

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: <u>DE KALB COUNTY AIRPORT AUBURN</u> State: <u>IN</u> ZIP: <u>46706</u> Country: <u>USA</u> Latitude: <u>41.31 N</u> Longitude: <u>85.06 W</u> (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>05/19/2022</u> Local Time: <u>11:21</u> mm/dd/yyyy Time Zone: <u>EDT</u> Collision with Other Aircraft: Midair On-ground <u>None</u>
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AIRCRAFT INFORMATION

Registration Number: <u>N2128E</u> Manufacturer: <u>CESSNA</u> Model: <u>CE172 N</u> Serial Number: <u>17271165</u> Year of Manufacture: <u>1978</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>2300</u> lbs Weight at Time of Accident/Incident: <u>1977</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: <u>3</u> Number of Engines: <u>1</u>
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None _____ Unknown _____	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☐ Retractable ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Other Launch/Recovery System None _____ Unknown _____	Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-Injected
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☐ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Serial	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	LYCOMING	O-320 H2AD	L-5666-76T	10/23/2019	160 HP	4144.4	57.0	393.4
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour _____ Continuous Airworthiness AAIP _____ Conditional Inspection ☒ Annual _____ Unknown Date Last Inspection: <u>09/05/2021</u> mm/dd/yyyy Airframe Total Time: <u>5801.4</u> hrs hours measured at (Select one) Last Inspection _____ Time of Accident/Incident _____	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>MCCAULEY</u> Model: <u>1C160DTM7557</u> Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: Yes ☒ No ☐ If Yes: ELT Manufacturer: <u>ACK TECHNOLOGIES</u> Model or Part No.: <u>E-01</u> 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
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Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness Other, specify: _____	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: _____
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Description of Fire Extinguishing System None _____ Specify: <u>HALON HANDHELD</u> <u>1211 1.25 lbs</u>

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: BLUE BIRD RENTAL LLCCity: FORT WAYNEState: IN ZIP: 46804Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: CENTURY AVIATION

Same Address as Registered Owner

City: AUBURN

Doing Business As: _____

State: IN ZIP: 46706

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 3 miles of an airport)Airport Name: DEKALB COUNTY AIRPORTAirport Identifier: KGWBProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/ADistance From Airport Center: 0 smDirection From Airport: ON AIRPORT degrees trueAirport Elevation: 880 ft. msl**Runway Information**Runway ID: 27 (L/R/C) Length: 5000 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

