

# NATIONAL TRANSPORTATION SAFETY BOARD

## NTSB Form 6120.1

### PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.nts.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

#### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

**It is necessary that ALL questions on this report be answered completely and accurately.**

**If more space is needed, continue on a blank sheet.**

**Nearest City/Place:** Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

**Date & Time:** Indicate the date and local time of the event. Be sure to indicate the time zone.

**Phase of Operation:** Indicate the phase of operation during which the accident/incident occurred.

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

**Max Gross Weight:** Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

**Airworthiness Certificate:** For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 C.F.R. 830.2.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

**Engine:** Enter engine make and model information as indicated on the engine data plate.

**Owner/Operator Information:** Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting revenue sightseeing operations under FAR Part 91 at the time of the accident.

**Public Use:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

**Air Medical Flight:** Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

**Purpose of Flight (FAR 91, 103, 133, 137):** Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**PERSONAL**—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**BUSINESS**—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**—Company flying **with** a paid, professional crew.

**OTHER WORK USE**—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**INSTRUCTIONAL**—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**FERRY**—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**POSITIONING**—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

**AERIAL APPLICATION**—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**—Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**—Includes any flight operations conducted as part of an organized air race or public demonstration.

**FLIGHT TEST**—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

**PUBLIC USE**—See definition above.

**UNKNOWN**—Use only if the primary purpose of flight is not known.

**Other Aircraft – Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identification:** Provide the official 3 or 4 character airport identifier.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

**NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

**Pilot Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

**Additional Flight Crew Members:** Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

**These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.**

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

**This form to be used for reporting civil and public use aircraft accidents and incidents**

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: St Louis Downtown Airport State: IL  
 ZIP: 62206 Country: USA  
 Latitude: 038:34:22 N (dd:mm:ss N/S) Longitude: 090:09:30 W (ddd:mm:ss E/W)

### Date/Time

Date: 07/24/2024 Local Time: 1100  
 mm/dd/yyyy Time Zone: CDT

### Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover  
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other  
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☒ None

### Altitude of In-Flight Occurrence

\_\_\_\_\_ ft MSL

## AIRCRAFT INFORMATION

Manufacturer: Evektor

Model: Harmony LSA

Serial Number: 20232219

Registration Number: N468JA

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 1320 lbs

Weight at Time of Accident/Incident: 1158 lbs

Location of Center of Gravity at Time of Accident/Incident:

\_\_\_\_\_ inches from ☐ nose or ☒ datum  
 -or- 23.4 Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☐ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

#### Standard

☐ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport

#### Special

☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Experimental  
☐ Special Flight  
☒ Light Sport

Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

### Type of Maintenance Program

☐ Annual  
☒ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

### Last Inspection Type

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

Date Last Inspection: 04/01/2024

mm/dd/yyyy

Airframe Total Time: 76 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

### IFR Equipped

☒ Yes ☐ No ☐ Unknown

### Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

### Type of Fire Extinguishing System

☒ None  
☐ Specify \_\_\_\_\_

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☐ Yes ☒ No

ELT Manufacturer: KANNAD

Model/Series: Integra AF

### ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: TM0000271622

Battery Type: Lithium

Battery Exp. Date: 09/2029

### Engine Type

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☐ Carburetor  
☒ Fuel Injected

