

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: Douling State: MI
 ZIP: 49050 Country: USA
 Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: 05/11/14 Local Time: 3:00 PM
 mm/dd/yyyy Time Zone: EDT

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 N/A
☐ None

Altitude of In-Flight Occurrence

N/A ft MSL

AIRCRAFT INFORMATION

Manufacturer: Mooney
 Model: M20F
 Serial Number: 68006
 Registration Number: N343ED Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2740 lbs
 Weight at Time of Accident/Incident: 2598 lbs
 Location of Center of Gravity at Time of Accident/Incident:
See Attachment 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 ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ 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: 05/01/14
 mm/dd/yyyy

Airframe Total Time: 2642 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: Narco

Model/Series: ELT 10

Serial Number: 51931

Battery Type: Merl RYFSP MFG 7-12 Battery Exp. Date: Nov 14

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

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: Hartzell
 Model: CH 43199B

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>IO-360-A1A</u>	<u>RL29298-51A</u>	<u>09/15/00</u>	<u>200</u>	<u>350.7</u>	<u>6.7</u>	<u>350.7</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Thomas J. Kobe</u> Fractional Ownership Aircraft: ☐ Yes ☐ No		Owner Address City: <u>Lake Placid</u> State: <u>FL</u> ZIP: <u>33852</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	
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 (use additional sheet if necessary)

Wing, ACP, Landing gear, airframe.

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

Airport Identifier: NA Distance From Airport Center: _____ SM
 Airport Name: Farm strip Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: 980 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☒ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☒ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

☐ None ☐ Stop and Go
☒ Traffic Pattern LH ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☒ Full Stop ☐ Unknown

Runway Information

Runway ID: 27 (L/R/C) Length: 2400 ft Width: 100 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: <u>I-34</u> City: <u>Greensburg</u> State: <u>IN</u> Country: <u>USA</u>	Time of Departure Time: <u>1:50 P</u> Time Zone: <u>EDT</u>	Destination Airport ID: <u>N/A Farm strip</u> City: <u>Douglas</u> State: <u>MI</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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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)

55 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 <u>Normal Exit</u>			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: _____ Observation Time: <u>3:00 PM (EDT)</u> Time Zone: <u>EDT</u> Distance from Accident Site: <u>at site</u> NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>observed</i> <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 ☐ Dark Night ☒ Day ☐ 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 <u>above 12,000</u> ft AGL		Ceiling Height <u>unknown</u> ft AGL	
Wind Direction ☒ Indicated: <u>Per ATIS</u> <u>230</u> degrees MAG ☐ Variable		Wind Speed Velocity: <u>10</u> KTS -or- ☐ Calm ☐ Light and Variable	
Wind Gusts <i>Not reported</i> Velocity: _____ KTS ☒ Gusting <i>experienced at flare</i> ☐ Not Gusting		Type of Turbulence <i>(Check all that apply)</i> ☐ 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: _____ (C) or <u>60-65</u> (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount Type ☒ None ☐ Moderate ☐ Rime ☐ Trace ☐ Severe ☐ Clear ☐ Light ☐ Mixed Icing Actual Amount Type ☒ None ☐ Moderate ☐ Rime ☐ Trace ☐ Severe ☐ Clear ☐ Light ☐ Mixed	
Type of Precipitation <i>(Check all that apply)</i> ☒ 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: Thomas City: Lake Placid
 Middle Initial: J. State: FL ZIP: 33852
 Last Name: Kobe Country: USA
 Age at time of Accident/Incident: 67 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

03/26/13
 mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Waivers

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

04/07/14
 mm/dd/yyyy

Flight Review Aircraft

Make: Mooney
 Model: M20F

Airplane Rating(s)

(Check all that apply)
☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	3581	3421	3581		341	241	108			
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	49	49	49				2.6			
Last 30 Days	25	25	25							
Last 24 Hours	1.2	1.2	1.2							

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																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy					Flight Review Aircraft Make: _____ Model: _____																																																																																															
Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport																																																																																												
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>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>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>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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>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>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>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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐ 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		Degree of Injury	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐ 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		Degree of Injury	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐ 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	

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

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Carolyn</u> City: <u>Dowling</u> Middle Initial: <u>J</u> State: <u>MI</u> ZIP: <u>49050</u> Last Name: <u>Rebe</u> Country: <u>USA</u>	2	✓	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

May 11, 2014 departed I-34 approx 1:50 PM (EDT) Rwy 18 followed by Left crosswind & Left Turn North Bound Direct to Approx 9 nm North of BTL to Farm strip, owned by pilot. ATIS was received from BTL around 2:55 PM (EDT) stated wind 230 @ 10, Alt 29.98. Flew over farm strip entered Left Turn to observe strip followed by Left downwind to Left base to final. A normal landing until flare/touch down when aircraft drifted/skidded to North, when the right wing apparently caught Brush causing the aircraft to turn approx 150° to a stop on Brush. Farm strip is east/west, the attempted landing was to the west.

