

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: <u>ST. PETERSBURG</u> State: <u>FL</u> ZIP: <u>33706</u> Country: <u>USA</u> Latitude: <u>N27°12'</u> (dd:mm:ss N/S) Longitude: <u>W82°37'08"</u> (dd:mm:ss E/W)					Date/Time Date: <u>08/03/2011</u> Local Time: <u>11:11</u> mm/dd/yyyy Time Zone: <u>EDT</u>				
Phase of Operations ☐ 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 <u>20</u> ft MSL		
AIRCRAFT INFORMATION									
Manufacturer: <u>PIPER</u> Model: <u>PA-30</u> Serial Number: <u>30-1454</u> Registration Number: <u>N8314Y</u> Amateur-built: ☐ Yes ☒ No					Max Gross Weight: <u>3725</u> lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from ☐ nose or ☐ datum or _____ 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: <u>6</u> If Large Aircraft, how many seats for: Flight Crew: <u>1</u> Cabin Crew: _____ Passengers: <u>5</u>		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: <u>4-18-2011</u> mm/dd/yyyy <u>3468.58</u> Airframe Total Time: _____ hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident				
IFR Equipment ☒ 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: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____					
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No									
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: <u>HARTZEL</u> Model: <u>HC-E2Y6-2</u>					
Engine Manufacturer: <u>LYCOMING</u>		Engine Model/Series: <u>IO 320B1A</u>		Manufacturer's Serial Number: _____		Date of Mfg. mm/dd/yyyy _____		Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust <u>160</u>	
Total Time (hours): <u>3422</u>		Time Since Inspection (hours): <u>102</u>		Time Since Overhaul (hours): <u>479</u>					
Eng. 1 <u>160</u>		Eng. 2 <u>160</u>		Eng. 3 <u>3317</u>		Eng. 4 <u>97</u>			

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>ERLETT JAY BOZANTH</u>		Owner Address City: <u>TERRE HAUTE</u> State: <u>IN</u> ZIP: <u>47803</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No	
		Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	
		Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (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
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☐ Minor ☒ Substantial ☐ Destroyed	Aircraft Fire ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Unknown Origin	Aircraft Explosion ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Unknown Origin	

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

STRUCTURAL DAMAGE TO AIRCRAFT

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KSPG Distance From Airport Center: SM
 Airport Name: ALBERT WHITTED AIRPORT Direction From Airport: degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 7 ft. MSL
 Approach Segment (Select one) N/A
☐ 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 ☐ Sidestop ☐ 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 ☐ Precipitation Landing
☐ Full Stop ☐ Unknown

Runway Information
 Runway ID: 25 (L/R/C) Length: 3677 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: SPG Time of Departure: 11:10 Destination: KEY WEST
 City: ST. PETERSBURG Time Zone: EDT City: KEY WEST
 State: FLORIDA State: FLORIDA
 Country: USA Country: USA
 Type Flight Plan Filed
☒ None ☐ VFR/VFR
☐ 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)
60 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