### Propeller

☒ Fixed Pitch  
☐ Controllable Pitch

Manufacturer: Warp Drive

Model: 3-Blade HPL - R

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured<br>as (check one)<br><input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time<br>(hours) | Time Since Inspection<br>(hours) | Time Since Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|--------------------------------|
| Eng. 1 | Rotax               | 912 IS2 SPORT       | 7706934                      | 01/24/2023                 | 100                                                                                                                                          | 76                    | 76                               | 76                             |
| Eng. 2 |                     |                     |                              |                            |                                                                                                                                              |                       |                                  |                                |
| Eng. 3 |                     |                     |                              |                            |                                                                                                                                              |                       |                                  |                                |
| Eng. 4 |                     |                     |                              |                            |                                                                                                                                              |                       |                                  |                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Registered Aircraft Owner</b><br>Name: <u>St Louis Flight Training LLC</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Owner Address</b><br>City: <u>Cahokia</u><br>State: <u>IL</u> ZIP: <u>62206</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces     |  | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                   |  |
| <b>Purpose of Flight</b><br><b>for FAR 91, 103, 133, 137 (Select one)</b><br><input type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input checked="" type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                               |  | <b>Revenue Operation</b><br><b>for FAR 121, 125, 129, 135 (Select one)</b><br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International<br><br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail |  |
| <b>Type of Commercial Operating Certificate Held</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><br><input type="checkbox"/> Other Operator of Large Aircraft |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

|                                       |                     |                                      |                                |
|---------------------------------------|---------------------|--------------------------------------|--------------------------------|
| Aircraft Registration Number<br>_____ | Manufacturer: _____ | <b>Damage to Other Aircraft</b>      |                                |
|                                       | Model: _____        | <input type="checkbox"/> Destroyed   | <input type="checkbox"/> Minor |
|                                       |                     | <input type="checkbox"/> Substantial | <input type="checkbox"/> None  |

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

|                                                                                                                                                                                                                                                                    |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> | <b>Total Time/Cycles On Part</b><br><br>_____ Hours<br>_____ Cycles |
|                                                                                                                                                                                                                                                                    | <b>Time Since This Part Inspected/Overhauled</b><br><br>_____ Hours |

| Aircraft Damage                           |                                      | Aircraft Fire                            |                                                    | Aircraft Explosion                       |                                                    |
|-------------------------------------------|--------------------------------------|------------------------------------------|----------------------------------------------------|------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> None             | <input type="checkbox"/> Substantial | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Both Ground and In-Flight | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Both Ground and In-Flight |
| <input checked="" type="checkbox"/> Minor | <input type="checkbox"/> Destroyed   | <input type="checkbox"/> In-Flight       | <input type="checkbox"/> Unknown Origin            | <input type="checkbox"/> In-Flight       | <input type="checkbox"/> Unknown Origin            |
|                                           |                                      | <input type="checkbox"/> On-Ground       |                                                    | <input type="checkbox"/> On-Ground       |                                                    |

**Description of Damage to Aircraft and Other Property** (use additional sheet if necessary)

Aircraft departed RH side of runway 12L on landing, struck one runway edge light and returned to the solid surface. The aircraft departed the runway again at the exit from runway 12L at taxiway B5 and struck the "B5" taxiway identifier sign and another runway edge light.

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KCPSDistance From Airport Center: 0 SMAirport Name: St Louis Downtown AirportDirection From Airport: 0 degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 413 ft. MSL**Approach Segment** (Select one)

☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around  
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

**IFR Approach** (Check all that apply)

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

**VFR Approach** (Check all that apply)

☐ None ☐ Stop and Go  
☒ Traffic Pattern ☐ Touch and Go  
☐ Straight-In ☐ Simulated Forced Landing  
☐ Valley/Terrain Following ☐ Forced Landing  
☐ Go Around ☐ Precautionary Landing  
☒ Full Stop ☐ Unknown

**Runway Information**Runway ID: 12L (L/R/C) Length: 5301 ft Width: 75 ft**Runway/Landing Surface** (Check all that apply)

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

**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 ☐ Unknown  
☐ Slush Covered ☐ Vegetation

**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: KCPSCity: CahokiaState: ILCountry: USA**Time of Departure**Time: 1047Time Zone: CDT**Destination**Airport ID: KCPSCity: CahokiaState: ILCountry: USA**Type Flight Plan Filed**

☒ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR

Activated? ☐ Yes ☐ No**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 E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☒ Class D ☐ Warning Area ☐ Airport Advisory Area

**Aircraft Load Description** (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

25 Gallons**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify \_\_\_\_\_  
☒ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5

**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

Student pilot exited via normal operation of opening canopy and climbing out over the wing on the designated pathway.

