

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

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

BASIC INFORMATION**Accident/Incident Location**Nearest City/Place: Waukesha State: WIZip: _____ Country: USALatitude: 9114 (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)**Date/Time**Date: 02/24/2017 Local Time: 18:15

mm/dd/yyyy

Time Zone: CST**Phase of Operation**

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

N/A ft MSL

AIRCRAFT INFORMATIONManufacturer: CESSNAModel: C340ASerial Number: 340A-1908Registration Number: N 255BCAmateur-built: ☐ Yes ☒ NoMax Gross Weight: 6390 lbsWeight at Time of Accident/Incident: 5836 lbs

Location of Center of Gravity at Time of Accident/Incident:

153.4 inches from ☐ nose or ☐ datum
Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)**Standard**

☒ Normal
☐ Utility
☐ Aerobatic
☐ Transport

Special

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

Number of Seats: 6

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear

☒ Retractable
Check any additional landing gear configuration that applies.

☐ Tricycle☐ Amphibian☐ Emergency Float☐ Float☐ Hull☐ Unknown☐ Tailwheel☐ High Skid☐ Skid☐ Ski☐ Ski/Wheel**Type of Maintenance Program**

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

Last Inspection Type

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

Date Last Inspection: 08/12/2016

mm/dd/yyyy

Airframe Total Time: 5644.1 hrs

hours measured at (check one)

☒ Last Inspection ☐ Time of Accident/Incident**IFR Equipped**☒ Yes ☐ No ☐ Unknown**Stall Warning System Installed**☒ Yes ☐ No ☐ Unknown**Type of Fire Extinguishing System**☐ None☒ Specify: fire bottles**ELT Installed**☒ Yes ☐ No**ELT Activated**☐ Yes ☒ No unknown**ELT Manufacturer:** AmcrisingModel/Series: AK451

Serial Number: _____

Battery Type: Lithium P/N 4500010-1Battery Exp. Date: 7/2020**ELT Aided in Locating Accident/Incident**☐ Yes ☐ No N/A**Engine Type**

☐ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☒ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☒ Fuel Injected

Propeller

☐ Fixed Pitch
☒ Controllable Pitch

Manufacturer: HartzellModel: PHC-C34F-2UF

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Teledyne Continental	T540-520NB	228558-R	unknown	335	4087.0	70.9	1405.0
Eng. 2	Teledyne Continental	T540-520NB	287516-R		335	3419.7	70.9	1405.0
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Signicast</u> Fractional Ownership Aircraft: ☐ Yes ☐ No		Owner Address City: _____ State: _____ ZIP: _____ Country: _____	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Signicast</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☒ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International	Type of Commercial Operating Certificate Held (Select all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
OTHER AIRCRAFT - COLLISION (If air on ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number <u>N/A</u>	Manufacturer: Model: 	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (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
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ In-Flight ☐ On-Ground	☐ Both Ground and In-Flight ☐ Unknown Origin	Aircraft Explosion ☒ None ☐ In-Flight ☐ On-Ground

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Damage to airframe, props, landing gear. Damage at airport approach / runway lights.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: <u>KUES</u>		Distance From Airport Center: <u>.5</u> SM	
Airport Name: <u>Waukesha / Crites Field</u>		Direction From Airport: <u>280</u> degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip		Airport Elevation: <u>911'</u> ft. MSL	
Approach Segment (Select one)			
☒ On Instrument Approach		☒ Final	
☒ Landing		☐ Go Around	
☐ Crosswind		☐ Aborted Landing (after touchdown)	
☐ Base leg Low Approach			
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
☐ None		☐ None	
☐ PAR		☐ Traffic Pattern	
☐ ADF/NDB		☐ GPS	
☐ Sideslip		☐ Straight-In	
☒ ILS		☐ Valley/Terrain Following	
☐ MLS		☐ Go Around	
☐ LDA		☐ Precautionary Landing	
☐ ASR		☐ Unknown	
☐ Visual		☐ Unknown	
☐ Contact			
☐ Circling			
☐ Localizer Only			
☐ LOC-back course			
☐ RNAV			
☐ TACAN			
Runway Information		Condition of Runway/Landing Surface (Check all that apply)	
Runway ID: <u>10</u> (L/R/C) Length: <u>5949</u> ft Width: <u>100</u> ft		☐ Dry	
Runway/Landing Surface (Check all that apply)		☐ Snow-Compacted	
☒ Asphalt		☐ Water-Calm	
☐ Grass/Turf		☐ Water-Choppy	
☐ Concrete		☐ Water-Glassy	
☐ Gravel		☐ Wet	
☐ Macadam		☐ Unknown	
☐ Metal/Wood			
☐ Snow			
☐ Water			
☐ Unknown			
☐ Ice			
☐ Rough			
☐ Rubber Deposits			
☐ Slush Covered			
☐ Soft			
☐ Vegetation			

