

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>Waco, TX</u> State: <u>TX</u> ZIP: <u>76706</u> Country: <u>UNITED STATES</u> Latitude: <u>31.45°N</u> Longitude: <u>96.99°W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>		Accident/Incident Date/Time Date: <u>10/06/2023</u> Local Time: <u>1615</u> <i>mm/dd/yyyy</i> Time Zone: <u>CENTRAL</u>	
		Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None	

AIRCRAFT INFORMATION

Registration Number: <u>N2444H</u> Manufacturer: <u>CESSNA</u> Model: <u>172S</u> Serial Number: <u>17280874</u> Year of Manufacture: <u>03/15/2000</u> Amateur-Built: ☒ Yes ☐ No <i>If Yes:</i> ☐ Kit/Plans ☐ Original Design <i>Make:</i> _____		☒ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2558</u> lbs Weight at Time of Accident/Incident: <u>2400</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>2</u> Passenger Seats: <u>2</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 <i>(Check all that apply)</i> <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 <i>(Check all that apply)</i> ☐ 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																		
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	10-360	L-27354-S1A	11/02/42	180	827.9	42.6	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☒ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>09/28/2023</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>1641</u> hrs hours measured at <i>(Select one)</i> ☐ Last Inspection ☒ Time of Accident/Incident		Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>McCABLEY</u> Model: <u>1A170E/JHA7000</u>		Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____		ELT Installed: ☒ Yes ☐ No <i>If Yes:</i> ELT Manufacturer: <u>ARTEX</u> Model or Part No.: <u>400</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 <i>If activated:</i> Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No <i>If not activated:</i> 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: _____	
Description of Fire Extinguishing System ☒ None ☐ Specify: _____					

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: CHRISTIANSEN AVIATION LLCCity: WILMINGTONState: DEZIP: 19801Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: UNITED STATES**Operator of Aircraft**☐ Same As Registered OwnerName: TEXAS STATE TECHNICAL COLLEGE☐ Same Address as Registered OwnerCity: WACODoing Business As: TSTCState: TXZIP: 76705

Air Carrier/Operator Designator (4 Character Code): _____

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: TSTC WACO ZTUAirport Identifier: KENW ZTUProximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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: <u>USEFORGE, ZACHARY TYLER</u> City of Residence: <u>WACO</u> Middle Initial: _____ State: <u>TX</u> ZIP: <u>76706</u> Last Name: _____ Country: <u>UNITED STATES</u> Age at time of Accident/Incident: <u>23</u> 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 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																																																																																												
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Principal Occupation ☒ Pilot ☐ Other ☐ Unknown																																																																																																				
Medical Certificate ☐ None ☒ Class 1 ☐ Class 2 ☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/27/2023</u> mm/dd/yyyy					Flight Review Aircraft Make: <u>C172</u> Model: <u>5</u>																																																																																															
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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"Flight Crewmember 2" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 2" Identification First Name: <u>GRANT</u> Middle Initial: <u>M</u> Last Name: <u>MORRIS</u> City of Residence: <u>NEW BRAUNFELS</u> State: <u>TX</u> ZIP: <u>78130</u> Country: <u>UNITED STATES</u> Age at time of Accident/Incident: <u>18</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KCNW</u> City: <u>WACO</u> State: <u>TX</u> Country: <u>UNITED STATES</u>	Time of Departure Time: <u>1612</u> Time Zone: <u>CENTRAL</u>	Destination Airport ID: <u>KCNW</u> City: <u>WACO</u> State: <u>TX</u> Country: <u>UNITED STATES</u>	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: <u>1500</u> 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: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☒ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height <u>4500</u> ft agl	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl
Temperature: <u>29</u> (C) or _____ (F) Dew Point: <u>13</u> (C) or _____ (F) Altimeter Setting: <u>30.14</u> in. Hg or _____ MB	

Wind Direction ☐ Variable -or- Direction: <u>360</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>8</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>2080</u> ft
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Intensity of Precipitation ☐ Light ☐ Moderate ☒ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown
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Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
---	---	--

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)*

LEADING EDGE DAMAGED (LEFT WING)

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.

INCIDENT REPORT ATTACHED SEPERATE

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

Operator/Owner Safety Recommendation

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

53

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 AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

MAIN DOORS

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☐ Substantial☐ Minor☐ 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

11/01/2023
mm/dd/yyyy

Name of Pilot/Operator:

USEFORGE ZACHARY T.

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.

