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NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Wadsworth</u> State: <u>OH</u> ZIP: <u>44281</u> Country: <u>U.S.A.</u> Latitude: _____ (dd/mm/ss N/S) Longitude: _____ (dd/mm/ss E/W)		Date/Time Date: <u>1-11-18</u> Local Time: <u>11:42</u> mm/dd/yyyy Time Zone: <u>Eastern St.</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☐ Landing ☒ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	
		Altitude of In-Flight Occurrence ft MSL: _____	

AIRCRAFT INFORMATION

Manufacturer: <u>Socata</u> Model: <u>13180</u> Serial Number: <u>MS 893E</u> Registration Number: <u>N353RA</u>		Max Gross Weight: <u>1470</u> lbs Weight at Time of Accident/Incident: <u>Utility</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered Lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	
Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____		Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	
IFR Equipped ☐ Yes ☒ No ☐ Unknown		Staff Warning System Installed ☐ Yes ☒ No ☐ Unknown	
ELT Installed ☒ Yes ☐ No		ELT Activated ☒ Yes ☐ No	
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No		ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____	
Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown		Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected	
Propeller ☒ Fixed Pitch ☐ Controllable Pitch		Manufacturer: <u>SENICH</u> Model: _____	

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng 1	<u>Lycoming</u>		<u>E-24958-36A</u>		<u>180</u>	<u>600.7</u>	<u>9-2016</u>	<u>0</u>
Eng 2								
Eng 3								
Eng 4								

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OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Roger D. Keene</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Country: <u>USA</u>
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-U.S. Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☒ Non-U.S. Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☒ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotocraft External Load (133) ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number <u>N353RA</u>	Manufacturer: <u>Socata</u> Model: <u>Rallye</u>	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☒ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		Total Time/Cycles On Part ____ Hours ____ Cycles Time Since This Part Inspected/Overhauled ____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

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

Both wings were damaged, vertical + horizontal stabilizers, fuselage, landing gear totally collapsed, front engine cowling were damaged

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: 363

Distance From Airport Center: _____ SM

Airport Name: Wadsworth AirportDirection From Airport: 200 degrees MAGProximity to Airport ☒ Off Airport Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 974 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach☐ Landing☐ Base Leg☐ Final☐ Go Around☐ Crosswind☐ Downwind☐ Low Approach☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: 20 (L/R/C) Length: 3500 ft Width: 50 ft

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☐ Soil☐ Unknown☐ Slush Covered☐ Vegetation

Runway/Landing Surface (Check all that apply)

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: 67DCity: WellingtonState: OhioCountry: USA

Time of Departure

Time: 11:30Time Zone: Eastern

Destination

Airport ID: 363City: WadsworthState: OhioCountry: USA

Type Flight Plan Filed

☒ None☐ VFR/IFR☐ Company VFR☐ IFR☐ Military VFR☐ Unknown☐ VFRActivated? ☐ Yes ☐ No

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 E☐ Prohibited Area☐ Jet Training Area☐ Special☐ Class B☐ Class G☐ Restricted Area☐ TRSA☐ Air Traffic Control Area☐ Class C☐ Demo Area☐ Military Operations Area (MOA)☐ FAR 93☐ Unknown☐ Class D☐ Warning Area☒ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☒ None☐ Towing Glider☐ Parachutists☐ Livestock☐ Passengers☐ Towing Banner☐ Water☐ Unknown☐ Cargo☐ Other External☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

25

Gallons

Fuel Type

☐ 80/87☐ 115/145☐ JP4☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP1☐ 100/130☐ Automotive☐ JP2

Other Services, if Any, Prior to Departure

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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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

☐ National Weather Service☐ Flight Service Station☐ TV/Radio☐ Automated Report☐ Commercial Weather Service (DUATS)☐ Company☐ Military☐ Internet☐ Unknown**Method of Briefing**

(Check all that apply)