FLIGHT ITINERARY INFORMATION

Last Departure Point		Time of Departure		Destination		Type Flight Plan Filed	
Airport ID: <u>KUNU</u>		Time: <u>1740</u>		Airport ID: <u>KUES</u>		☐ None	
City: <u>Juneau</u>		Time Zone: <u>CST</u>		City: <u>Waukesha</u>		☐ VFR/IFR	
State: <u>WI</u>				State: <u>WI</u>		☐ Company VFR	
Country: <u>USA</u>				Country: <u>USA</u>		☒ IFR	
						☐ Military VFR	
						☐ Unknown	
						Activated? ☒ Yes ☐ No	

Type of ATC Clearance/Service (Check all that apply)		Type of ATC Clearance/Service (Check all that apply)	
☐ None		☐ Special IFR	
☐ VFR		☐ VFR On Top	
☒ IFR		☐ VFR Flight Following	
☐ Special VFR		☐ Traffic Advisory	
☐ Cruise		☐ Unknown / NA	
Airspace where the accident/incident occurred (Check all that apply)		Airspace where the accident/incident occurred (Check all that apply)	
☐ Class A		☐ Prohibited Area	
☐ Class B		☐ Restricted Area	
☐ Class C		☐ Military Operations Area (MOA)	
☒ Class D		☐ Airport Advisory Area	
☐ Warning Area		☐ Jet Training Area	
☐ Special		☐ TRSA	
☐ Air Traffic Control Area		☐ FAR 93	
☐ Unknown			
Aircraft Load Description (Check all that apply)		Aircraft Load Description (Check all that apply)	
☒ None		☐ Parachutists	
☐ Passengers		☐ Water	
☐ Cargo		☐ Chemical/Fertilizer/Seeds	
☐ Towing Glider		☐ Livestock	
☐ Towing Banner		☐ Unknown	
☐ Other External			

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type	
<u>183</u> Gallons		☐ 80/87	
		☒ 100 Low Lead	
		☐ 100/130	
		☐ 115/145	
		☐ Jet A	
		☐ Automotive	
		☐ JP3	
		☐ JP4	
		☐ JP5	
		☐ Other, specify _____	
Other Services, if Any, Prior to Departure			

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location Normal Cabin entry door.			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>KUES</u> Observation Time: <u>1750</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>0</u> NM Direction from Accident Site: <u>0</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☐ Internet ☐ Unknown	
Briefing Type/Completeness ☒ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer ☐ Abbreviated ☐ Unknown ☐ Not Pertinent		Light Condition ☐ Dawn ☐ Day ☐ Dusk ☒ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported	
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Restriction to Visibility <i>(Check all that apply)</i> ☐ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☒ Ice Fog ☐ Smoke ☐ Unknown	
Lowest Cloud Condition Height <u>700</u> ft AGL		Ceiling Height _____ ft AGL	
Wind Direction ☐ Indicated: <u>330</u> degrees MAG ☐ Variable	Wind Speed Velocity: <u>9</u> KTS -or- ☐ Calm ☐ Light and Variable	Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting	Type of Turbulence <i>(Check all that apply)</i> ☒ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Severe ☐ Moderate ☐ Moderate Chop ☐ Light
NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident None remembered.			
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Iceing Forecast Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed Iceing Actual Amount ☐ None ☐ Trace ☐ Light ☒ Moderate ☐ Severe Type ☒ Rime ☐ Clear ☐ Mixed	
		Type of Precipitation <i>(Check all that apply)</i> ☐ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Freezing Rain ☐ Snow Shower ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Ice Pellets Shower ☒ Freezing Drizzle Intensity of Precipitation ☐ Light ☒ Moderate ☐ Heavy	

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident																																																																																																				
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Pilot "A" Identification																																																																																																				
First Name: <u>Brenda</u>					City: <u>[REDACTED] Sun Prairie</u>																																																																																															
Middle Initial: <u>L.</u>					State: <u>WI</u> ZIP: <u>53540</u>																																																																																															
Last Name: <u>Birr</u>					Country: <u>USA</u>																																																																																															
Age at time of Accident/Incident: <u>55</u>					Date of Birth: <u>[REDACTED]</u> mm/dd/yyyy		Certificate Number: <u>[REDACTED]</u>																																																																																													
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness																																																																																											
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			☒ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single			☐ Unknown Used ☒ Yes ☐ No Available ☐ Yes ☐ No			Used ☒ Yes ☐ No Available ☐ Yes ☐ No																																																																																											
Pilot Certificate(s) (Check all that apply)																																																																																																				
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military																																																																																																				
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical																																																																																												
☒ Pilot ☐ Other ☐ Unknown		☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown			<u>06/01/2016</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations																																																																																																				
Must wear corrective lenses, possess glasses for near/intermediate vision.																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/05/2016</u> mm/dd/yyyy																																																																																																				
Flight Review Aircraft																																																																																																				
Make: <u>PA 34</u> <u>Piper</u>																																																																																																				
Model: <u>Seneca III</u>																																																																																																				
Airplane Rating(s)		Other Aircraft Rating(s)		Instrument Rating(s)		Instructor Rating(s)																																																																																														
(Check all that apply)		(Check all that apply)		(Check all that apply)		(Check all that apply)																																																																																														
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		☐ 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"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>10,200</td> <td>200</td> <td>3,000</td> <td>7,200</td> <td>500</td> <td>1,200</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>10,200</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>2,000</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></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>60</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>4.5</td> <td></td> <td></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	10,200	200	3,000	7,200	500	1,200					Pilot in Command (PIC)	10,200										Time as Instructor	2,000										This Make/Model											Last 90 Days	60										Last 30 Days											Last 24 Hours	4.5									
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N/A **PILOT "B" INFORMATION**

