

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: Lancaster State: Ohio
 ZIP: 43112 Country: USA
 Latitude: N39:45:20.4 (dd:mm:ss N/S) Longitude: W82:39:25.8 (ddd:mm:ss E/W)

Date/Time

Date: 05/06/2014 Local Time: 21:30
 mm/dd/yyyy Time Zone: Eastern

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

1,700 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Piper

Model: PA-32-300

Serial Number: 32-40917

Registration Number: N5222S

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3,400 lbs

Weight at Time of Accident/Incident: 2,864 lbs

Location of Center of Gravity at Time of Accident/Incident:

82.09 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: 6

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: 12/05/2013
 mm/dd/yyyy

Airframe Total Time: 3,055 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 Hand-held extinguisher

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: Larago Electronic Mfg., Inc.

Model/Series: TX-1005-7

Serial Number: 1719

Battery Type: Alkaline Battery Pack BP-1005

Battery Exp. Date: 03/2015

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: HC-C2YK-1BF

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	Lycorning	IO-540-K1A5	L-15746-48A	12/13/2001	300	8,508	39	611
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Chris Smith</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Lancaster</u> State: <u>Ohio</u> ZIP: <u>43130</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)

Propeller bent, landing gear sheared-off of fuselage/wings, left wing bent. All other damage unknown at this time.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KLHQDistance From Airport Center: 1 SMAirport Name: Fairfield CountyDirection From Airport: 280 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 868 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: 10 (L/R/C) Length: 5,004 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: KLHQCity: LancasterState: OhioCountry: USA**Time of Departure**Time: 21:20Time Zone: Eastern**Destination**Airport ID: KLHQCity: LancasterState: OhioCountry: 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☐ 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)

80 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 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

Exit was made through the cockpit door on the right side of the aircraft. The passenger exited first with the PIC exiting through the same door thereafter (only 1 access/exit door from the cockpit for this aircraft, located on the right side over the wing).

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KLHQObservation Time: 21:15Time Zone: EasternDistance from Accident Site: 1 NMDirection from Accident Site: 100 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 |

Visibility10 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:
70 degrees MAG☐ Variable**Wind Speed**Velocity: 6 KTS

-or-

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

Wind Gusts

Velocity: _____ 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

Temperature: 16 (C)
or 60 (F)Altimeter Setting: 29.98 in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: 6 (C)
or 42 (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: John City: Canal Winchester
 Middle Initial: H. State: Ohio ZIP: 43110
 Last Name: Moorman Country: USA
 Age at time of Accident/Incident: 42 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

03/13/2014
 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

03/07/2014
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: 172

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

Complex Airplane Endorsement - 04/05/2014
 High Performance Airplane Endorsement - 04/05/2014

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	100	4	100	0	13	0	3	0	0	0
Pilot in Command (PIC)	50	4	50	0	9	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	8	4	8	0	1	0	0	0	0	0
Last 30 Days	4	3	4	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	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: _____

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	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						
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military						
☐ Foreign														
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						
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military						
☐ Foreign														
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						
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military						
☐ Foreign														
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: Chris				City: Lancaster	2	☐	☐	☐	☐	☐	☐	☐	☒	☐
Middle Initial: _____		State: Ohio		ZIP: 43130										
Last Name: Smith		Country: USA												
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.

On 05/06/14 I (John Moorman) arrived at KLHQ to conduct pattern work, take-offs and landings.

Upon arrival at the airport, I moved the aircraft out of the hanger for preflight. While conducting the preflight, Chris Smith arrived and began assisting me in preflighting the aircraft. No concerns were identified during the preflight.

After both Chris and I boarded the aircraft (I as PIC and Chris as passenger), I started the engine and checked the weather via the KLHQ ASOS. Winds were favoring runway 10. I then taxied and held short of runway 10 to perform a normal run-up. No operational issues with the aircraft were observed during the run-up and the aircraft performed as expected.

After entering runway 10, I performed a normal take-off with the aircraft in a normal take-off configuration. I made left traffic in the pattern. On downwind (abeam the numbers for runway 10), I performed a normal GUMPS check. I completed the pattern circuit by performing a normal landing with the aircraft configured for a normal landing.

After the gear was on the ground and while still rolling, I configured the aircraft for a normal take off, accelerated to take-off speed and lifted-off for a second trip around the pattern. While on the downwind leg of the pattern (when abeam the numbers for runway 10), I again performed a normal GUMPS check. I continued flying a normal pattern and began configuring the plane for a normal landing.

As I turned from base to final, I attempted to add power while I was establishing my descent to the runway. When I advanced the throttle, the engine did not respond. I verified my hand was on the throttle and that the prop and mixture controls were full forward (full rich, high RPM). I then attempted to advance the throttle again with no response from the engine. I then announced to Chris Smith that we had lost the engine. Chris asked if I was kidding and I responded that I was not. Chris and I immediately began to trouble shoot the issue. I began by attempting to find a suitable landing area. Due to the light conditions at the time, I was only able to identify light and dark objects/shapes. I attempted to put the aircraft in an area where there appeared to be no solid objects, while not losing too much airspeed or altitude through excessive maneuvering. While I was doing this, Chris began verbally communicating engine out procedures and we both started performing tasks in attempt to re-start the engine. During this time, we cycled the electric fuel pump off and then back on, switched fuel tanks, cycled the prop control and throttle control, checked circuit breakers, etc. I then focused my attention on the upcoming landing while Chris continued attempts to start the engine by engaging the starter using the ignition key.

When it appeared imminent that we were going to touchdown, I flared the aircraft and attempted to slow as much as possible and I did see the red stall warning light illuminate intermittently on the left side of the panel just before touchdown. The aircraft initially touched down on the front/top of a small rise, floated (became airborne), touched down a second time and began skidding. Near the end of the skid, the aircraft turned to the left. The aircraft came to rest in a grassy field approximately .5 miles off of/in line with the approach end of runway 10 (NNW of the barn located at 1550 Schwartz Pl. Carroll, OH 43112). This occurred at approximately 21:30 local.

I estimate the total elapsed time of the emergency was 45 sec. to 1 min. (from the time I announced the emergency until the time we touched down).

Continued on Page 11 of this report....

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.

Continued from Page 10, "NARRATIVE HISTORY OF FLIGHT"...

Chris and I immediately exited the aircraft and moved a safe distance away. 911 was then contacted after we assessed ourselves for injuries. After the call to 911 was completed and we were able to confirm our location in relation to the airport, we waited for the Fairfield County Sheriff and the Ohio State Highway Patrol to arrive. After the authorities arrived, I removed our personal belongings from the aircraft (headsets, knee-boards, flight bag). At the same time, Chris deactivated the ELT.

During a conversation with Chris Smith and the authorities at the scene, I indicated that I did not think the engine stopped. It appeared to me that the engine had decelerated to idle and the throttle had simply stopped responding (i.e. mechanical failure of the throttle assembly). This is my assessment of what appeared to have happened.

This is my recollection of the events relating to the incident that occurred on May 6, 2014.

Additional information for "Airframe Total Time" - the original documentation for the airframe had been lost. This is noted in the aircraft documentation that is currently in the possession of the FAA. The total airframe time listed in the aircraft (airframe) maintenance logs is what has been reported above.

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

Date of this Report

05/13/2014

mm/dd/yyyy

Signature and Title of Pilot/Operator

Signature: _____

05/13/14

Type or Print Name: John H. Moorman

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.

CEN14CA233

Reviewed by NTSB Regional Office

DALLAS

Name of Investigator

LINDBERG

Date Report Received

5/13/14