

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: Fort Wayne State: IN
 ZIP: 46825 Country: US
 Latitude: 41.17 Longitude: -85.18
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05/15/2018 Local Time: 14:55
 mm/dd/yyyy Time Zone: Eastern

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

AIRCRAFT INFORMATION

Registration Number: N9058F

Manufacturer: Cessna

Model: 177

Serial Number: 17700304

Year of Manufacture: 1967

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

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

Maximum Gross Weight: 2350 lbs

Weight at Time of Accident/Incident: 2005 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 3

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate (Check all that apply)

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

Landing Gear

- (Check all that apply)
☐ Retractable
☒ Tricycle
☐ Tailwheel
☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull
☐ High Skid
☐ Skid
☐ Ski
☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None
☐ Unknown

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>LYCOMING</u>	<u>O-320-E2D</u>	<u>L-20065-27A</u>		<u>150 hp</u>	<u>3845</u>	<u>8</u>	<u>8</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/21/2018
 mm/dd/yyyy

Airframe Total Time: 3844 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: Halogen Fire Extinguisher

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCaulley

Model: LC172

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Deft

Model or Part No.: 05-01-0024

TSO No.: ☒ C91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason: ☐ Impact Damage
☐ Fire Damage
☐ Battery Expired/Damaged
☒ Unknown

Additional Equipment (Check all that apply)

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

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>David J. DeWald</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Fort Wayne</u> State: <u>IN</u> ZIP: <u>46825</u> Country: <u>US</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>David</u> Doing Business As: _____ 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 Sightseeing Flight ☐ Yes ☒ No		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		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>Smith Field</u> Airport Identifier: <u>KSHD</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>2.25</u> sm Direction From Airport: <u>NW</u> degrees true Airport Elevation: <u>834</u> ft. msl	
Runway Information Runway ID: <u>31</u> (L/R/C) Length: <u>2922</u> ft Width: <u>60</u> ft		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	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ 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 ☐ Crosswind ☐ Unknown ☐ Aborted Landing (after touchdown)	
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling ☐ Unknown		VFR Approach <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: David City of Residence: Fort Wayne
 Middle Initial: J State: IN ZIP: 46825
 Last Name: Dewald Country: US
 Age at time of Accident/Incident: 65 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 <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td> ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td> ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>	Available	Used	☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used						
☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown						
Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td> ☐ None ☐ Private ☐ Student </td> <td> ☐ Flight Instructor ☐ Recreational ☐ Sport </td> <td> ☒ Commercial ☐ Airline Transport ☐ Flight Engineer </td> <td> ☐ US Military ☐ Foreign </td> </tr> </table>				☐ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	☒ Commercial ☐ Airline Transport ☐ Flight Engineer	☐ US Military ☐ Foreign
☐ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	☒ Commercial ☐ Airline Transport ☐ Flight Engineer	☐ US Military ☐ Foreign				

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>10/19/2017</u> mm/dd/yyyy
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Medical Certificate Limitations must wear corrective lenses

Medical Certificate Special Issuance

NA

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/26/2016</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Cessna</u> Model: <u>177</u>
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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	3255	1405	3013	191	204	218	173			
Pilot in Command (PIC)	3193	1405	2960	181	200	200	173			
Time as Instructor	363	0	363	0	32	61	89			
This Make/Model										
Last 90 Days	50	0	50	0	0	4	0			
Last 30 Days	12	0	12	0	0	2.5	0			
Last 24 Hours	6	8	0	0	0	0	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

no flight crew other than pilot
NA

"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

NA

Certificate Number: _____

Degree of Injury

☐ None
 ☐ Fatal
 ☐ Minor
 ☐ Unknown
 ☐ Serious

NA

Seat Occupied

☐ Left
 ☐ Front
 ☐ Unknown
 ☐ Right
 ☐ Rear
 ☐ Center
 ☐ Single

NA

Restraint Type

Available

☐ None
 ☐ Lap only
 ☐ 3-point
 ☐ 4-point
 ☐ 5-point
 ☐ Unknown

Used

☐ None
 ☐ Lap only
 ☐ 3-point
 ☐ 4-point
 ☐ 5-point
 ☐ Unknown

NA

Inflatable Restraints

☐ Not Installed
 ☐ Installed
 ☐ Not Deployed
 ☐ Deployed
 ☐ Unknown

NA

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Flight Instructor
 ☐ Commercial
 ☐ US Military
 ☐ Private
 ☐ Recreational
 ☐ Airline Transport
 ☐ Foreign
 ☐ Student
 ☐ Sport
 ☐ Flight Engineer

NA

Principal Occupation

☐ Pilot
 ☐ Other
 ☐ Unknown

NA

Medical Certificate

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

NA

Medical Certificate Validity

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

NA

Date of Last Medical

mm/dd/yyyy

NA

Medical Certificate Limitations

NA

Medical Certificate Special Issuance

NA

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

NA

mm/dd/yyyy

Flight Review Aircraft

NA

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

NA

Instrument Rating(s)

