

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: silver city State: nm
 ZIP: 88061 Country: usa
 Latitude: _____ (dd mm:ss N/S) Longitude: _____ (ddd mm:ss E/W)

Date/Time

Date: 1/3/2014 Local Time: 3:15
 mm/dd/yyyy Time Zone: mt st

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: pa-24-250

Serial Number: 1697

Registration Number: 6767P

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2,800 lbs

Weight at Time of Accident/Incident: 2,400 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: 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: 4/30/13
 mm/dd/yyyy

Airframe Total Time: 4,500 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 Aided in Locating Accident/Incident

☐ Yes ☒ No

ELT Manufacturer: _____

Model/Series: _____

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

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: _____

Model: _____

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-540			250	4,500	24	1,600
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>gregory k hudson</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>deming</u> State: <u>nm</u> ZIP: <u>88031</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 <u>2</u> ☒ 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 (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) ☐ 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.) <u>landing gear collapse on the roll out after landing</u>		Total Time/Cycles On Part <u>4,500</u> Hours _____ Cycles Time Since This Part Inspected/Overhauled <u>24</u> 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)

prop strike, belly skin, and formers damaged & Brake & P.T.O tube damage

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: SVUDistance From Airport Center: on Airport SMAirport Name: Silver City Grant Co

Direction From Airport: _____ degrees MAG

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

Airport Elevation: _____ ft. MSL

Approach Segment (Select one)☐ On Instrument Approach
☐ Crosswind☐ Landing
☐ Downwind☐ Base leg
☐ Low Approach☐ Final☐ Aborted Landing (after touchdown)☐ Go Around**IFR Approach** (Check all that apply)☒ None
☐ ADF/NDB
☐ SDF
☐ VOR/TWOR
☐ VOR/DME
☐ TACAN☐ PAR
☐ Sideslip
☐ ILS
☐ Localizer Only
☐ LOC-back course
☐ RNAV☐ MLS
☐ LDA
☐ ASR
☐ Visual
☐ Contact
☐ Circling☐ Practice
☐ GPS
☐ Loran
☐ Unknown**VFR Approach** (Check all that apply)☐ None
☐ Traffic Pattern
☐ Straight-In
☐ Valley/Terrain Following
☐ Go Around
☐ Full Stop☐ Stop and Go
☒ Touch and Go
☐ Simulated Forced Landing
☐ Forced Landing
☐ Precautionary Landing
☐ Unknown**Runway Information**Runway ID: 26 (L/R/C) Length: 6300 ft Width: 100 ft**Runway/Landing Surface** (Check all that apply)☐ Asphalt
☐ Concrete
☐ Dirt☐ Grass/Turf
☐ Gravel
☐ Ice☐ Macadam
☐ Metal/Wood
☐ Snow☐ Water
☐ Unknown**Condition of Runway/Landing Surface** (Check all that apply)☒ Dry
☐ Holes
☐ Ice Covered
☒ Rough
☐ Rubber Deposits
☐ Slush Covered☐ Snow-Compacted
☐ Snow-Crusted
☐ Snow-Dry
☐ Snow-Wet
☐ Soft
☐ Vegetation☐ Water-Calm
☐ Water-Choppy
☐ Water-Glassy
☐ Wet
☐ Unknown**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: dmnCity: demingState: nmCountry: usa**Time of Departure**Time: 2:30Time Zone: mt std**Destination**Airport ID: dmnCity: demingState: nmCountry: usa**Type Flight Plan Filed**☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFRActivated? ☐ Yes ☐ No**Type of ATC Clearance/Service** (Check all that apply)☒ None
☐ VFR☐ Special VFR
☐ IFR☐ Special IFR
☐ VFR On Top☐ VFR Flight Following
☐ Traffic Advisory☐ Cruise
☐ Unknown / NA**Airspace where the accident/incident occurred** (Check all that apply)☐ Class A
☐ Class B
☐ Class C
☐ Class D☐ Class E
☐ Class G
☐ Demo Area
☐ Warning Area☐ Prohibited Area
☐ Restricted Area
☐ Military Operations Area (MOA)
☐ Airport Advisory Area☐ Jet Training Area
☐ TRSA
☐ FAR 93☐ Special
☐ Air Traffic Control Area
☐ Unknown**Aircraft Load Description** (Check all that apply)☒ None
☐ Passengers
☐ Cargo☐ Towing Glider
☐ Towing Banner
☐ Other External☐ Parachutists
☐ Water
☐ Chemical/Fertilizer/Seeds☐ Livestock
☐ Unknown**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**
(convert from pounds, as necessary)36 Gallons**Fuel Type**☐ 80/87
☒ 100 Low Lead
☐ 100/130☐ 115/145
☐ Jet A
☐ Automotive☐ JP3
☐ JP4
☐ JP5☐ Other, specify _____

Other Services, if Any, Prior to Departure

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: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information
(Check all that apply)

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

Method of Briefing
(Check all that apply)

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

Briefing Type/Completeness

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

Light Condition

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

Visibility50 miles**Sky/Lowest Cloud Condition**

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

Ceiling

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

Restriction to Visibility (Check all that apply)

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

Lowest Cloud Condition Height

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
Type of Turbulence (Check all that apply)

- ☐ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

 Temperature: _____ (C)
 or 66 (F)

 Altimeter Setting: _____ In. HG
 or _____ MB

Density Altitude: _____ ft

 Dew Point: _____ (C)
 or _____ (F)
Icing Forecast
Amount

- ☐ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual
Amount

- ☐ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☐ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
- ☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

PILOT "A" 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>Gregory</u> City: <u>Deming</u> Middle Initial: <u>R</u> State: <u>NM</u> ZIP: <u>88031</u> Last Name: <u>Hudson</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>60</u> Date of Birth: <u>[REDACTED]</u> Certificate Number: <u>[REDACTED]</u>											
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) ☐ New ☐ 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>430200124</u> <u>03/15/12</u> mm/dd/yyyy					
Medical Certificate Limitations opof											
Medical Certificate Waivers opof											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11-15-12</u> <u>220200123</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA-24-250</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)					
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
Total Time		900	350401	900		15	10				
Pilot in Command (PIC)		900	350401	850401		15	10				
Time as Instructor											
This Make/Model											
Last 90 Days			9								
Last 30 Days			1								
Last 24 Hours			1								

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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ 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
Total Time							Actual	Simulated			
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 ☐ 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: _____	☐ 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 ☐ 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: _____	☐ 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 ☐ 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: _____	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: _____	☐	☐
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: _____	☐	☐

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.

Normal approach gear down on downwind with down
indicated light main touchdown & firm
main touchdown & rollout on nose gear and it
collapsed and aircraft skidded to a stop

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

Operator/Owner Safety Recommendation

on runway

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

1-20-2014

2010125

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: *hsl hpszl l vet po**Gregory K. Hulsan*

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.

CEN14LA107

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

T. Sorensen

Date Report Received

21 January 2014