

**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>FAYETTEVILLE</u> State: <u>NC</u> ZIP: <u>28306</u> Country: <u>USA</u> Latitude: <u>N34°59'10"</u> (ddd mm:ss N/S) Longitude: <u>W 78°58'</u> (ddd mm:ss E/W)					Date/Time Date: <u>02/17/2012</u> Local Time: <u>5:30 PM</u> mm/dd/yyyy Time Zone: <u>EST</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>MOONEY</u> Model: <u>M 20 TN</u> Serial Number: <u>31-0069</u> Registration Number: <u>N 118 RZ</u> Amateur-built: ☐ Yes ☐ No					Max Gross Weight: <u>3368</u> lbs Weight at Time of Accident/Incident: <u>3150</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>45.69</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)																																																	
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered Lilt ☐ 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>4</u> If Large Aircraft, how many seats for Flight Crew: <u>1</u> Cabin Crew: _____ Passengers: <u>3</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>12/24/2011</u> mm/dd/yyyy <u>12/14/2011</u> Airframe Total Time: <u>390</u> 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: <u>Handheld</u>																																																	
ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No			ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>ME 406</u> Serial Number: <u>ADCC403FD 000261</u> Battery Type: <u>Li/SO2</u> Battery Exp. Date: <u>May 2012</u>																																																			
ELT Aided in Locating Accident/Incident ☐ Yes ☐ No <u>NIA</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>Hartzell</u> Model: <u>PHC J37F-1RF/F 7498</u>																																																	
<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>Continental</u></td> <td><u>TSE 0550 G4</u></td> <td><u>914700</u></td> <td><u>9/18/2007</u></td> <td><u>310</u></td> <td><u>390</u></td> <td><u>33</u></td> <td><u>N/A</u></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>Continental</u>	<u>TSE 0550 G4</u>	<u>914700</u>	<u>9/18/2007</u>	<u>310</u>	<u>390</u>	<u>33</u>	<u>N/A</u>	Eng. 2									Eng. 3									Eng. 4								
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OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>TENN REALTY, LLC</u>		Owner Address <u>1139 Offshore Dr</u> City: <u>Fayetteville</u> State: <u>NC</u> ZIP: <u>28305</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 37 ☐ 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 (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: _____	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
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 (use additional sheet if necessary)

structural damage to airframe and a pole.

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

Airport Identifier: KFAY Distance From Airport Center: _____ SM
 Airport Name: Fayetteville Regional Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 189 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 ☐ M.S. ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ I.DA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TWOR ☐ 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 4 (I/R/C) Length 7709 ft Width: 150 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 <u>KRDY</u> City <u>Raleigh Durham</u> State <u>NC</u> Country <u>USA</u>	Time of Departure Time: <u>17:05 PM</u> Time Zone: <u>EST</u>	Destination Airport ID <u>KFAY</u> City <u>Fayetteville</u> State <u>NC</u> Country <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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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)

50 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

N/A

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

Removed by emergency responders

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KFAYObservation Time: 1753 PMTime Zone: ESTDistance from Accident Site: 0 NMDirection from Accident Site: 0 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**10 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☒ Indicated290 degrees MAG☐ Variable**Wind Speed**Velocity 4 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, I, and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**

N/A

Temperature: 16 (C)or 61 (F)Altimeter Setting: 30.05 in. HG

or _____ MB

Density Altitude: 2525 ftDew Point: 4 (C)or 31 (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>NITIN</u> City: <u>Fayetteville</u> Middle Initial: <u>D</u> State: <u>NC</u> ZIP: <u>28305</u> Last Name: <u>DESAI</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>51</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED]																																																																																																				
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) ☒ Private ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ 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>03/19/2010</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations <u>Must wear corrective lenses for intermediate and near vision.</u>																																																																																																				
Medical Certificate Waivers <u>N/A</u>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>2/20/2011</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>DIAMOND</u> Model: <u>DA 40 XL</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																																																																																														
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PILOT "B" INFORMATION

N/A

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: _____ Certificate Number: _____
 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 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		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		☐ Left ☐ Front
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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
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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		☐ Left ☐ Front
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign		☐ Left ☐ Front
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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
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PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	No- Revenue	Revenue	No- Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown		
First Name: <u>RITA</u>	<u>R</u>	<u>F</u>	☐	☒	☐	☐	☐	☐	☒	☐	☐		
Middle Initial: <u>N</u>												City: <u>Fayetteville</u>	State: <u>NC</u> ZIP: <u>28305</u>
Last Name: <u>DESAI</u>												Country: <u>USA</u>	
First Name: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
Middle Initial: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
Last Name: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
First Name: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
Middle Initial: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
Last Name: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
First Name: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
Middle Initial: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
Last Name: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
First Name: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
Middle Initial: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
Last Name: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
First Name: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐		
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.

Attached

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

Operator/Owner Safety Recommendation

Attached

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

02/22/2012
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: HITW D. DESAI

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.

ERA12LA184

Reviewed by NTSB Regional Office

NTSB ERA

Name of Investigator

[REDACTED]

Date Report Received

2-28-12



RECORD OF CONVERSATION

Carrol A. Smith
Senior Air Safety Investigator Eastern Region

Date: February 18, 2012

Person Contacted: Nitin Desai.

Number: ERA1 21184

Narrative:

Mr. Desai stated he is a private pilot with ratings for airplane single engine land and instrument airplane. He is the registered owner of N118RZ, a Mooney M20. In addition, Mr. Desai stated he holds a third class medical certificate with the restriction must have glasses for near and intermediate vision. Mr. Desai stated the glasses were available at the time of the accident.

Mr. Desai stated on February 17, 2012 he was conducting visual flight rules personal flight from Raleigh Durham International Airport (RDU), Raleigh Durham, North Carolina, to Fayetteville Regional Airport/Grannis Field (FAY), Fayetteville, North Carolina. No flight plan was filed, however a full weather briefing was obtained. A preflight inspection was conducted and no anomalies were noted. He was located in the left front seat and his wife was located in the right front seat. Both of them were wearing seatbelts and shoulder harnesses. They boarded the airplane and he conducted all required checks before starting the airplane out for takeoff. They departed RDU at 1725 and 1700 (C100) climbed to their cruising altitude and flight followed with air traffic control. Upon reaching the FAY area they descended down and were initially cleared for left traffic to runway 4 and were provided headings for a right a right downwind. The pilot questioned the controller and verified that he was to enter a right downwind for landing. The pilot requested to land on runway 28 but was not acknowledged. The pilot was switched to tower frequency and instructed to land on runway 4 following a Gulfstream. He completed all before landing checks and was cleared to land. The airplane touched down softly on the main landing gear. The airplane encountered some wake

turbulence from the Gulfstream and the nose pitched up high and the airplane lifted off the runway. Mr. Desai added power and the airplane went to the left. He applied right rudder and right aileron and the airplane was in a right bank. The airplane struck a pole on the left side of the fuselage and pushed inward on the pilot's side. The airplane spun around and came to a stop. He and his wife had to be removed from the airplane. They were both transported to a local area hospital. His wife was treated and released. Mr. Desai stated he had a broken leg. When asked if he experienced any mechanical problems with the airplane before the accident Mr. Desai stated no.


8/22/12