

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>SWAINSBORO</u> State: <u>GA</u> ZIP: _____ Country: <u>U.S.</u> Latitude: (dd/mm:ss N/S) _____ Longitude: (ddd/mm:ss E/W) _____					Date/Time: Date: <u>02/17/2012</u> Local Time: <u>1930</u> mm/dd/yyyy Time Zone: _____																																																	
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: <u>Piper</u> Model: <u>PA32R-300</u> Serial Number: _____ Registration Number: <u>N47863</u>					Max Gross Weight: <u>3600</u> lbs. Weight at Time of Accident/Incident: <u>3350</u> lbs. Location of Center of Gravity at Time of Accident/Incident: (wt.) _____ inches from ☐ nose or ☐ datum Percent Mean Aerodynamic Cord (% MAC) _____																																																	
Category of Aircraft: ☒ Airplane ☐ Balloon ☐ Blimp/D dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate: (Check all that apply) Standard: ☒ Normal ☐ Utility ☐ Aerobatic ☐ Transport Special: ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>4</u> (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																																																
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: _____ mm/dd/yyyy Airframe Total Time: _____ hrs. hours measured at (check one) ☐ Last inspection ☐ Time of Accident/Incident																																																	
ICR Equipped: ☒ Yes ☐ No ☐ Unknown			Seat 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: _____ Model: _____																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust </th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>LYCOMING</u></td> <td><u>IO 540</u></td> <td></td> <td></td> <td><u>300</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	<u>LYCOMING</u>	<u>IO 540</u>			<u>300</u>				Eng. 2									Eng. 3									Eng. 4								
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary):

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

Airport Identifier: K580 Distance From Airport Center: 1/2 SM

Airport Name: SWAINS BORO / EMMA HAT Fld Direction From Airport: 130 degrees MAG

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 327 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
☐ ADE/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TOR ☐ 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: 31 (L/R/C) Length: 2000 ft Width: 100 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: KGE
City: WINTER HAVEN
State: FL
Country: US

Time of Departure

Time: 1720
Time Zone: E

Destination

Airport ID: K580
City: SWAINS BORO
State: GA
Country: US

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)

75 Gallons

Fuel Type

☐ 80/87 ☐ 100/145 ☐ JP3
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

☐ Other, specify: _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

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

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

- ☐ National Weather Service
☐ Flight Service Station
☐ VFRadio
☒ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

- ☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☐ Not Pertinent

Light Condition

- ☐ Dawn
☐ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

_____ miles

Sky/Lowest Cloud Condition

- ☐ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

- ☐ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility (Check all that apply)

- ☐ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction

- ☐ Indicated
 _____ degrees MAG
☐ Variable

Wind Speed

Velocity _____ KTS

- ☐ or
☐ Calm
☐ Light and Variable

Wind Gusts

Velocity _____ KTS

- ☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

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

Temperature: _____ (C)
or _____ (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Icing Forecast

Amount

- ☐ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount

- ☐ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☐ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets 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>RONALD</u> City: <u>WINTER HAVEN</u> Middle Initial: <u>E</u> State: <u>FL</u> ZIP: <u>33881</u> Last Name: <u>OSBURN</u> Country: <u>US</u> Age at time of Accident/Incident: <u>64</u> Date of Birth: <u>mm/dd/yyyy</u> <u>4/7</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>4/20/2011</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations: <u>WEAR LENSES / NOT VALID AFTER 4/12/2012</u>																																																																																																				
Medical Certificate Waivers:																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/23/2011</u> mm/dd/yyyy			Flight Review Aircraft: Make: <u>BEACH DRAGON</u> Model: <u>BE 20</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>NONE</u>						Student Endorsements (Include dates)																																																																																														
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																	
Pilot Name and Address						Degree of Injury											
First Name: _____ City: _____						☐ None ☐ Fatal											
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown											
Last Name: _____ Country: _____						☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs											
Pilot Name and Address						Degree of Injury											
First Name: _____ City: _____						☐ None ☐ Fatal											
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown											
Last Name: _____ Country: _____						☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
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Pilot Name and Address						Degree of Injury											
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Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown											
Last Name: _____ Country: _____						☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs											
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants, continue on separate sheet if necessary)																	
Name and Address	City	State	ZIP	Country	Seat	Crew	None	Reversible	Reversible	Occupant	FLX	Fatal	Serious	Minor	Unknown	No Injury	Unknown
First Name: <u>DICK ROSEMAN</u>	City: <u>AUBURNDALE</u>	State: <u>FL</u>	ZIP: <u>33001</u>	Country: <u>U.S.</u>													
Middle Initial: _____																	
Last Name: <u>ROSEMAN</u>																	
First Name: <u>SANDY</u>	City: <u>AUBURNDALE</u>	State: <u>FL</u>	ZIP: <u>33001</u>	Country: <u>U.S.</u>													
Middle Initial: _____																	
Last Name: <u>ROSEMAN</u>																	
First Name: <u>ERICA</u>	City: <u>AUBURNDALE</u>	State: <u>FL</u>	ZIP: <u>33001</u>	Country: <u>U.S.</u>													
Middle Initial: _____																	
Last Name: <u>COX</u>																	
First Name: <u>CANDY</u>	City: <u>AUBURNDALE</u>	State: <u>FL</u>	ZIP: <u>33001</u>	Country: <u>U.S.</u>													
Middle Initial: _____																	
Last Name: <u>COX</u>																	
First Name: <u>JO LEIGH</u>	City: <u>AUBURNDALE</u>	State: <u>FL</u>	ZIP: <u>33001</u>	Country: <u>U.S.</u>													
Middle Initial: _____																	
Last Name: <u>COX</u>																	
First Name: <u>REBECCA</u>	City: _____	State: _____	ZIP: _____	Country: _____													
Middle Initial: _____																	
Last Name: <u>STANGLA</u>																	
First Name: _____	City: _____	State: _____	ZIP: _____	Country: _____													
Middle Initial: _____																	
Last Name: _____																	
First Name: _____	City: _____	State: _____	ZIP: _____	Country: _____													
Middle Initial: _____																	
Last Name: _____																	

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.

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

Operator/Owner Safety Recommendation:

LOWER the INTENSITY of the RUNWAY LIGHTS
FOR RW 31 OR 40 the ILS 13.

FEBRUARY 24, 2012

ATLANTA FISO

WE DEPARTED WINTER HAVEN, FL (KGEF) ON FEB. 17, 2012 AT 5:30 P.M. LOCAL TIME. ARRIVED AT SWAINSBORO, GA. AT 7:30 P.M. WE APPROACHED RUNWAY 31, ON A LEFT BASE FOR THE VISUAL. THE WINDS WERE OUT OF THE WEST AND LIGHT. THERE WAS NOT A CEILING OR CLOUDS. RUNWAY LIGHTS WERE ON BRIGHT WHICH DELUTED THE ESSENCE OF THRESHOLD LIGHTS. THE RED LIGHTS AT THE EDGE OF THE AIRPORT (BEGINNING OF RUNWAY 31) WAS DISTRACTING FOR IDENTIFYING THE PROFILE OF THE APPROACH. I CAME IN TOO LOW AND CLIPPED THE TOP OF THE TREES S.E. OF THE AIRPORT.

~~XXXXXXXXXX~~

WINTER HAVEN, FL

~~XXXXXXXXXX~~