(Check all that apply)
☐ None
 ☐ Airplane
 ☐ Helicopter
 ☐ Powered Lift

NA

Instructor Rating(s)

(Check all that apply)
☐ None
 ☐ Instrument Airplane
 ☐ Airplane Single-Engine
 ☐ Instrument Helicopter
 ☐ Airplane Multi-Engine
 ☐ Helicopter
 ☐ Gyroplane
 ☐ Glider
 ☐ Powered Lift
 ☐ Sport

NA

Type Ratings

NA

Student Endorsements (Include dates)

NA

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

All Aircraft

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
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		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: <u>Jan</u> City: <u>Fort Wayne</u> Middle Initial: <u>W</u> State: <u>IN</u> ZIP: <u>46825</u> Last Name: <u>Sircey</u> Country: <u>US</u> ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☒ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KSMD</u> City: <u>Fort Wayne</u> State: <u>IN</u> Country: <u>US</u>	Time of Departure Time: <u>12:53</u> Time Zone: <u>EAST</u> <u>(14:53)</u>	Destination Airport ID: <u>KSMD</u> City: <u>Fort Wayne</u> State: <u>IN</u> Country: <u>US</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☒ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☒ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class 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: <u>2600</u> ft msl

Engine stopped at 2600 incident occurred on gnd.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☒ On-Board Weather	Weather Observation Facility Facility ID: <u>KSMD</u> Observation Time: <u>14:45</u> Time Zone: <u>Eastern</u> Distance from Accident Site: <u>2.2</u> nm Direction from Accident Site: <u>SE - 130</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☒ Scattered Lowest Cloud Condition Height <u>2200</u> ft agl	Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown Ceiling Height <u>2800</u> ft agl
Temperature: _____ (C) or <u>75</u> (F) Dew Point: _____ (C) or <u>65</u> (F) Altimeter Setting: <u>29.96</u> in. Hg or _____ MB	

Wind Direction ☐ Variable <u>NA</u> -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☐ Not Gusting <u>NA</u> -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>2286</u> ft
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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
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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
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

If I recall correctly there were 3 unlit towers, no instrument approaches at night-runway 13 and 5. and another one about practice approaches at nearby airports

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None
☐ Minor
☒ Substantial
☐ 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)

I have attached "Damage Assessment" report from Director of Maintenance at Sweet Aviation.

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.

I have attached report given to FAA inspector.

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

Operator/Owner Safety Recommendation

I do not know of any at this time.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

This is yet to be determined but it appears as if the oil cooler developed a leak. It was new with only 8 hours since installation. I have attached form 8130-3

Total Time/Cycles
On Part

8 Hours
Cycles

Time Since This Part
Inspected/Overhauled

8 Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

27 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 We just opened doors and exited.

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

Pilot and 1 passenger opened door and exited then walked away.

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

Aircraft Registration Number

none

Manufacturer:

Model:

Damage to Other Aircraft

☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

05/19/2018
mm/dd/yyyy

Name of Pilot/Operator:

David J. DeWald

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.

CEN18LA174

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

Pam Sullivan

Date Report Received

05-19-2018

David J DeWald

Fort Wayne, IN 46825

Daniel M Keen

FAA Aviation Inspector

May 15, 2018

Report on flight of N9058F

After engine was first started on April 21 and inspected after short run with cowl off. I flew it for about an hour. All gauges read in green for oil temp, pressure, and cylinder heads. Subsequent flights on 4/24, 4/27, 5/4, and 5/6 were conducted ranging between 1 to 2 hours in length all at between 2500 and 3000 ft MSL and around 2600-2650 RPM. All reading during all flights were similar to the first in cylinder head temperatures under 350, oil pressures around 80 PSI and temperatures close to 200. Oil consumption in first five hours was about 1/2 qt an hour at first then less past the first five hours.

The flight of May 15th would have been about 8 hours into the engine break in time. It began with several calls to the SMD AWOS checking ceilings and determination to fly IFR. Further checking of radar and discussion with FWA Clearance indicating moderate to severe precipitation south of FWA leading to a choice of filing a flight plan for North of SMD that I would pick up in air after a VFR departure. All this was done around 1400. At 1415 I began preflight in hangar. Tanks were first dipped with 17 gallons indicated in left tank and 12 in right. Tanks were then sumped. Oil was checked and showed approximately 7.5 quarts and gascolater drained. The plane was then pulled out of hangar, flaps were lowered and outside inspection preflight completed.

