

# 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: Rushville State: IN  
 ZIP: 46173 Country: US  
 Latitude: N39-52.0530 Longitude: W085-45.1836  
*(Enter in decimal degrees or degrees: minutes: seconds)*

### Accident/Incident Date/Time

Date: 07/05/2017 Local Time: 1442  
*mm/dd/yyyy*  
 Time Zone: 1842

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

## AIRCRAFT INFORMATION

Registration Number: N112DE

Manufacturer: Piper

Model: PA 32-300

Serial Number: 32-7940044

Year of Manufacture: 1979

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

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

Maximum Gross Weight: 3400 lbs

Weight at Time of Accident/Incident: 2010 lbs

Number of Seats: 6 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 4

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                                                                         | Special                                           |
|----------------------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Normal                                       | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic                                               | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon                                                 | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter                                                | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport                                               | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility                                                 | <input type="checkbox"/> Special Light-Sport      |
|                                                                                  | <input type="checkbox"/> Experimental Light-Sport |
| <input checked="" type="checkbox"/> Certificate of Authorization or Waiver (COA) |                                                   |
| <input type="checkbox"/> None <input type="checkbox"/> 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)

- |                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric                 |                                     |

### Fuel System Type (Reciprocating)

- ☐ Carburetor ☒ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg.<br>mm dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|------------------|
| Eng. 1 | Lycoming            | IO-540 - K1 G5      | L-20693-48A                  | 02/09/08                   | 300                                                                                                  | 6059.2                | 11.5                              | 152.0            |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                                   |                  |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                                   |                  |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                   |                  |

### Last Inspection Type

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

Date Last Inspection: 03/24/2017  
*mm/dd/yyyy*

Airframe Total Time: 6397.45 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: Portable Handheld

