

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: <u>Clintonville</u> State: <u>WI</u> ZIP: _____ Country: <u>USA</u> Latitude: <u>44.61°N</u> Longitude: <u>88.73°W</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>05/30/2016</u> Local Time: <u>3:30AM</u> mm/dd/yyyy Time Zone: <u>Central</u>	
		Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None	

AIRCRAFT INFORMATION

Registration Number: <u>N577IV</u> Manufacturer: <u>Beechcraft</u> Model: <u>Mustang Super III A23-24</u> Serial Number: <u>M-069</u> Year of Manufacture: <u>1966</u>		☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft	
Amateur-Built: ☐ Yes ☐ No If Yes: ☐ Kit Plans ☐ Original Design Make: _____		Maximum Gross Weight: <u>2550</u> lbs Weight at Time of Accident/Incident: <u>2015</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>2</u> Number of Engines: <u>1</u>	

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 ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel ☐ Float ☐ Hull ☐ 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>Lycoming</u>	<u>IO-360</u>			<u>200</u>	<u>2270</u>	<u>21929</u>	<u>270</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>6/12/2015</u> mm/dd/yyyy Airframe Total Time: <u>2270</u> hrs hours measured at (Select one) ☐ Last Inspection ☐ Time of Accident/Incident	Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☐ C126 (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
Description of Fire Extinguishing System ☒ None ☐ Specify: _____	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

Name: Landon J Now

City: Birmingham

State: WT ZIP: 54414

Fractional Ownership Aircraft: ☐ Yes ☒ No

Country: United States

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)

- ☒ 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
(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
- ☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger
- ☐ Cargo
- ☐ Mail Contract Only

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

Revenue Sightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Clintonville Municipal Airport

Distance From Airport Center: 0 sm

Airport Identifier: KCLT

Direction From Airport: 320 degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Airport Elevation: 822' ft msl

Runway Information

Runway ID: R32 (L/R/C) Length: 4600' ft Width: 75' 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
- ☐ 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 (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
- ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around
- ☐ Initial Climb ☐ Crosswind ☐ Aborted Landing (after touchdown) ☐ Unknown

IFR Approach (Check all that apply)

- ☒ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sidestep ☐ LDA ☐ 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 II INFORMATION

Flight Crewmember II Responsibilities at the Time of Accident/Incident

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

Flight Crewmember II was pilot flying ☒ Yes ☐ No

Flight Crewmember II Identification

First Name: London

City of Residence: Biramwood

Middle Initial: J

State: WI

ZIP: 54414

Last Name: Nolan

Age at time of Accident/Incident: 33 Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

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

Restraint Type

Available
☒ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Used
☒ 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

07-25-2013
mm/dd/yyyy

Medical Certificate Limitations

Must wear corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 6/19/2015
mm/dd/yyyy

Flight Review Aircraft

Make: Beechcraft Musketeer Super III
Model: A23-24

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

ASEL
Private Pilot Airplane Single engine land

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	<u>Same</u>	<u>A23-24</u>	<u>167.7</u>	<u>—</u>	<u>29.1</u>	<u>167.7</u>			
Pilot in Command (PIC)	<u>Same</u>								
Time as Instructor	<u>—</u>								
This Make/Model									
Last 90 Days					<u>12.2</u>	<u>42.3</u>			
Last 30 Days					<u>8.7</u>	<u>29.6</u>			
Last 24 Hours					<u>0</u>	<u>0</u>			

1 FLIGHT CREWMEMBER 21 INFORMATION																																																																																																				
1 Flight Crewmember 21 Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
1 Flight Crewmember 21 was pilot flying ☐ Yes ☐ No																																																																																																				
1 Flight Crewmember 21 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 ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical _____ mm/dd/yyyy																																																																																												
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			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)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th rowspan="2" style="width: 15%;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make Model</td> <td colspan="5"></td> <td></td> <td></td> <td colspan="3"></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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																																																																																																				

