

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>Ray</u> State: <u>MI</u> ZIP: <u>59819</u> Country: <u>USA</u> Latitude: <u>42:74 N</u> (dd:mm:ss N/S) Longitude: <u>82:89 W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>10/15/2015</u> Local Time: <u>1810</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern (EDT)</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 632 ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>PLAMBECK MICHAEL K (Comp Air Inc.)</u> Model: <u>CA8 (Comp Air 8)</u> Serial Number: <u>0652843</u> Registration Number: <u>N224MS</u> Amateur-built: ☒ Yes ☐ No		Max Gross Weight: <u>5,600</u> lbs Weight at Time of Accident/Incident: <u>4,496</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>51.64</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☐ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Acrobatic</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Transport</td> <td>☒ Experimental</td> </tr> <tr> <td></td> <td>☐ Special Flight</td> </tr> <tr> <td></td> <td>☐ Light Sport</td> </tr> </table>	Standard	Special	☐ Normal	☐ Restricted	☐ Utility	☐ Limited	☐ Acrobatic	☐ Provisional	☐ Transport	☒ 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: ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown
Standard	Special																
☐ Normal	☐ Restricted																
☐ Utility	☐ Limited																
☐ Acrobatic	☐ Provisional																
☐ Transport	☒ Experimental																
	☐ Special Flight																
	☐ Light Sport																

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>11/09/2014</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>184</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident
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IFR Equipped ☒ Yes ☐ No ☐ Unknown	Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown	Type of Fire Extinguishing System ☐ None ☒ Specify <u>hand held Halon</u>
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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>Avia</u> Model: <u>Part Number V508D/7</u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	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	Walter	M601 EXP	871015	1987	657	4,248	222	222
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Paul R and Pin A Boak</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Clinton Township</u> State: <u>MI</u> ZIP: <u>48036</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>Paul R Boak</u> 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 (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) - 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.) Investigation is ongoing.			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 <i>(use additional sheet if necessary)</i> Left wing damaged and separated from aircraft Right wing, tail, cowling, cargo pod, and fuselage damaged Landing gear damaged and separated from aircraft Prop damaged and separated from aircraft Windows damaged Instrument panel damaged Engine damaged			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>57D</u>		Distance From Airport Center: <u>0</u> SM	
Airport Name: <u>Ray Community Airport</u>		Direction From Airport: <u>on airport</u> degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip		Airport Elevation: <u>632</u> ft. MSL	
Approach Segment <i>(Select one)</i> ☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling		VFR Approach <i>(Check all that apply)</i> ☐ 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: <u>27</u> (L/R/C) Length: <u>2,495</u> ft Width: <u>60</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KANB</u> City: <u>Anniston</u> State: <u>AL</u> Country: <u>USA</u>		Time of Departure Time: <u>1315</u> Time Zone: <u>Central</u>	
Destination Airport ID: <u>57D</u> City: <u>Ray</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	
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☐ 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 <i>(convert from pounds, as necessary)</i> <u>250</u> 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 None			