After exiting the aircraft, gusty wind conditions from SSW were observed.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

If I had any indication of gusting crosswind on final a go around would have been initiated.

ADDITIONAL INFORMATION (Please type or print in ink)

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

Aircraft information, Location of CG at time of Accident

See page A weight & Moment
Page B weight & Balance graph
Page C Current weight & Balance

This information is being furnished as the POH does not give information to determine distance as requested

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

05/21/14
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Thomas J. Robt Jr.

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

Signature: _____

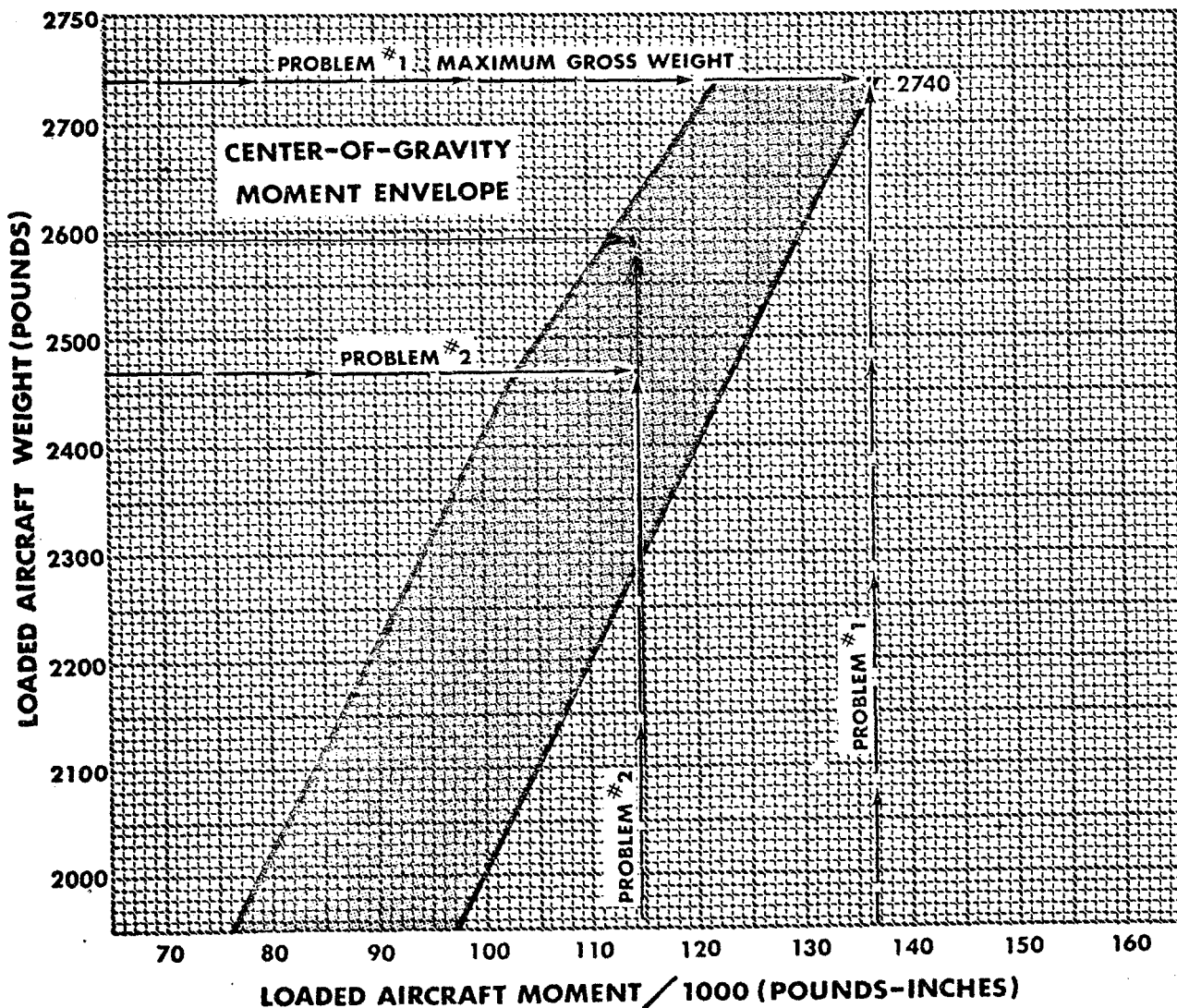
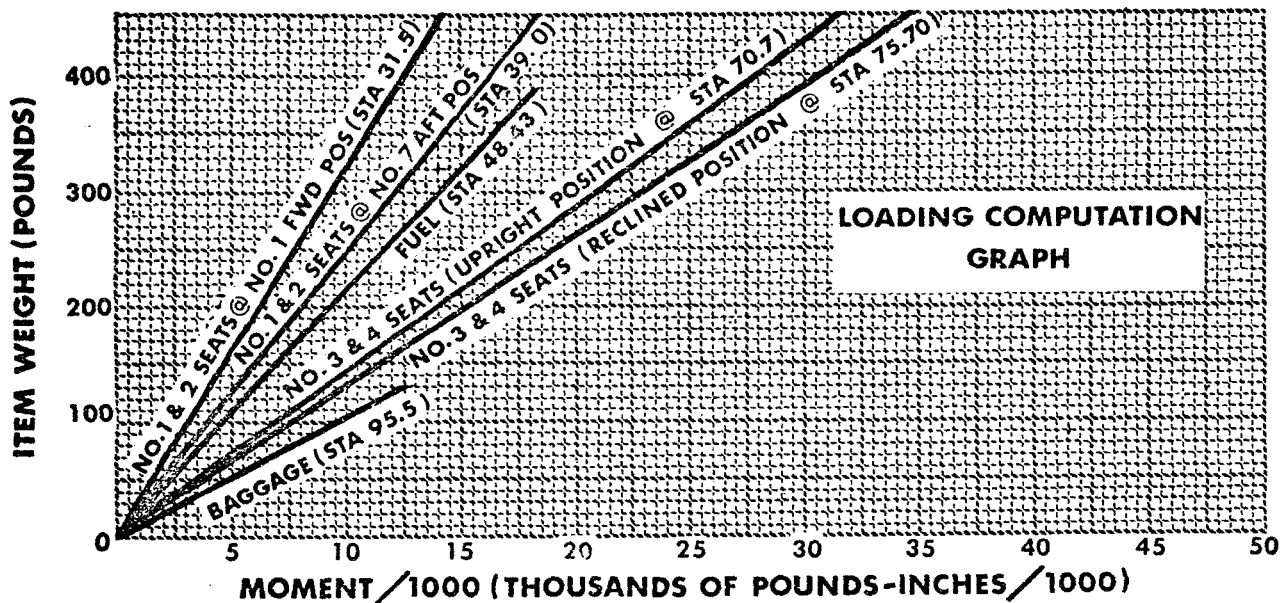
Type or Print Name: _____

