

**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: Algona State: IA
 ZIP: 50511 Country: USA
 Latitude: 43.08 Longitude: 94.27
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: Dec. 9, 2017 Local Time: 9:45am CST
12/09/2017 mm/dd/yyyy Time Zone: _____

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

AIRCRAFT INFORMATION

Registration Number: N8856B
 Manufacturer: Cessna
 Model: 172C Skyhawk
 Serial Number: 36556
 Year of Manufacture: 1958
 Amateur-Built: ☐ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

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

Maximum Gross Weight: _____ lbs
 Weight at Time of Accident/Incident: _____ lbs
 Number of Seats: 4 Flight Crew Seats: 2
 Cabin Crew Seats: _____ Passenger Seats: 2
 Number of Engines: _____

Category of Aircraft

- ☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

- Standard** ☒ Normal ☐ Restricted
☐ Aerobatic ☐ Limited
☐ Balloon ☐ Provisional
☐ Commuter ☐ Special Flight
☐ Transport ☐ Experimental
☐ Utility ☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

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

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>O-300-C</u>	<u>3156-D-3-C</u>	<u>1958</u>	<u>145</u>	<u>3357.8</u>	<u>61.3</u>	<u>605.9</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 06/15/17

Airframe Total Time: 6080.8 hrs
 hours measured at (Select one)
☒ Last Inspection ☐ Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

- ☒ None
☐ Specify: _____

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground/Adjustable

Manufacturer: McCawley
 Model: 1A170

ELT Installed: ☒ Yes ☐ No

If Yes:
 ELT Manufacturer: _____
 Model or Part No.: _____
 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

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
 Model: _____

Additional Equipment (Check all that apply)

- ☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☒ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Greg Sheppard</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Eagle Grove</u> State: <u>IA</u> ZIP: <u>50533</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Daniel E. Fullerton</u> Doing Business As: <u>Flight instructor</u> Air Carrier/Operator Designator (4 Character Code): _____		☐ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Firefighting ☐ Unknown ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Race/Show ☒ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☐ Personal ☐ Executive/Corporate ☐ Positioning ☐ External Load ☐ Skydiving ☐ Ferry	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Algona Municipal Airport</u> Airport Identifier: <u>KAXA</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>0.5</u> sm Direction From Airport: <u>East</u> degrees true Airport Elevation: <u>1216</u> ft. msl	
Runway Information Runway ID: <u>30</u> (L/R/C) Length: <u>3960</u> ft Width: <u>75'</u> ft Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☒ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☒ 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 <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" 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: Daniel Fullerton City of Residence: Pomerooy
Middle Initial: E State: IA ZIP: 50575
Last Name: Fullerton Country: USA
Age at time of Accident/Incident: 68 Date of Birth: [REDACTED] mm/dd/yyyy
Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single	Restraint Type Available ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) (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 <u>10/21/2016</u> mm/dd/yyyy

Medical Certificate Limitations

corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 11/30/2016 mm/dd/yyyy

Flight Review Aircraft

Make: 1968 Bellanca
Model: Viking 17-30

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
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Type Ratings: instrument

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	1800	40	1738		89	98	108	32		
Pilot in Command (PIC)	1620	20	1620		89	98	108			
Time as Instructor	790	20	790		33		47			
This Make/Model										
Last 90 Days	89	16.8	89		0					
Last 30 Days	35	16.8	35		0					
Last 24 Hours	5.4	3	5.4		0					

“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: Greg

City of Residence: Eagle Grove

Middle Initial: W

State: IA ZIP: 52533

Last Name: Sheppard

Country: USA

Age at time of Accident/Incident: 54 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: Student

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	
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown	Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	Date of Last Medical <u>10/27/2017</u> mm/dd/yyyy	

Medical Certificate Limitations
Corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: N/A 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
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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	12	12	12		0					
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	12	12	12							
Last 30 Days	11	11	11							
Last 24 Hours	3	3	3							

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address First Name: <u>Dennis</u> City of Residence: <u>Mason City</u> Middle Initial: <u>R</u> State: <u>IA</u> ZIP: <u>50401</u> Last Name: <u>Sheppard</u> Country: <u>USA</u>			Seat Occupied ☐ Left ☐ Front ☐ Center ☒ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☒ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☒ No		Total Flight Time at the Time of this Accident/Incident: <u>3</u> hrs				
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address First Name: <u>Dennis</u> City: <u>Mason City</u> Middle Initial: <u>R</u> State: <u>IA</u> ZIP: <u>50401</u> Last Name: <u>Sheppard</u> Country: _____ ☐ Crew ☒ Passenger ☐ Other		Seat ☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>2</u>	Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

FLIGHT ITINERARY INFORMATION						
Last Departure Point Airport ID: <u>KAXA</u> City: <u>Algona</u> State: <u>IA</u> Country: <u>USA</u>		Time of Departure Time: <u>9:45</u> Time Zone: <u>CST</u>		Destination Airport ID: <u>KEAG</u> City: <u>Eagle Grove</u> State: <u>IA</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA						
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93					Altitude of In-Flight Occurrence: _____ ft msl	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE						
Source of Pilot Weather Information <i>(Check all that apply)</i> ☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☒ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown			Weather Observation Facility Facility ID: <u>KAXA</u> Observation Time: <u>9:40</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>15</u> degrees true			
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night				
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☒ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown Ceiling Height <u>3500</u> ft agl		Temperature: _____ (C) or <u>30</u> (F) Dew Point: _____ (C) or <u>17</u> (F) Altimeter Setting: _____ in. Hg or _____ MB		
Wind Direction ☐ Variable -or- Direction: <u>330</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>14</u> kts	Wind Gusts ☐ Not Gusting -or- Speed: <u>24</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>1200</u> ft			
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown		
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme		
NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: none						

