

**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: OSHKOSH State: WI

ZIP: 54902 Country: USA

Latitude: 43 59 Longitude: 88 33

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

**Accident/Incident Date/Time**

Date: 02-27-01 Local Time: 10:30

mm/dd/yyyy

Time Zone: CS7

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

**AIRCRAFT INFORMATION**

Registration Number: N1460P

Manufacturer: P. A. C. A.

Model: P 4 03

Serial Number: 523

Year of Manufacture: 1956

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 3500 lbs

Weight at Time of Accident/Incident: 3000 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 2 Passenger Seats: 2

Number of Engines: 2

**Category of Aircraft**

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

**Type of Airworthiness Certificate**

(Check all that apply)

**Standard**

☒ Normal

☐ Aerobatic

☐ Balloon

☐ Commuter

☐ Transport

☐ Utility

**Special**

☐ Restricted

☐ Limited

☐ Provisional

☐ Special Flight

☐ Experimental

☐ Special Light-Sport

☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)

☐ None

☐ Unknown

**Landing Gear**

(Check all that apply)

☒ Retractable

☒ Tricycle

☐ Amphibian

☐ Emergency Float

☐ Float

☐ Hull

☐ Other Launch/Recovery System

☐ None

☐ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ 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.<br>mm/dd/yyyy | Rated Power<br><input 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            | 0320-A38            | L-6574-27                    | 1956                       | 150 HP                                                                                    | 242                   | 7                                 | 242              |
| Eng. 2 | LYCOMING            | 0320-A38            | L-4403-27                    | 1956                       | 150 HP                                                                                    | 1774                  | 7                                 | 1774             |
| Eng. 3 |                     |                     |                              |                            |                                                                                           |                       |                                   |                  |
| Eng. 4 |                     |                     |                              |                            |                                                                                           |                       |                                   |                  |

**Last Inspection Type**

☒ 100-Hour

☐ AAIP

☒ Annual

☐ Continuous Airworthiness

☐ Conditional Inspection

☐ Unknown

Date Last Inspection: 01-11-2021

mm/dd/yyyy

Airframe Total Time: \_\_\_\_\_ 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: HMT ZCLL

Model: HC-C24L-2CUF

**Propeller 2**

☐ Fixed Pitch

☒ Controllable Pitch

☐ Ground Adjustable

Manufacturer: HMT ZCLL

Model: HC-C24L-2CUF

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

**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: AVIATION SERVICES LLC

City: OSHTOSH

State: WI ZIP: 54907

Fractional Ownership Aircraft: ☐ Yes ☒ No

Country: USA

## Operator of Aircraft

☒ Same As Registered Owner

☒ Same Address as Registered Owner

Name: AVIATION SERVICES LLC

City: OSHTOSH

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

State: WI ZIP: 54907

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

Country: USA

## 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 5 miles of an airport)

Airport Name: WINDY REGIONAL

Distance From Airport Center: 7 sm

Airport Identifier: KOSH

Direction From Airport: 012° degrees true

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

Airport Elevation: 780 ft. msl

## Runway Information

Runway ID: 27 (L/R/C) Length: 6280 ft Width: 150 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 ☐ Soft
- ☐ Slush-Covered ☐ Vegetation ☐ Unknown

## Runway/Landing Surface (Check all that apply)

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

# "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

I WAS FIVE AIRMAN

## "Flight Crewmember 1" Identification

First Name: STUC

City of Residence: OSHKOSH

Middle Initial: D

State: WI ZIP: 54907

Last Name: DAVIS

Country: USA

Age at time of Accident/Incident: 71 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

11-11-2020  
mm/dd/yyyy

### Medical Certificate Limitations

CORPORATE LICENSE - VALID 1 YEAR ONLY

### Medical Certificate Special Issuance

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

06-15-20  
mm/dd/yyyy

### Flight Review Aircraft

Make: BECH

Model: C 23

### 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

DC-3, DC3 TP

### 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                                                  | 32,527       | 1700 +            | 23307                  | 4220                 | 2180  | 516        | 200       |            |        |                  |
| Pilot in Command (PIC)                                      | 20,827       | 1700              | 23012                  | 4815                 | 1000  | 100        | 50        |            |        |                  |
| Time as Instructor                                          | 20,890       | 1700              | 23000                  | 3000                 | 1000  | 90         | 20        |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      | 50    | 10         | 5         |            |        |                  |
| Last 90 Days                                                | 54.7         | 9.5               | 45.2                   | 9.5                  | 0     | 0          | 0         |            |        |                  |
| Last 30 Days                                                | 28.0         | 9.5               | 18.5                   | 9.5                  | 0     | 0          | 0         |            |        |                  |
| Last 24 Hours                                               | 0            | 0                 | 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

"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No

## **"Flight Crewmember 2" Identification**

First Name: R E S N

City of Residence: A P O L L O N

Middle Initial: M

State: W I ZIP: 54913

Last Name: N E L S O N

Country: U S A

Age at time of Accident/Incident: 46 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**

