

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: Clarksville State: IN
 ZIP: 47172 Country: United States
 Latitude: 38.2967° N Longitude: 85.7600° W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 08/03/2021 Local Time: 11:15
 mm/dd/yyyy Time Zone: Eastern

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N728A
 Manufacturer: PIPER
 Model: PA-28-181
 Serial Number: 2843791
 Year of Manufacture: 2014
 Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
 Original Design

☒ IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 2550 lbs
 Weight at Time of Accident/Incident: 23180 lbs
 Number of Seats: 4 Flight Crew Seats: 2
 Cabin Crew Seats: _____ Passenger Seats: 2
 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

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. 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>C-360-A4M</u>	<u>L-42352-36E</u>	<u>01/20/2014</u>	<u>180</u>	<u>4036.8</u>	<u>90.4</u>	<u>2210.0</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

AAIP

Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 6/17/

mm/dd/yyyy

Airframe Total Time: 4544.2 hrs

hours measured at (Select one)

Last Inspection

Time of Accident/Incident

Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: Sensenich

Model: 76EM9814-0-62

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: AOR ARTEX

Model or Part No.: ME406

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: _____

Type of Maintenance Program (Select one)

Annual

Conditional (Amateur-built only)

Manufacturer's Inspection Program

Other Approved Inspection Program (AAIP)

Continuous Airworthiness

Other, specify: _____

Description of Fire Extinguishing System

None

Specify:

Portable hand bottle

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: ATP Flight School
 Fractional Ownership Aircraft: Yes ☐ No ☒

City: Jacksonville
 State: FL ZIP: 32250
 Country: United States

Operator of Aircraft

Name: ATP Flight School
 Doing Business As: Flight School
 Air Carrier/Operator Designator (4 Character Code): _____

City: Jacksonville
 State: FL ZIP: 32250
 Country: United States

Operating Certificates Held

(Check all that apply)

None
 Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (FAR 129)
 Rotorcraft External Load (FAR 133)
 Commuter Air Carrier (FAR 135)
 On-Demand Air Taxi (FAR 135)
 Commercial Air Tour (FAR 136)
 Agricultural Aircraft (FAR 137)
 Pilot School (FAR 141)
 Certificate of Authorization or Waiver (COA)
 Commercial Space Transportation
 Experimental Permit
 Commercial Space Transportation License
 Other Operator of Large Aircraft

Regulation Flight Conducted Under

☒ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437

FAR 91 Special Flight
 Non-US, Commercial
 Non-US, Non-commercial

Public Aircraft (Select one)
 Armed Forces
 Federal
 State
 Local

☒ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
 Non-Scheduled or Air Taxi International

Passenger
 Cargo
 Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

Aerial Application Firefighting Unknown
 Aerial Observation Flight Test
 Air Drop Glider Tow
 Air Race/Show ☒ Instructional
 Banner Tow Other Work Use
 Business Personal
 Executive/Corporate Positioning
 External Load Skydiving
 Ferry

Revenue Sightseeing Flight

Yes ☐ No ☒

Air Medical Flight

Yes ☐ No ☒

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Clark County Regional
 Airport Identifier: KJVY
 Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A

Distance From Airport Center: _____ sm
 Direction From Airport: _____ degrees true
 Airport Elevation: 300 478 ft. msl

Runway Information

Runway ID: 36 (L/R/C) Length: 7,000 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

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

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

Taxi VFR Departure On Instrument Approach Downwind Low Approach
 Takeoff IFR Departure Procedure/Clearance ☒ Landing Base Go Around
 Initial Climb Final Aborted Landing (after touchdown)
 Crosswind Unknown

IFR Approach (Check all that apply)

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

"Flight Crewmember 1" Identification

First Name: Samuel

City of Residence: Louisville

Middle Initial: P

State: KY ZIP: 40205

Last Name: Broussard

Country: United States

Age at time of Accident/Incident: 27 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

None Fatal
Minor Unknown
Serious

Seat Occupied

Left Front
Right Rear
Center Single
Unknown

Restraint Type

Available Used
None None
Lap only Lap only
3-point 3-point
4-point 4-point
5-point 5-point
Unknown 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

05/19/2019
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 11/12/2020
mm/dd/yyyy

Flight Review Aircraft

Make: Boeing Piper
Model: PA-44

Airplane Rating(s)
(Check all that apply)

None
Single-Engine Land
Single-Engine Sea
Multiengine Land
Multiengine Sea

Other Aircraft Rating(s)
(Check all that apply)

None
Airship
Balloon
Glider
Gyroplane
Helicopter
Powered Lift

Instrument Rating(s)
(Check all that apply)

None
Airplane
Helicopter
Powered Lift

Instructor Rating(s)
(Check all that apply)

None
Airplane Single-Engine
Airplane Multi-Engine
Gyroplane
Powered Lift

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport

Type Ratings

Student Endorsements (Include dates)

