

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>Wonder Lake</u> State: <u>IL</u> ZIP: <u>60097</u> Country: <u>McHenry</u> Latitude: <u>N42 24,17331</u> Longitude: <u>W88 22.5067</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>07/05/2016</u> Local Time: <u>1440</u> <i>mm/dd/yyyy</i> Time Zone: <u>CDT</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None
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AIRCRAFT INFORMATION

Registration Number: <u>N6576H</u> Manufacturer: <u>Cessna</u> Model: <u>172M</u> Serial Number: <u>17265495</u> Year of Manufacture: <u>1975</u> Amateur-Built: ☐ Yes ☐ No <i>If Yes:</i> ☐ Kit/Plans ☐ Original Design <i>Make:</i> _____	☒ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2300</u> lbs Weight at Time of Accident/Incident: <u>1901</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☒ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☒ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> ☐ 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
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☒ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	O-320-E2D	L - 42121	06/18/15	160			471.9
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>06/23/2016</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>2231.7</u> hrs hours measured at <i>(Select one)</i> ☒ 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: hand held	Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>McCauley</u> Model: <u>1C160/DTM7557m!</u> ELT Installed: ☒ Yes ☐ No <i>If Yes:</i> ELT Manufacturer: <u>Leigh</u> Model or Part No.: <u>Sharac 7A</u> 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 <i>If activated:</i> Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No <i>If not activated:</i> 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) ☐ 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: _____
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OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Flagship Phoenix Inc</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Bull Valley</u> State: <u>IL</u> ZIP: <u>60097</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>JB Aviation</u> Doing Business As: <u>Flight School</u> Air Carrier/Operator Designator (4 Character Code): _____		☐ Same Address as Registered Owner City: <u>Wonder Lake</u> State: <u>IL</u> ZIP: <u>60097</u> Country: <u>USA</u>	
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 <i>(Select one)</i> ☐ 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	Air Medical 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>Galt</u> Airport Identifier: <u>10C</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>1/4</u> mile <u>sm</u> Direction From Airport: <u>on airport</u> degrees true Airport Elevation: <u>875</u> ft. msl	
Runway Information Runway ID: <u>18</u> (L/R/C) Length: <u>2141</u> ft Width: <u>125</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ Unknown ☐ RNAV		VFR Approach <i>(Check all that apply)</i> ☒ 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	

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of Captain, Complete the following information)						
Crew Name and Address		Seat Occupied	Injury			
First Name: _____	City of Residence: _____	☐ Left	☐ Front			
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear			
Last Name: _____	Country: _____	☐ Right	☐ Single			
		☐ Unknown	☐ None			
			☐ Minor			
			☐ 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	☐ 3-point	☐ 3-point			
	☐ Airline Transport	☐ 4-point	☐ 4-point			
	☐ Flight Engineer	☐ 5-point	☐ 5-point			
	☐ US Military	☐ Unknown	☐ Unknown			
	☐ Foreign					
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			
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear			
Last Name: _____	Country: _____	☐ Right	☐ Single			
		☐ Unknown	☐ None			
			☐ Minor			
			☐ 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	☐ 3-point	☐ 3-point			
	☐ Airline Transport	☐ 4-point	☐ 4-point			
	☐ Flight Engineer	☐ 5-point	☐ 5-point			
	☐ US Military	☐ Unknown	☐ Unknown			
	☐ Foreign					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
PASSENGERS/OTHER PERSONNEL (Include Cabin Crew, continue on separate sheet if necessary)						
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ Lap Only	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ 3-point	☐ Not Deployed	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 4-point	☐ Deployed	
	Row: _____	☐ Unknown	☐ 4-point	☐ 5-point	☐ Unknown	
			☐ 5-point	☐ Unknown		
			☐ Unknown	☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ Lap Only	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ 3-point	☐ Not Deployed	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 4-point	☐ Deployed	
	Row: _____	☐ Unknown	☐ 4-point	☐ 5-point	☐ Unknown	
			☐ 5-point	☐ Unknown		
			☐ Unknown	☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ Lap Only	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ 3-point	☐ Not Deployed	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 4-point	☐ Deployed	
	Row: _____	☐ Unknown	☐ 4-point	☐ 5-point	☐ Unknown	
			☐ 5-point	☐ Unknown		
			☐ Unknown	☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ Lap Only	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ 3-point	☐ Not Deployed	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 4-point	☐ Deployed	
	Row: _____	☐ Unknown	☐ 4-point	☐ 5-point	☐ Unknown	
			☐ 5-point	☐ Unknown		
			☐ Unknown	☐ 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: George