### Propeller 1

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

Manufacturer: HARTZELL

Model: HC-2YF-1BF

### Propeller 2

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

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: UNKNOWN

Model or Part No.: CIR-11

TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

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: \_\_\_\_\_

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KFWA</u><br>City: <u>Fort Wayne</u><br>State: <u>IN</u><br>Country: <u>US</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Time of Departure</b><br>Time: <u>1312 LCL</u><br>Time Zone: <u>EDT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Destination</b><br>Airport ID: <u>KJVV</u><br>City: <u>Jeffersonville</u><br>State: <u>IN</u><br>Country: <u>US</u>                                                                                                                                                                                                                                             | <b>Type Flight Plan Filed</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None<br/> <input type="radio"/> Company VFR<br/> <input type="radio"/> Military VFR<br/> <input checked="" type="radio"/> VFR         </div> <div> <input type="radio"/> VFR/IFR<br/> <input type="radio"/> IFR<br/> <input type="radio"/> Unknown<br/> <input type="radio"/> Unknown         </div> </div> Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Special VFR</div> <div style="width: 25%;"><input type="checkbox"/> Special IFR</div> <div style="width: 25%;"><input checked="" type="checkbox"/> VFR Flight Following</div> <div style="width: 25%;"><input type="checkbox"/> Cruise</div> <div style="width: 25%;"><input type="checkbox"/> VFR</div> <div style="width: 25%;"><input type="checkbox"/> IFR</div> <div style="width: 25%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 25%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 25%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Class A</div> <div style="width: 25%;"><input checked="" type="checkbox"/> Class G</div> <div style="width: 25%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 25%;"><input type="checkbox"/> Special</div> <div style="width: 25%;"><input type="checkbox"/> Class B</div> <div style="width: 25%;"><input type="checkbox"/> Domo Area</div> <div style="width: 25%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 25%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 25%;"><input type="checkbox"/> Class C</div> <div style="width: 25%;"><input type="checkbox"/> Warning Area</div> <div style="width: 25%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 25%;"><input type="checkbox"/> Unknown</div> <div style="width: 25%;"><input type="checkbox"/> Class D</div> <div style="width: 25%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 25%;"><input type="checkbox"/> TRSA</div> <div style="width: 25%;"></div> <div style="width: 25%;"><input type="checkbox"/> Class E</div> <div style="width: 25%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 25%;"><input type="checkbox"/> FAR 93</div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl                               |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> National Weather Service</div> <div style="width: 50%;"><input type="checkbox"/> Company</div> <div style="width: 50%;"><input type="checkbox"/> Flight Service Station</div> <div style="width: 50%;"><input type="checkbox"/> Military</div> <div style="width: 50%;"><input type="checkbox"/> TV/Radio</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Internet</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Automated Report</div> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Commercial Weather Service (DUATS)</div> <div style="width: 50%;"><input type="checkbox"/> Unknown</div> <div style="width: 50%;"><input type="checkbox"/> On-Board Weather</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    | <b>Weather Observation Facility</b><br>Facility ID: <u>KFWA</u><br>Observation Time: <u>1300</u><br>Time Zone: <u>EDT</u><br>Distance from Accident Site: <u>88</u> nm<br>Direction from Accident Site: <u>360</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Light Condition</b><br><div style="display: flex; justify-content: space-between;"> <div><input type="radio"/> Dawn</div> <div><input type="radio"/> Dusk</div> <div><input type="radio"/> Dark Night</div> <div><input type="radio"/> Unknown</div> </div> <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |
| <b>Sky/Lowest Cloud Condition</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Clear</div> <div style="width: 50%;"><input type="radio"/> Thin Broken</div> <div style="width: 50%;"><input type="radio"/> Few</div> <div style="width: 50%;"><input type="radio"/> Thin Overcast</div> <div style="width: 50%;"><input type="radio"/> Partial Obscuration</div> <div style="width: 50%;"><input type="radio"/> Unknown</div> <div style="width: 50%;"><input checked="" type="radio"/> Scattered</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Ceiling</b><br><div style="display: flex; justify-content: space-between;"> <div><input checked="" type="radio"/> None (Clear)</div> <div><input type="radio"/> Obscured</div> <div><input type="radio"/> Broken</div> <div><input type="radio"/> Indefinite</div> <div><input type="radio"/> Overcast</div> <div><input type="radio"/> Unknown</div> </div>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F) |
| <b>Lowest Cloud Condition Height</b><br><u>3000</u> ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Altimeter Setting:</b> <u>30.12</u> in. Hg<br>or _____ MB                           |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                   | <b>Visibility</b> <u>&gt;5</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Type of Precipitation (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input checked="" type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Drizzle</div> <div style="width: 25%;"><input type="checkbox"/> Freezing Rain</div> <div style="width: 25%;"><input type="checkbox"/> Rain</div> <div style="width: 25%;"><input type="checkbox"/> Ice Pellets</div> <div style="width: 25%;"><input type="checkbox"/> Snow Shower</div> <div style="width: 25%;"><input type="checkbox"/> Snow</div> <div style="width: 25%;"><input type="checkbox"/> Snow Pellets</div> <div style="width: 25%;"><input type="checkbox"/> Ice Pellets Shower</div> <div style="width: 25%;"><input type="checkbox"/> Hail</div> <div style="width: 25%;"><input type="checkbox"/> Snow Grains</div> <div style="width: 25%;"><input type="checkbox"/> Freezing Drizzle</div> <div style="width: 25%;"><input type="checkbox"/> Rain Showers</div> <div style="width: 25%;"><input type="checkbox"/> Ice Crystals</div> </div> |                                                                                                                                                                                                                                                                                                                                                                    | <b>Restriction to Visibility (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Dust</div> <div style="width: 50%;"><input type="checkbox"/> Ground Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Sand</div> <div style="width: 50%;"><input type="checkbox"/> Haze</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Snow</div> <div style="width: 50%;"><input type="checkbox"/> Ice Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Spray</div> <div style="width: 50%;"><input type="checkbox"/> Smoke</div> <div style="width: 50%;"><input type="checkbox"/> Dust</div> <div style="width: 50%;"><input type="checkbox"/> Unknown</div> </div> |                                                                                        |
| <b>Icing Forecast</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown         </div> <div style="flex: 1;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Icing Actual</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown         </div> <div style="flex: 1;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    | <b>Turbulence</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Type (Check all that apply)</b><br/> <input checked="" type="checkbox"/> None<br/> <input type="checkbox"/> Clear Air<br/> <input type="checkbox"/> Terrain-Induced<br/> <input type="checkbox"/> Convective Turbulence         </div> <div style="flex: 1;"> <b>Severity</b><br/> <input type="checkbox"/> Light<br/> <input type="checkbox"/> Moderate<br/> <input type="checkbox"/> Severe<br/> <input type="checkbox"/> Extreme         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br>No Airmets Sigmet or Pireps affecting route of flight<br>NOTAMS can be obtained from ATC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: FOUR ACES ESCADRILLE, LLCCity: SellersburgState: INZIP: 47172Fractional Ownership Aircraft: ☒ Yes ☐ NoCountry: US**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: Christopher ConteCity: Sellersburg

