

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>Elizabethtown</u> State: <u>KY</u> ZIP: <u>42701</u> Country: <u>USA</u> Latitude: <u>37.41.09N</u> (dd:mm:ss N/S) Longitude: <u>085.55.30W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>09/05/2012</u> Local Time: <u>16:28</u> <u>mm/dd/yyyy</u> Time Zone: <u>eastern</u>	
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>Construzioni Aeronautiche Tecnam</u> Model: <u>P92TD</u> Serial Number: <u>1414</u> Registration Number: <u>N237TA</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>1,320</u> lbs Weight at Time of Accident/Incident: <u>1,284</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>66.79</u> 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 <i>(Check all that apply)</i> Standard ☐ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☒ Light Sport	Number of Seats: <u>2</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 ☐ 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						
IFR Equipped ☐ Yes ☒ No ☐ Unknown		Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown						
ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No		Date Last Inspection: <u>07/18/2012</u> <u>mm/dd/yyyy</u> Airframe Total Time: <u>20</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident						
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No		Type of Fire Extinguishing System ☒ None ☐ Specify _____						
ELT Manufacturer: <u>Ameri-King</u> Model/Series: <u>AK-450</u> Serial Number: _____ Battery Type: <u>Duracell D cells</u> Battery Exp. Date: <u>2018</u>								
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>GT Propeller</u> Model: <u>GT-2/173/VRR-FW 101SRTC</u>								
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <u>mm/dd/yyyy</u>	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	Lycoming	YO-233-BTA	EL-122-81		115	20	18	
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Heart of Virginia Aviation, Inc</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Ashland</u> State: <u>VA</u> ZIP: <u>23005</u> Country: <u>USA</u>	
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	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 <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> 			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> The propeller and spinner were broken, upper and lower engine cowl dented, skins of both wings wrinkled, both wing struts bent, left aileron bent, left wing tip damaged, tip of vertical stabilizer bent, and left half of stabilator dented. Tire tracks in bean field.			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>KEKX</u>		Distance From Airport Center: <u>0</u> SM	
Airport Name: <u>Addington Field Airport</u>		Direction From Airport: <u>180</u> degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip		Airport Elevation: <u>775</u> ft. MSL	
Approach Segment <i>(Select one)</i> ☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☒ 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: <u>23</u> (L/R/C) Length: <u>6,001</u> ft Width: <u>100</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>Kekx</u> City: <u>Elizabethtown</u> State: <u>KY</u> Country: <u>USA</u>		Time of Departure Time: <u>16:20</u> Time Zone: <u>eastern</u>	
Destination Airport ID: <u>KMVN</u> City: <u>Mount Vernon</u> State: <u>IL</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☒ 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 <i>(convert from pounds, as necessary)</i> <u>22</u> 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

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

Pilot exited though the pilot door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KEKX via WeatherundergroundObservation Time: 16:28Time Zone: EasternDistance from Accident Site: 0 NMDirection 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 |

Visibility1 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

ft AGL

Ceiling Height

ft AGL

Wind Direction

- ☐ Indicated:
225 degrees MAG

- ☐ Variable

Wind SpeedVelocity: 13 KTS

-or-

- ☐ Calm
☐ Light and Variable

Wind GustsVelocity: 32 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, 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 | ☐ 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>Ronald</u>					City: <u>Farmville</u>					
Middle Initial: <u>R</u>					State: <u>VA</u>			ZIP: <u>23901</u>		
Last Name: <u>White</u>					Country: <u>USA</u>					
Age at time of Accident/Incident: <u>52</u>					Date of Birth: <u>mm/dd/yyyy</u> <u>1960</u>		Certificate Number: <u>mm/dd/yyyy</u> <u>+</u>			
Degree of Injury			Seat Occupied			Seat Belt		Shoulder Harness		
☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious			☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Used ☒ Yes ☐ No Available ☒ Yes ☐ No		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		Medical Certificate			Medical Certificate Validity		Date of Last Medical			
☒ Pilot ☐ Other ☐ Unknown		☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown			☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown		<u>06/08/2012</u> mm/dd/yyyy			
Medical Certificate Limitations										
Must wear corrective lenses. Not valid for any class after June 30, 2013										
Medical Certificate Waivers										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft						
<u>10/12/2011</u> mm/dd/yyyy				Make: <u>Cessna</u>						
				Model: <u>C550</u>						
Airplane Rating(s)		Other Aircraft Rating(s)		Instrument Rating(s)		Instructor Rating(s)				
(Check all that apply)		(Check all that apply)		(Check all that apply)		(Check all that apply)				
☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free Balloon ☒ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		☐ None ☒ Airplane Single-Engine ☒ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport				
Type Ratings						Student Endorsements (Include dates)				
CE-500										
Flight Time (enter appropriate number of hours in each box)										
	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument				
						Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	9,800	19	2,995	6,680	2,500	638	155	50	75	0
Pilot in Command (PIC)	9,530	19	2,955	6,675	2,485	598	135	30	70	0
Time as Instructor	980	0	945	35	45	20	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	48	19	35	13	3	2	0	0	0	0
Last 30 Days	15	5	13	2	2	1	0	0	0	0
Last 24 Hours	5	5	5	0	0	0	0	0	0	0

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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No			Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ 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																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport																																																																																														
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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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front								
						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ Unknown								
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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front								
						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ Unknown								
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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front								
						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ 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: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
Country: _____																
First Name: _____																
Middle Initial: _____																
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Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
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.

At approximately 20:20 uct I boarded N237TA for an intended flight from Elizabethtown to Mount Vernon, IL (KMVN). When I taxied from the ramp to the runway, the winds were light and variable. As I initiated the takeoff roll on runway 23 and raised the tail to a level attitude, the aircraft yawed slightly to the right and I corrected with left rudder and right aileron. Then the aircraft was hit by an extreme wind gust and pitched nose up and banked hard left. I tried to regain directional control by applying full right aileron, down elevator, and right rudder. It is my belief that the aircraft pivoted ninety degrees to the left of runway heading while on its left wing tip with the main gear off of the ground. It then returned to the ground in a nearly wings level three point attitude. As the aircraft rolled across the bean field, I attempted to bring it to a stop by retarding the throttle to idle, applying the brakes, and placing the mixture in idle cut off. Just before coming to a complete stop, the airplane nosed over and flipped onto its back. I then moved both fuel valves to the off position and switched off the master. I exited the aircraft through the pilot side door.

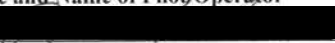
RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

This accident could have been avoided by staying on the ground and awaiting the passage of the weather system.

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 09/17/2012 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: Ronald R. White
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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. ERA12CA547	Reviewed by NTSB Regional Office ERA - Ashburn	Name of Investigator Shawn Etcher	Date Report Received 9/17/2012
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