

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: MUSKOGEE State: OK

ZIP: _____ Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 05/13/2017 Local Time: 1530
mm/dd/yyyy

Time Zone: CENTRAL

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

AIRCRAFT INFORMATION

Registration Number: _____

Manufacturer: PIPER

Model: CHEROKEE

Serial Number: 28-23862

Year of Manufacture: 1967

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2150 lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: N/A Passenger Seats: 3

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

- ☒ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

Special

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

☐ Certificate of Authorization or Waiver (COA)

☐ None

☐ Unknown

Landing Gear

(Check all that apply)

☐ Retractable

- ☒ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel
- ☐ Other Launch/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

Engine	Engine Manufacturer	Engine Model/Series	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	LYCOMING	O-320-E2A	L-19821-27A		150 HP	1625.8	13.9	1625.8
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 02/05/2016
mm/dd/yyyy

Airframe Total Time: 3999.2 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: PORTA

Propeller 1

- ☒ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: SENSENICH

Model: SERIAL #K-12432

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: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: JEFFREY KENNETH BLUECity: POTEAUState: OKZIP: 74953Fractional Ownership Aircraft: ☐ Yes ☐ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☐ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☐ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
- ☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)
☐ Armed Forces
☐ Federal
☐ State
☐ Local
☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

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

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
☐ Aerial Observation ☐ Flight Test
☐ Air Drop ☐ Glider Tow
☐ Air Race/Show ☐ Instructional
☐ Banner Tow ☐ Other Work Use
☐ Business ☒ Personal
☐ Executive/Corporate ☐ Positioning
☐ External Load ☐ Skydiving
☐ Ferry

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: _____

Distance From Airport Center: APPROX 4 sm

Airport Identifier: _____

Direction From Airport: NW degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

- ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

Condition of Runway/Landing Surface (Check all that apply)

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

- ☒ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach (Check all that apply)

- ☐ None
- ☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☒ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

“Flight Crewmember 1” Responsibilities at the Time of Accident/Incident

“Flight Crewmember 1” was pilot flying ☒ Yes ☐ No

First Name: JEFFREY K. BLUE

City of Residence: POTEAU

Middle Initial: _____

State: **OK** ZIP: **74953**

Last Name: _____

Country: **USA**

Age at time of Accident/Incident: _____ Date of Birth: _____ *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) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☒ Other ☐ Unknown	☐ None ☐ Class 1 ☒ Class 2 ☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown	☐ Without limitations/waivers ☒ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A	<u>02/25/2017</u> <i>mm/dd/yyyy</i>

WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: <u>PIPER N3976K</u> Model: <u>CHEROKEE PA 28-140</u>
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Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☒ None ☐ Airship ☐ 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 <i>(Include dates)</i>
SINGLE-ENGINE LAND	

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	904	80	904	0	39		43	0	2	0
Pilot in Command (PIC)										
Time as Instructor	0									
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours	1	1	1							

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

PilotCo-PilotStudent PilotFlight InstructorCheck PilotFlight EngineerOther Flight Crew

"Flight Crewmember 2" was pilot flyingYesNo

"Flight Crewmember 2" Identification

First Name:

N/A

Middle Initial:

Last Name:

City of Residence:

State:

ZIP:

Age at time of Accident/Incident:

Date of Birth:

mm/dd/yyyy

Certificate Number:

Degree of Injury

NoneFatalMinorUnknownSerious

Seat Occupied

LeftRightCenterFrontRearSingleUnknown

Restraint Type

AvailableUsedNoneLap only3-point4-point5-pointUnknown

Inflatable Restraints

Not InstalledInstalledNot DeployedDeployedUnknown

Pilot Certificate(s) (Check all that apply)

NonePrivateStudentFlight InstructorRecreationalSportCommercialAirline TransportFlight EngineerUS MilitaryForeign

Principal Occupation

PilotOtherUnknownMedical Certificate

NoneClass 1Class 2NoneClass 3Driver's License (Sport Pilot only)Unknown

Medical Certificate Validity

Without limitations/waiversWith limitations/waiversSpecial IssuanceUnknownN/A

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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

mm/dd/yyyy

Flight Review Aircraft

Make:

Model:

Airplane Rating(s) (Check all that apply)

NoneSingle-Engine LandSingle-Engine SeaMultiengine LandMultiengine Sea

Other Aircraft Rating(s) (Check all that apply)

NoneAirshipBalloonGliderGyroplaneHelicopterPowered Lift

Instrument Rating(s) (Check all that apply)

NoneAirplaneHelicopterPowered Lift

Instructor Rating(s) (Check all that apply)

NoneAirplane Single-EngineAirplane Multi-EngineGyroplanePowered LiftInstrument AirplaneInstrument HelicopterHelicopterGlidersport

Type RatingsStudent Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)

All AircraftThis Make & ModelAirplane Single EngineAirplane MultiengineNightInstrumentActualSimulatedRotorcraftGliderLighter Than Air