Doing Business As: \_\_\_\_\_

State: INZIP: 47172

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: US**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: \_\_\_\_\_

Airport Identifier: \_\_\_\_\_

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: \_\_\_\_\_ sm

Direction From Airport: \_\_\_\_\_ degrees true

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 ☐ Final ☐ Aborted Landing (after touchdown)  
☐ Crosswind ☐ Unknown

**IFR Approach (Check all that apply)**

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

**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)*

Nosewheel folded back into belly skin of fuselage  
Exhaust Risers 2 and 4 deformed  
Firewall Buckled  
Electrical System

**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.

see Addendum to this form.

**"FLIGHT CREWMEMBER 1" INFORMATION****"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

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

**"Flight Crewmember 1" was pilot flying**   ☒ Yes   ☐ No

**"Flight Crewmember 1" Identification**

First Name: Christopher Conte

City of Residence: Sellersburg

Middle Initial: T

State: IN

ZIP: 47172

Last Name: Conte

Country: US

Age at time of Accident/Incident: 52

Date of Birth:                     

*mm/dd/yyyy*

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   ☒ Flight Instructor   ☐ Commercial   ☒ US Military  
☐ Private   ☐ Recreational   ☒ Airline Transport   ☐ Foreign  
☐ Student   ☐ Sport   ☒ Flight Engineer

**Medical Certificate Validity**

☐ Without limitations/waivers   ☐ Unknown  
☐ With limitations/waivers   ☐ N/A  
☒ Special Issuance

**Date of Last Medical**

02/06/2017  
*mm/dd/yyyy*

**Principal Occupation**

☒ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☐ None   ☐ Class 3  
☒ Class 1   ☐ Driver's License (Sport Pilot only)  
☐ Class 2   ☐ Unknown

**Medical Certificate Limitations**

Holder shall possess glasses for near/intermediate vision

**Medical Certificate Special Issuance**

PI# 2227192  
MID# 200007654550  
APP ID# 1996334216

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

04/11/2017  
*mm/dd/yyyy*

**Flight Review Aircraft**

Make: Boeing

Model: 747-400

**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**

A-310; B-727; B-747-4; B-757; B-767; MD-11

**Student Endorsements** *(Include dates)*

| Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|--------------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                                    |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                         | 7,158        | 619               | 707                    | 6,451                |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                             | 4,490        | 619               | 707                    | 3,783                |       |            |           |            |        |                  |
| Time as Instructor                                                 | 0            | 0                 | 0                      | 0                    |       |            |           |            |        |                  |
| This Make/Model                                                    |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                       | 107          | 5                 | 5                      | 102                  |       |            |           |            |        |                  |
| Last 30 Days                                                       | 24           | 2                 | 2                      | 22                   |       |            |           |            |        |                  |
| Last 24 Hours                                                      | 0            | 0                 | 0                      | 0                    |       |            |           |            |        |                  |

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

Operator/Owner Safety Recommendation

When it was determined that I was not within range of any airport, I would have appreciated being vectored by ATC to even a private or restricted landing strip of any surface type. Many restricted airport/fields were depicted on the sectional chart near my location. However, I did not have time to research what any of those fields had in way of runway surface length.

