

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: New Roads State: LA
 ZIP: 70762 Country: USA
 Latitude: 30.72°N Longitude: 91.48°W
(Enter in decimal degrees or degrees, minutes, seconds)

Accident/Incident Date/Time

Date: 5-15-2016 Local Time: 9:00 AM
mm/dd/yyyy Time Zone: Central

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

AIRCRAFT INFORMATION

Registration Number: N80TK
 Manufacturer: Cessna
 Model: STATIONAIR 206H
 Serial Number: T20608454
 Year of Manufacture: 2004
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Make ☐ Original Design

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 3800 lbs
 Weight at Time of Accident/Incident: 3,366 lbs
 Number of Seats: 4 Flight Crew Seats: 2
 Cabin Crew Seats: 2 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 | Special |
|--|---|
| ☒ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☐ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☐ Experimental |
| ☐ Utility | ☐ Special Light-Sport |
| | ☐ Experimental Light-Sport |
- ☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

- ☐ Retractable
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☒ None ☐ 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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power (Horsepower or lbs of Thrust)	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>CyComing</u>	<u>T20608454</u>	<u>A-1150-61A3004</u>		<u>310</u>	<u>9329</u>	<u>19.6</u>	<u>46.7</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 5/12/2016

Airframe Total Time: 997.8 hrs

hrs 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: McCulloch
 Model: 03036C432-C

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☐ OC91 (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

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
 Model: _____

Additional Equipment (Check all that apply)

- ☐ AOS-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 Name: <u>Los Cerritos Aviation</u>			
Fractional Ownership Aircraft: ☐ Yes ☒ No		Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner ☐ Same Address as Registered Owner Name: <u>Gerald Savore</u>			
Doing Business As: _____		Country: <u>US</u>	
Air Carrier/Operator Designator (4 Character Code): _____			
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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	Regulation Flight Conducted Under ☒ 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 Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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 <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Folsom River</u>		Distance From Airport Center: <u>0</u> sm	
Airport Identifier: <u>KH2R</u>		Direction From Airport: <u>0</u> degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>39' msl</u> ft msl	
Runway Information Runway ID: <u>R-36</u> (L/R/C) Length <u>5003</u> ft Width <u>75'</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown	
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☐ Downwind ☐ Takeoff ☐ Landing ☐ Base ☐ Initial Climb ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☒ Traffic Pattern ☐ Step 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: Gerald

Middle Initial: P.

Last Name: Javie

Country: US

Age at time of Accident/Incident: 57 Date of Birth: mm/dd/yyyy

Certificate Number: mm/dd/yyyy

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

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

2/6/13
mm/dd/yyyy

Medical Certificate Limitations

M450 Wear Connective lenses for near + far vision.

Medical Certificate Special Issuance

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 1-16-14
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna 441QII Annual Inspect.
Model: 206 H 5-2-2016

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
☐ Glider
☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	859.6	793.8	859.6		832					
Pilot in Command (PIC)	807.6									
Time as Instructor										
This Make/Model										
Last 90 Days	19.6	19.6								
Last 30 Days		19.6								
Last 24 Hours		3.9								

"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: _____

City of Residence: _____

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

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
 ☐ Private
 ☐ Student
 ☐ Flight Instructor
 ☐ Recreational
 ☐ Sport
 ☐ Commercial
 ☐ Airline Transport
 ☐ Flight Engineer
 ☐ US Military
 ☐ Foreign

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

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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
☐ 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)

