

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>Beasley</u> State: <u>TX</u> ZIP: <u>77417</u> County: <u>Fort Bend</u> Latitude: <u>29.45° N</u> Longitude: <u>95.95 W</u> (Enter in decimal degrees or degrees/minutes/seconds)					Accident/Incident Date/Time Date: <u>10-08-2016</u> Local Time: <u>6:40 pm</u> month/day/year Time Zone: <u>Central</u>																																										
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None																																															
AIRCRAFT INFORMATION																																															
Registration Number: <u>N 704 LE</u> Manufacturer: <u>Cessna</u> Model: <u>1976 150M</u> Serial Number: <u>15078689</u> Year of Manufacture: <u>1976</u> Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plan ☐ Original Design Make: _____					☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft																																										
Maximum Gross Weight: <u>1600</u> lbs Weight at Time of Accident/Incident: <u>1400</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>																																															
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/D dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown		Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport		Landing Gear (Check all that apply) ☒ Retractable ☐ Fixed ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Landing/Recovery System ☐ None ☐ Unknown																																									
Engine Type (Select one) ☒ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown		Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-injected																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Serial</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. (month/day/year)</th> <th>Rated Power ☒ Horsepower ☐ lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since: Inspection (hours) Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td>CONT MOTOR</td> <td>0-200 Series</td> <td></td> <td>09-15-1966</td> <td>100</td> <td></td> <td></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. (month/day/year)	Rated Power ☒ Horsepower ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)	Eng. 1	CONT MOTOR	0-200 Series		09-15-1966	100			Eng. 2								Eng. 3								Eng. 4														
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Eng. 4																																															
Last Inspection Type ☐ 100-Hour ☐ AAIIP ☒ Annual ☐ Continuous Airworthiness ☐ Conditional Inspection ☐ Unknown Date Last Inspection: <u>12/18/2015</u> (month/day/year) Airframe Total Time: <u>7632.20</u> hours measured at: <u>Time of Accident/Incident</u> ☐ Last Inspection ☒ Time of Accident/Incident				Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>McCawley</u> Model: <u>1A102/0CH6948</u>				Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____																																							
Type of Maintenance Program (Select one) ☒ Annual ☐ Unilateral (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Programs (AAIP) ☐ Continuous Airworthiness ☐ Other, Specify: _____				ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>Artex</u> Model or Part No.: <u>ELT-200</u> TSO No.: ☐ C91 (121.5 MHz) ☒ C91a (121.5 MHz) ☐ C120 (406 MHz) 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 ☐ Environmental Control/Heating/Cooling ☐ Extended Primary Flight Display ☐ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Other, Specify: _____																																							

