

**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: CONNERSVILLE State: IN
ZIP: 47331 Country: USA
Latitude: 39:41:53N (dd:mm:ss N/S) Longitude: 085:07:52W (ddd:mm:ss E/W)

Date/Time

Date: 05/03/2014 Local Time: 1410
mm/dd/yyyy Time Zone: UTC-4

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

AIRCRAFT INFORMATION

Manufacturer: PIPER
Model: J-3-C65
Serial Number: 19419
Registration Number: N6245H Amateur-built: ☐ Yes ☐ No

Max Gross Weight: 1220 lbs
Weight at Time of Accident/Incident: 981 lbs
Location of Center of Gravity at Time of Accident/Incident:
16.63 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 **Special**
☒ Normal ☐ Restricted
☒ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight
☒ Light Sport

Number of Seats: 2

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: 12/06/2013
mm/dd/yyyy

Airframe Total Time: 3467.3 hrs
hours measured at (check one)
☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

Type of Fire Extinguishing System

☒ None
☐ Specify _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: EMERGENCY BEACON CORP
Model/Series: EBC 102 A

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: _____
Battery Type: ALKALINE Battery Exp. Date: 6/15

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: MCCAULEY
Model: 1890 / CM 7150

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	CONTINENTAL	C85-8	SN29788-78		85	1742.3	17.4	525.6
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>JEFFERY BIDDLE</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>NEW PALESTINE</u> State: <u>IN</u> ZIP: <u>46163</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>RICHARD N. DUNCAN</u> Doing Business As: <u>WINGS 'N' THINGS INC</u> Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>MECHANICSBURG</u> State: <u>PA</u> ZIP: <u>17050</u> Country: <u>USA</u>	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☒ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☒ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	
Type of Commercial Operating Certificate Held (Select all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - 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 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) 			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed		Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	
Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground			

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> - DAMAGED PROPELLER, BOTTOM COUL, SPINNER, BROKEN WINDSHIELD DAMAGED RUDDER, LEFT WING FRONT LIFT STRUT BENT. - NO OTHER PROPERTY WAS DAMAGED			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: _____		Distance From Airport Center: _____ SM	
Airport Name: _____		Direction From Airport: _____ degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip		Airport Elevation: _____ ft. MSL	
Approach Segment <i>(Select one)</i> ☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☐ 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: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KCDT</u> City: <u>CAMBRIDGE</u> State: <u>OHIO</u> Country: <u>USA</u>		Time of Departure Time: <u>10:40 Local</u> Time Zone: <u>UTC-4</u>	
Destination Airport ID: <u>KGEZ</u> City: <u>SHELBYVILLE</u> State: <u>INDIANA</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☒ No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☒ 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 <i>(convert from pounds, as necessary)</i> <u>24</u> Gallons		Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☒ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5 ☐ Other, specify _____	
Other Services, if Any, Prior to Departure <u>1 QUART OF OIL ADDED</u>			

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: AWOS-3 AT KCEVObservation Time: 1755 ZTime Zone: UTC-4

Distance from Accident Site: _____ 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 |

Visibility15 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: 280 degrees MAG☒ Variable**Wind Speed**Velocity: 17 KTS

-or-

- | |
|---|
| ☐ Calm |
| ☐ Light and Variable |

Wind GustsVelocity: 27 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/incident

Temperature: 26 (C)
or _____ (F)Altimeter Setting: 29.86 in. HG
or _____ MBDensity Altitude: 2700 ftDew 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" Identification

First Name: LOIS City: MECHANICSBURG
 Middle Initial: F State: PA ZIP: 17050
 Last Name: ARENZANA Country: USA
 Age at time of Accident/Incident: 40 Date of Birth: mm/dd/yyyy 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

02/07/2014
 mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Waivers

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

01/22/2014
 mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
 Model: CE-750

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

G-159, CL-65, CE-750

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	8230	44	1450	6699	1141	534	118	82	0	0
Pilot in Command (PIC)	3478	44	1370	2108	395	183	25	37	0	0
Time as Instructor	1100	10	890	270	124	100	0	0	0	0
This Make/Model										
Last 90 Days	118	14	14	104	9	3	0	0	0	0
Last 30 Days	39	14	14	25	3	1	0	0	0	0
Last 24 Hours	8	8	8	0	0	0	0	0	0	0