Holes

Ice Covered

Rough

Rubber Deposits

Slush-Covered

Snow-Compacted

Snow-Crusted

Snow-Dry

Snow-Wet

Soft

Vegetation

Water-Calm

Water-Choppy

Water-Glassy

Wet

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

Straight-In

Valley/Terrain Following

☒ Go Around

Full Stop

Stop and Go

Touch and Go

Simulated Forced Landing

Forced Landing

Precautionary Landing

Unknown

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident										
Pilot	Co-Pilot	Student Pilot	<u>Flight Instructor</u>	Check Pilot	Flight Engineer	Other Flight Crew				
"Flight Crewmember 1" was pilot flying			<u>Yes</u>	No						
"Flight Crewmember 1" Identification										
First Name: <u>MARK</u>				City of Residence: <u>FORT WAYNE</u>						
Middle Initial: <u>R</u>				State: <u>IN</u>			ZIP: <u>46835</u>			
Last Name: <u>COOPER</u>				Country: <u>USA</u>						
Age at time of Accident/Incident: <u>68</u>				Date of Birth: <u>[REDACTED]</u>			mm/dd/yyyy			
Certificate Number: <u>[REDACTED]</u>										
Degree of Injury		Seat Occupied			Restraint Type			Inflatable Restraints		
<u>None</u>	Fatal	<u>Left</u>	Front	Unknown	Available	Used		<u>Not Installed</u>		
Minor	Unknown	<u>Right</u>	Rear		None	None		<u>Installed</u>		
Serious		Center	Single		Lap only	Lap only		Not Deployed		
Pilot Certificate(s) (Check all that apply)										
None	<u>Flight Instructor</u>	<u>Commercial</u>	US Military		<u>3-point</u>	<u>3-point</u>		<u>Deployed</u>		
Private	Recreational	Airline Transport	Foreign		4-point	4-point		Unknown		
Student	Sport	Flight Engineer			5-point	5-point				
					Unknown	Unknown				
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical		
<u>Pilot</u>		None	Class 3		<u>Without limitations/waivers</u>	Unknown		<u>12/16/2021</u>		
Other		Class 1	Driver's License (Sport Pilot only)		<u>With limitations/waivers</u>	N/A		mm/dd/yyyy		
Unknown		<u>Class 2</u>	Unknown		Special Issuance					
Medical Certificate Limitations										
<u>MUST WEAR CORRECTIVE LENSES</u>										
Medical Certificate Special Issuance										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/09/2021</u>										
mm/dd/yyyy										
Flight Review Aircraft										
Make: <u>CESSNA</u>										
Model: <u>CE 172N</u>										
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)				
<u>None</u>		<u>None</u>		<u>None</u>		<u>None</u>				
<u>Single-Engine Land</u>		Airship		<u>Airplane</u>		<u>Airplane Single-Engine</u>	Instrument Airplane			
Single-Engine Sea		Balloon		Helicopter		Airplane Multi-Engine	Instrument Helicopter			
Multiengine Land		Glider		Powered Lift		Gyroplane	Helicopter			
Multiengine Sea		Gyroplane				Powered Lift	Glider			
		Helicopter					Sport			
		Powered Lift								
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				Lighter Than Air
						Actual	Simulated	Rotorcraft	Glider	
Total Time	434.1	288.3	434.1		11.8	13.1	78.5			
Pilot in Command (PIC)	462.4	288.3	462.4		8.8	13.1	76.5			
Time as Instructor	41.9	20.4	41.9							
This Make/Model										
Last 90 Days	37.5	16.0	37.5			1.7				
Last 30 Days	17.7	8.2	17.7			.9				
Last 24 Hours	1.0	1.0	1.0							

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident											
Pilot	Co-Pilot	<u>Student Pilot</u>	Flight Instructor	Check Pilot	Flight Engineer	Other Flight Crew					
"Flight Crewmember 2" was pilot flying <u>Yes</u> No											
"Flight Crewmember 2" Identification											
First Name: <u>DAVID</u>				City of Residence: <u>FORT WAYNE</u>							
Middle Initial: <u>J</u>				State: <u>IN</u>			ZIP: <u>46815</u>				
Last Name: <u>DRISCOLL</u>				Country: <u>USA</u>							
Age at time of Accident/Incident: <u>69</u>				Date of Birth: [REDACTED]			mm/dd/yyyy				
Certificate Number: _____											
Degree of Injury		Seat Occupied			Restraint Type			Inflatable Restraints			
<u>None</u>	Fatal	<u>Left</u>	Front	Unknown	Available	Used		<u>Not Installed</u>			
Minor	Unknown	Right	Rear		None	None		Installed			
Serious		Center	Single		Lap only	Lap only		Not Deployed			
Pilot Certificate(s) (Check all that apply)					<u>3-point</u>	<u>3-point</u>		Deployed			
<u>None</u>	Flight Instructor	Commercial	US Military		4-point	4-point		Unknown			
Private	Recreational	Airline Transport	Foreign		5-point	5-point					
Student	Sport	Flight Engineer			Unknown	Unknown					
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
Pilot		<u>None</u>	Class 3		Without limitations/waivers	Unknown					
Other		Class 1	Driver's License (Sport Pilot only)		With limitations/waivers	N/A					
<u>Unknown</u>		Class 2	Unknown		Special Issuance			mm/dd/yyyy			
Medical Certificate Limitations											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft							
mm/dd/yyyy				Make: _____							
				Model: _____							
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
<u>None</u>		<u>None</u>		<u>None</u>		<u>None</u>					
Single-Engine Land		Airship		Airplane		Airplane Single-Engine	Instrument Airplane				
Single-Engine Sea		Balloon		Helicopter		Airplane Multi-Engine	Instrument Helicopter				
Multiengine Land		Glider		Powered Lift		Gyroplane	Helicopter				
Multiengine Sea		Gyroplane				Powered Lift	Glider				
		Helicopter					Sport				
		Powered Lift									
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	19.5	7.5	19.5								
Pilot in Command (PIC)	0	0	0								
Time as Instructor	0	0	0								
This Make/Model											
Last 90 Days	6	6	6								
Last 30 Days	2	2	2								
Last 24 Hours	1	1	1								