CEN24LA025

Reviewed by NTSB Regional Office

CENTRAL

Name of Investigator

LINDBERG

Date Report Received

11/1/23

Below is a written report summarizing the events that occurred in regards to a bird strike and emergency landing in N2444H on 6 October 2023.

Report summarized by Useforge, Zachary Tyler

Airmen Cert: [REDACTED] CFI

On October 6th 2023 upon rollout to a southbound heading during ground reference maneuvers while I was instructing, I saw 4-5 large birds that may have either been buzzards or vultures at our 12 o'clock. Being in a high wing aircraft we were not able to see the direction we were turning until we rolled out on that heading.

Mr. Morris, my student, was flying and I immediately said "Morris, birds" and then said it again. He pulled power to idle and tried to dodge the birds; I took control of the aircraft during his evasive maneuver, but it was too late to dodge the birds, there was nothing we could have done to move out of the way quick enough.

The bird impacted the leading edge of the left wing and I felt the aircraft shake as if we had made a hard landing. After this, we began to roll to the left involuntarily and I tried to correct with right aileron input. At full scale deflection of the controls to the right, we were still rolling to the left slowly. I made a mayday call to TSTC tower on 124.0, stating our position in regards to the airport, how many souls were on board, how much fuel we had, and informed TSTC tower that we may be going down in a field due to loss of control input.

I began to troubleshoot the issue; the aircraft at full scale deflection of the right aileron still rolled involuntarily to the left. I began to look below us at the ground for a place to put the aircraft down safely. The aircraft was now at 45 degrees of bank, still steadily increasing, and I had the yoke all the way to the right. I thought that somehow, we had lost control of the left aileron, but upon further inspection I saw that the leading edge was damaged and was deflecting air in the downward direction. Earlier that day I had taught a landing lesson and remembered stressing to my student that the elevator requires more backpressure when you flare to land due to less airflow going over the control surfaces. Knowing this, I tried to accelerate the aircraft and see if we could get more control out of the ailerons to stop us from rolling over. I pushed the throttle in to max RPM before redline and pointed the nose of the aircraft in a slight nose down attitude and accelerated to 125 IAS. At that airspeed, I was able to maintain directional control due to the aerodynamic principles stated earlier.

Tower and I were in contact at this time. I stated the nature of the emergency, and they asked me if I could make it back to TSTC. I responded and told them to “give me a second to figure this out.” I raised the nose of the aircraft and increased the throttle even more, maintaining 125 IAS. With slightly less than full scale deflection of the right aileron, I was able to keep the aircraft straight and level. At this moment I decided to try and return to TSTC. I notified the tower that we were inbound to land and they cleared me for the option on runway 35R when I was still 13 miles out. It was at this time that I decided to run the before landing and decent checklist. My student, Grant Morris, was sitting next to me and in order to keep him occupied I tasked him with completing the checklists. I flew the aircraft around 15-1600 feet MSL, making very small deviations in altitude due to the fact that I didn’t know if an increased or decreased angle of attack would negatively affect the control surfaces of the aircraft.

I kept making position reports to tower on my way back in and eventually found myself on a 4-mile final for Runway 35R. I had been cleared for the option already but notified the tower again of our position in reference to the airport. They responded, “we’ve got you in sight”, and cleared me for the option again. I decreased the pitch of the aircraft 5 degrees nose low and established a 200 foot per minute descent rate, maintaining 125 IAS.

About a 3-mile final, I took a second to think about how I wanted to try and land the aircraft. If I put flaps in and increased my angle of descent, I knew that the now-warped leading edge of the left wing combined with airspeed below Vfe would more-than-likely cause us to start an involuntary roll to the left again at 500ft AGL that would have ended catastrophically.

