

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Kentland State: IN
ZIP: 47951 Country: USA
Latitude: N40-45S Longitude: W87-28.0
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 03/26/2016 Local Time: 13:3345
mm/dd/yyyy Time Zone: Central (CDT)

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N8154P

Manufacturer: PIPER

Model: PA-24-250

Serial Number: 24-3409

Year of Manufacture: 1963

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Make: ☐ Original Design

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2900 lbs

Weight at Time of Accident/Incident: 2300 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: n/a Passenger Seats: 2

Number of Engines: -1-

Category of Aircraft

- ☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

- ☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

☒ Retractable

☒ Tricycle

- ☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull

☐ Other Launch/Recovery System

☐ None

☐ Tailwheel

- ☐ High Skid
☐ Skid
☐ Ski
☐ Ski/Wheel

☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ● Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	O-540-A1D5	L-5700-40	UNK	250	4131	-	679
Eng. 2	n/a							
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 02/17/2016
mm/dd/yyyy

Airframe Total Time: 4131 hrs
hours measured at (Select one)

☒ Last Inspection ☐ Time of Accident/Incident

Type of Maintenance Program (Select one)

- ☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Description of Fire Extinguishing System

- ☒ None
☐ Specify: _____

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: HARTZELL

Model: HC-A2VK-1

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: n/a

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: NARCO

Model or Part No.: ELT-10

TSO No.: ☒ C91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☒ Yes ☐ No

If not activated:

- Indicate Reason: ☐ Impact Damage
☐ Fire Damage
☐ Battery Expired/Damaged
☐ Unknown

Additional Equipment (Check all that apply)

- ☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner		City: <u>Sheldon</u>	
Name: <u>Adam Zumwalt</u>		State: <u>IL</u>	ZIP: <u>60966</u>
Fractional Ownership Aircraft: ☐ Yes ☒ No		Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner		☐ Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
Operating Certificates Held (Check all that apply)		Regulation Flight Conducted Under	
☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft		☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft (Select one) ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	
Revenue Sightseeing Flight ☐ Yes ☒ No		Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☒ n/a ☐ Cargo ☐ Mail Contract Only	
Revenue Medical Flight ☐ Yes ☒ No		Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Aerial Application ☐ Firefighting ☐ Unknown ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Race/Show ☒ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☐ Personal ☐ Executive/Corporate ☐ Positioning ☐ External Load ☐ Skydiving ☐ Ferry	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>Kentland Municipal Airport</u>		Distance From Airport Center: <u>0.3</u> sm	
Airport Identifier: <u>50i</u>		Direction From Airport: <u>West</u> degrees true	
Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>698</u> ft. msl	
Runway Information Runway ID: <u>09</u> (L/R/C) Length: <u>4000</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface (Check all that apply)	
Runway/Landing Surface (Check all that apply) ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☒ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow		☒ 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	
Approach/Departure Segment (Select one) ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☒ Aborted Landing (after touchdown) ☐ Crosswind ☐ Unknown			
IFR Approach (Check all that apply) ☒ None ☐ ADF/NDB ☐ PAR ☐ M.I.S. ☐ Practice ☐ SDF ☐ Sidestep ☐ ILDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Contact ☐ Circling ☐ TACAN ☐ LOC-back course ☐ RNAV ☐ Unknown		VFR Approach (Check all that apply) ☐ None ☐ Traffic Pattern ☐ Stop and Go ☒ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☒ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

☐ Pilot ☐ Co-Pilot ☒ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☐ Yes ☒ No

"Flight Crewmember 1" Identification

First Name: Gordon

City of Residence: WATSEKA

Middle Initial: L

State: IL

ZIP: 60970

Last Name: Lustfeldt

Country: USA

Age at time of Accident/Incident: 61

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

Restraint Type

Available

☐ None
☐ Lap only
☒ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Used

☐ None
☐ Lap only
☒ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

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 ☐ Unknown
☒ With limitations/waivers ☐ N/A
☐ Special Issuance

