

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: Buffalo State: OK

ZIP: 73834 Country: United States

Latitude: 36.85N Longitude: 99.46W

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

Accident/Incident Date/Time

Date: 06/17/2017 Local Time: 9:45 AM

mm/dd/yyyy

Time Zone: CENTRAL

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

AIRCRAFT INFORMATION

Registration Number: N6196B

Manufacturer: Cessna

Model: 182A

Serial Number: 34196

Year of Manufacture: 1957

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

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

Maximum Gross Weight: 2650 lbs

Weight at Time of Accident/Incident: 2369 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 2

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 ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☒ None ☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/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	Continental	O-470L	67223-7-L	11/01/1957	230	6827.3	0	653.1
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/08/2017
mm/dd/yyyy

Airframe Total Time: 6827.3 hrs

hours measured at (Select one)

- ☐ Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

- ☒ None
☐ Specify: _____

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCauley

Model: 2A34C203-BC

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACK

Model or Part No.: E-01 MOD1

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: Michael A. MillerCity: BuffaloFractional Ownership Aircraft: ☐ Yes ☒ NoState: OK ZIP: 73834Country: U.S.**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: Mikes PlaceDistance From Airport Center: 0 smAirport Identifier: 96OK

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 1787 ft. msl**Runway Information**Runway ID: 17 (L/R/C) Length: 4000 ft Width: 35 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

AC101-1231-A

Last Name: Miller

Age at time of Accident/Incident: 62 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

	Best Constraint Time
1	1.00
2	1.00
3	1.00
4	1.00
5	1.00
6	1.00
7	1.00
8	1.00
9	1.00
10	1.00
11	1.00
12	1.00
13	1.00
14	1.00
15	1.00
16	1.00
17	1.00
18	1.00
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93	1.00
94	1.00
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98	1.00
99	1.00
100	1.00

— **1999** — **2000** — **2001** — **2002** — **2003** — **2004** — **2005** — **2006** — **2007** — **2008** — **2009** — **2010** — **2011** — **2012** — **2013** — **2014** — **2015** — **2016** — **2017** — **2018** — **2019** — **2020** — **2021** — **2022** — **2023** — **2024** — **2025** — **2026** — **2027** — **2028** — **2029** — **2030** — **2031** — **2032** — **2033** — **2034** — **2035** — **2036** — **2037** — **2038** — **2039** — **2040** — **2041** — **2042** — **2043** — **2044** — **2045** — **2046** — **2047** — **2048** — **2049** — **2050** — **2051** — **2052** — **2053** — **2054** — **2055** — **2056** — **2057** — **2058** — **2059** — **2060** — **2061** — **2062** — **2063** — **2064** — **2065** — **2066** — **2067** — **2068** — **2069** — **2070** — **2071** — **2072** — **2073** — **2074** — **2075** — **2076** — **2077** — **2078** — **2079** — **2080** — **2081** — **2082** — **2083** — **2084** — **2085** — **2086** — **2087** — **2088** — **2089** — **2090** — **2091** — **2092** — **2093** — **2094** — **2095** — **2096** — **2097** — **2098** — **2099** — **2100** — **2101** — **2102** — **2103** — **2104** — **2105** — **2106** — **2107** — **2108** — **2109** — **2110** — **2111** — **2112** — **2113** — **2114** — **2115** — **2116** — **2117** — **2118** — **2119** — **2120** — **2121** — **2122** — **2123** — **2124** — **2125** — **2126** — **2127** — **2128** — **2129** — **2130** — **2131** — **2132** — **2133** — **2134** — **2135** — **2136** — **2137** — **2138** — **2139** — **2140** — **2141** — **2142** — **2143** — **2144** — **2145** — **2146** — **2147** — **2148** — **2149** — **2150** — **2151** — **2152** — **2153** — **2154** — **2155** — **2156** — **2157** — **2158** — **2159** — **2160** — **2161** — **2162** — **2163** — **2164** — **2165** — **2166** — **2167** — **2168** — **2169** — **2170** — **2171** — **2172** — **2173** — **2174** — **2175** — **2176** — **2177** — **2178** — **2179** — **2180** — **2181** — **2182** — **2183** — **2184** — **2185** — **2186** — **2187** — **2188** — **2189** — **2190** — **2191** — **2192** — **2193** — **2194** — **2195** — **2196** — **2197** — **2198** — **2199** — **2200** — **2201** — **2202** — **2203** — **2204** — **2205** — **2206** — **2207** — **2208** — **2209** — **2210** — **2211** — **2212** — **2213** — **2214** — **2215** — **2216** — **2217** — **2218** — **2219** — **2220** — **2221** — **2222** — **2223** — **2224** — **2225** — **2226** — **2227** — **2228** — **2229** — **2230** — **2231** — **2232** — **2233** — **2234** — **2235** — **2236** — **2237** — **2238** — **2239** — **2240** — **2241** — **2242** — **2243** — **2244** — **2245** — **2246** — **2247** — **2248** — **2249** — **2250** — **2251** — **2252** — **2253** — **2254** — **2255** — **2256** — **2257** — **2258** — **2259** — **2260** — **2261** — **2262** — **2263** — **2264** — **2265** — **2266** — **2267** — **2268** — **2269** — **2270** — **2271** — **2272** — **2273** — **2274** — **2275** — **2276** — **2277** — **2278** — **2279** — **2280** — **2281** — **2282** — **2283** — **2284** — **2285** — **2286** — **2287** — **2288** — **2289** — **2290** — **2291** — **2292** — **2293** — **2294** — **2295** — **2296** — **2297** — **2298** — **2299** — **2300** — **2301** — **2302** — **2303** — **2304** — **2305** — **2306** — **2307** — **2308** — **2309** — **2310** — **2311** — **2312** — **2313** — **2314** — **2315** — **2316** — **2317** — **2318** — **2319** — **2320** — **2321** — **2322** — **2323** — **2324** — **2325** — **2326** — **2327** — **2328** — **2329** — **2330** — **2331** — **2332** — **2333** — **2334** — **2335** — **2336** — **2337** — **2338** — **2339** — **2340** — **2341** — **2342** — **2343** — **2344** — **2345** — **2346** — **2347** — **2348** — **2349** — **2350** — **2351** — **2352** — **2353** — **2354** — **2355** — **2356** — **2357** — **2358** — **2359** — **2360** — **2361** — **2362** — **2363** — **2364** — **2365** — **2366** — **2367** — **2368** — **2369** — **2370** — <

