								
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
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						☐ Center		☐ Single								
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Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown								
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						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ Unknown								
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: Mike Ferrel Gas Employee			City: _____						☒				☐	☐	☐	☐
Middle Initial: _____			State: _____ ZIP: _____									☐	☐	☐	☐	
Last Name: _____			Country: _____									☐	☐	☐	☐	
First Name: Shoreline Construction Employee			City: _____						☒				☐	☐	☐	
Middle Initial: _____			State: _____ ZIP: _____									☐	☐	☐	☐	
Last Name: _____			Country: _____									☐	☐	☐	☐	
First Name: Shoreline Construction Employee			City: _____						☒				☐	☐	☐	
Middle Initial: _____			State: _____ ZIP: _____									☐	☐	☐	☐	
Last Name: _____			Country: _____									☐	☐	☐	☐	
First Name: _____			City: _____									☐	☐	☐	☐	
Middle Initial: _____			State: _____ ZIP: _____									☐	☐	☐	☐	
Last Name: _____			Country: _____									☐	☐	☐	☐	
First Name: _____			City: _____									☐	☐	☐	☐	
Middle Initial: _____			State: _____ ZIP: _____									☐	☐	☐	☐	
Last Name: _____			Country: _____									☐	☐	☐	☐	
First Name: _____			City: _____									☐	☐	☐	☐	
Middle Initial: _____			State: _____ ZIP: _____									☐	☐	☐	☐	
Last Name: _____			Country: _____									☐	☐	☐	☐	

4-21-2014

N405S Piper PA-28-181

Griffing Flying Service
[REDACTED]

Port Clinton, Ohio 43452

At 7:30 am, Monday morning, while on short final approach to 3W2, runway 03, I struck a goose with the outboard section of the right wing leading edge. I continued a normal landing with no adverse effects. This was a Part 135 flight. I immediately contacted our Dispatch and the Director of Maintenance was notified.

Pilot: Hunter McDonald

[REDACTED] 4-21-2014
[REDACTED]

Director Of Maintenance: Todd Mather

[REDACTED] 4-21-2014
[REDACTED]

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

04/28/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Hunter McDonald

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

Signature: _____

Type or Print Name: Todd Mather

Title: Director of Maintenance

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN14CA209Reviewed by NTSB Regional Office
Denver, COName of Investigator
Craig Hatch

Date Report Received