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 1 occupant (pilot) shut off the fuel valves and condition lever, unbuckled the seat belt, and exited the aircraft through the left side pilot door											
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE											
Weather Observation Facility Facility ID: <u>KMTC</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: <u>8</u> NM Direction from Accident Site: <u>170</u> degrees MAG		Source of Weather Information <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		Restriction to Visibility <i>(Check all that apply)</i> ☐ 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 ☐ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown									
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 <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 No NOTAMs for 57D											
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast <table style="width: 100%;"> <tr> <th style="text-align: center;">Amount</th> <th style="text-align: center;">Type</th> </tr> <tr> <td> ☐ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light </td> <td> ☐ Rime ☐ Clear ☐ Mixed </td> </tr> </table> Icing Actual <table style="width: 100%;"> <tr> <th style="text-align: center;">Amount</th> <th style="text-align: center;">Type</th> </tr> <tr> <td> ☐ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light </td> <td> ☐ Rime ☐ Clear ☐ Mixed </td> </tr> </table>		Amount	Type	☐ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light	☐ Rime ☐ Clear ☐ Mixed	Amount	Type	☐ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light	☐ Rime ☐ Clear ☐ Mixed
Amount	Type										
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Amount	Type										
☐ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light	☐ Rime ☐ Clear ☐ 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: <u>Paul</u> Middle Initial: <u>R</u> Last Name: <u>Boak</u> City: <u>Clinton Township</u> State: <u>MI</u> ZIP: <u>48036</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>46</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] + 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) <i>(Check all that apply)</i> ☐ None ☐ Student ☐ Recreational ☒ Private ☐ Flight Instructor ☐ Sport ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ 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>09/17/2014</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations Must have available glasses for near vision.																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01/21/2015</u> mm/dd/yyyy						Flight Review Aircraft Make: <u>PLAMBECK MICHAEL K (Comp Air Inc.)</u> Model: <u>CA8</u>																																																																																														
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane Single-Engine ☐ Instrument Airplane ☐ Airplane Multi-Engine ☐ Instrument Helicopter ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Glider ☐ Sport																																																																																														
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>948</td> <td>49</td> <td>948</td> <td>0</td> <td>40</td> <td>46</td> <td>65</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>911</td> <td>49</td> <td>911</td> <td>0</td> <td>40</td> <td>46</td> <td>65</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td colspan="5" style="background-color: black;"></td> <td>0</td> <td>0</td> <td>0</td> <td colspan="2" style="background-color: black;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>30</td> <td>25</td> <td>30</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>22</td> <td>20</td> <td>22</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>4</td> <td>4</td> <td>4</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>											Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	948	49	948	0	40	46	65	0	0	0	Pilot in Command (PIC)	911	49	911	0	40	46	65	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	30	25	30	0	0	0	0	0	0	0	Last 30 Days	22	20	22	0	0	0	0	0	0	0	Last 24 Hours	4	4	4	0	0	0	0	0	0	0
Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
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Pilot in Command (PIC)	911	49	911	0	40	46	65	0	0	0																																																																																										
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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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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)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> <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> </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: _____			☐ 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						
										☐ Rear						
										☐ 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						
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										☐ Rear						
										☐ Single						
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First Name: _____			City: _____			☐ None		☐ Fatal								
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										☐ Front						
										☐ Rear						
										☐ 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)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address																
First Name: _____			City: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													
First Name: _____			City: _____													
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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.

Departed KANB at 1315 central time for 57D, Ray Community Airport. Entered landing pattern for runway 27 at 57D at approximately 1805 eastern time. Entered left downwind for 27; abeam the landing spot, I put in 10 degrees of flaps; turned left base; and then turned left final. On short final, I put in full flaps. Shortly after full flaps were in, the left wing dropped. I attempted to correct the low left wing by adding full right aileron and rudder. The lowered left wing did not respond to the aileron and rudder inputs. The left wing was getting close to the ground and the plane was turning left. I decided to go around to get the left wing control corrected. I applied power, the nose raised, but the left turn seemed to steepen. Because the turn was increasing, I decided to reduce power and prepare for impact as I could not stop the left turn. The plane began to descend while holding aileron and rudder corrections. The left wing tip contacted the ground and the plane came to rest on the west side of 18/36 and the south side of 09/27. I remained conscious throughout the impact. When the plane stopped moving, I shut off both wing tank fuel valves. I pulled the condition lever to off. The engine continued to run. I unbuckled my seatbelt and exited the plane. I walked to the first responders and got in their truck. The engine continued to run for about 15 minutes after impact.

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

Operator/Owner Safety Recommendation

Not certain at this time as the investigation is ongoing.

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 10/20/2015 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>Paul R Boak</u>
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Signature and Name of Person Filing Report if Other than Pilot/OperatorSignature: _____
Type or Print Name: _____
Title: _____**FOR NTSB USE ONLY**

NTSB Accident/Incident No. CEN16LA017	Reviewed by NTSB Regional Office Denver, Colorado	Name of Investigator Jennifer S. Rael	Date Report Received 11-16-15
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