Date of Last Medical

10/13/2014
mm/dd/yyyy

Medical Certificate Limitations

MUST HAVE AVAILABLE GLASSES FOR NEAR VISION,

Medical Certificate Special Issuance

n/a

Date of Last Flight Review

or Equivalent, Including

FAR 121/135 Checks: 07/30/2014
mm/dd/yyyy

Flight Review Aircraft

Make: Beechcraft

Model: "23" MUSKETEER

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
☐ 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

n/a

Student Endorsements (Include dates)

n/a

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	778	1.0	778	0	118	4.7	109	0	0	0
Pilot in Command (PIC)	718	0	718	0	108	1.0	2.7	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	67.7	0	67.7	0	3	0	0	0	0	0
Last 30 Days	3.6	0	3.6	0	3	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☒ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew										
"Flight Crewmember 2" was pilot flying ☒ Yes ☐ No										
"Flight Crewmember 2" Identification First Name: <u>Charles E</u> City of Residence: <u>Danforth</u> Middle Initial: <u>C</u> State: <u>IL</u> ZIP: <u>60930</u> Last Name: <u>CLASSEN</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>77</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]										
Degree of Injury ☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer										
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 ☐ Unknown ☐ With limitations/waivers ☐ N/A ☒ Special Issuance			Date of Last Medical <u>04/29/2015</u> mm/dd/yyyy			
Medical Certificate Limitations <u>MUST wear corrective lenses for near and distant vision. Not valid for any class after 04/30/2016.</u>										
Medical Certificate Special Issuance <u>No Restrictions other than indicated above.</u>										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/11/2015</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PIPER</u> Model: <u>PA-14-250</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 ☐ 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 <u>none</u>						Student Endorsements (Include dates) <u>none</u>				
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	<u>5016</u>	<u>2101</u>	<u>5016</u>	<u>0</u>	<u>300</u>	<u>319</u>	<u>333</u>	<u>0</u>	<u>0</u>	<u>0</u>
Pilot in Command (PIC)	<u>4400</u>	<u>2100</u>	<u>4400</u>	<u>0</u>	<u>300</u>	<u>310</u>	<u>283</u>	<u>0</u>	<u>0</u>	<u>0</u>
Time as Instructor	<u>1453</u>	<u>130</u>	<u>1453</u>	<u>0</u>	<u>60</u>	<u>17</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
This Make/Model					<u>180</u>	<u>200</u>	<u>100</u>			
Last 90 Days	<u>2.7</u>	<u>2.1</u>	<u>2.7</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last 30 Days	<u>0.1</u>	<u>1.1</u>	<u>1.1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last 24 Hours	<u>1.1</u>	<u>1.1</u>	<u>1.1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address <i>n/a</i>			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ 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 cabin crew, continue on separate sheet if necessary)						
Name and Address <i>n/a</i>		Seat	Injury	Restraint Type		Inflatable Restraints
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>506</u> City: <u>Kentland</u> State: <u>IN</u> Country: <u>USA</u>		Time of Departure Time: <u>12:35</u> Time Zone: <u>CDT</u>	
Destination Airport ID: <u>506</u> City: <u>Kentland</u> State: <u>IN</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown	
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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☒ Class E ☐ Restricted Area ☐ FAR 93			Altitude of In-Flight Occurrence: _____ ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Company ☒ Flight Service Station <u>NO</u> ☐ Military ☒ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☒ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather		Weather Observation Facility Facility ID: <u>KRZL</u> Observation Time: <u>13:40</u> Time Zone: <u>CDT</u> Distance from Accident Site: <u>18</u> nm Direction from Accident Site: <u>044°</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height <u>n/a</u> ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height <u>n/a</u> ft agl	
Wind Direction ☒ Variable -or- Direction: <u>100</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	
Icing Forecast Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ 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		Turbulence Type (Check all that apply): ☐ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity: ☒ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>None Known.</u>			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed ☐ Unknown	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i>		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>		
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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible. <i>See Attached.</i>		

Purpose of flight to introduce a pilot to aircraft as suggested by owner, Mr. Adam Zumwalt.

On 03/26/2016, at approx. 12:35, this was intended to be an introduction and instructional flight for Gordon Lustfeldt, a private pilot with instrument rating. We had allowed about ½ hour of time in the sun for the aircraft to warm to air temp of 35 -40 deg. (F) after being removed from an unheated hangar where temps during the prev. night were 25 to 30 deg. We spent approx 30 minutes in pre-flight and introduction to aircraft and systems, general engine and airframe evaluation. The estimated fuel onboard was 25 to 30 gal's total in four tanks, the fullest being Right Aux (Rt Obd) tank indicating about ¾ full. Normal fuel burn is approx. 15 gal's per hour.

