

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 Name: <u>0-17 Marion</u> State: <u>IA</u> On: <u>02/10/2014</u> County: <u>Central States</u> Location: <u>64.55 N</u> (Latitude N/S) Longitude: <u>71.53 W</u> (Longitude E/W)		Date/Time Date: <u>02/10/2014</u> Local Time: <u>2:30pm CT</u> Time Zone: <u>Central</u>	
Basic Operations ☐ Landing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Manoeuvring ☐ Other ☐ Descent ☐ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Mid-air ☐ On-ground ☐ None	
		Altitude of In-Flight Occurrence _____ ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Pitts</u> Model: <u>PA-46</u> Serial Number: <u>9623104</u> Registration Number: <u>N530AR</u>		Max Gross Weight: <u>4300</u> lbs Weight at Time of Accident/Incident: <u>3663</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>138.97</u> inches from _____ Percent Mean Aerodynamic Chord (% MAC)	
Categories of Aircraft ☐ Light ☐ Medium ☐ Heavy ☐ Transport ☐ Other		Type of Airworthiness Certificate (Check all that apply) Standard: ☐ Normal ☐ Utility ☐ Aerobatic ☐ Transport Special: ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	
Number of Seats: <u>6</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear: ☒ Retractable Check any additional landing gear configuration that applies: ☐ Tailwheel ☐ High Wing ☐ Skid ☐ Ski/Wheel	

Type of Maintenance Program ☐ None ☐ Continuous (Aircraft built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AIP) ☐ Continuous Airworthiness Other, specify: _____		Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AIP ☐ Conditional Inspection ☒ Annual ☐ Unknown		Date Last Inspection: <u>07/11/2013</u> (month/day/year)	
ELT 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: <u>Artex</u> Model/Serial: <u>ME406 P/N 452-6603</u> Serial Number: <u>197-03796</u> Battery Type: <u>Lithium</u> Battery Exp. Date: <u>5/2016</u>			
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Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Prop ☐ Turbo Shaft ☐ Unknown		Reciprocating Fuel System Type ☐ Carburetor ☐ Fuel Injected		Propeller ☐ Fixed Pitch ☒ Constant Pitch	
Manufacturer: <u>Hartzell</u> Model: <u>HC-12VR-18E/FX4K</u>					

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. (month/day/year)	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>IO540AE2A</u>	<u>L-6584-41A</u>	<u>10/30/1998</u>	<u>350</u>	<u>2802</u>	<u>44.5</u>	<u>96.49</u>
Eng 2								
Eng 3								
Eng 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Abode Construction, Inc.

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft ☒ Same As Registered Owner

Name: Jeffery A. Witter

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

Owner Address: business address

City: [REDACTED]

State: LA ZIP: 52302

Country: United States

Operator Address: ☐ Same As Registered Owner

home City: [REDACTED]

State: LA ZIP: 52316

Country:

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 101 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Nightseeing Flight

☐ Yes ☐ No

Air Medical Flight

☐ Yes ☐ No

Purpose of Flight

for FAR 91, 101, 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, 119, 135 (select one)

- ☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International

- ☒ Domestic ☐ International

Cargo Operation

- ☐ Passenger/Cargo
☒ Passenger 241 C How many?
☐ Cargo 10 lbs
☐ Mail

Type of Commercial Operating Certificate Held

(Check all that apply)

- ☐ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carrier (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (137)
☐ Large Helicopter (127)
☐ Rotocraft 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.)

*front landing gear, wheel didn't
straighten out*

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 (see additional sheet if necessary)

Nose wheel
Firewall
Prop
Cowling
Motor Mount

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

Airport Identifier: C-17 Distance From Airport Center: 5M
 Airport Name: Marion, IA Direction From Airport: degrees MAG
 Proximity to Airport ☐ Off Airport/Airway ☐ On Airport ☒ On Airport Airport Elevation: 860 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)
☒ Visual ☐ PAR ☐ MLS ☐ Precision ☐ Step and Go
☐ ADF/INSR ☐ Sensitive ☐ LDA ☐ GPS ☐ Touch and Go
☐ SDF ☐ ILS ☐ ABR ☐ Low ☐ Simulated Forced Landing
☐ VOR/TWOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ Forced Landing
☐ VOR/OME ☐ LOC back course ☐ Contact ☐ Precursory Landing
☐ TACAN ☐ RNAV ☐ Circling ☐ Unknown

Runway Information
 Runway ID: 35 (LWC) Length: 3900 ft Width: 50 ft
Runway/Landing Surface (Check all that apply)
☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Condition of Runway/Landing Surface (Check all that apply)
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dry ☒ Subst. Impacted ☐ Water-Calm
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown ☐ Ice Covered ☐ Snow-Covered ☐ Water-Choppy
☐ Rough ☐ Snow-Dry ☐ Snow-Wet ☐ Water-Glasy
☐ Rubber Deposits ☐ Soil ☐ Vegetation ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KFMV</u> City: <u>FL, Myers</u> State: <u>FL</u> Country: <u>United States</u>	Time of Departure Time: <u>8:25 am</u> Time Zone: <u>ET</u>	Destination Airport ID: <u>C-17</u> City: <u>Marion</u> State: <u>IA</u> Country: <u>United States</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 Go 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 ☐ Dense 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 ☐ Parachutist ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, if necessary)
120 Gallons
Fuel Type
☒ 100LL ☐ 115/145 ☐ JP1 ☐ Other, specify _____
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Aviatrac ☐ JP5

Other Services, if Any, Prior to Departure KFMV -
FBO moved aircraft from ramp to tie down area.