Total TimePilot in Command (PIC)Time as InstructorThis Make/ModelLast 90 DaysLast 30 DaysLast 24 Hours

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Private ☐ Recreational ☐ Student ☐ Sport ☐ Commercial ☐ US Military ☐ Airline Transport ☐ Foreign ☐ Flight Engineer					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					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Private ☐ Recreational ☐ Student ☐ Sport ☐ Commercial ☐ US Military ☐ Airline Transport ☐ Foreign ☐ Flight Engineer					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			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: <u>TIFFANY</u> City : <u>MUSKOGEE</u> Middle Initial: _____ State: <u>OK</u> ZIP: _____ Last Name: <u>WHITNEY</u> Country: <u>USA</u> ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☒ Right ☐ Unknown Row: _____	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☒ Right ☐ Unknown Row: _____	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☒ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>MKO</u> City: <u>MUSKOGEE</u> State: <u>OKLAHOMA</u> Country: <u>USA</u>	Time of Departure Time: <u>1500</u> Time Zone: <u>CENTRAL</u>	Destination Airport ID: <u>MKO</u> City: <u>MUSKOGEE</u> State: <u>OKLAHOMA</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown
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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)				Altitude of In-Flight Occurrence: <u>3000</u> ft msl
☐ 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		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Facility ID: <u>MKO</u> Observation Time: <u>1500</u> Time Zone: <u>CENTRAL</u> Distance from Accident Site: <u>5</u> nm Direction from Accident Site: <u>NW</u> degrees true
☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
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Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☒ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling ☐ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: _____ (C) or <u>70</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
	☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown

Icing Forecast	Icing Actual	Turbulence																																						
<table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>☒ None</td> <td>☒ N/A</td> </tr> <tr> <td>☐ Trace</td> <td>☐ Rime</td> </tr> <tr> <td>☐ Light</td> <td>☐ Clear</td> </tr> <tr> <td>☐ Moderate</td> <td>☐ Mixed</td> </tr> <tr> <td>☐ Severe</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Unknown</td> <td></td> </tr> </table>	Amount	Type	☒ None	☒ N/A	☐ Trace	☐ Rime	☐ Light	☐ Clear	☐ Moderate	☐ Mixed	☐ Severe	☐ Unknown	☐ Unknown		<table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>☒ None</td> <td>☐ N/A</td> </tr> <tr> <td>☐ Trace</td> <td>☐ Rime</td> </tr> <tr> <td>☐ Light</td> <td>☐ Clear</td> </tr> <tr> <td>☐ Moderate</td> <td>☐ Mixed</td> </tr> <tr> <td>☐ Severe</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Unknown</td> <td></td> </tr> </table>	Amount	Type	☒ None	☐ N/A	☐ Trace	☐ Rime	☐ Light	☐ Clear	☐ Moderate	☐ Mixed	☐ Severe	☐ Unknown	☐ Unknown		<table border="0"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td>☒ None</td> <td>☐ Light</td> </tr> <tr> <td>☐ Clear Air</td> <td>☐ Moderate</td> </tr> <tr> <td>☐ Terrain-Induced</td> <td>☐ Severe</td> </tr> <tr> <td>☐ Convective Turbulence</td> <td>☐ Extreme</td> </tr> </table>	Type	Severity	☒ None	☐ Light	☐ Clear Air	☐ Moderate	☐ Terrain-Induced	☐ Severe	☐ Convective Turbulence	☐ Extreme
Amount	Type																																							
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Type	Severity																																							
☒ 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:

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)*

LEFT WING LEADING EDGE HIT ROAD SIGN STEAL POST ON LANDING
NOSE GEAR SHEARED OFF IN MEDIAN OF HIGHWAY
PROP STRIKE ON GROUND IN MEDIAN OF HIGHWAY