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	☐ Not Installed
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☐ Installed
☐ Student	☐ Sport	☐ Flight Engineer		☐ Not Deployed
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Deployed
				☐ Unknown

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	☐ Not Installed
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☐ Installed
☐ Student	☐ Sport	☐ Flight Engineer		☐ Not Deployed
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Deployed
				☐ Unknown

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>Judith</u> City: <u>Birmingham</u>	☐ Left	☒ None	Available ☐ None	☒ Not Installed	☐ Under 5 years
Middle Initial: <u>L</u> State: <u>W.I.</u> ZIP: <u>54144</u>	☐ Center	☐ Minor	☒ Lap Only	☐ Installed	☐ If Under 5,
Last Name: <u>Now</u> Country: <u>United States</u>	☒ Right	☐ Serious	☐ 3-point	☐ Not Deployed	☐ Child Restraint
☐ Crew ☒ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ Deployed	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 5-point	☐ Unknown	☐ Unknown
			☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available ☐ None	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Installed	☐ If Under 5,
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ Not Deployed	☐ Child Restraint
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ Deployed	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 5-point	☐ Unknown	☐ Unknown
			☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available ☐ None	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Installed	☐ If Under 5,
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ Not Deployed	☐ Child Restraint
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ Deployed	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 5-point	☐ Unknown	☐ Unknown
			☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available ☐ None	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Installed	☐ If Under 5,
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ Not Deployed	☐ Child Restraint
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ Deployed	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 5-point	☐ Unknown	☐ Unknown
			☐ Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KTEL</u> City: <u>Tell City</u> State: <u>Indiana</u> Country: <u>United States</u>		Time of Departure Time: <u>12:30</u> Time Zone: <u>Eastern</u>		Destination Airport ID: <u>KCLI</u> City: <u>Clintonville</u> State: <u>Wisconsin</u> Country: <u>United States</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	Altitude of In-Flight Occurrence: <u>1300</u> ft msl <u>running elevator</u>			
☐ 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					

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
☐ National Weather Service	☐ Company	Facility ID: <u>KCLI</u>	
☒ Flight Service Station	☐ Military	Observation Time: <u>3:20</u>	
☐ TV/Radio	☒ Internet	Time Zone: <u>Central</u>	
☒ Automated Report	☐ None	Distance from Accident Site: <u>0</u> nm	
☐ Commercial Weather Service (DUATS)	☐ Unknown	Direction from Accident Site: <u>320</u> degrees true	
☒ On-Board Weather			

Basic Conditions		Light Condition	
☒ VMC		☐ Dawn	☐ Dusk
☐ IMC		☐ Day	☒ Night
☐ Unknown		☐ Dark Night	☐ Unknown
		☐ Bright Night	

Sky/Lowest Cloud Condition		Ceiling		Temperature: _____ (C) or _____ (F)	
☐ Clear	☐ Thin Broken	☐ None (Clear)	☐ Obscured	Dew Point: _____ (C) or _____ (F)	
☒ Few	☐ Thin Overcast	☐ Broken	☐ Indefinite	Altimeter Setting: _____ in Hg	
☐ Partial Obscuration	☐ Unknown	☒ Overcast	☐ Unknown	or _____ MB	
☐ Scattered					
Lowest Cloud Condition Height <u>6000</u> ftagl		Ceiling Height <u>13000</u> ftagl			

Wind Direction	Wind Speed	Wind Gusts	Visibility
☐ Variable	☐ Calm	☒ Not Gusting	<u>10</u> miles
-or-	☐ Light and Variable	-or-	RVR: _____ feet
Direction: <u>290</u> degrees true	Speed: <u>4</u> kts	Speed: _____ kts	RVV: _____ miles
			Density Altitude: _____ ft