☐ In Person☐ Teletype☐ Telephone/Computer☐ Aircraft Radio☐ TV/Radio☐ Unknown *none***Briefing Type/Completeness**☐ Full☐ Partial / Limited By Pilot☐ Partial / Limited By Briefing☐ Abbreviated☐ Unknown☒ Not Pertinent**Light Condition**☐ Dawn☒ Day☐ Dusk☐ Night☐ Dark Night☐ Bright Night☐ Not Reported**Visibility***unlimited miles***Sky/Lowest Cloud Condition**☒ Clear☐ Few☐ Partial Obstruction☐ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown**Ceiling**☐ None (clear)☐ Broken☐ Overcast☐ Obscured☐ Indefinite☒ Unknown**Restriction to Visibility (Check all that apply)**☒ None☐ Blowing Dust☐ Blowing Sand☐ Blowing Snow☐ Blowing Spray☐ Dust☐ Fog☐ Ground Fog☐ Haze☐ Ice Fog☐ Smoke☐ Unknown**Lowest Cloud Condition Height***clear* ft AGL**Ceiling Height***clear* ft AGL**Wind Direction**☒ Indicated: *180* degrees MAG☐ Variable**Wind Speed**

Velocity: _____ KTS

☐ Calm☒ Light and Variable**Wind Gusts**

Velocity: _____ KTS

☐ Gusting☒ Not Gusting**Type of Turbulence (Check all that apply)**☒ None☐ Clear Air☐ In Clouds☐ Vicinity of Thunderstorm**Severity of Turbulence**☐ Extreme☐ Severe☐ Moderate☐ Moderate Chop☐ Light

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C)

or *52* (F)Altimeter Setting: *2000 ft.* in Hg

or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)

or _____ (F)

Icing Forecast

Amount

☒ None☐ Trace☐ Light☐ Moderate☐ Severe

Type

☐ Rime☐ Clear☐ Mixed**Icing Actual**

Amount

☒ None☐ Trace☐ Light☐ Moderate☐ Severe

Type

☐ Rime☐ Clear☐ Mixed**Type of Precipitation (Check all that apply)**☒ None☐ Rain☐ Snow☐ Hail☐ Rain Showers☐ Freezing Rain☐ Snow Shower☐ Drizzle☐ Ice Pellets☐ Snow Pellets☐ Snow Grains☐ Ice Crystals☐ Ice Pellets Shower☐ Freezing Drizzle**Intensity of Precipitation**☐ Light☐ Moderate☐ Heavy

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PILOT "A" INFORMATION**Pilot "A" Responsibilities at the Time of Accident/Incident**
☒ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew
Pilot "A" IdentificationFirst Name RogerMiddle Initial: DLast Name: KeeneCity: [REDACTED]State: [REDACTED]Country: USAAge at time of Accident/Incident: 73Date of Birth: [REDACTED]Certificate Number: [REDACTED]**Degree of Injury**
☒ None
 ☐ Fatal
 ☐ Minor
 ☐ Unknown
 ☐ Serious
Seat Occupied
☒ Left
 ☒ Front
 ☐ Unknown
 ☐ Right
 ☐ Rear
 ☐ Center
 ☐ Single
Seat Belt
 Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No
Shoulder Harness
 Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No
Pilot Certificate(s) (Check all that apply)
☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign
☒ Private
 ☐ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military
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
 ☐ With limitations/waivers
 ☐ Unknown
Date of Last Medical6-20-16
*mm/dd/yyyy***Medical Certificate Limitations**NONE**Medical Certificate Waivers**NONE**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**12/2017
*mm/dd/yyyy***Flight Review Aircraft**
 Make: Cessna
 Model: 150
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
 ☐ Free 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
 ☐ Instrument Airplane
 ☐ Instrument Helicopter
 ☐ Airplane Single-Engine
 ☐ Helicopter
 ☐ Airplane Multi-Engine
 ☐ Gyroplane
 ☐ Glider
 ☐ Powered Lift
 ☐ 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	<u>910</u>	<u>300</u>								
Pilot in Command (PIC)	<u>"</u>	<u>"</u>								
Time as Instructor										
This Make/Model										
Last 90 Days	<u>110</u>									
Last 30 Days										
Last 24 Hours										

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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 time and point of departure, intended destination, and services obtained.

I was leaving Reader - Batesworth (670) at 11:30 A.M. heading to Wadsworth Airport (363). When I lost engine power on final approach made emergency landing at 731 Concord Place Wadsworth, Oh. Went between two evergreens which slowed the plane and was able to walk away. No casualties on ground. Just a few skid marks and broken tree branches on ground.

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

Operator/Owner Safety Recommendation

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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

1-29-18

mm/dd/yyyy

Signature

Signature

Type or Print Name

Roger D. Keene

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN18LA073Reviewed by NTSB Regional Office
CentralName of Investigator
FolkertsDate Report Received
1/29/2018