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: KCPSObservation Time: 1353ZTime Zone: UTCDistance from Accident Site: 0 NMDirection from Accident Site: 0 degrees MAG**Source of Weather Information**

(Check all that apply)

- |                                                              |                                              |
|--------------------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> National Weather Service | <input type="checkbox"/> Company             |
| <input type="checkbox"/> Flight Service Station              | <input type="checkbox"/> Military            |
| <input type="checkbox"/> TV/Radio                            | <input checked="" type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report                    | <input type="checkbox"/> Unknown             |
| <input type="checkbox"/> Commercial Weather Service (DUATS)  |                                              |

**Method of Briefing**

(Check all that apply)

- |                                                        |
|--------------------------------------------------------|
| <input type="checkbox"/> In Person                     |
| <input type="checkbox"/> Teletype                      |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input checked="" type="checkbox"/> Aircraft Radio     |
| <input type="checkbox"/> TV/Radio                      |
| <input type="checkbox"/> Unknown                       |

**Briefing Type/Completeness**

- |                                                       |                                        |
|-------------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Full              | <input type="checkbox"/> Abbreviated   |
| <input type="checkbox"/> Partial / Limited By Pilot   | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

**Light Condition**

- |                                         |                                |                                       |
|-----------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn           | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Dark Night   |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| <input type="checkbox"/> Not Reported   |                                |                                       |

**Visibility**10 miles**Sky/Lowest Cloud Condition**

- |                                              |                                        |
|----------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Thin Broken   |
| <input type="checkbox"/> Few                 | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Scattered           |                                        |

**Ceiling**

- |                                                  |                                     |
|--------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken                  | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast                | <input type="checkbox"/> Unknown    |

**Restriction to Visibility** (Check all that apply)

- |                                          |                                     |
|------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog        |
| <input type="checkbox"/> Blowing Dust    | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand    | <input type="checkbox"/> Haze       |
| <input type="checkbox"/> Blowing Snow    | <input type="checkbox"/> Ice Fog    |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke      |
| <input type="checkbox"/> Dust            | <input type="checkbox"/> Unknown    |

**Lowest Cloud Condition Height**         ft AGL**Ceiling Height**         ft AGL**Wind Direction**☐ Indicated:  
         degrees MAG☐ Variable**Wind Speed**Velocity:          KTS

-or-

- |                                             |
|---------------------------------------------|
| <input checked="" type="checkbox"/> Calm    |
| <input type="checkbox"/> Light and Variable |

**Wind Gusts**Velocity:          KTS

- |                                                 |
|-------------------------------------------------|
| <input type="checkbox"/> Gusting                |
| <input checked="" type="checkbox"/> Not Gusting |

**Type of Turbulence** (Check all that apply)

- |                                          |                                                   |
|------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air       | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |                                        |                                |
|----------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**Temperature: 25 (C)  
or          (F)Altimeter Setting: 30.14 in. HG  
or          MBDensity Altitude: 1478 ftDew Point: 22 (C)  
or          (F)**Icing Forecast****Amount**

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Icing Actual****Amount**

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Type of Precipitation** (Check all that apply)

- |                                          |                                             |
|------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle            |
| <input type="checkbox"/> Rain            | <input type="checkbox"/> Ice Pellets        |
| <input type="checkbox"/> Snow            | <input type="checkbox"/> Snow Pellets       |
| <input type="checkbox"/> Hail            | <input type="checkbox"/> Snow Grains        |
| <input type="checkbox"/> Rain Showers    | <input type="checkbox"/> Ice Crystals       |
| <input type="checkbox"/> Freezing Rain   | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower     | <input type="checkbox"/> Freezing Drizzle   |

**Intensity of Precipitation**

- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

**PILOT "A" INFORMATION****Pilot "A" Responsibilities at the Time of Accident/Incident**

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

**Pilot "A" Identification**

First Name: Cong City: [REDACTED]  
Middle Initial: Z State: [REDACTED] ZIP: [REDACTED]  
Last Name: Zeng Country: USA  
Age at time of Accident/Incident: 37 Date of Birth: [REDACTED] Certificate Number: [REDACTED]  
*mm/dd/yyyy*