City of Residence: Antioch

Middle Initial: W

State: IL ZIP: 60002

Last Name: Rigert

Country: USA

Age at time of Accident/Incident: 72 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		Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	Date of Last Medical <u>03/14/2016</u> 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: 04/27/2016
mm/dd/yyyy

Flight Review Aircraft

Make: C172

Model: Skyhawk 172M

Airplane Rating(s) (Choose all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Choose all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) (Choose all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) (Choose all that apply) ☐ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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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	3,800	3,500	3,757	29	176	57	157			
Pilot in Command (PIC)	3,400	3,460	3,400		170	5				
Time as Instructor	2,580	2,400	2,580		145					
This Make/Model					150	50				
Last 90 Days	48	48	48		1					
Last 30 Days	30	30	30							
Last 24 Hours	1	1	1							

"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>Carver</u> Middle Initial: <u>W</u> Last Name: <u>Breidenbach</u> City of Residence: <u>McHenry</u> State: <u>IL</u> ZIP: <u>60050</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>17</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						Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>04/21/2016</u> 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 must wear corrective lenses																																																																																											
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;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>21</td> <td>21</td> <td>21</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>11</td> <td>11</td> <td>11</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>5</td> <td>5</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	21	21	21								Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days	11	11	11								Last 30 Days	5	5	5								Last 24 Hours	1	1	1							
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																																																																																										
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Last 90 Days	11	11	11																																																																																																	
Last 30 Days	5	5	5																																																																																																	
Last 24 Hours	1	1	1																																																																																																	

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>10C</u> City: <u>Wonder Lake</u> State: <u>IL</u> Country: <u>USA</u>		Time of Departure Time: <u>1440</u> Time Zone: <u>CDT</u>		Destination Airport ID: <u>10C</u> City: <u>Wonder Lake</u> State: <u>IL</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 ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ 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 _____ ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>75</u> (F) Dew Point: _____ (C) or <u>60</u> (F) Altimeter Setting: _____ in Hg or _____ MB
Wind Direction ☒ Variable -or- Direction: <u>180</u> degrees true	Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: <u>8</u> kts	Wind Gusts ☐ Not Gusting -or- Speed: <u>12</u> kts	Visibility <u>10</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 ☐ Unknown		Icing Actual Amount ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ 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: 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)*

The aircraft received damage to the left and right wing, left landing gear separated from fuselage and the propeller came in contact with the ground.

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.

I planned to practice landings with my student and originally planned to go to Dacy airport (0C0), but the student was about 30 min. late. It would have used too much of our allotted time getting to Dacy and back so I decided we'd practice at Galt (10C). The winds were SSW 8 to 12K which was probably a little too much for this student's capability. I elected to try runway 27 to see how he could do. This required too much of my assistance, after two attempts, so I elected to go to the grass runway, 18. The student did well for two landings on 18, but on the third landing he got a little low and I asked him to add power. At the same time I received a call from another company 182 that was preparing to depart runway 27. I answered his call and by the time I realized that my student hadn't applied sufficient power to clear the brush at the end of the runway it was too late. The aircraft contacted the tops of the brush, slowing it down excessively resulting in coming in contact with a drainage ditch, which was hidden under the brush, 7 to 10 feet short of the runway. The left landing gear hit the drainage ditch which resulted in the damage to the aircraft. I or the airport manager did not realize there was a drainage ditch, under the brush, at the end of the runway. If the drainage ditch had not been there, this would have been a non event.

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

Operator/Owner Safety Recommendation

Not answering a radio call at a critical time in the flight.

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)

20 Gallons

Fuel Type

☒ 80/87☐ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Jet A-1☐ Jet B☐ JP8☐ Automotive☐ Other, specify _____

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

Right 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

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 07/21/2016 mm/dd/yyyy	Name of Pilot/Operator: George W Rigert Signature: [Redacted] -- or -- ☒ Check here to electronically sign this document
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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.
CEN16LA246Reviewed by NTSB Regional Office
DENVER, COName of Investigator
AGUILERADate Report Received
21 JUL 2016