Private ASEL
Instrument ASEL
CFII

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>405</u>	<u>204.1</u>	<u>375.9</u>	<u>283</u>	<u>20.1</u>	<u>17.2</u>	<u>58.9</u>	<u>0</u>	<u>0</u>	<u>0</u>
Pilot in Command (PIC)	<u>329</u>	<u>204.1</u>	<u>320.7</u>	<u>15.1</u>	<u>17</u>	<u>12.2</u>	<u>N/A</u>	<u>0</u>	<u>0</u>	<u>0</u>
Time as Instructor	<u>135.9</u>	<u>135.9</u>	<u>135.9</u>	<u>0</u>	<u>8.7</u>	<u>5.8</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
This Make/Model					<u>88.7</u>	<u>5.8</u>	<u>0</u>			
Last 90 Days	<u>119.6</u>	<u>119.6</u>	<u>119.6</u>	<u>0</u>	<u>5</u>	<u>3.4</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last 30 Days	<u>44.1</u>	<u>44.1</u>	<u>44.1</u>	<u>0</u>	<u>5</u>	<u>2.5</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last 24 Hours	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2.50005</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

"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: William City of Residence: Louisville
 Middle Initial: _____ State: Ky ZIP: _____
 Last Name: Gerard Country: 40205
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table style="width: 100%;"> <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 style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☐ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☐ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☒ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>		☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☒ Student	☐ Sport	☐ Flight Engineer		Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	
☐ 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		Date of Last Medical _____ mm/dd/yyyy												

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: N/A
 mm/dd/yyyy

Flight Review Aircraft

Make: N/A
 Model: N/A

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 ☐ 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										
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				Seat Occupied		Injury
First Name: _____		City of Residence: _____		Left	Front	None
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor
Last Name: _____		Country: _____		Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None		Flight Instructor		Available	Used	
Private		Recreational		None	None	Not Installed
Student		Sport		Lap Only	Lap Only	Installed
		Commercial		3-point	3-point	Not Deployed
		Airline Transport		4-point	4-point	Deployed
		Flight Engineer		5-point	5-point	Unknown
		US Military		Unknown	Unknown	
		Foreign				
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes No						

Crew Name and Address				Seat Occupied		Injury
First Name: _____		City of Residence: _____		Left	Front	None
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor
Last Name: _____		Country: _____		Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None		Flight Instructor		Available	Used	
Private		Recreational		None	None	Not Installed
Student		Sport		Lap Only	Lap Only	Installed
		Commercial		3-point	3-point	Not Deployed
		Airline Transport		4-point	4-point	Deployed
		Flight Engineer		5-point	5-point	Unknown
		US Military		Unknown	Unknown	
		Foreign				
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes No						

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: _____ City: _____	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
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						
First Name: _____ City: _____	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
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						
First Name: _____ City: _____	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
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						
First Name: _____ City: _____	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
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KJW</u> City: <u>Clarksville</u> State: <u>Indiana</u> Country: <u>United States</u>	Time of Departure Time: <u>10:00 Am</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>KJW</u> City: <u>Clarksville</u> State: <u>Indiana</u> Country: <u>United States</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 VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A ☐ Class G ☒ Class B ☐ Demo Area Class C ☐ Warning Area Class D ☐ Prohibited Area Class E ☐ Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93				Altitude of In-Flight Occurrence: <u>MVA/NA</u> ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☒ Flight Service Station ☒ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather Company Military ☒ Internet None Unknown		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown		
Sky/Lowest Cloud Condition ☒ Clear ☒ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.03</u> in. Hg or _____ MB	
Lowest Cloud Condition Height <u>12000</u> ft agl	Ceiling Height <u>N/A</u> ft agl		
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>2,100</u> ft
Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		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
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	

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

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)

damage to fuselage and right wing and flap
lost right main landing gear
4 Taxi light on right side of runway destroyed

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.

The flight was planned as a VFR pattern work training flight with a ~~new~~ new student pilot. Runway 36 was used based on ATIS information. Skys were mostly clear with high clouds and calm winds. NO turbulence or gusts reported. The flight began as normal and was executed for touch and go without incident. The student was performing well and was showing improvement. However on either the 7th or 8th landing (I can't quite remember which) the student landed slightly left of centerline. I instructed him to gently correct right using rudder and no brakes which the student then did. I was able to feel his inputs as my feet were on the rudder pedals to back him up as was my normal practice. However as the rudder control inputs were added, the aircraft began to veer sharply to the right. After calling for controls, neither I nor my student were able to correct the plane back to the left. The aircraft then made a sound and began to pull harder to the right and I assumed we had a flat tire. When it became clear, despite full left rudder deflection, that the aircraft was going to exit the runway, I quickly shut off the engine and was able to secure the prop and engine from damage. The aircraft exited the right side of the runway and hit a ~~taxi light~~ runway light before coming to rest in the grass just off the runway. There was no prop or engine damage, I was able to successfully shut off the fuel and after retracting the flap lever, we both exited the airplane with no injury to either. The right main landing gear sitting in the middle of the runway.

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

Operator/Owner Safety Recommendation

I believe a mechanical failure was to blame, so the only thing I could recommend is better awareness training of mechanical failures.

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.)

Total Time/Cycles
On Part

____ Hours
____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATION

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

36

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

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

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

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

Pilot of Other Aircraft

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

ADDITIONAL INFORMATION (Please type or print in ink)

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

I believe the cause of the accident was some sort of mechanical failure in the right main landing gear.

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

Date of this Report <u>09/05/2021</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Sam Broussard</u> Signature: <u>[Redacted]</u> -- or -- Check here to electronically sign this document
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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. CEN21LA353	Reviewed by NTSB Regional Office CEN	Name of Investigator J.Brannen	Date Report Received 10/6/2021
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