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Scott Walter Breeze</u>		City: <u>Sugar Land</u> State: <u>TX</u> ZIP: <u>77479</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
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 <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carrier (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 100 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 433 ☐ 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 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 Stunt/Show ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☒ Personal ☐ Executive/Corporate ☐ Positioning ☐ External Load ☐ Skydiving ☐ Ferry	
Revenue Nightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No		
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: _____ Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ mi Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Covered ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glasy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soil ☐ Slush-Covered ☐ Vegetation ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instructional Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☐ Crosswind ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADP/NDP ☐ PAR ☐ MLS ☐ Precision ☐ SDF ☐ SID/STP ☐ EDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Codeding ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simplified Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☐ Not installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign																																																																																																				
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown			Medical Certificate ☐ None ☐ Class 3 ☐ Class I ☐ Driver's License (Sport Pilot only) ☐ Class II ☐ Unknown			Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical month/year																																																																																											
Medical Certificate Limitations																																																																																																				
Medical Certificate Special Issuance																																																																																																				
Date of Last Flight Review or Equivalent, including FAR 121/135 Check: _____ month/year				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="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">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 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></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 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 style="text-align: left; padding: 5px;">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> </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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign				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	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign				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	
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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-held ☐ Unknown
Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-held ☐ Unknown
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FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>KARM</u> City: <u>Wharton</u> State: <u>TX</u> Country: <u>USA</u>		Time of Departure Time: <u>6:10</u> Time Zone: <u>Central</u>		Destination Airport ID: <u>KS6R</u> City: <u>Sugar Land</u> State: <u>TX</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 C ☐ Military Operations Area (MOA) ☐ Class B ☐ Class D ☐ Airport Advisory Area ☐ Class E ☐ Warning Area ☐ Jet Training Area ☐ Class D ☐ Prohibited Area ☐ TRSA ☒ Class E ☐ Restricted Area ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown Altitude of In-Flight Occurrence: <u>2500</u> ft				
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 ☒ Assisted Report ☐ None ☐ Commercial Weather Service (DEJATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ mi 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		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft		
Wind Direction ☐ Variable Direction: <u>030</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>6</u> kts		Wind Gusts ☒ Not Gusting Speed: _____ kts
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		
Icing Forecast Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		
Visibility ☐ Variable RVR: _____ ft RVV: _____ miles Density Altitude: _____ ft		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		
Turbulence Type (Check all that apply): ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity: ☐ Light ☐ Moderate ☐ Severe ☐ Extreme		NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>None</u>		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed ☐ Unknown	Aircraft Fire ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Fire at Unknown Time ☐ Unknown	Aircraft Explosion ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Explosion at Unknown Time ☐ Unknown	
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) - Front glass broken - Propeller bent			
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.			
On Saturday 8th of October, as part of my solo training / practice, I left SGR around 3:30, towards KEA. I did 6 touch & goes and practiced short field / soft field landings / take-offs. Then I departed to KARM and after few touch & goes I stopped and filled up both tanks (about 14 gallons, total). I remember clearly doing a pre-flight inspection (including level of oil, pulling out strainer). The overall condition of the plane appeared normal / in good condition. I continued the usual check lists before and after taking off from KARM (Wharton). The plane had no evidence of malfunction for the next 30-40 minutes while I did few "S turns" & "turning around a point". I decided to go back to SGR and while cruising about 2500 ft the engine started failing. The RPM dropped to about 10-15, with a significant (continue)			

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.) Engine failure of unknown reason	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) 26 Gallons	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"> Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130 </td> <td style="width: 33%;"> ☐ 115/145 ☐ Jet A ☐ Jet A-1 </td> <td style="width: 33%;"> ☐ Jet B ☐ JP8 ☐ Alternative </td> </tr> <tr> <td colspan="3"> ☐ Other, specify _____ </td> </tr> </table>	Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130	☐ 115/145 ☐ Jet A ☐ Jet A-1	☐ Jet B ☐ JP8 ☐ Alternative	☐ Other, specify _____		
Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130	☐ 115/145 ☐ Jet A ☐ Jet A-1	☐ Jet B ☐ JP8 ☐ Alternative					
☐ 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. I walked out of plane opening 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 the answers.

(Cont. from page 4)

Vibration of the fuselage and the engine. It was difficult to establish a glide speed of 60 KIAS b/c. plane instability and vibration. I looked for a landing spot, pull the carb heat, my mixture was full rich, I also checked the master switch. The engine was still on and I kept descending rapidly. I squawked 7700 and dialed 121.5. Engine was off now and did not re-started. Then I cut off the mixture and ignition, unlatched the doors and landed. the nose of the plane eventually hit the ground possible because of low speed and difficult soft field (recently plowed), and the plane flipped over. I left the plane without a single scratch! 600 is good!

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

Date of this Report: 10-17-2016
 Name of Pilot/Operator: JAMES R. Canon
 Signature: [Redacted]
 (Print Name) ☐ I used this information to file this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____
 Signature: _____
 (Print Name) ☐ I checked this information and filed this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN17LA014	Reviewed by NTSB Regional Office Central Region	Name of Investigator T. Sorensen	Date Report Received 18 Oct 2016
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