Jan Sircey arrived around 1430 and we loaded into plane. Engine start showed good oil pressure. Gauges were set, taxi began, turn coordinator, direction gyro, rudder, and elevator were checked while taxiing to Runway 31. At threshold run-up was conducted, mags checked good, suction was good and all other gauges were in green. We waited on helicopter to depart and then followed. Airspeed became alive, gauges still in green and RPM had reached 2450 by rotation speed of around 60mph. We climbed out at 90 and made Unicom announcement of leaving pattern to North. Flaps were retracted at 1200 and we called FWA to pickup IFR clearance. By 2400 we had clearance read back and on heading of 33 degrees.

At 2600 I began to level off and noticed RPM dropping rather than increasing. At the same time the engine began to make a thumping noise. I immediately turned back to airport and lowered nose to attain best glide speed of 80mph and started assessing the situation noting distance to field and terrain between us and airport. The engine noise was getting louder and it began to smell of burning oil. Then it quit. Knowing I wouldn't make it back to airport and Jan pointing out electric lines below I circled to left, to lose altitude and prepare for off airport landing. I announced engine quit to FWA and need to land off airport. I put on flaps, shut off fuel and prepared for landing. As we approached ground I decided to turn to left to avoid possibly overrunning field and hitting tree line. I believe left wing tip hit first then we skidded sideways on the mains until we stopped.

We immediately departed plane. After sometime away from plane fireman pointed out fuel was still leaking on ground. I then borrowed a screw driver and undid fuel shut off selector so I could turn it to off position which stopped leakage. I also undid battery.

I think that is about it. If you would like any more information please call.

Thanks again for all your help and assistance.

[REDACTED]

1. Approving Civil Aviation Authority/Country: FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG			3. Form Tracking Number: 10428728		
4. Organization Name and Address: AERO-Classics Heat Transfer Products Inc. – PAH Approval [REDACTED] La Verne, CA 91750					5. Work Order/Contract/Invoice Number: [REDACTED]		
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:		
1	Engine Oil Cooler	8000075	1	10428728	NEW		
12. Remarks: Revision F							
AIRWORTHINESS APPROVAL							
13a. Certifies the items identified above were manufactured in conformity to: ☒ Approved design data and are in a condition for safe operation. ☐ Non-approved design data specified in Block 12.			13a. ☐ 14 CFR 43.9 Return to Service ☐ Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.				
13b. Authorized Signature: [REDACTED]		13c. Approval/Authorization No.: [REDACTED]		13b. Authorized Signature: [REDACTED]		13c. Approval/Authorization No.: [REDACTED]	
13d. Name (Typed or Printed): Paul J Saurenman III		13e. Date (dd/mm/yyyy): 16/OCT/2017		13d. Name (Typed or Printed): [REDACTED]		13e. Date (dd/mm/yyyy): [REDACTED]	
User/Installer Responsibilities							
It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1. Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.							



Subject: Damage assessment of N9058F, Cessna 177

Re: Off Field Forced Landing

Dear Sir or Ma'am;

My mechanics and I assisted in the recovery of N9058F on May 16th, 2018 and I have been asked to provide my professional assessment of the aircraft as an A&P IA. I have provided a brief summary of the damage in the following paragraph. After being informed that the aircraft is covered by [REDACTED] hull insurance, it is my assessment that the aircraft is beyond economical repair and constitutes a total loss.

Cursory summary of damage: The propeller spinner is totaled. The propeller needs to be inspected/overhauled by a repair station. The lower engine cowl is destroyed. The engine seized from oil starvation and needs a full overhaul. The crankcase severely cracked from the event and needs replacement and the engine probably needs a new crankshaft as well. The engine mount frame is bent and sheared and requires replacement. The oil cooler requires replacement. The entire nose landing gear assembly including the strut, wheel, tire, and fairing are a loss. The firewall needs replacement. The forward fuselage needs extensive straightening and structural member replacement. The boot cowl needs replacement. The wingspar carry-through appears to have flexed on landing and distorted the top fuselage wing-box area. The spar must be checked for straightness and thoroughly NDT'd with eddy current and/or x-ray to check for damage. Both wingtip fairings are destroyed. Both ailerons are damaged, one may be unrepairable. The right wing buckled near the outboard rib. The left wing suffered damage to the leading edge, taxi and landing lights, and at least one rib. The left wingspar may also have been damaged from impact with the ground and should be thoroughly inspected and the wing checked for straightness in a jig. The right fuselage behind the co-pilot's door shows signs of internal buckling and may need structural repair or straightening. The co-pilot door shows signs of internal buckling. The pilot's door is now too small for the opening and will not close. The fuselage structure around the door may have elongated or broken from the transverse impact and could require extensive repair. The forward belly skin will need replacement. Additional damage will likely be revealed if aircraft components and compartments are disassembled for repair.

Sincerely yours,

[REDACTED]

Sean R. Barr, A&P/IA
Director of Maintenance
Sweet Aviation, LLC