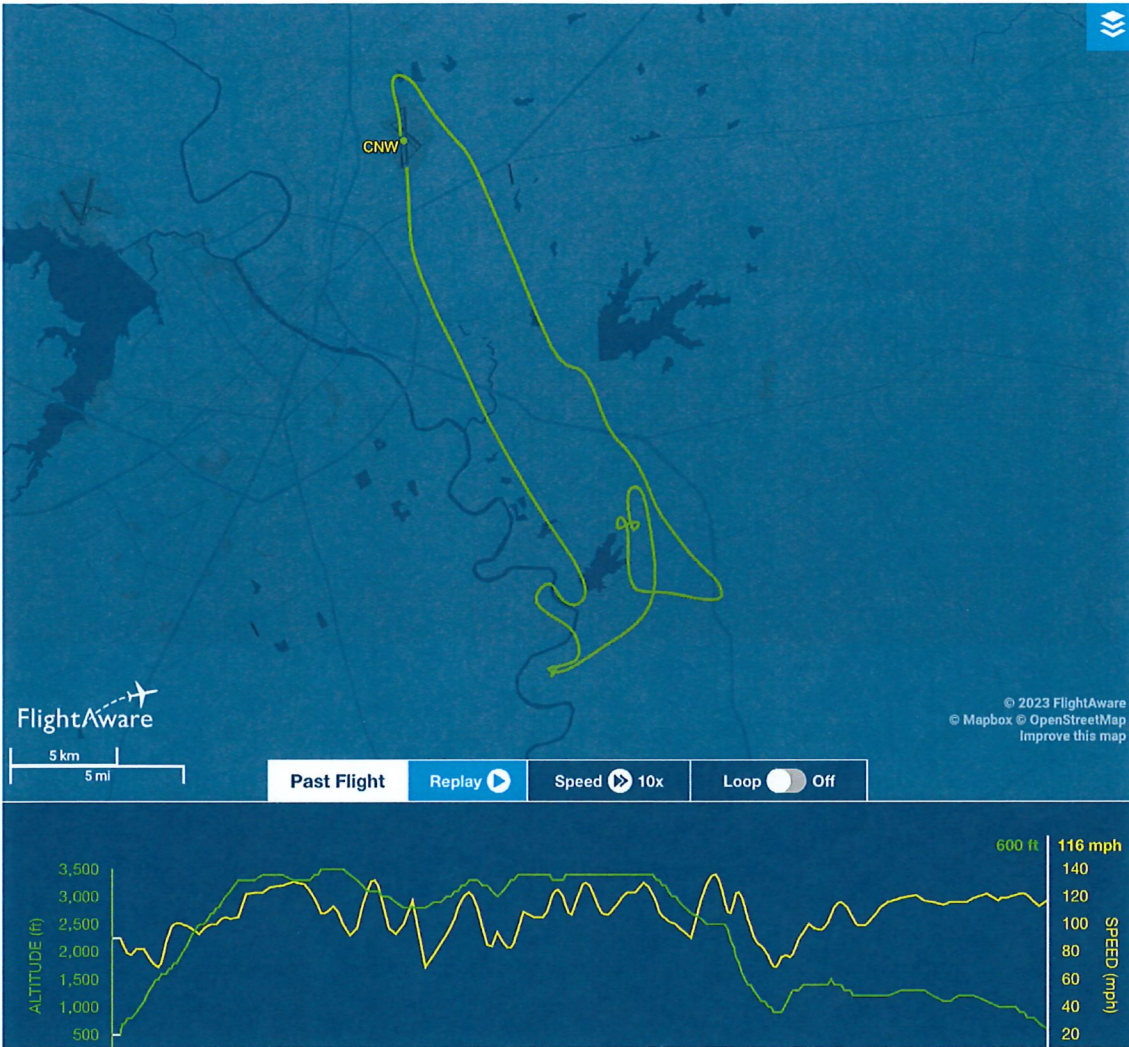
We were now on a 2-mile final, 200 foot per minute descent rate at 125 IAS. I pulled the power back slightly and slowed down to 110 knots, trying to decrease the approach speed. Upon doing this, the aircraft began yet another involuntary roll to the left. My body’s natural response was to firewall the power and decrease the pitch to regain directional control of the aircraft. I decided that there would be no other way to land the aircraft if I did not complete my approach and flare to land at least 125 IAS. Thirty feet above the runway I began to slowly pull the power back, lift the nose, and bleed the airspeed off in an attempt to land. I watched the airspeed drop below 115 IAS, and the airplane entered a 10-degree bank to the left in ground effect even with the yoke all the way to the right.

The roll of the aircraft caused the left main to touchdown first, then the right. At this point I regained control of the aircraft fully. We touched down just north of the thousand

footers and exited on taxiway E. I ran the after-landing checklist and taxied to the maintenance hangar on the north side of the airport followed by the TSTC fire department.

Below are pictures I took of the damage to the aircraft on 6 October 2023, the ground track of our flight that day, a picture I took of the breathalyzer test that I took at the police station shortly after we landed, and 10 panel drug test results that were taken that night at the hospital.