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

Normal

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>CID</u> Observation Time: <u>2:25 pm</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>20</u> NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Aviation 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 ☐ Dimple Night ☐ Not Reported		Visibility <u>12</u> miles
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☒ Some (trace) ☐ 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 <u>N/A</u> ft AGL		Ceiling Height <u>N/A</u> ft AGL		
Wind Direction ☐ Indicated <u>340</u> degrees MAG ☐ Variable	Wind Speed Velocity: <u>09</u> KTS ☐ Calm ☐ Light and Variable	Wind Gusts Velocity: <u>N/A</u> KTS ☐ Gusting ☐ Not Gusting	Type of Turbulence (Check all that apply) ☒ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Moderate ☐ Severe ☐ Moderate Chop ☐ Light	

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

Temperature: _____ (C) or <u>-17</u> (F) Altimeter Setting: <u>30.19</u> in. Hg or _____ MB Density Altitude: <u>600</u> ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Sleet ☐ Hail ☐ Rain Showers ☐ Freezing Rain ☐ Snow Shower ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Ice Pellets Shower ☐ Freezing Drizzle
	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	

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: Jeffery City: Springville
 Middle Initial: A State: IA ZIP: 52336
 Last Name: W. Lee Country: United States
 Age at time of Accident/Incident: 54 Date of Birth: [REDACTED] Certificate Number: [REDACTED]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☒ None ☐ Minor ☐ Serious	☒ Left ☐ Right ☐ Center	☐ Forward ☐ Rear ☐ Unknown	☐ Used ☐ Available
☐ Fatal ☐ Unknown	☐ Forward ☐ Rear ☐ Single	☐ Lined ☐ Available	☐ Yes ☐ No ☐ 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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 1 ☐ Class 2	☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	<u>07/24/2013</u> mm/dd/yyyy
	☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Unknown		

Medical Certificate Limitations

must have available glasses for near vision

Medical Certificate Waivers

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Check: 02/26/2012
mm/dd/yyyy

Flight Review Aircraft

Make: Piper
Model: PA-46

Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift
			☐ Instrument Airplane ☐ Instrument Helicopter ☐ Glider ☐ Sport

Type Ratings

Student Endorsements (include date)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	Day VFR & Night	Airplane Single-Engine	Airplane Multiengine	Night	Instrument		Recreational	Glider	Lighter Than Air
						Actual	Standard			
Total Time	2193	1200	2193	NA	70	2195				
Time as Pilot (PIC)	2153	1200	2153	NA	81	2195				
Time as Instructor										
Time as Student										
Time as Observer										
Time as Pilot (PIC)										
Time as Instructor										
Time as Student										
Time as Observer										
Time as Pilot (PIC)										
Time as Instructor										
Time as Student										
Time as Observer										

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: _____ 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

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 ☐ 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	Simulator			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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.

Monday, February 10, 2014 8:25 AM ET ¹⁴⁰²²⁸ Flight departed KFMV, Page Field, Fort Myers, FL enroute to C-17, Marion, IA. - ^{house} ^{base}

Number onboard (2), including Jeffery A. Witter (pilot) and wife, Sarah J. Witter. Services at KFMV included tie-down and fueling.

Beautiful day with VFR flight conditions for nearly entire flight. Arrived C-17, Marion, IA approx 2:30 pm Central time. Skies clear / VFR flight rules applied.

Approach to land was 3 mile final from the south for runway 35, Marion.

Wind out of the North at approx. 10 kts.

Runway conditions: asphalt surface, mostly dry with patchy compacted snow, which was not a factor in landing. Nice flare on landing with main gear touch down + rollout. When nose gear touched down, it caused a violent pulling to the left. Pilot applied right rudder / right brake however was unable to keep aircraft from veering to left and into a 2 ft high bank of snow, several feet off the runway.

Aircraft came to rest in the snow, left wheel collapsed + prop strike. No injuries sustained by pilot or passenger. Pilot very familiar with airport and runway, airplane know base.

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

02/18/2014
month/day/year

Signature of

Signature

Type or Print Name // 920001 A. W. Her

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.

GEN14LA138

Reviewed by NTSB Regional Office

CHICAGO, IL

Name of Investigator

MG

Date Report Received

02/11/14