Pilot "B" Responsibilities at the Time of Accident/Incident
☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Age at time of Accident/Incident: _____

Date of Birth: _____

Certificate Number: _____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown
Seat Belt

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

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
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations
Medical Certificate Waivers
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
☐ Free 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

N/A

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants; complete the following information)														
Pilot Name and Address				Degree of Injury										
First Name: _____				City: _____		☐ None ☐ Fatal								
Middle Initial: _____				State: _____ ZIP: _____		☐ Minor ☐ Unknown								
Last Name: _____				Country: _____		☐ Serious								
Pilot Certificate(s) (Check all that apply)				Total Flight Time at the Time of this Accident/Incident: _____ hrs		Seat Occupied								
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front								
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear								
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single								
						☐ Unknown								
Pilot Name and Address				Degree of Injury										
First Name: _____				City: _____		☐ None ☐ Fatal								
Middle Initial: _____				State: _____ ZIP: _____		☐ Minor ☐ Unknown								
Last Name: _____				Country: _____		☐ Serious								
Pilot Certificate(s) (Check all that apply)				Total Flight Time at the Time of this Accident/Incident: _____ hrs		Seat Occupied								
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front								
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear								
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single								
						☐ Unknown								
Pilot Name and Address				Degree of Injury										
First Name: _____				City: _____		☐ None ☐ Fatal								
Middle Initial: _____				State: _____ ZIP: _____		☐ Minor ☐ Unknown								
Last Name: _____				Country: _____		☐ Serious								
Pilot Certificate(s) (Check all that apply)				Total Flight Time at the Time of this Accident/Incident: _____ hrs		Seat Occupied								
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front								
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear								
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single								
						☐ Unknown								
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)														
Name and Address				Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____				City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____				State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____				Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____				City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____				State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____				Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____				City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____				State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____				Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____				City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____				State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____				Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____				City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____				State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____				Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____				City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____				State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____				Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____				City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____				State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____				Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐

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 time and point of departure, intended destination, and services obtained.

Prior to the flight, I had spent most of the afternoon monitoring the weather. My assignment was to pick up the airplane in Gurnee, WI (KUNU) fly to Waukesha (KUES), pick up two passengers, and fly them to St. Louis (KSTL). I was scheduled to leave Gurnee at 1715 for an 1800 pick up in Waukesha. Generally, I would have left early to arrive in UES during the daylight hours. I arrived in Gurnee 1615. It was at this point the weather was deteriorating. I called the passenger to tell him I would be there right at 1800. (I did not wish to be early and have to get de-iced) It is common practice to open the hanger door, get a clearance, and once pulled out of the hanger to not spend any extra amount of time on the ground for a "run-up" before T/O than necessary. I was instructed to leave with the windshield heat on. I did the run-up, followed a checklist, but in my haste turned on the wrong switch for the windshield heat. Thinking I had it on, once airborne, I requested on ~~ILS~~ RWY 10 approach. Coming down on the approach, there was a 700 ft. ceiling. I had good visibility down (ground contact) but no forward visibility as the windshield

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

Operator/Owner Safety Recommendation

1. Canceling the flight due to weather conditions.
2. Not pulling out of the hanger and going just as fast as you can.
3. Doing a more extended preflight. I do good pre-flights, however I was not thorough checking the de-ice / anti-ice equipment.

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

was iced over. I had no choice but to go missed approach and address the windshield. I asked Milwaukee for a frequency change. I called Gurnee ops, had them call the instructor pilot to confirm where the switch was. I was able to melt enough ice to see forward. I requested a second ILS. I realized I was carrying a lot of ice. Kept the speed up to 130 kts. All went quite well until short final. The amount of ice made the airplane sink below the glide path. Made ground contact, skipped onto the runway. At some point the left main separated from the aircraft. The aircraft slid off the runway, taking out some runway lights in the slide. Time now is about 1815 CST

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

03/02/2017

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: Brenda Birr

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN17CA114

Reviewed by NTSB Regional Office

CEN

Name of Investigator

Sauer

Date Report Received

03/03/17