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 HAD FLOWN FROM POTEAU (RKR) TO MUSKOGEE (MKO) JUST PRIOR TO THIS FLIGHT. I HAD ALSO TAKEN UP MY FRIENDS YOUNGEST DAUGHTER, JUST PRIOR TO THIS FLIGHT. I WAS TAKING MY FRIEND'S DAUGHTER, TIFFANY WHITNEY UP FOR A RIDE IN MY CHEROKEE OVER MUSKOGEE, OK. APPROXIMATELY 15-20 MINUTES INTO THE FLIGHT, WE WERE DIRECTLY OVER DOWNTOWN MUSKOGEE WHEN I STARTED LOSING RPM (TO ABOUT 500RPM). I ESTABLISHED A GLIDE AND CHECKED FUEL AND ELECTRIC SYSTEMS. INDICATED FUEL SHOW FUEL IN BOTH TANKS. ON DEPARTURE FROM POTEAU, THERE WAS 2/3 FULL FUEL 100LL WITH SLIGHTLY MORE IN THE (R) TANK, SO I STARTED OUT ON THE (R) TANK. I CHANGED TANKS NEAR STIGLER ON MY WAY FROM POTEAU. ON THE FLIGHT WITH TIFFANY, I ATTEMPTED TO RESTART THE ENGINE TWICE. AFTER THE FIRST ATTEMPT, I CALLED 'MAY-DAY' X2 ON 122.8 AND HEADED FOR DAVIS FIELD (MKO). I SOON REALIZED WE WERE NOT GOING TO MAKE IT TO THE AIRPORT, SO I SELECTED HWY 64 SOUTH OF MUSKOGEE, AS IT HAD AN AREA WHERE I COULD GLIDE TO, AVOIDING PEOPLE, STRUCTURES, TRAFFIC, WIRES AND TOWERS. I HAD ALREADY CROSSED OVER HIGH-TENSION WIRES SOUTH OF TOWN. AS I WAS ABOUT TO FLARE, THE LEFT WING HIT A SPEED SIGN POST, HOWEVER, I MAINTAINED CONTROL AS THE POST BENT TO THE GROUND. ON TOUCHDOWN. MY LEFT MAIN GEAR TOUCHED DOWN ON THE SOD OF THE MEDIAN AND CAUSED A GROUND LOOP OF THE AIRCRAFT TOWARD THE MEDIAN. ON CONTACT OF THE NOSE GEAR, THE GEAR SHEARED OFF. AS A RESULT, THE PROPELLER STRUCK THE GROUND OF THE HIGHWAY MEDIAN AND THE AIRCRAFT CAME TO AN ABRUPT STOP, JOLTING ME AND MY PASSENGER FORWARD, BUT THE SEATBELTS KEPT US IN THE SEATS. TIFFANY HIT HER KNEE ON THE DASH AND HAD A MILD BRUISE. ONCE WE WERE AT A FULL STOP, I CHECKED TO SEE IF SHE WAS OKAY, THEN TOLD HER TO OPEN THE DOOR, STEP OUT CAREFULLY AND MOVE TO THE BACK-SIDE OF THE PLANE. TRAFFIC HAD AVOIDED US AND WAS STOPPING AROUND US. I SHUT DOWN THE AIRCRAFT AND GOT OUT. WITHIN 10 MINUTES EMERGENCY VEHICLES ARRIVED ON SCENE TO CHECK ON THE SITUATION. I ASKED THE AMBULANCE CREW TO CHECK TIFFANY'S LEG AND GIVE HER A COLD PACK. A HWY PATROL OFFICER HAD ME IN HIS VEHICLE TO MAKE A REPORT TO THE FAA OF THE INCIDENT. MORGAN'S TOWING LOADED THE AIRCRAFT ON THEIR FLATBED AND WE SOON CONVOYED BACK TO DAVIS FIELD.

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

Operator/Owner Safety Recommendation

FOLLOWING MECHANICAL EVALUATION OF THE AIRCRAFT ON DAVIS FIELD, IT IS APPARENT THAT I MAY NOT HAVE PROPERLY SWITCHED THE FUEL SELECTOR BACK TO THE FULLEST RIGHT TANK, THUS LEADING TO POSSIBLE FUEL STARVATION. I DO NOT KNOW OF DISTRACTIONS OR CONDITIONS THAT WOULD HAVE CAUSED THIS TO HAPPEN. PERHAPS MORE FREQUENT FLIGHT TIME OR WORKING MORE WITH AN INSTRUCTOR. WHILE THE AIRCRAFT IS ESSENTIALLY TOTLED, I AM TROUBLED THAT THERE WAS ANY INJURY OR DAMAGE TO PROPERTY. I BELIEVE THAT MY SKILLS HELPED TO MINIMIZE INJURY AND DAMAGE TO PROPERTY AS THIS IS MY FIRST ACCIDENT IN OVER 900 HOURS OF FLIGHT TIME.

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)

12 GALLONS Gallons**Fuel Type**☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive**Other Services, if Any, Prior to Departure**

STANDARD PREFLIGHT AND RUNUP

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

AFTER SEEING THAT PASSENGER WAS NOT SERIOUSLY INJURED, I INSTRUCTED HER TO CAREFULLY EXIT THE AIRCRAFT AND MOVE TO THE BACK SIDE, THIS AFTER SHUTTING DOWN, I MOVED OVER TO THE PASSENGER SEAT AND EXITED THE AIRCRAFT. I DID A WALK AROUND TO CHECK FOR FUEL LEAKAGE OR FIRE, FINDING NONE.

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

05/22/2017

mm/dd/yyyy

Name of Pilot/Operator: JEFFREY KENNETH BLUE

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.

CEN17LA186

Reviewed by NTSB Regional Office

NTSB, CEN Region

Name of Investigator

Andrew Todd Fox

Date Report Received

05/23/2017