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
- ☐ Substantial
- ☐ Minor
- ☒ Destroyed
- ☐ Unknown

Aircraft Fire

- ☒ None
- ☐ In-Flight
- ☐ On-Ground
- ☐ Both Ground and In-Flight
- ☐ Fire at Unknown Time
- ☐ Unknown

Aircraft Explosion

- ☒ None
- ☐ In-Flight
- ☐ On-Ground
- ☐ Both Ground and In-Flight
- ☐ Explosion at Unknown Time
- ☐ Unknown

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

left wing - scattered
 right wing - end of wing bent + twisted
 cowling - wrecked
 engine mount - bent + damaged
 front strut - completely detached
~~right wing~~
 right wheel/pant - broken
 right door - sticks a little
 tail piece - broken
 right elevator - some damage

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

See the next two pages (page 6 - NTSB + page 7 - NTSB) for copy of narrative sent to FAA



Daniel Fullerton [REDACTED]

N8856B Accident

2 messages

Tue, Dec 12, 2017 at 8:38 AM

To: [REDACTED]

Dan and Greg,

This email is a follow up to our meeting yesterday at the Algona airport in regards to the accident involving aircraft N8856B. I'd like to thank you for all of the help and information you provided Brett and I with yesterday.

Brett and I received the photos from Greg yesterday. We still need both of you to write up a description of the events and send it to us as soon as possible. This will help us bring this investigation to a close in a timely manner. As soon as the investigation is complete I will inform you both of the outcome and release the aircraft back to Greg.

If you have any questions please do not hesitate to contact me.

Matt Ashe

Aviation Safety Inspector

Des Moines FSDO
[REDACTED]

Daniel Fullerton [REDACTED]

Wed, Dec 13, 2017 at 10:02 AM

To: [REDACTED]

Matthew,

Re: N8856B Accident

On Saturday, December 9, 2017, Greg (student and owner of the 1958 Cessna 172) and I, departed Eagle Grove (KEAG) for a cross-country training session. Greg had invited his son Dennis to go along with us. We did two take offs and landings at the Eagle Grove airport before we started the cross-country. We flew to Mason City (KMCW) where we did three take offs and landings. Then, we proceed to Algona (KAXA) via pilotage where we landed. I instructed Greg on new airport procedures, where you find parking, etc; then, we did another take off and landing and again went to the ramp area. We decided to go into the terminal and warm up a little.

After being in the terminal for about 15 minutes, we returned to the aircraft. While at the ramp area, we went through the appropriate check lists and then taxied to runway 30. Again, after checking things over, we announced our departure and took off on runway 30 about 9:45 am. Greg climbed the plane straight out the runway. At about 1800 MSL he began to turn left on course to Eagle Grove. It was not too long after this turn that the motor just went silent. Greg announced to me, the motors dead. You got the airplane.

At this point, because we were at least 600 feet above the ground, I looked toward the airport environment with its multiple runways and accompanying grassy areas. I soon realized that the wind was very strong and if I put the plane down on runway 30 (now 12) I would be blown right past the end of the runway. At the end of runway 12, there is about

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100 feet of grass and then it dives fairly steeply into a ravine. So, I started turning into the wind to reduce our ground speed and sought to land on the north-bound gravel road that borders the airport. As I approached the road, the stall warning device was occasionally beeping, so I knew we were at the minimum flight speed boundary. When we came to touch down on the road, my left wheel caught the right edge of the road (for the direction we were flying) and just dumped us into the ditch.

Obviously, there was damage to the aircraft, but there were no injuries to student, passenger or instructor. A witness who saw us coming down, picked us up and took us to the airport. From there, we began our communications with the airport manager, the FAA, and the local sheriff's department. After we were cleared by the FAA to move the plane, we had the plane hauled to the Algona Municipal Airport where it is currently stored in a hangar awaiting further action.

Dan Fullerton CFII, 

Matthew, let me know if there is any other information that would be helpful.

[Quoted text hidden]

--

Dan Fullerton
DELF Enterprises

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

Operator/Owner Safety Recommendation

the owner (student) and flight instructor (PIC) did the best they could in the circumstances to land the plane as safely and as slowly as possible so that all on board were safe.

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.)

*Motor is a Continental O-300-C 356-D-3-C 1258
The number "1" cylinder on this airplane separate
between the head & the barrel (see attached photos)*

Total Time/Cycles
On Part

6080.8 Hours
Cycles

Time Since This Part
Inspected/Overhauled

605.9 Hours
51011
61.3 since last inspection

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

16 Gallons

Fuel Type

- ☒ 80/87
☐ 100 Low Lead
☐ 100/130

- ☐ 115/145
☐ Jet A
☐ Jet A-1

- ☐ Jet B
☐ JP8
☐ Automotive

☐ Other, specify _____

Other Services, if Any, Prior to Departure

performed all items on check list

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

*each occupant exited the aircraft as per normal
student pilot exited left door
flight instructor + passenger exited via right 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: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

12/26/2017
mm/dd/yyyy

Name of Pilot/Operator

Signature: _____

-- or --



Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --



Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
CEN18LA051

Reviewed by NTSB Regional Office
CEN

Name of Investigator
Silliman

Date Report Received
12/26/17