**Degree of Injury**

☒ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

**Seat Occupied**

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

**Seat Belt**

Used ☒ Yes ☐ No  
Available ☒ Yes ☐ No

**Shoulder Harness**

Used ☒ Yes ☐ No  
Available ☒ Yes ☐ No

**Pilot Certificate(s)** (Check all that apply)

☐ None ☒ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign  
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

**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  
☐ With limitations/waivers  
☐ Unknown

**Date of Last Medical**

06/05/2024  
*mm/dd/yyyy*

**Medical Certificate Limitations**

None

**Medical Certificate Waivers**

None

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

*mm/dd/yyyy*

**Flight Review Aircraft**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_

**Airplane Rating(s)**  
(Check all that apply)

☒ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

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

☒ None  
☐ Airship  
☐ Free 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 ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

**Type Ratings****Student Endorsements** (Include dates)

A.3 07/19/2024  
A.4 07/22/2024  
A.6 07/24/2024

| Flight Time (enter appropriate<br>number of hours in each box) | All<br>Aircraft | This Make<br>& Model | Airplane<br>Single<br>Engine | Airplane<br>Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter<br>Than Air |
|----------------------------------------------------------------|-----------------|----------------------|------------------------------|-------------------------|-------|------------|-----------|------------|--------|---------------------|
|                                                                |                 |                      |                              |                         |       | Actual     | Simulated |            |        |                     |
| Total Time                                                     | 21.9            | 21.9                 | 22                           |                         |       |            |           |            |        |                     |
| Pilot in Command (PIC)                                         |                 |                      |                              |                         |       |            |           |            |        |                     |
| Time as Instructor                                             |                 |                      |                              |                         |       |            |           |            |        |                     |
| This Make/Model                                                |                 |                      |                              |                         |       |            |           |            |        |                     |
| Last 90 Days                                                   | 21.9            | 22                   | 22                           |                         |       |            |           |            |        |                     |
| Last 30 Days                                                   | 15.7            | 16                   | 16                           |                         |       |            |           |            |        |                     |
| Last 24 Hours                                                  | 1.4             | 1                    | 1                            |                         |       |            |           |            |        |                     |

## PILOT "B" INFORMATION

### Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☒ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

### Pilot "B" Identification

First Name: Troy City: [REDACTED]  
 Middle Initial: J State: [REDACTED] ZIP: [REDACTED]  
 Last Name: Ettenson Country: USA  
 Age at time of Accident/Incident: 21 Date of Birth: [REDACTED] Certificate Number [REDACTED]  
*mm/dd/yyyy*

### Degree of Injury

☒ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

### Seat Occupied

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

### Seat Belt

Used ☐ Yes ☐ No  
 Available ☐ Yes ☐ No

### Shoulder Harness

Used ☐ Yes ☐ No  
 Available ☐ Yes ☐ No

### Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☒ Commercial
 ☐ Flight Engineer
 ☐ Foreign  
☒ Private
 ☒ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

### 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  
☐ With limitations/waivers  
☐ Unknown

### Date of Last Medical

01/09/2023  
*mm/dd/yyyy*

### Medical Certificate Limitations

### Medical Certificate Waivers

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

11/13/2023  
*mm/dd/yyyy*

### Flight Review Aircraft

Make: Piper

Model: PA-44-181

### 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  
☐ Free 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
 ☐ Instrument Airplane  
☒ Airplane Single-Engine
 ☐ Instrument Helicopter  
☐ Airplane Multi-Engine
 ☐ Helicopter  
☐ Gyroplane
 ☐ Glider  
☐ Powered Lift
 ☐ Sport

### 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                                                  | 423.3        | 75                | 404                    | 20                   |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 351.2        | 75                | 346                    | 5                    |       |            |           |            |        |                  |
| Time as Instructor                                          | 148          | 70                | 148                    | 0                    |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 157          | 75                | 153                    | 4                    |       |            |           |            |        |                  |
| Last 30 Days                                                | 66           | 42                | 65                     | 2                    |       |            |           |            |        |                  |
| Last 24 Hours                                               | 2            | .5                | 2                      | 0                    |       |            |           |            |        |                  |

