

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: <u>Bluffton Airport</u> State: <u>Ohio</u> ZIP: <u>45817</u> Country: <u>United States</u> Latitude: <u>40-53-07</u> (dd:mm:ss N/S) Longitude: <u>83-52-07</u> (ddd:mm:ss E/W)					Date/Time Date: <u>5-30-2014</u> Local Time: _____ mm/dd/yyyy Time Zone: <u>Eastern</u>				
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 <u>NA</u> ft MSL		
AIRCRAFT INFORMATION									
Manufacturer: <u>Cessna</u> Model: <u>172 P</u> Serial Number: <u>17274160</u> Registration Number: <u>N5495K</u> Amateur-built: ☐ Yes ☒ No					Max Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ 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: <u>4</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			
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>09/06/2013</u> mm/dd/yyyy Airframe Total Time: <u>9818.5</u> 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 ELT Activated ☒ Yes ☐ No ☐ Yes ☒ No			ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____						
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: <u>McCawley</u> Model: <u>LC160 DTM7557 MC</u>			
						Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust		Total Time (hours)	
						Time Since Inspection (hours)		Time Since Overhaul (hours)	
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy					
Eng. 1	<u>Lycoming</u>	<u>O-320-D2J</u>	<u>L-11062-39A</u>				<u>160</u>		
Eng. 2									
Eng. 3									
Eng. 4									

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Pegasus Aviation Group Inc.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Bluffton</u> State: <u>OHIO</u> ZIP: <u>45817</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	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 (Have other aircraft been damaged, completely or partially, in any way?)			
Aircraft Registration Number _____	Manufacturer: _____ Model: <u>NA</u>		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>NA</u> Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (Have there been any mechanical malfunctions or failures?)			Total Time/Cycles On Part _____ Hours _____ Cycles
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.)			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 5 miles of an airport, complete this section.)

Airport Identifier: 567 Distance From Airport Center: _____ SM
 Airport Name: BLUFFTON AIRPORT Direction From Airport: _____ degrees MAG
 Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 851 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 ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☒ Full Stop ☐ Unknown

Runway Information

Runway ID: 05 (L/R/C) Length: 4121 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: <u>567</u> City: <u>BLUFFTON</u> State: <u>OHIO</u> Country: <u>USA</u>	Time of Departure Time: <u>17.15</u> Time Zone: <u>Eastern Daylight Saving</u>	Destination Airport ID: <u>567</u> City: <u>BLUFFTON</u> State: <u>OHIO</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)

25 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: FDY

Observation Time: 17:15Z

Time Zone: EASTERN

Distance from Accident Site: 13 NM

Direction from Accident Site: 050 degrees MAG

Source of Weather Information

(Check all that apply)

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

Method of Briefing

(Check all that apply)

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

Briefing Type/Completeness

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

Light Condition

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

Visibility

10 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

Clear - none ft AGL

Ceiling Height

none ft AGL

Wind Direction

☐ Indicated: 070 degrees MAG

☐ Variable

Wind Speed

Velocity: 6-8 KTS

-or-

- ☐ Calm
☒ Light and Variable

Wind Gusts

Velocity: 0 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

None - NA

Temperature: _____ (C)
 or _____ (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

Dew 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																																																																																																				
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Pilot "A" Identification First Name: <u>John</u> City: <u>Rawson</u> Middle Initial: <u>M</u> State: <u>OHIO</u> ZIP: <u>45881</u> Last Name: <u>Heldman</u> Country: <u>United States</u> Age at time of Accident/Incident: <u>57</u> 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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Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days																																																																																																				
Last 30 Days																																																																																																				
Last 24 Hours																																																																																																				

ADDITIONAL FLIGHT CREW MEMBERS (Continued from page 1 of this report)																
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____			☐ 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								
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: _____			☐ 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								
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: _____			☐ 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								
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										
PASSENGER(S) / OTHER PERSONNEL (Continued from page 1 of this report)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____																
Last Name: _____																
City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
State: _____																
ZIP: _____																
Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
First Name: _____																
Middle Initial: _____																
Last Name: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
City: _____																
State: _____																
ZIP: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Country: _____																
First Name: _____																
Middle Initial: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Last Name: _____																
City: _____																
State: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
ZIP: _____																
Country: _____																
First Name: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____																
Last Name: _____																
City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
State: _____																
ZIP: _____																
Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
First Name: _____																
Middle Initial: _____																
Last Name: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
City: _____																
State: _____																
ZIP: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Country: _____																
First Name: _____																
Middle Initial: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Last Name: _____																
City: _____																
State: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
ZIP: _____																
Country: _____																

NARRATIVE HISTORY OF FLIGHT

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.

I previously had completed 10 Touch and goes with my instructor. He then instructed me to do (2) touch and goes and then a final take off with a landing coming to a complete full stop.

on my final approach to the field I was on my glide path at 60 kts. A slight gust of wind lifted my right wing and blew me towards the left. By the time I squared back up I had left up some pressure on the yoke and did not get my flare and came down and blew a tire out on the front tire and damaged the prop and lower fire wall.

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.

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

Date of this Report

06/05/2014
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [Redacted]

Type or Print Name:

John M. Heldman

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.

CEN14CA274

Reviewed by NTSB Regional Office

CEN

Name of Investigator

Leah Yeager

Date Report Received

6/5/2014