N/A

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 CABIN DOORS			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>SPG</u> Observation Time: <u>11:14</u> Time Zone: <u>EDT</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) ☒ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)	
Method of Briefing (Check all that apply) ☐ In Person ☐ Teletype ☒ Telephone/Computer ☐ Aircraft Radio ☐ TV/Radio ☐ Unknown		Briefing Type/Completeness ☐ Full ☐ Abbreviated ☒ Partial / Limited By Pilot ☐ Unknown ☐ Partial / Limited By Briefer ☐ Not Pertinent	
Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Not Reported		Visibility <u>10</u> miles	
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☒ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	
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		Lowest Cloud Condition Height <u>3000</u> RAGL	
Ceiling Height <u>NONE</u> ft AGL		Wind Direction ☒ Indicated: <u>280</u> degrees MAG ☐ Variable	
Wind Speed Velocity: <u>4</u> KTS -or- ☐ Calm ☐ Light and Variable		Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting	
Type of Turbulence (Check all that apply) ☒ None ☐ In Clouds ☐ Clear Air ☐ Vicinity of Thunderstorm		Severity of Turbulence ☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop	
NOTAMS (D, L and FDC), AIRMETS, SIGMETs, FIREPs in effect at the time of the accident/incident N/A			
Temperature: <u>31</u> (C) or <u>88</u> (F) Altimeter Setting: <u>29.70</u> in. HG or _____ MB Density Altitude: <u>1926</u> ft Dew Point: <u>26</u> (C) or <u>77</u> (F)		Icing Forecast Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed	
Icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow Shower ☐ Freezing Drizzle	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ 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: <u>Jonathan</u> City: <u>TERRE HAUTE</u> Middle Initial: <u>2</u> State: <u>IN</u> ZIP: <u>47803</u> Last Name: <u>BORZAGHI</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>31</u> Date of Birth: <u>mm/dd/yyyy</u> Certificate Number: <u>mm/dd/yyyy</u>																																																																																																					
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 <u>05/19/2011</u> <u>mm/dd/yyyy</u>																																																																																															
Medical Certificate Limitations <u>N/A</u>																																																																																																					
Medical Certificate Waivers <u>N/A</u>																																																																																																					
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>4/1/11</u> <u>mm/dd/yyyy</u>			Flight Review Aircraft Make: <u>CESSNA</u> Model: <u>C-172</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 ☐ 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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																															
Type Ratings <u>N/A</u>		Student Endorsements (Include dates)																																																																																																			
<table border="1"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th colspan="2">Airplane</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Single Engine</th> <th>Multiengine</th> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>550</td> <td>260</td> <td>290</td> <td>270</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>485</td> <td>225</td> <td>240</td> <td>250</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>150</td> <td>100</td> <td>50</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>76</td> <td>20</td> <td>50</td> <td>20</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane		Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Single Engine	Multiengine	Actual	Simulated	Total Time	550	260	290	270							Pilot in Command (PIC)	485	225	240	250							Time as Instructor											This Make/Model											Last 90 Days	150	100	50	100							Last 30 Days	76	20	50	20							Last 24 Hours										
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane		Night	Instrument		Rotorcraft	Glider				Lighter Than Air																																																																																								
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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: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Certificate Number: _____

Age at time of Accident/Incident: _____

Date of Birth: _____

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

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers**

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 Rating**Student Endorsements (Include dates)**

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Flight	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)			
Pilot Name and Address			Degree of Injury
First Name: _____	City: _____	State: _____ ZIP: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____	Country: _____	☐ Minor ☐ Unknown
Last Name: _____			☐ Serious
Pilot Certificate(s) (Check all that apply)			Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign			☐ Left ☐ Front
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military			☐ Right ☐ Rear
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	☐ Center ☐ Single ☐ Unknown	
Pilot Name and Address			Degree of Injury
First Name: _____	City: _____	State: _____ ZIP: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____	Country: _____	☐ Minor ☐ Unknown
Last Name: _____			☐ Serious
Pilot Certificate(s) (Check all that apply)			Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign			☐ Left ☐ Front
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military			☐ Right ☐ Rear
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	☐ Center ☐ Single ☐ Unknown	
Pilot Name and Address			Degree of Injury
First Name: _____	City: _____	State: _____ ZIP: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____	Country: _____	☐ Minor ☐ Unknown
Last Name: _____			☐ Serious
Pilot Certificate(s) (Check all that apply)			Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign			☐ Left ☐ Front
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military			☐ Right ☐ Rear
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	☐ Center ☐ Single ☐ Unknown	
PASSENGER(S) / OTHER PERSONNEL (include flight attendants; continue on separate sheet if necessary)			
Name and Address	City	State	Country
First Name: <u>RYAN</u>	<u>LAFORTE</u>	<u>IN</u>	<u>USA</u>
Middle Initial: _____	State: _____	ZIP: _____	
Last Name: <u>MAGNEN</u>	Country: _____		
First Name: <u>GERALD</u>	<u>SEMINOLE</u>	<u>FL</u>	<u>USA</u>
Middle Initial: _____	State: _____	ZIP: _____	
Last Name: <u>TRADIC</u>	Country: _____		
First Name: <u>CYNTHIA</u>	<u>SEMINOLE</u>	<u>FL</u>	<u>USA</u>
Middle Initial: _____	State: _____	ZIP: _____	
Last Name: <u>TRADIC</u>	Country: _____		
First Name: <u>REANANA</u>	<u>UNK</u>	<u>UNK</u>	<u>USA</u>
Middle Initial: _____	State: _____	ZIP: _____	
Last Name: _____	Country: _____		
First Name: _____	City: _____	State: _____	Country: _____
Middle Initial: _____	State: _____	ZIP: _____	
Last Name: _____	Country: _____		
First Name: _____	City: _____	State: _____	Country: _____
Middle Initial: _____	State: _____	ZIP: _____	
Last Name: _____	Country: _____		
First Name: _____	City: _____	State: _____	Country: _____
Middle Initial: _____	State: _____	ZIP: _____	
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.

