

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: <u>Adam</u> City: [REDACTED] Middle Initial: <u>J</u> State: [REDACTED] Last Name: <u>Molny</u> Country: [REDACTED] Age at time of Accident/Incident: <u>54</u> Date of Birth: [REDACTED] Certificate: [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) (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 <u>03/19/2015</u> mm/dd/yyyy																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/2/2014</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Cessna</u> Model: <u>172</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) —																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <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> </thead> <tbody> <tr> <td>Total Time</td> <td>141.6</td> <td>32.1</td> <td>133.5</td> <td>8.1</td> <td>10.8</td> <td>89</td> <td>68</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>130.2</td> <td>32.1</td> <td>126.3</td> <td>38.5</td> <td>10.5</td> <td>89</td> <td>68</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>30.7</td> <td>32.1</td> <td>30.6</td> <td>1</td> <td>8</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>12.4</td> <td>14.5</td> <td>10.5</td> <td>1.9</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>3.5</td> <td>14.5</td> <td>2.9</td> <td>6</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </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	141.6	32.1	133.5	8.1	10.8	89	68				Pilot in Command (PIC)	130.2	32.1	126.3	38.5	10.5	89	68				Time as Instructor	30.7	32.1	30.6	1	8	0	0				This Make/Model					0	0	0				Last 90 Days	12.4	14.5	10.5	1.9	0	0	0				Last 30 Days	3.5	14.5	2.9	6	0	0	0				Last 24 Hours	0	0	0	0	0	0	0			
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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.

We departed KEZS and flew about 10 miles west to practice holding patterns and the TAWS escape maneuver (maximum performance climb). We then briefed and performed an emergency descent in accordance with the aircraft checklist.

For the descent the plane was configured with propeller set to high rpm and the throttle at idle. We established a 15-20 degree nose-down attitude and the airspeed stabilized around 170 KIAS.

During the descent we experienced an engine overspeed. We terminated the maneuver and leveled off. At this point the engine was backfiring and not producing full power. We attempted an engine restart per the checklist but were unsuccessful. We then performed an off-airport landing.

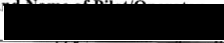
RECOMMENDATION (How could this accident/incident have been prevented?)

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 <u>12/04/2015</u> mm/dd/yyyy	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>Adam Molay</u>		
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. CEN16LA043	Reviewed by NTSB Regional Office Central	Name of Investigator Folkerts	Date Report Received 12/4/2015