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown		
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown		
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown 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 Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown 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 Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown 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 Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown 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>KGWB</u> City: <u>AUBURN</u> State: <u>IN</u> Country: <u>USA</u>		Time of Departure Time: <u>10:40</u> Time Zone: <u>EDT</u>		Destination Airport ID: <u>KGWB</u> City: <u>AUBURN</u> State: <u>IN</u> Country: <u>USA</u>	
Type Flight Plan Filed ☒ None Company VFR Military VFR VFR VFR/IFR IFR Unknown Activated? Yes No Unknown					
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 B Class C Class D Class E ☒ Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 ☐ Special Air Traffic Control Area Unknown 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 Flight Service Station TV/Radio ☒ Automated Report Commercial Weather Service (DUATS) On-Board Weather Company ☒ Military ☒ Internet ☐ None Unknown			Weather Observation Facility Facility ID: <u>KGWB AWOS-3</u> Observation Time: <u>10:30 + 11:00 EDT</u> Time Zone: <u>EDT</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>ON FIELD</u> 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 Lowest Cloud Condition Height <u>2100</u> ft agl		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height <u>CLEAR BELOW 12,000</u> ft agl		Temperature: <u>17</u> (C) or _____ (F) Dew Point: <u>11</u> (C) or _____ (F) Altimeter Setting: <u>29.78</u> in. Hg or _____ MB	
Wind Direction Variable -or- Direction: <u>230</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>7</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>+6</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ 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 @ 3000 MSL ☐ 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: <u>KGWB RUNWAY 27 APPROACH LIGHTING SYSTEM OUT OF SERVICE</u>					

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)

LEFT SIDE (PORT) WING TIP BUCKLED, LEFT SIDE AILERON DAMAGED
TAIL TIE DOWN EYE BROKE OFF

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.

ON THE 3RD LANDING OF THE LESSON, THE APPROACH WAS STABILIZED
THE AIRPLANE WAS OVER RUNWAY 27
THE STUDENT CUT THE POWER TO IDLE
THE AIRPLANE GLIDED TOWARDS THE RUNWAY
THE STUDENT STOPPED THE DESCENT (FLARED) TOO LOW
THE STUDENT OVERCORRECTED THE ELEVATOR AND THE AIRPLANE
BALLOONED NOSE HIGH 10 - 15 FEET ABOVE THE RUNWAY
CFI TOOK THE CONTROLS ADDED FULL POWER TO ATTEMPT A GO AROUND
THE AIRPLANE STALLED WITH INSUFFICIENT SPEED TO KEEP THE AIRPLANE
FLYING
AIRPLANE WEATHER VANEED TO THE LEFT
THE AIRPLANE LANDED HARD ON THE MAIN GEAR WITH THE LEFT WING
STRIKING THE GROUND
THE AIRPLANE ROLLED OFF THE RUNWAY INTO THE GRASS AND CAME
TO A STOP
THE STUDENT AND THE CFI EXITED THE AIRPLANE

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

Operator/Owner Safety Recommendation

CFI SHOULD HAVE TAKEN CONTROL OF THE AIRPLANE'S CONTROLS
IN A TIMELY MANNER, PRIOR TO THE AIRPLANE BECOMING
UNCOORDINATED

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)

31 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

CFI EXITED THROUGH THE RIGHT SIDE OPEN DOOR
STUDENT EXITED THROUGH THE LEFT SIDE OPEN DOOR

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed _____ Minor _____
Substantial _____ None _____

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report <u>05/19/2022</u> mm/dd/yyyy	Name of Pilot/Operator: <u>MARK COOPER</u> 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. CEN22LA205	Reviewed by NTSB Regional Office CENTRAL	Name of Investigator TEILHABER	Date Report Received 05/25/2022
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