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

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
☐ Gyroplane
☐ 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		☐ Foreign												
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military		☐ Left												
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs																
☐ Right		☐ Front		☐ Center		☐ Rear		☐ Single		☐ Unknown												
Pilot Name and Address						Degree of Injury																
First Name: _____			City: _____			☐ None		☐ Fatal														
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown														
Last Name: _____			Country: _____			☐ Serious																
Pilot Certificate(s) (Check all that apply)						Seat Occupied																
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer		☐ Foreign												
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military		☐ Left												
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs																
☐ Right		☐ Front		☐ Center		☐ Rear		☐ Single		☐ Unknown												
Pilot Name and Address						Degree of Injury																
First Name: _____			City: _____			☐ None		☐ Fatal														
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown														
Last Name: _____			Country: _____			☐ Serious																
Pilot Certificate(s) (Check all that apply)						Seat Occupied																
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer		☐ Foreign												
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military		☐ Left												
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs																
☐ Right		☐ Front		☐ Center		☐ Rear		☐ 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: _____																	City: _____					
Middle Initial: _____																	State: _____ ZIP: _____					
Last Name: _____						Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
Middle Initial: _____																	City: _____					
Last Name: _____																	State: _____ ZIP: _____					
Country: _____																						
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
Middle Initial: _____																	City: _____					
Last Name: _____																	State: _____ ZIP: _____					
Country: _____																						
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
Middle Initial: _____																	City: _____					
Last Name: _____																	State: _____ ZIP: _____					
Country: _____																						
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
Middle Initial: _____																	City: _____					
Last Name: _____																	State: _____ ZIP: _____					
Country: _____																						
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
Middle Initial: _____																	City: _____					
Last Name: _____																	State: _____ ZIP: _____					
Country: _____																						
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
Middle Initial: _____																	City: _____					
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Country: _____																						
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Middle Initial: _____																	City: _____					
Last Name: _____																	State: _____ ZIP: _____					
Country: _____																						

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

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

THE FLIGHT DEPARTED FROM KCDI CAMBRIDGE, OH AT 10:40 LOCAL TIME WITH KGEZ SHELBYVILLE FOR INTENDED DESTINATION. THE WEATHER FORECAST WAS CHECKED AND FOUND TO BE SATISFACTORY FOR THE VFR FLIGHT. THE AIRCRAFT MAIN AND AUXILIARY TANKS WERE TOPPED OFF PRIOR TO DEPARTURE WHICH PROVIDED A RESERVE FUEL OF 78 MINUTES.

DUE TO STRONGER THAN FORECASTED WINDS 50 NAUTICAL MILES FROM KGEZ IT WAS APPARENT THAT THE DESTINATION WAS NOT GOING TO BE REACHED WHILE MEETING THE FUEL REQUIREMENTS SET FOR FLIGHTS UNDER VFR CONDITIONS AS DESCRIBED IN FAR SEC 91.151. I MADE THE DECISION THEN TO LAND AT KCEV CONNERSVILLE IN AIRPORT TO PURCHASE FUEL.

A NORMAL LANDING WAS PERFORMED ON RUNWAY 36, VACATED THE RUNWAY ON THE FIRST TAXIWAY, AND REPORTED ON UNICOM FREQUENCY CLEAR OF THE RUNWAY.

WHILE TAXIING NORTHBOUND ON THE TAXIWAY PARALLEL TO THE RUNWAY, MOVING AT TAXI SPEED AND USING PROPER CROSSWIND TECHNIQUES; THE UPWIND WING LIFTED ABRUPTLY AND I WAS NOT ABLE TO BRING THE UPWIND WING DOWN AFTER IT HAD LIFTED BY ANY MEANS AVAILABLE TO ME RESULTING IN DIRECTIONAL LOSS AND AIRCRAFT DAMAGE THE EVENT OCCURRED AT APPROXIMATELY 14:10 LOCAL TIME -

RECOMMENDATION (How could this accident/incident 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.

PICTURE ① - LOCATION OF ACCIDENT IN RELATION TO
AIRPORT DIAGRAM

PICTURE ② - PLANE IN RELATION TO TAXIWAY AND
SIGNS

PICTURE ③ - PLANE ON TAXIWAY AND RELATION
TO WIND SOCK

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report**05/12/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: _____

LUIS P. AREZANA**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.**CEN14CA231**Reviewed by NTSB Regional Office**Denver, CO**Name of Investigator**Pam Sullivan**Date Report Received**5-15-14

①



Google earth

feet
meters



2



3