**ADDITIONAL FLIGHT CREW MEMBERS** (Exclusive of cabin attendants, complete the following information)

|                               |                         |                                                                 |
|-------------------------------|-------------------------|-----------------------------------------------------------------|
| <b>Pilot Name and Address</b> |                         | <b>Degree of Injury</b>                                         |
| First Name: _____             | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____         | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____          | <input type="checkbox"/> Serious                                |

|                                                                                                                                                                                                                    |                                                                                                                                                                                              |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                                                                                                                 |                                                                                                                                                                                              | <b>Seat Occupied</b>                                            |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign | <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                            |                                                                                                                                                                                              | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
| <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                          |                                                                                                                                                                                              | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|                                                                                                                                                                                                                    |                                                                                                                                                                                              | <input type="checkbox"/> Unknown                                |

|                               |                         |                                                                 |
|-------------------------------|-------------------------|-----------------------------------------------------------------|
| <b>Pilot Name and Address</b> |                         | <b>Degree of Injury</b>                                         |
| First Name: _____             | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____         | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____          | <input type="checkbox"/> Serious                                |

|                                                                                                                                                                                                                    |                                                                                                                                                                                              |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                                                                                                                 |                                                                                                                                                                                              | <b>Seat Occupied</b>                                            |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign | <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                            |                                                                                                                                                                                              | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
| <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                          |                                                                                                                                                                                              | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|                                                                                                                                                                                                                    |                                                                                                                                                                                              | <input type="checkbox"/> Unknown                                |

|                               |                         |                                                                 |
|-------------------------------|-------------------------|-----------------------------------------------------------------|
| <b>Pilot Name and Address</b> |                         | <b>Degree of Injury</b>                                         |
| First Name: _____             | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____         | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____          | <input type="checkbox"/> Serious                                |

|                                                                                                                                                                                                                    |                                                                                                                                                                                              |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                                                                                                                 |                                                                                                                                                                                              | <b>Seat Occupied</b>                                            |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign | <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                            |                                                                                                                                                                                              | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
| <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                          |                                                                                                                                                                                              | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|                                                                                                                                                                                                                    |                                                                                                                                                                                              | <input type="checkbox"/> Unknown                                |

**PASSENGER(S) / OTHER PERSONNEL** (Include flight attendants; continue on separate sheet if necessary)

| Name and Address                              | Seat | Crew                     | Non-Revenue              | Revenue                  | Non-Occupant             | FAA                      | Fatal                    | Serious Injury           | Minor Injury             | No Injury                | Unknown                  |
|-----------------------------------------------|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| First Name: _____ City: _____                 |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____ State: _____ ZIP: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name: _____ Country: _____               |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                 |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____ State: _____ ZIP: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name: _____ Country: _____               |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                 |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____ State: _____ ZIP: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name: _____ Country: _____               |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                 |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____ State: _____ ZIP: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name: _____ Country: _____               |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                 |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____ State: _____ ZIP: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name: _____ Country: _____               |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

## **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 time and point of departure, intended destination, and services obtained.

N468JA Runway Excursion

July 24, 2024

Cong Zeng Student Pilot Description of Events

Preflighted aircraft.

Instructor and I boarded the plane and went through the startup checklist. Taxied to the runup location and performed the runup.

Called ground and taxied to runway 12R. After cleared for takeoff, we practiced pattern and landings on a right hand pattern. Practiced about three of them.

Landings were satisfactory, so we taxied back to the west ramp.

Instructor talked through a few more instructions with me and then he disembarked the plane and I was ready for the solo.

Called ground and taxied to runway 12R and ATC gave clearance for departure. Did 2 landings on runway 12R, then ATC told me to switch to runway 12L.

On my 3rd and final landing on runway 12L, the plane bounced a little and was going to the right. I corrected it and then ATC told me to exit on B5. Went off runway and into the grass while trying to make B5.