[illegible]

☐ Pilot ☒ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Certificate Number: [REDACTED]

Pilot Certificate(s) (Check all that apply)				Rating		Status	
☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	☐ 2-point	☐ 3-point	☐ Not Deployed	☐ Unknown
☒ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☒ 4-point	☐ 5-point	☐ Deployed	☐ Unknown
☐ Student	☐ Sport	☐ Flight Engineer		☐ Unknown	☐ Unknown		

Medical Certificate Limitations Must wear corrective lenses	
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/06/2016 mm/dd/yyyy	Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA28-140</u>
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Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> ☒ 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 <i>(Include dates)</i>
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[illegible]

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 ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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 ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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>Chyrrl</u> City: <u>Buffalo</u> Middle Initial: <u>R</u> State: <u>OK</u> ZIP: <u>73834</u> Last Name: <u>Miller</u> Country: <u>U.S.</u> ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>2</u>	☒ 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 If Under 5, ☐ 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 If Under 5, ☐ 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 If Under 5, ☐ 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 If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KAVK</u> City: <u>Alva</u> State: <u>OK</u> Country: <u>U.S.</u>	Time of Departure Time: <u>9:15</u> Time Zone: <u>C</u>	Destination Airport ID: <u>96OK</u> City: <u>Buffalo</u> State: <u>OK</u> Country: <u>U.S.</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR 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)

☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E	☒ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93	☐ Special ☐ Air Traffic Control Area ☐ Unknown	Altitude of In-Flight Occurrence: _____ ft msl
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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: KAVK
 Observation Time: 9:00
 Time Zone: C
 Distance from Accident Site: 38 nm
 Direction from Accident Site: 098 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 85 (F)

Dew Point: _____ (C) or 68 (F)

Altimeter Setting: _____ in. Hg
 or _____ MB

Wind Direction

☐ Variable

-or-
 Direction: 18 degrees true

Wind Speed

☐ Calm
☒ Light and Variable

-or-
 Speed: _____ kts

Wind Gusts

☒ Not Gusting

-or-
 Speed: _____ kts

Visibility 10+ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 3600 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	Type
☒ None	☐ N/A
☐ Trace	☐ Rime
☐ Light	☐ Clear
☐ Moderate	☐ Mixed
☐ Severe	☐ Unknown
☐ Unknown	

Icing Actual

Amount	Type
☒ None	☐ N/A
☐ Trace	☐ Rime
☐ Light	☐ Clear
☐ Moderate	☐ Mixed
☐ Severe	☐ Unknown
☐ Unknown	

Turbulence

Type (Check all that apply)	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)*

aircraft nosed over and landed inverted. Prop is bent. Unable to add to this description until allowed to right aircraft

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.

Departed KAVK approximately 9:15 A.M. for flight to 96OK. Listened to KAVK AWOS-3 (121.125) before departure. Normal taxi and departure from KAVK. Proceeded a direct route to 96OK and made a normal left hand pattern entry, announcing our intentions to local traffic on 122.9, beginning the pattern on a 45 degree entry to the downwind leg. We had a normal, stable approach to the touchdown point on runway 17 at the midfield point. The landing was normal and smooth and the aircraft was guided down the center of the runway and was slowing down when the nose dropped, immediately followed by the loud noise of the nose wheel fork digging a rut in the runway. in a very short time the aircraft nosed over and landed on its top.

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.)

The nose wheel and tire separated from the nose wheel fork.

**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)

22 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****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

All three of the occupants evacuated from the right hand door after releasing their seat belts.

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

06/22/2017

mm/dd/yyyy

Name of Pilot/Operator: Michael A Miller

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.

CEN17LA235

Reviewed by NTSB Regional Office

CEN

Name of Investigator

LINDBERG

Date Report Received

6/22/17