

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: PONTIAC State: MI
 ZIP: 48327 Country: USA
 Latitude: 42.67N (00:00:00 N/S) Longitude: 83.42 W (000:00:00 E/W)

Date/Time

Date: 12/5/2015 Local Time: 7:30 PM
 mm/dd/yyyy Time Zone: EST

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

20 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: KPTK
 Observation Time: 7 PM
 Time Zone: EST
 Distance from Accident Site: .25 NM
 Direction from Accident Site: 90 E 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

Visibility

1/2 SM 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

300 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 ☐ 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

Temperature: _____ (C)
 or _____ (F)

Altimeter Setting: 30.5 in. HG
 or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
 or _____ (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

OCT AVIATION TO FILL OUT

AIRCRAFT INFORMATION									
Manufacturer: _____ Model: _____ Serial Number: _____ Registration Number: _____					Max Gross Weight: _____ lbs Weight at Time of Accident: _____ lbs Location of Center of Gravity at Time of Accident: _____ 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 <i>(Check all that apply)</i> Standard ☐ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: _____ 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: _____ mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at <i>(check one)</i> ☐ Last Inspection ☐ Time of Accident				
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 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: _____ Model: _____					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as <i>(check one)</i> ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1									
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner Name: _____ Fractional Ownership Aircraft: ☐ Yes ☐ No					Owner Address City: _____ State: _____ ZIP: _____ Country: _____				
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 (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) N/A																																						
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: _____																																						
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)																																						
Airport Identifier: <u>K PTK</u> Airport Name: <u>OAKLAND COUNTY INTERNATIONAL AIRPORT</u>		Distance From Airport Center: _____ SM Direction From Airport: _____ degrees MAG																																				
Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip		Airport Elevation: <u>981</u> 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) <table style="width:100%; border: none;"> <tr> <td>☐ None</td> <td>☐ PAR</td> <td>☐ MLS</td> <td>☐ Practice</td> </tr> <tr> <td>☐ ADF/NDB</td> <td>☐ Sidestep</td> <td>☐ LDA</td> <td>☐ GPS</td> </tr> <tr> <td>☐ SDF</td> <td>☒ H.S.</td> <td>☐ ASR</td> <td>☐ Loran</td> </tr> <tr> <td>☐ VOR/TVOR</td> <td>☐ Localizer Only</td> <td>☐ Visual</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ VOR/DME</td> <td>☐ LOC-back course</td> <td>☐ Contact</td> <td></td> </tr> <tr> <td>☐ TACAN</td> <td>☐ RNAV</td> <td>☐ Circling</td> <td></td> </tr> </table>		☐ None	☐ PAR	☐ MLS	☐ Practice	☐ ADF/NDB	☐ Sidestep	☐ LDA	☐ GPS	☐ SDF	☒ H.S.	☐ ASR	☐ Loran	☐ VOR/TVOR	☐ Localizer Only	☐ Visual	☐ Unknown	☐ VOR/DME	☐ LOC-back course	☐ Contact		☐ TACAN	☐ RNAV	☐ Circling		VFR Approach (Check all that apply) <table style="width:100%; border: none;"> <tr> <td>☐ None</td> <td>☐ Stop and Go</td> </tr> <tr> <td>☐ Traffic Pattern</td> <td>☐ Touch and Go</td> </tr> <tr> <td>☐ Straight-In</td> <td>☐ Simulated Forced Landing</td> </tr> <tr> <td>☐ Valley/Terrain Following</td> <td>☐ Forced Landing</td> </tr> <tr> <td>☐ Go Around</td> <td>☐ Precautionary Landing</td> </tr> <tr> <td>☐ Full Stop</td> <td>☐ Unknown</td> </tr> </table>	☐ 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
☐ None	☐ PAR	☐ MLS	☐ Practice																																			
☐ ADF/NDB	☐ Sidestep	☐ LDA	☐ GPS																																			
☐ SDF	☒ H.S.	☐ ASR	☐ Loran																																			
☐ VOR/TVOR	☐ Localizer Only	☐ Visual	☐ Unknown																																			
☐ VOR/DME	☐ LOC-back course	☐ Contact																																				
☐ TACAN	☐ RNAV	☐ Circling																																				
☐ 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>9R</u> (L/R/C) Length: <u>6521</u> ft Width: <u>150</u> ft		Condition of Runway/Landing Surface (Check all that apply) <table style="width:100%; border: none;"> <tr> <td>☒ Dry</td> <td>☐ Snow-Compacted</td> <td>☐ Water-Calm</td> </tr> <tr> <td>☐ Holes</td> <td>☐ Snow-Crusted</td> <td>☐ Water-Choppy</td> </tr> <tr> <td>☐ Ice Covered</td> <td>☐ Snow-Dry</td> <td>☐ Water-Glassy</td> </tr> <tr> <td>☐ Rough</td> <td>☐ Snow-Wet</td> <td>☐ Wet</td> </tr> <tr> <td>☐ Rubber Deposits</td> <td>☐ Soft</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Slush Covered</td> <td>☐ Vegetation</td> <td></td> </tr> </table>	☒ 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																			
☒ 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: <u>400</u> City: <u>GRAND LEDGE</u> State: <u>MI</u> Country: <u>USA</u>	Time of Departure Time: <u>655am</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>K PTK</u> City: <u>PONTIAC</u> State: <u>MI</u> Country: <u>USA</u>																																				
Type of ATC Clearance/Service (Check all that apply) <table style="width:100%; border: none;"> <tr> <td>☐ None</td> <td>☐ Special VFR</td> <td>☐ Special IFR</td> <td>☐ VFR Flight Following</td> <td>☐ Cruise</td> </tr> <tr> <td>☐ VFR</td> <td>☒ IFR</td> <td>☐ VFR On Top</td> <td>☐ Traffic Advisory</td> <td>☐ Unknown / NA</td> </tr> </table>			☐ None	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise	☐ VFR	☒ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA																										
☐ None	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise																																		
☐ VFR	☒ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA																																		
Type Flight Plan Filed <table style="width:100%; border: none;"> <tr> <td>☐ None</td> <td>☐ VFR/IFR</td> </tr> <tr> <td>☐ Company VFR</td> <td>☒ IFR</td> </tr> <tr> <td>☐ Military VFR</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ VFR</td> <td></td> </tr> </table> Activated? ☐ Yes ☐ No			☐ None	☐ VFR/IFR	☐ Company VFR	☒ IFR	☐ Military VFR	☐ Unknown	☐ VFR																													
☐ None	☐ VFR/IFR																																					
☐ Company VFR	☒ IFR																																					
☐ Military VFR	☐ Unknown																																					
☐ VFR																																						

