

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: Jackson State: MS
 ZIP: _____ Country: USA
 Latitude: 90:05 (dd:mm:ss N/S) Longitude: 32 19 (ddd:mm:ss E/W)

Date/Time

Date: 01/28/2012 Local Time: 1705
mm/dd/yyyy
 Time Zone: CST

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

7,000 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Cessna

Model: C172S

Serial Number: 172S8689

Registration Number: N427CP

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2,660 lbs

Weight at Time of Accident/Incident: 2,400 lbs

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

99.74 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: 4

If Large Aircraft, how many seats for:

Flight Crew: 1

Cabin Crew: 0

Passengers: 1

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: 07/08/2011

mm/dd/yyyy

Airframe Total Time: 1,807 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 Hand Held Bottle Installed

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: ARTEX

Model/Series: G406-4

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: 170-01865

Battery Type: Lithium

Battery Exp. Date: Jan 2013

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: McCauley

Model: 1A170E/JHA7660

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	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	IO360L2A	L-29393-51A	11/02/2000	180	1,807	72	1,807
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Civil Air Patrol, Inc.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u> </u> <u>Maxwell AFB</u> State: <u>AL</u> ZIP: <u>36112</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 (Select 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.) Propeller Separation			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 (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: _____

Distance From Airport Center: _____ SM

Airport Name: _____

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: _____ 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: _____ (L/R/C) Length: _____ ft Width: _____ 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: KJANCity: JacksonState: MSCountry: USA**Time of Departure**Time: 1650Time Zone: CST**Destination**Airport ID: KHSACity: Bay St. LouisState: MSCountry: 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)

_____ 46 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

No other services.

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KJAN - FSS</u> Observation Time: <u>1653L</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>8</u> NM Direction from Accident Site: <u>160</u> degrees MAG		Source of Weather Information (Check all that apply) ☐ National Weather Service ☒ Flight Service Station ☐ TV/Radio ☐ 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 <u>10</u> 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: <u>340</u> degrees MAG ☐ Variable	Wind Speed Velocity: <u>15</u> 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

NOTAMS - Standard NOTAMS for airport conditions, taxiway closures, GPT VOR NAVAID out of service. No other AIRMETS, SIGMETs, PIREPS significant to this flight.

Temperature: _____ (C) or <u>65</u> (F) Altimeter Setting: <u>30.23</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast 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
	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	

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: Monte City: [REDACTED] Biloxi
 Middle Initial: J State: MS ZIP: 39532
 Last Name: David Country: USA
 Age at time of Accident/Incident: 56 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

10/07/2011
mm/dd/yyyy

Medical Certificate Limitations

Must wear corrective lenses.

Medical Certificate Waivers

None

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

06/24/2011
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: 182

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

Multi-Engine Limited to VFR ONLY. Additional Rating: Control Tower Operating (Retired 10/2011)

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	1,326	700	1,316	10	62	111	91	0	0	0
Pilot in Command (PIC)	1,200	700	1,199	1	62	111	91	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					20	5	5			
Last 90 Days	26	3	26	0	2	0	2	0	0	0
Last 30 Days	6	3	6	0	0	0	1	0	0	0
Last 24 Hours	3	3	3	0	0	0	1	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) (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 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										
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**

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

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

Seat Occupied

☐ 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**

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

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

Seat Occupied

☐ 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**

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

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

Seat Occupied

☐ 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**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: George City: [REDACTED] Gulfport Middle Initial: W State: MS ZIP: 39507 Last Name: Cullinan Country: USA	RF	☒	☐	☐	☐	☐	☐	☐	☐	☒	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ 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.

PIC states that he had just reached his 7000ft MSL cruise altitude, approximately 7-8 miles SW of his departure altitude when he experience extreme vibrations in the engine compartment. The PIC reported the following time line in minutes from the time the vibrations began:

Minutes

xx:00 Extreme vibrations started with the acft cowling moving 5-6 inches in an up/down direction. Cabin environment experienced heavy turbulence. Immediately reduced engine power, verified acft controls operational, declared emergency, and looked for nearest suitable landing area.

xx:01 Located airport, continuous extreme vibrations, reduced to best glide airspeed, turned to airport ATC vector.

xx:02 Continuous extreme vibrations, shut engine down IAW CAP checklist.

xx:03 Continuous severe vibrations, reduced to minimum airspeed to stop propeller rotation and returned to best glide airspeed.

xx:04 Vibrations ceased, GPS data indicated 6.3 miles from airport and GS 60kts, altitude 6000ft, approximately 15 kt headwind. Reassessed all current conditions.

xx:06 Reviewed ditching checklist.

xx:10 Dead stick landed acft, exited runway, and towed to Atlantic FBO.

After landing, it was observed that 4-6 inches of the propeller had separated. A review of the propeller log demonstrates that maintenance had been performed on the propeller at the last 100 hr inspection approximately 76 flight hours ago. Propeller is being removed and being sent to the NTSB lab for analysis.

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

Operator/Owner Safety Recommendation

Under review - No recommendations presently.

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**

02/07/2012

*mm/dd/yyyy***Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: _____

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

Signature: _____

Type or Print Name: Frank J. Jirik IV

Title: NHQ Safety Manager

FOR NTSB USE ONLY**NTSB Accident/Incident No.**

ERA12IA169

Reviewed by NTSB Regional Office

Miami, FL

Name of Investigator

Obregon

Date Report Received

2/8/2012