**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.)

Throttle binding and lack of engine response to input power increase  
TBD by mechanic/inspector

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)

56 \_\_\_\_\_ 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

None

**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

Two Forward Occupants exited out Forward Door

Rear Occupant exited out Rear Door

**OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

## "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: \_\_\_\_\_ mm/dd/yyyy  
 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   ☐ Flight Instructor   ☐ Commercial   ☐ US Military  
☐ Private   ☐ Recreational   ☐ Airline Transport   ☐ Foreign  
☐ Student   ☐ Sport   ☐ Flight Engineer

#### 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   ☐ Unknown  
☐ With limitations/waivers   ☐ N/A  
☐ Special Issuance

#### 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)

☐ 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)

| 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                                               |              |                   |                        |                      |       |            |           |            |        |                  |

**ADDITIONAL INFORMATION** (Please type or print in ink)

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

FLIGHT TIME MATRIX DOES NOT INCLUDE MILITARY FLIGHT TIME.

TOTAL MILITARY FLIGHT TIME: 3735.3

|              |           |              |           |             |
|--------------|-----------|--------------|-----------|-------------|
| B-52 Primary | Secondary | T37B Primary | Secondary | T38 Primary |
| 1637.5       | 1224.1    | 202.4        | 164.4     | 1.3         |

B-52 Instructor  
100.0

FLIGHT TIME SINGLE OUT AS NIGHT OR INSTRUMENT IS NOT INCLUDED. MY FLYING CAREER HAS SPANNED FROM MILITARY AVIATOR TO PROFESSIONAL PILOT OF A NIGHT TIME PACKAGE DELIVERER WHERE AT LEAST TWO THIRDS OF MY DAILY FLYING HAS BEEN AT NIGHT AND FIVE PERCENT INSTRUMENT. MY COMPANY DOES NOT EVEN KEEP TRACK OF FLIGHT CONDITIONS. THEREFORE, I DID NOT LIST ANY ENTRIES FOR THESE TIMES

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

|                                                                                   |                                                                                                                                                |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of this Report<br>07092017<br>mm/dd/yyyy                                     | Name of Pilot/Operator: CHRISTOPHER T. CONTE<br>Signature:  |
| -- or -- <input type="checkbox"/> Check here to electronically sign this document |                                                                                                                                                |

**If a Person Other than Pilot/Operator is Filing Report**

|                                                                                   |              |
|-----------------------------------------------------------------------------------|--------------|
| Name: _____                                                                       | Title: _____ |
| Signature: _____                                                                  |              |
| -- or -- <input type="checkbox"/> Check here to electronically sign this document |              |

**FOR NTSB USE ONLY**

|                            |                                  |                      |                      |
|----------------------------|----------------------------------|----------------------|----------------------|
| NTSB Accident/Incident No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received |
|----------------------------|----------------------------------|----------------------|----------------------|