Intensity of Precipitation	Type of Precipitation (Check all that apply)		Restriction to Visibility (Check all that apply)
☐ Light	☒ None	☐ Drizzle	☐ None
☐ Moderate	☐ Rain	☐ Ice Pellets	☐ Blowing Dust
☐ Heavy	☐ Snow	☐ Snow Pellets	☒ Ground Fog
☐ N/A	☐ Hail	☐ Snow Grains	☐ Blowing Sand
☐ Unknown	☐ Rain Showers	☐ Ice Crystals	☐ Blowing Snow
			☐ Blowing Spray
			☐ Dust
			☐ Fog
			☐ Haze
			☐ Ice Fog
			☐ Smoke
			☐ Unknown

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

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

none

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)

Front landing gear broke on landing which exerted stress to the aircraft causing wings to wrinkle on both sides. Landing gear broke 3-5 feet after touch down

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.

Attached typed pages to this document

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

Operator/Owner Safety Recommendation

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.)Front Landing gear broke causing aircraft
to drop down onto its nose skid to
a final stop approx. 300'Total Time/Cycles
On Part2270 Hours
CyclesTime Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

60

Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JPS☐ 100/130☐ Jet A-1☐ Automotive

Other Services, if Any, Prior to Departure

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.

2 occupants with normal exit out the door

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

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____

ZIP: _____

State: _____

ZIP: _____

Country: _____

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>06/8/2016</u> mm/dd/yyyy	Name of Pilot <u>[Redacted]</u> -- of --	<u>J. Now</u> Signature
--	---	---

If a Person Other than Pilot/Operator is Filing Report

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

FOR NTSB USE ONLY

NTSB Accident Incident No. CEN16LA206	Reviewed by NTSB Regional Office CEN	Name of Investigator SILLIMAN	Date Report Received 6/9/16
---	--	---	---------------------------------------

NARRATIVE HISTORY OF FLIGHT

Flight Plan

We departed on our flight from KHWO starting with a 45 min. scenic flight over/along the beach, over the Everglades and looked at plus took pictures of a friend's house in Southwestern Ranches Hollywood Florida. From there we started heading on our first leg and fuel stop/break at 28J (232nm - 37 gallons - 2:35 mins. not adding 45mins. scenic flight). Then departed from 28J for the next leg to second fuel stop/break at KTEL (560nm 48.5 gallons 4:05 mins.). Then departed from KTEL for the final leg to third/last fuel stop/break at KCLI (406nm - 42 gallons - 3:30 mins) where the accident took place. Final departure was then going to be from KCLI to KAIG (36nm - 4.8 gallons - 22 mins.) my home airport just fuel in Clintonville because 100LL is \$1.61 per gallon.

Weather outlook & weather services obtained

The weather for the flight was very nice no turbulence avoided all storms & weather such as rain with a headwind ranging from 4-9mph. The only weather I ran into was the ground fog when landing at KCLI the airport where the accident occurred. Weather planning for the trip started before I got to the airport on the internet using Foreflight & WSI to make sure the trip was good/safe with no weather moving in or in the area of flight. Then once I decided we would fly out I had already postponed the trip by one day so there wasn't any weather problem I saw possible left that there was the previous day! So when I got to the airport I looked at their computer and then just went on my iPad where I can access all websites to observe the full flight then the first leg that we were about to take. Then at each stop I check the weather always thru Foreflight & WSI plus I have internet during flight so I get weather updates randomly to see if anything has change in addition to checking all airport automated weather forecast at start/during/finish of all flights also.

Narrative of the accident

Was coming into KCLI for a long straight in final runway 32 fuel full stop. Approach was normal and glideslope seemed the same as well, coming in on final full flaps for landing. Then at pattern altitude approaching final looking at the lights I notice they were a little difficult to see that was do to ground fog. But I could see the runway lights & papi thru the ground fog once I was closer so I came in on final white/red papi down to about 250 feet then went red/red on papi so to correct just gave a little power then at that time I was lined up with the runway and looking to land at the start of the lighted runway when I touched down felt normal like a 3 point landing maybe the right back tire hit first for a

split second. But once on the ground then I felt the nose wheel give out dropping the plane down on top of the nose wheel using it as a skid plate till we stopped about 300 feet down the runway.