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

Operator/Owner Safety Recommendation

To prevent similar accidents/incidents in the future, we have implemented the following safety measures:

**Mandatory Pre-Solo Stage Checks:** All student pilots must now undergo a thorough pre-solo stage check by a different certified flight instructor (CFI) before being authorized for solo flights. This ensures that the student pilot demonstrates adequate proficiency and confidence in handling the aircraft independently, especially in landing scenarios.

**Detailed Stabilized Approach Criteria:** Our Flight Operations Manual (FOM) now includes a comprehensive definition of a "stabilized approach." This criterion must be met during all landing attempts. A stabilized approach is defined by specific parameters such as airspeed, descent rate, flight path, and configuration. This ensures that all pilots, especially students, maintain a consistent and controlled approach to landing, reducing the risk of runway excursions due to unstable approaches.

**Enhanced Training on Aeronautical Decision Making (ADM):** We will intensify training on ADM, emphasizing the importance of making safe decisions under pressure. This includes reinforcing the use of the term "unable" when a pilot feels an instruction may compromise safety, and the appropriate execution of a go-around if the landing becomes unstable or uncomfortable.

By implementing these measures, we aim to enhance the safety and proficiency of our student pilots, thereby minimizing the likelihood of runway excursions and other incidents.

**ADDITIONAL INFORMATION** (Please type or print in ink)

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

Troy Ettenson [REDACTED] CFI Exp 01/26  
7/24/2024

This morning, I conducted a tour for a prospective student that commenced at 0900 on Wednesday, July 24th. Around 0930, my student Cong Zeng arrived, at the beginning of our scheduled flight. I instructed him to proceed with the pre-flight checks while I joined him shortly after completing the tour. After checking fuel and oil levels, I conducted a thorough walkaround of the airplane. We reviewed landing techniques previously discussed, and once he completed all necessary checklists, he initiated startup, performed the runup, taxied to the runway, took off, and executed four successful and safe patterns and landings independently. Throughout these maneuvers, I neither intervened nor took control.

On the fourth landing, I directed him to perform a full stop and taxi back to the west ramp. Once back at the ramp, I issued the final endorsement he needed (A.6 First 90-Day Solo) and logged it accordingly. We discussed the importance of good Aeronautical Decision Making (ADM), emphasizing the phrase "unable" if he feels an instruction compromises safety. I asked him how he would handle an uncomfortable or unstable landing situation, and he correctly said go around. I then asked him about the procedures, and he correctly detailed the steps for a go-around.

Satisfied with his proficiency, I advised him to complete 2 to 3 more landings solo at his own pace, reminding him to stay calm and apply his training. After disembarking, I monitored his flight from the West Ramp using a handheld radio. He successfully completed two touch-and-go's on Runway 12R, after which the tower requested left traffic for 12L. He was cleared and had a normal approach from my vantage point. I then overheard the tower ask him to exit at B5. There was some silence and next I heard them inquiring about assistance for "8JA," which I pulled up on Flight Radar 24 and saw on the app 8JA was located in the grass beyond B5.

I promptly went inside, informed Josiah, and together we managed the situation. We went to the airplane, talked with Cong, and ARFF, and completed the necessary paperwork back at the office. We agreed that Cong and I would have a debriefing ground on Friday to thoroughly analyze the incident, good ADM, what was good about the flight, what could have been better and finally outline steps for ongoing improvement throughout his training.

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

**Date of this Report**      **Signature and Name of Pilot/Operator**

08/01/2024

mm/dd/yyyy

Signature: Cong Zeng (Aug 1, 2024 17:07 CDT)

Type or Print Name: Cong Zeng

**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: Josiah Bridges (Aug 1, 2024 17:08 CDT)

Type or Print Name: Josiah Bridges

Title: Managing Partner

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**

CEN24LA283

**Reviewed by NTSB Regional Office**

Central

**Name of Investigator**

Mitchell Gallo

**Date Report Received**

08/01/2024