10/15/2020  
mm/dd/yyyy

### **Medical Certificate Limitations**

MUST WEAR CORRECTIVE LENSES

### **Medical Certificate Special Issuance**

N/A

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

08/19/2019  
mm/dd/yyyy

### **Flight Review Aircraft**

Make: Piper  
Model: Arrow

### **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**

NONE

### **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             | 118.5                                                                  | 9.5               | 100.7                  | 9.5                  | 53    | 5.4        | 13.8      | —          | —      | —                |
| Pilot in Command (PIC) | 45                                                                     | —                 | 45                     | —                    | —     | —          | —         | —          | —      | —                |
| Time as Instructor     | —                                                                      | —                 | —                      | —                    | —     | —          | —         | —          | —      | —                |
| This Make/Model        | <span style="background-color: black; color: black;">[REDACTED]</span> |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days           | 9.5                                                                    | 9.5               | —                      | 9.5                  | —     | —          | —         | —          | —      | —                |
| Last 30 Days           | 5.9                                                                    | 5.9               | —                      | 5.9                  | —     | —          | —         | —          | —      | —                |
| Last 24 Hours          | —                                                                      | —                 | —                      | —                    | —     | —          | —         | —          | —      | —                |

**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

| Crew Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Injury                                                                                                                                                     |      |                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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"/> 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)</b> (Check all that apply)<br><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>Restraint Type:</b><br><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown                         </td> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown                         </td> </tr> </table> | Available                                                                                                                                                  | Used | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><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 |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |      |                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
| <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                          | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |      |                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                |

| Crew Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Injury                                                                                                                                                     |      |                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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"/> 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)</b> (Check all that apply)<br><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>Restraint Type:</b><br><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown                         </td> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown                         </td> </tr> </table> | Available                                                                                                                                                  | Used | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><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 |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |      |                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
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| <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)

| Name and Address                                                                                                                                                                                                 | Seat                                                                                                                                                                                             | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inflatable Restraints | Age  |                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Available                                                                                                                                                                                                        | Used                                                                                                                                                                                             |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |      |                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                            |
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# FLIGHT ITINERARY INFORMATION

## Last Departure Point

Airport ID: 110514  
City: OSU40514  
State: WI  
Country: USA

## Time of Departure

Time: 08:30  
Time Zone: CST

## Destination

Airport ID: 110514  
City: OSU40514  
State: WI  
Country: USA

## 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

(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: 110514  
Observation Time: 0800 CST  
Time Zone: CST  
Distance from Accident Site: 0 nm  
Direction from Accident Site: 0 degrees true

## Basic Conditions

☒ VMC  
☐ IMC  
☐ Unknown

## Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown  
☒ Day ☐ Night ☐ Bright Night

## Sky/Lowest Cloud Condition

☒ Clear ☐ Thin Broken  
☐ Few ☐ Thin Overcast  
☐ Partial Obscuration ☐ Unknown  
☐ Scattered

## Lowest Cloud Condition Height

\_\_\_\_\_ ft agl

## Ceiling

☒ None (Clear) ☐ Obscured  
☐ Broken ☐ Indefinite  
☐ Overcast ☐ Unknown

## Ceiling Height

\_\_\_\_\_ ft agl

Temperature: 0 (C) or 32 (F)

Dew Point: -10 (C) or 20 (F)

Altimeter Setting: 30.22 in. Hg  
or \_\_\_\_\_ MB

## Wind Direction

☐ Variable

-or-  
Direction: 200 degrees true

## Wind Speed

☐ Calm  
☐ Light and Variable

-or-  
Speed: 6 kts

## Wind Gusts

☒ Not Gusting

-or-  
Speed: 6 kts

Visibility 4.6 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Density Altitude: 800 ' 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 ☐ N/A  
Type ☐ Trace ☐ Rime  
☐ Light ☐ Clear  
☐ Moderate ☐ Mixed  
☐ Severe ☐ Unknown  
☐ Unknown

## Icing Actual

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

## Turbulence

Type (Check all that apply) ☒ None ☐ Light  
☐ Clear Air ☐ Moderate  
☐ Terrain-Induced ☐ Severe  
☐ Convective Turbulence ☐ Extreme

## NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

UNKNOWN

# 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)

COLLAPSED NOSE WHEEL, NOSE SECTION SKINS, RIGHT PROPELLER BLADES BENT

## 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.

DURING A ROUTINE TRAINING SESSION OF MULT-ENGINE INSTRUCTION ON SATURDAY FEB 27TH AT APPROXIMATELY 10:30 AM, WE EXPERIENCED INTERMITTENT NOSE GEAR INDICATION PROBLEMS. NUMEROUS MANEUVERS WERE PERFORMED FOLLOWING SEVERAL LANDING GEAR EXTENSION/RETRACTION CYCLES, ALL NORMAL UNTIL LAST 45' DURING WHICH THE NOSE GEAR INITIALLY INDICATED DOWN/LOCKED, THEN UNSAFE THEOBARTON. SEVERAL TOUCH & GO LANDINGS WERE PERFORMED DURING WHICH WE ATTEMPTED TO MOVE NOSE GEAR INTO LOCKED POSITION BY GENTLY BUMPING WHEEL AGAINST RUNWAY. SOME OF THESE ATTEMPTS WERE FIRM ENOUGH TO COLLAPSE GEAR DOWN + LOCKED, LANDING GEAR HYDRAULIC LEVER AUTOMATICALLY RESET TO CONT'D EACH TIME AND GEAR VISIBLE IN COUPLING HUBBARD. CHECKING ITCHES FOR SINGLE LIGHT OUT, IT WAS E RETURNING TO NORMAL, GEAR WARNING HORN ACTIVE FOLLOWED WHICH INDICATED TO PG, GEAR WAS EXTENDED, LATCHED, PRESSURIZED WITH DOWN/WARNING SWITCH RETURNING HANDLE, + VISIBLE GEAR IN HUBBARD. DISCUSSED ALL ACTIONS WITH STUDENT THEN ELECTED TO LAND.

I REQUESTED RUNWAY 27 INSTEAD OF THE ACTIVE 18 SO WE COULD LAND, ROLL OUT, GENTLY STOP, SHUTDOWN SO I COULD THEN INSPECT THE GEAR, WE WERE CLEARED TO LAND ON 27, I FORTUITOUSLY LEFT ENGINE ON BASE, CONTINUED APPROACH, CONDUCTED BURAS + FINAL CHECKS (NOTICE GEAR), AS MAIN GEAR TOUCHED RUNWAY I PUT MIXTURE ON #2, AND ALTHOUGH INITIAL TOUCHDOWN WAS NORMAL, LEFT SOON AFTER A SLIGHT RIGHT YAW ACCOMPANIED BY SOME UNUSUAL NOISE (SCUFFING/ROBBING). FELT SIMILAR TO A RIGHT TURN GOING LEFT WITH TURNING YAW (MUCH WORSE THAN LEFT), I APPLIED FULL LEFT RUDDER BUT THEN RIGHT TURN/ROLL INCREASED DRASTICALLY. AIRCRAFT WAS TURNING HARD RIGHT AND BOING TO LEAVE RUNWAY, AS THERE ARE NO BARRES ON MY SIDE, I LOUDLY INSTRUCTED, LEFT BANK, LEFT BANK, LEFT BANK, LEFT BANK, WHICH HE APPLIED, STABILIZING THE AIRPLANE, LOUD RUBBING NOISE CONTINUED. THEN NOSE GEAR COLLAPSED AND REMAINING 100-200' WAS SLIDING ON NOSE SECTION + MAIN GEAR. ONCE STOPPED, WE SHUT OFF MASTER, FUEL, ANTICLIMBERS, AURALICS, + FUEL AND FUEL THEN VACATED AIRCRAFT.

AIRCRAFT WAS MOVED TO OUR HANGAR AND UPON INSPECTION + DISASSEMBLY, IT WAS DISCOVERED NOSE WHEEL HAD TURNED PART MECHANICAL STOPS TO THE RIGHT, TIRE SCUFFED, AND HYDRAULIC ACTUATOR FULLY EXTENDED, (BENT 90° AWAY TO SIDE) + LOWER PANELING ASSSEMBLY, BOTH TUBES SEPARATED, SEVERAL OTHER PARTS BENT, DAMAGED, SCRAPED DURING COLLAPSE. ALL PARTS FOUND EXCEPT 1 LITTLE STOP.

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

## Operator/Owner Safety Recommendation

THERE WAS NO WAY,  
PERHAPS IF WE HAD SHORTER LESSON, BROKEN  
CRACKS TO BE COULD HAVE BEEN DISCOVERED ON  
PREFLIGHT.

## 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.)

Nose Gear Lower Drag Link PN 19046-00

Total Time/Cycles  
On Part

8400+ Hours  
Cycles

Time Since This Part  
Inspected/Overhauled

6 Hours

## FUEL & SERVICES INFORMATION

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

72 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

2 OCCUPANTS THROUGH MAIN CABIN DOOR

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

Aircraft Registration Number

N1460P

Manufacturer:

Piper

Model:

PA 23-150

Damage to Other Aircraft

☐ Destroyed ☐ Minor  
☐ Substantial ☒ None

Registered Owner of Other Aircraft

Name: AVIATION SERVICES LLC

City: 7344094

State: WI ZIP: 54907

Country: USA

Pilot of Other Aircraft

Name: None

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

03-10-2021  
mm/dd/yyyy

Name of Pilot/Operator: Steve D. Davis Aviation Services LLC

Signature: [Redacted]

-- 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

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NTSB Accident/Incident No.

CEN21LA147

Reviewed by NTSB Regional Office

- CEN -

Name of Investigator

T. Sorenson

Date Report Received

3/15/2021