The day was VFR with widely scattered clouds at estimated 3,500 ft bases to the far north. All clouds were North and West of flight path.

After a 10 minute engine warm-up we completed instrument and equipment checks with no abnormalities. We proceeded with a normal take-off from Kentland (50i) and right climbing turn to a southwest practice area at 3,000 ft. After a few "turns" to get the "feel" of the aircraft we headed North from Wellington, IL (10 nm SW of 50i) toward St Anne, IL (25 nm North noting that the Rt wing seemed a bit heavy, but not surprising since most indicated fuel was in the R.H tanks. Short of St Anne we turned right and southward toward Sheldon, IL (15 nm). We changed fuel tanks from Rt Main to Rt. Aux at this time. After making a shallow (approx. std rate) turn at 3,000ft over a friends farm near Beaverville, IL, we continued on toward Sheldon. En route, I demonstrated slow flight and approach to landing stall characteristics followed by a climb to 4,500 ft. During this climb, I demonstrated how to use single gauge and the momentary selector buttons to show amounts in each tank. I then repeated the same movements to show the amounts as the selector is move from position to position. I don't remember which tank it was left on. Then slowly we reduced power for a descent to about 2,000 ft. After over-flying Sheldon (about 3 nm), we made a turn to the NE with a continued descent to 1,500 ft then a Rt. turn to 090 deg. toward Kentland (Rwy 09), for a straight-in approach from 3-4 miles West. We set up the landing configuration and proceeded toward Rwy 09. At about 2-1/2 miles out we began a 500 fpm descent to the Rwy at reduced power approx 14 in. Hg. (manif. press), with fuel pump and carb. heat "on."

At approx ½ mile from Rwy 09 (appr. end) the descent increased and I called for more power. None came, so I pushed the throttle full fwd with no response. Given such, I called-out "I've got it" and started an immediate right turn (at approx. 100 ft. altitude and 300 yds short of the Rwy) for an off-field landing in a bean-stubble field. This was to avoid a ditch lined with 15 ft "scrub-trees. In the turn, I made a quick check of all panel switches, controls (Mixt, Fuel Pump, Mags. & Carb Ht) and fuel quantities. As well as I pumped the throttle with a small, but insignificant engine response, at which time I began a roll-out from the turn. A full stall occurred at approx 10 to 15 ft elevation as I prepared for impact. Although the impact was strong, we both maintained consciousness at all times. Total flight and running time was approx 1.1 hours. There no abnormalities in flight until short approach to the intended landing. The times cited were checked against cell phone documentation.

After impact I turned fuel valve and all switches to "off." I exited a/c with Mr Lustfeldt. We assessed damage and made phone calls to emerg'y agencies, airport Board President and family. Mr. Lustfeldt and myself were transported to IMH Hosp. (Watseka, IL) by ambulance for observation and both released within approx. one hour. I was administered only a butterfly bandage to a contusion on Rt. Forehead.

Met with Mr. Pottle, FAA representative, DPA FSDO and aircraft owner, Mr. Adam Zumwalt, Sunday morning (3/27) at approx 09:30 at the landing site. After review of certificates and cursory aircraft inspection, he consulted with NTSB and the plane was released to be moved to a secure hangar on the airport. Mr. Zumwalt completed movement at approx. 16:00, same day.

Charles C Classen, [REDACTED] CFI-I

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RECOMMENDATION (How could this accident/incident have been prevented?)		
Operator/Owner Safety Recommendation More in depth pre flight. - detail.		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No (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
FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) EST 25 Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP8 ☐ 100/130 ☐ Jet A-1 ☐ Automotive	
Other Services, if Any, Prior to Departure		
EVACUATION OF AIRCRAFT		
Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No		
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location Normal Exit through Cabin door after impact		
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number n/a	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____

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>04/18/2016</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Charles C. Lassen</u> Signature:  - or - ☐ Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: <u>N/A</u>	Title: _____
Signature: _____	
- or - ☐ Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
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