Title: _____

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN14CA237Reviewed by NTSB Regional Office
Central RegionName of Investigator
LiedlerDate Report Received
05/27/2014

	Weight	Moment
Empty W.	1858	72.48
Oil	15	- .17
Pilot	250	10.5
Pass	120	6.4
Rear seat	30	4.0
Fuel 2	240	11.5
Baggage	80	9.0
Hat Rack	5	1.19
	2598	114.9

WEIGHT & BALANCE RECORD
MOONEY EXECUTIVE 21
MODEL M20F



Basic Empty Weight and Balance

Make: Mooney Date: January 22, 2014

Model: M20F

Serial No: 680006

Weighed By:

Salvatore O Capra

Registration No: N-343ED

Certificate No:

A-3220583

Reaction Wheel Jack Points	Scale Reading	Tare	Net Weight	Arm	Moment
Left Main	780.00	1.00	779.00		
Right Main	781.00	-1.00	782.00		
Sub Total	1561.00	0.00	1561.00	67.00	104587.00
Nose	669.00	3.00	666.00	-5.25	-3496.50
Total (as weighed)	2230.00	3.00	2227.00		101090.50
Total Items Table I			-384.00		-18585.60
Total Items Table II			15.00		726.00
Certified Empty Weight	2230.00	3.00	1858.00	44.80	83230.90

Table I

Items weighed but not part of aircraft	Weight	Arm	Moment
			0.00
Aircraft Weighed with Full Fuel			0.00
Remove 64 gallons @ 6 lbs / Gallon	384.00	48.40	18585.60
			0.00
Aircraft Weighed with Full Oil			0.00
			0.00
			0.00
Total	384.00		18585.60

Table II

Items not in when weighed	Weight	Arm	Moment
			0.00
Unusable Fuel	15.00	48.40	726.00
			0.00
Aircraft Weighed IAW TCDS 2A3 rev: 53			0.00
			0.00
Aircraft Weighed with JAWS Platform Scales			0.00
Calibrated and Certified 07/18/13			0.00
Serial No: 137FF0C20, 137FF9DEB, 137FF92BF			0.00
Total	15.00		726.00

On-Site Weight and Balance
5410 S Florida Av. Suite # 14
Lakeland, FL. 33813
863-206-3991

www.onsitewb.com
socapra@onsitewb.com

"A Balance of Cost and Convenience"