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

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied		Injury
First Name: _____	City of Residence: _____	☐ Left	☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right	☐ Single	☐ Serious
			☐ Unknown	☐ Fatal
				☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ Used ☐ Lap Only ☐ None ☐ 3-point ☐ Lap Only ☐ 4-point ☐ 3-point ☐ 5-point ☐ 4-point ☐ Unknown ☐ 5-point ☐ Unknown ☐ Unknown		☐ 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: _____	☐ Left	☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right	☐ Single	☐ Serious
			☐ Unknown	☐ Fatal
				☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ Used ☐ Lap Only ☐ None ☐ 3-point ☐ Lap Only ☐ 4-point ☐ 3-point ☐ 5-point ☐ 4-point ☐ Unknown ☐ 5-point ☐ Unknown ☐ Unknown		☐ 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	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Legem</u>	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: <u>A</u>	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed
Last Name: <u>Dedebe</u> Country: <u>US</u>	☐ Right	☐ Serious	☒ 3-point	☒ 3-point	☐ Not Deployed
	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed
☐ Crew ☒ Passenger ☐ Other	Row: <u>1</u>	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown
			☐ Unknown	☐ Unknown	
First Name: <u>DIXON</u>	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: <u>M</u>	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed
Last Name: <u>LAICHE</u> Country: <u>USA</u>	☐ Right	☐ Serious	☒ 3-point	☒ 3-point	☐ Not Deployed
	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed
☐ Crew ☒ Passenger ☐ Other	Row: <u>2</u>	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown
			☐ Unknown	☐ Unknown	
First Name: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed
Last Name: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed
	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed
☐ Crew ☐ Passenger ☐ Other	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown
			☐ Unknown	☐ Unknown	
First Name: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed
Last Name: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed
	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed
☐ Crew ☐ Passenger ☐ Other	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown
			☐ Unknown	☐ Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>19A</u> City: <u>Jackson County GA</u> State: <u>Georgia</u> Country: <u>US</u>	Time of Departure Time: <u>6:15 PM</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>KH2R</u> City: <u>New Roads</u> State: <u>LA</u> Country: <u>US</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 95	Altitude of In-Flight Occurrence: <u>Ground</u> 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 ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather	Weather Observation Facility Facility ID: <u>HER</u> Observation Time: <u>9:00 PM</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>On site</u> nm Direction from Accident Site: <u>On site</u> degrees true
---	--

Basic Conditions ☒ VMC <u>Clear</u> ☐ 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	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
--	---	---

Wind Direction ☐ Variable Direction: <u>D</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: _____ kts	Wind Gusts ☒ Not Gusting Speed: <u>0</u> kts	Visibility <u>EO</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
--	--	---	---

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	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
---	--	---

Icing Forecast Amount: ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown	Icing Actual Amount: ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown	Turbulence Type (Check all that apply) ☒ None ☐ Light ☐ Clear Air ☐ Moderate ☐ Terrain-Induced ☐ Severe ☐ Convective Turbulence ☐ Extreme
---	---	--

NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

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

Operator/Owner Safety Recommendation

I Believe That Diving Into IT And Lifting The nose wheel might have corrected it and possibly could have flown out of it.

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.)

Still under Investigation

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)

120 gals 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

None

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Had Passenger Doors Installed, Passengers 2 of them Exited Passenger side of Aircraft. I Exited on Pilot side of Aircraft Everyone walked out no injuries!

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

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

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 (Use additional sheet if necessary)

Nose Wheel, Fire Wall, Right-Landing Gear

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

See attached

To Whom It May Concern,

I am the owner and pilot of N80TK. This flight took place on May 15, 2016. Departure airport was 19A Jackson Community Airport. Time of departure was 6:00 pm ET after pre-flight inspection. We departed and contacted Atlanta approach and asked for VFR flight following. Asked for 8,500 then asked for direct to Sinca, direct to Grant, then direct to HZR. Winds aloft were 34 knots head wind, ended up asking for lower, descended to 4500 and is where we settled at. Last contact was Baton Rouge approach. We cancelled flight following once I had HZR Folse River in sight. I picked up the weather and everything was good. Entered into a left base for 18, added 10 degree flaps, then turned for final and added another 10 degree flaps on final approach. Just before touchdown airspeed was 65 knots. When we touched down the main gears touched first then the nose wheel. When the nose wheel touched down the plane shook a little and immediately veered left. I then applied full right rudder but it showed no effect. The plane continued left until it ended up in the grass destroying the nose wheel and right landing gear. If I had to do it all over again, I believe that adding power and flying out of it and also lifting up the nose when would possibly have been the right decision. I have had problems in the past with the tires shimmying or shaking really bad. I put new tires to try to correct the problem. Time of accident was 9:00 pm CT. Duration of the flight was 4 hours.

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>06-13-16</u> mm-dd-yyyy	Name of Pilot/Operator: <u>[Redacted] General Savoie</u> Signature: <u>[Redacted]</u> - or - ☒ Check here to electronically sign this document
---	---

If a Person Other than Pilot/Operator is Filing Report

Name: _____	Title: _____
Signature: _____	
- or - ☐ Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN16LA192	Reviewed by NTSB Regional Office Central	Name of Investigator Folkerts	Date Report Received 6/1/2016
---	--	---	---