SEE STATEMENT PROVIDED TO
NTSB IIC ON AUGUST 4, 2010

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

Operator/Owner Safety Recommendation

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

8/4/21

mm/dd/yyyy

Signature:

Signature:

Type or Print Name:

JONATHAN ROZANT

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

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERAN LA438

Reviewed by NTSB Regional Office

NTSB ERA

Name of Investigator

(Signature)

Date Report Received

8-4-11

**RECORD OF CONVERSATION**

Carrol A. (Corky) Smith
Air Safety Investigator
Eastern Region

Date: August 4, 2011

Person Contacted: Jonathon R. Bozarth,

NTSB Accident Number: ERA11LA438

Narrative:

Mr. Bozarth stated he is a commercial pilot with ratings for airplane single engine land, multiengine land, and instrument airplane. In addition, he holds a first class medical certificate issued on May 19, 2011. At the time of the medical he had accumulated about 390 total flight hours of which 130 hours had been flown in the previous six months.

The airplane is registered to Errett Jay Bozarth, and is maintained by a Mr. Rusty Bogue. On August 3, 2011, he was conducting a Part 91 personal flight from Albert Whitted Airport (SPG), St. Petersburg, Florida to Key West International Airport (EYW), Key West, Florida. No flight plan was filed for the visual flight rules flight. Mr. Bozarth stated 39.9 gallons of fuel was added to the airplane fuel tanks. All fuel tanks were topped off except for the tip tanks which were empty. Mr. Bozarth stated he completed a weight and balance for the flight and the airplane was within limits with the fuel and 5 passengers plus 20 pounds of baggage. A preflight inspection was conducted and no anomalies were noted.

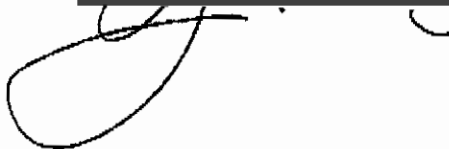
He conducted a preflight briefing for the passengers and they all entered the airplane. The airplane is configured with six seats and only has lap belts installed. All personnel were wearing the lap belts at the time of the accident. Mr. Bozarth stated he was in the left front seat and weighs 185 pounds. Mr. Ryan Magner was in the right front seat and weighs between 180 to 185 pounds. Mr. Gerald Frazier was in the left rear seat behind the pilot's seat and weighs between 180 to 185 pounds. His fiancée, Cynthia Frazier was sitting next to Mr. Frazier and she weighs between 115 to 120 pounds. The passenger located in the last left rear seat weighs about 85 pounds. The rear right seat was empty.

Mr. Bozarth stated he used the checklist to conduct the engine start, and engine run up before taxiing out to runway 25. No anomalies were noted.

RECORD OF CONVERSATION

Page 1 of 2

The airplane was taxied to the departure end of the runway and into position on the runway. Mr. Bozarth lowered the flaps to 15 degrees and checked the trim for 0-degrees. He applied brakes and increased the throttle to maximum power. The brakes were released and he started the takeoff roll on runway 25. Upon reaching 85 mph, he overrotated rotated the airplane and raised the landing gear. The airplane airspeed decreased to 69 mph, and the airplane encountered an accelerated stall. The left wing dropped, and he immediately lowered the nose and leveled the nose of the airplane. He lost directional control of the airplane and it collided with the ground and came to a complete stop. All personnel exited the airplane through the cabin door. He sustained minor injury and three other passengers were not injured. One passenger sustained serious injuries. When asked if there were any mechanical problems with the airplane before the accident, Mr. Bozarth stated no. He over rotated on takeoff, the airspeed decreased, the airplane stalled, and collided with the ground.

TAKING OFF ON RUNWAY 25, HELD BRAKES
APPLIED FULL POWER AND OBSERVED ALL
ENGINE GAGES IN THE GREEN. UPON
REACHING ROTATION SPEED I PITCHED UP
BROKE GROUND AND SELECTED GEAR UP.
THE AIRPLANE PITCHED UP TO HIGH AND
ENTERED AN ACCELERATED STALL
FOLLOWED BY THE LEFT WING
DIPPING. I UNLOADED THE AIRCRAFT
AND ATTEMPTED TO BRING THE WINGS
LEVEL BUT IMPACTED THE GROUND.

8/3/2011

[REDACTED]

[Handwritten signature]