Airspace where the accident 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) 32 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 				
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) OCT AVIATION TO FILL OUT				
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 AIRCRAFT WAS ON SIDE. ABLE TO GET OUT OF THE DOOR.				

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight-Crew																																																																																																				
Pilot "A" Identification First Name: <u>JAMES</u> Middle Initial: <u>E</u> Last Name: <u>AUSTIN</u> City: <u>NORTHVILLE</u> State: <u>MI</u> ZIP: <u>48168</u> Country: <u>USA</u>																																																																																																				
Age at time of Accident: <u>65</u> Date of Birth: <u>11/15/1949</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) ☐ 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>2/26/2014</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations NONE																																																																																																				
Medical Certificate Waivers NONE																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/30/2014</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PA-28</u> Model: <u>181</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 SINGLE ENGINE LAND INSTRUMENT RATING						Student Endorsements (Include dates)																																																																																														
<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 (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">364.7</td> <td style="padding: 5px;">221.9</td> <td style="padding: 5px;">364.7</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">3</td> <td style="padding: 5px;">168.4</td> <td style="padding: 5px;">.8</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">251</td> <td style="padding: 5px;">205.4</td> <td style="padding: 5px;">251</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">9.3</td> <td style="padding: 5px;">9.3</td> <td style="padding: 5px;">9.3</td> <td></td> <td></td> <td style="padding: 5px;">9.3</td> <td style="padding: 5px;">—</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">3.5</td> <td style="padding: 5px;">3.5</td> <td style="padding: 5px;">3.5</td> <td></td> <td></td> <td style="padding: 5px;">3.5</td> <td style="padding: 5px;">—</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td></td> <td></td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</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	364.7	221.9	364.7	—	3	168.4	.8	—	—	—	Pilot in Command (PIC)	251	205.4	251								Time as Instructor											This Make/Model											Last 90 Days	9.3	9.3	9.3			9.3	—				Last 30 Days	3.5	3.5	3.5			3.5	—				Last 24 Hours	—	—	—			—	—			
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	364.7	221.9	364.7	—	3	168.4	.8	—	—	—																																																																																										
Pilot in Command (PIC)	251	205.4	251																																																																																																	
Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days	9.3	9.3	9.3			9.3	—																																																																																													
Last 30 Days	3.5	3.5	3.5			3.5	—																																																																																													
Last 24 Hours	—	—	—			—	—																																																																																													