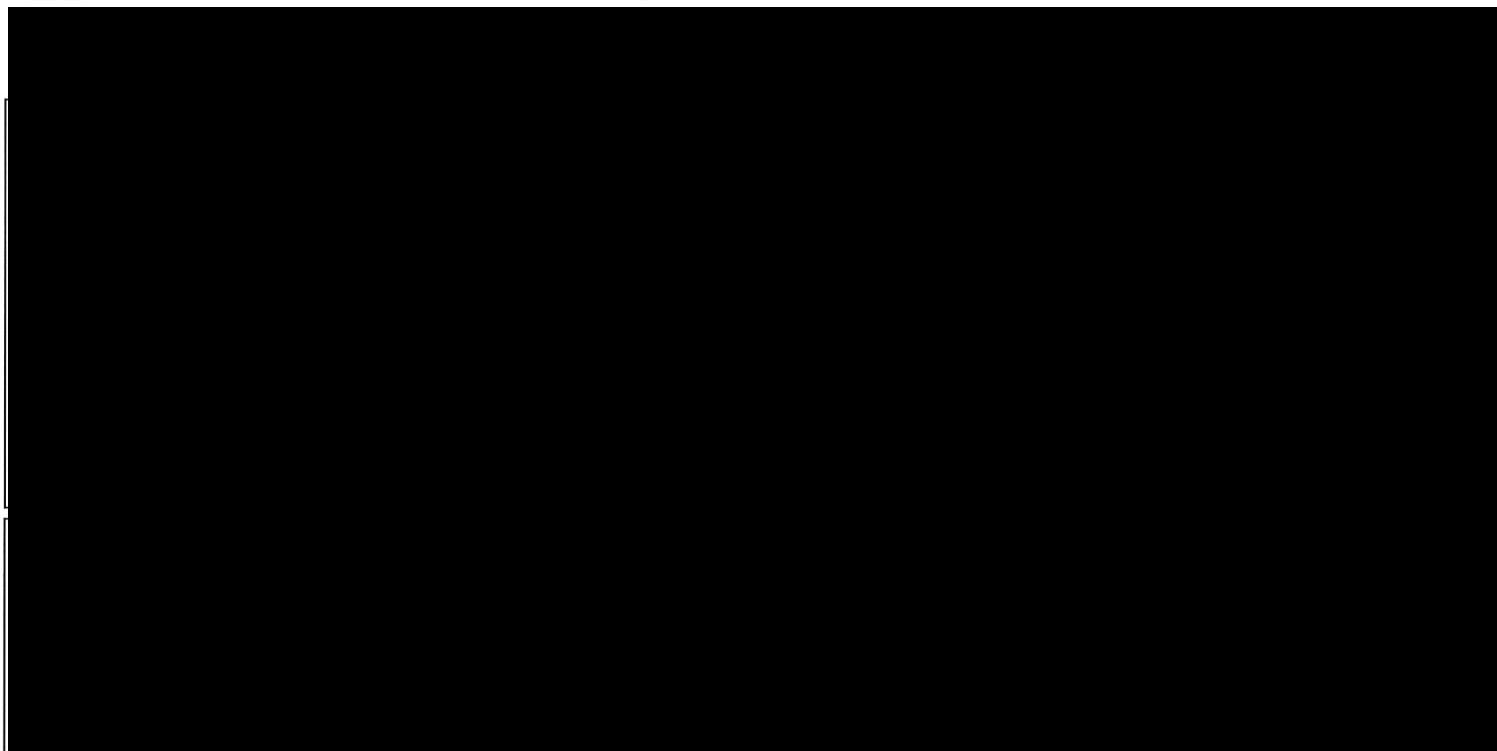








Specimen Result Certificate



Drugs Tested:

Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *	Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *
Marijuana	Negative	50 ng/mL	15 ng/mL	Oxycodone	Negative	100 ng/mL	100 ng/mL
Cocaine	Negative	150 ng/mL	100 ng/mL	PCP	Negative	25 ng/mL	25 ng/mL
Amphetamines (AMP)†	Negative	500 ng/mL	250 ng/mL	Barbiturates	Negative	300 ng/mL	300 ng/mL
Amphetamines (MET)†	Negative	500 ng/mL	250 ng/mL	Benzodiazepines	Negative	300 ng/mL	300 ng/mL
Opiates	Negative	2000 ng/mL	2000 ng/mL	Methadone	Negative	300 ng/mL	300 ng/mL

Final Result Disposition: **Negative**

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

☒ Negative ☐ Positive ☐ Test Cancelled ☐ Refusal to test because
☐ Dilute ☐ Adulterated ☐ Substituted

REMARKS:

Dr. Brian N. Heinen

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

10/6/2023 08:17 PM

Date (Mo./Day/Yr.)

* Represents laboratory screening and confirmation values.

† Represents class (Sub-Class Abbreviation)