

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: EAST ST LOUIS State: ILL.

ZIP: _____ Country: USA

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/11/2016 Local Time: 12:00 PM
mm/dd/yyyy

Time Zone: CENTRAL

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

AIRCRAFT INFORMATION

Registration Number: 82694

Manufacturer: AERONCA

Model: 7AC

Serial Number: _____

Year of Manufacture: 1946

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

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

Maximum Gross Weight: 1400 lbs

Weight at Time of Accident/Incident: 1200 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 1

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)	Overhaul (hours)
Eng. 1	<u>CONTINENTAL</u>	<u>A65-8</u>	<u>52068-6-8</u>		<u>65</u>	<u>881.97</u>	<u>20</u>	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 11/02/2015
mm/dd/yyyy

Airframe Total Time: 4095.95 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: SENSENICH

Model: 72C4

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

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

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: _____

"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: RONALD City of Residence: HOUSE SPRINGS
 Middle Initial: M State: MISSOURI ZIP: 63051
 Last Name: COLATSKIE Country: USA
 Age at time of Accident/Incident: 63 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

04/11/2016
 mm/dd/yyyy

Medical Certificate Limitations

CORRECTIVE LENSES

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

08/05/2015
 mm/dd/yyyy

Flight Review Aircraft

Make: BOEING (MCDONNELL DOUGLAS)
 Model: MA80 (SIMULATOR)

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

DC9

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	22076.6	60.8	6667.5	15409.1	4566.4	2737.6	200	64.8	57	0
Pilot in Command (PIC)	7043.5	60.8	6200	8500.0	4500	2100.0	200	36.2	50	0
Time as Instructor	800 APPROX	0	800 APPROX	0	40	350	0	28.6	0	0
This Make/Model					0	0	0			
Last 90 Days	180	10.1	20.3	159.7	40	20	0	0	0	0
Last 30 Days	60	4.6	6.0	54.0	20	12	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

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 ☐ Unknown	☐ Serious
			☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
☐ Commercial	☐ Airline Transport	☐ 3-point	☐ 3-point
☐ US Military	☐ Foreign	☐ 4-point	☐ 4-point
☐ Flight Engineer		☐ 5-point	☐ 5-point
		☐ Unknown	☐ 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 ☐ Unknown	☐ Serious
			☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
☐ Commercial	☐ Airline Transport	☐ 3-point	☐ 3-point
☐ US Military	☐ Foreign	☐ 4-point	☐ 4-point
☐ Flight Engineer		☐ 5-point	☐ 5-point
		☐ Unknown	☐ 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>MIKI</u> City: <u>HIGH RIDGE</u>	☐ Left	☒ None	Available	Used	
Middle Initial: _____ State: <u>MO</u> ZIP: <u>63049</u>	☐ Center	☐ Minor	☒ Lap Only	☐ Lap Only	☐ Under 5 years
Last Name: <u>BALTA</u> Country: <u>USA</u>	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ If Under 5,
☐ Crew ☒ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Child Restraint
	☒ REAR	☐ Unknown	☐ 5-point	☐ 5-point	☐ Lap-Held
	Row: _____		☐ Unknown	☐ Unknown	☐ Unknown
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Under 5 years
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ If Under 5,
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Child Restraint
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Lap-Held
			☐ Unknown	☐ Unknown	☐ Unknown
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Under 5 years
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ If Under 5,
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Child Restraint
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Lap-Held
			☐ Unknown	☐ Unknown	☐ Unknown
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Under 5 years
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ If Under 5,
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Child Restraint
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Lap-Held
			☐ Unknown	☐ Unknown	☐ Unknown

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)

ENGINE CASE MAJOR CRACKS & HOLES - TAIL JUST FWD OF HORIZONTAL STAB. BENT MORE THAN 90°. RIP (APPROX 15") RIGHT SIDE FUSELAGE, LEFT WING TIP TORN OFF. BOTH STRUTS DENTED

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

ENGINE SEIZED SLIGHTLY EAST AND NORTH OF STL MISSOURI.
LOUD NOISE, RATTLE & PROP STOPPED. DEPARTED H-49 APPROX 11:45 AM
(15 MINUTES BEFORE FAILURE) LANDED ON SECTION OF CLOSED
HIGHWAY. GOING TO FAST AFTER TOUCHDOWN TO AVOID BARRICADES
AT THE END OF CLOSURE. WINGTIP HIT ONE AND CAUSED A
GROUNDLOOP. EXITED WHEN AIRCRAFT STOPPED. NO INJURIES.

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

mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

-- 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.

CEN16LA218

Reviewed by NTSB Regional Office

Central

Name of Investigator

C. Liedler

Date Report Received

07/11/2016