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight-Crew																																																																																																				
Pilot "B" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____																																																																																																				
Age at time of Accident: _____ 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 ☐ Private ☐ Flight Instructor ☐ Recreational ☐ Commercial ☐ Sport ☐ Airline Transport ☐ Flight Engineer ☐ Foreign ☐ 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) <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 ☐ 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;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">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 style="padding: 5px;">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 style="padding: 5px;">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 style="padding: 5px;">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 style="padding: 5px;">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 style="padding: 5px;">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 style="padding: 5px;">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> </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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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																																																																																																				

NONE

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ 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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ 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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ 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: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
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, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

TOM SAPELAK, MY FLYING PARTNER FOR THE LAST 7 MONTHS, WANTED TO DO A NIGHT IFR PRACTICE FLIGHT. WE AGREED TO LEAVE KPTK AT 5:30 PM ON 12/5/15. SINCE THE KPTK TAF SHOWED VFR CONDITIONS UNTIL 8 PM & THE FLIGHT WAS ABOUT 1 HR 45 MIN. TOM FLEW THE FIRST LEG TO LANSING (KLAN) WHERE HE DID A PRACTISE ILS APPROACH & THEN LANDED AT GRAND LIGE (400). WE TRADED SPOTS AND I FLEW DIRECTLY BACK TO PONTIAC. DID NOT DO A PRACTICE IFR APPROACH AT HOWELL (K0ZW) AS ORIGINALLY PLANNED SINCE KPTK ATIS SAID IFR CONDITIONS NOW EXISTED AT PONTIAC (IFR WEATHER CAME IN EARLY). WE DECIDED TO ATTEMPT AN IFR APPROACH TO KPTK AND IF WE DID NOT SEE THE RUNWAY LIGHTS BY THE DECISION HEIGHT WOULD DIVERT TO THE ALTERNATE AIRPORT HOWELL (K0ZW), WHICH WAS CLEAR. AIR TRAFFIC CLEARED US FOR THE ILS TO 9R. THE ILS APPROACH WAS PROPERLY SET UP (LOCALIZER DIALED IN, IDENTIFIED, VLOC-NOGPS, AND COURSE SET (092)). PLANE WAS PROPERLY CONFIGURED FOR LANDING (MIXTURE BLEND, CARB. HEAT ON, ALL LIGHTS ON, NOTCH OF FLAPS). INITIALLY THE PLANE PROPERLY TRACKED THE LOCALIZER & GLIDE SLOPE, HOWEVER AS THE APPROACH DEEPENED THE PLANE WENT OFF THE

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

HAVE A NIGHT IFR CURRENCY REQUIREMENT. ALL OF MY IFR EXPERIENCE WAS DURING THE DAYTIME. PLANE INSTRUMENTS ARE MORE DIFFICULT TO READ AT NIGHT.

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

LOCALIZER. DO NOT REMEMBER THE REST. LARRY WARD OF
THE FFA [REDACTED] HAS INVESTIGATED THE INCIDENT.

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

Date of this Report

12/13/2015

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: JAMES ALSTON

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN16LA055Reviewed by NTSB Regional Office
Denver, COName of Investigator
Craig Hatch

Date Report Received