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                        |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                           |                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Injury</b>                                                                                                                                                                                             |                                                                                                                                                                   |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                        |                                                                                                                                                                       | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                                      |  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                |                                                                                                                                                                   |
| <b>Pilot Certificate(s) (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Restraint Type:</b>                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Inflatable Restraints</b>                                                                                                                                                                              |                                                                                                                                                                   |
| <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown            |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            |                                                                                                                                                                   |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                             |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                              |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                           |                                                                                                                                                                   |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Injury</b>                                                                                                                                                                                             |                                                                                                                                                                   |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                        |                                                                                                                                                                       | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                                      |  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                |                                                                                                                                                                   |
| <b>Pilot Certificate(s) (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Restraint Type:</b>                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Inflatable Restraints</b>                                                                                                                                                                              |                                                                                                                                                                   |
| <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown            |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            |                                                                                                                                                                   |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                             |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                              |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                           |                                                                                                                                                                   |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                        |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                           |                                                                                                                                                                   |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Seat</b>                                                                                                                                            | <b>Injury</b>                                                                                                                                                         | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Inflatable Restraints</b>                                                                                                                                                                              | <b>Age</b>                                                                                                                                                        |
| First Name: <u>Saben</u> City: <u>Sellersburg</u><br>Middle Initial: <u>G</u> State: <u>IN</u> ZIP: <u>47172</u><br>Last Name: <u>Conte</u> Country: <u>US</u><br><input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                 |  | <input checked="" type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>1</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |  | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: <u>Mary</u> City: <u>Sellersburg</u><br>Middle Initial: <u>A</u> State: <u>IN</u> ZIP: <u>47172</u><br>Last Name: <u>Conte</u> Country: <u>US</u><br><input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>3</u>            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown            |  | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                         |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____               | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown            |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                         |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____               | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown            |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

July 7, 2017

NARRATIVE HISTORY OF FLIGHT--

WX: Self briefed

TAFs: KFWA: Winds Lt. Variable, CAVOK,

KSDF: RNSH, BKN 025,

Departed KFWA, RWY 23, C2 Intersection; Destination: KJVY

ETD: 1312 LCL

Est. time of occurrence incident: 1402 LCL, July 5, 2017

Fuel 23 Gal left tank, 33 right tank, total 56 Gal

VMC, Cruise Alt: 4500, just passed abeam SHB VOR, over Rushville, IN, Power @ 23"/2300RPM.

Controlling ATC: Indianapolis Approach., VFR with Flight Following

With cloud bases lowering, I notified ATC that we needed to descend to stay clear of clouds.

Indy App cleared us to descend VFR.

I leveled at 3200' MSL, incorrect for direction, chosen to maintain legal cloud clearances and desiring to not lose ATC radar contact.

In the descent, closed throttle approximately knob width to make gradual descent.

After leveling at 3200' MSL, I advanced the throttle forward and noticed that the manifold pressure did not noticeably increase--stayed approx. 20-21" Manifold Pres.

I increased the mixture from 15 gph to 16.5 gph and advanced the throttle--power did not significantly increase. Thinking, "Something's not right.", I looked for the nearest airport on my moving map display and turned left toward Batesville Airport, KHLB, intending to do a precautionary landing there.

Established on a flight track to KHLB, I attempted to troubleshoot the engine's lack of response by turning on electric fuel pump, increasing the mixture full rich, and swapped the Fuel Lever Selector from right to left. I checked for throttle response by moving the throttle back slightly, then attempted to advance to full throttle; the engine power decreased but did not increase on advancing. Engine power would not increase at all. The throttle would not advance beyond ¾ throw.

Unable to maintain altitude, I declared 'Mayday' with Indy Approach and slowed to Best Glide Speed. I requested the distance to Batesville: 14 NM. I reported unable to make Batesville and requested the closest airport. ATC said the closest airport is Batesville. I said that I couldn't make Batesville and would have to land in a field.

I selected what looked like a plowed field and over flew it West to East to observe the condition of the field, then flew a tight left pattern to align for a landing to the South. Winds were forecast from the South. I only noticed one major ditch running through the field (the field actually had multiple ditches). On base, configured to Flaps 10 and continued turning to final. With landing field assured, I selected full flaps. Prior to landing, I unlocked the door and told my passengers to unlock the rear door and to prepare for a crash. Just prior to touchdown, I secured the engine.

We firmly touched down in the field, full flaps at less than 57 knots. With a ditch approaching, I pulled back on the yoke, the nose raised slightly. We impacted the other side of the ditch where the nose wheel collapsed. We slid to a stop after a total of 400'. I told everyone that we quickly need to get out of the airplane. We evacuated and then assembled aft of the airplane and assessed ourselves. With everyone physically okay, I called 911. I reported "the off airport landing" and requested that the Sheriff be notified to respond.

Christopher T. Conte

Pilot Certificate # [REDACTED]