

**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>Cedar Key</u> State: <u>FL</u> ZIP: <u>32625</u> Country: <u>United States</u> Latitude: <u>29:08:03</u> (00:00:00 S) Longitude: <u>083:03:01</u> (000:00:00 E/W)		Date/Time Date: <u>10/8/2012</u> Local Time: <u>12:00</u> mm/dd/yyyy Time Zone: <u>UTC-4</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 <u>0</u> ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility Facility ID: <u>X60</u> Observation Time: <u>11:40</u> Time Zone: <u>UTC-4</u> Distance from Accident Site: <u>33</u> NM Direction from Accident Site: <u>246</u> 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>P6.5M</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 _____ 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 ☐ 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

- SEA GULLS on RWY
 - TWY closed TO ACFT, USED AS A PUBLIC ROAD
 - 4 FT FENCE 125 FT FM RY CENTERLINE LOCATED 400 FT NE OF RWY 23 THRESHOLD and PARALLEL TO PUBLIC ROAD

Temperature: <u>24</u> (C) or _____ (F) Altimeter Setting: <u>30.01</u> in. HG or _____ MB Density Altitude: <u>-90</u> ft Dew Point: <u>23</u> (C) or _____ (F)		Icing Forecast Amount: ☒ None ☐ Moderate ☐ Severe ☐ Trace ☐ 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
		Icing Actual Amount: ☒ None ☐ Moderate ☐ Severe ☐ Trace ☐ Light Type: ☐ Rime ☐ Clear ☐ Mixed		Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy

AIRCRAFT INFORMATION

Manufacturer: <u>Cessna</u> Model: <u>172P</u> Serial Number: _____ Registration Number: <u>N97757</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>2400</u> lbs Weight at Time of Accident: <u>2269</u> lbs Location of Center of Gravity at Time of Accident: (aft) <u>1.58</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>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 ☐ Hull ☐ Ski ☐ Unknown ☐ 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						
IFR Equipped ☒ Yes ☐ No ☐ Unknown		Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown						
ELT Installed ELT Activated ☐ Yes ☐ No ☐ Yes ☒ No		ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____						
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>McCawley</u> Model: _____						
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing 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	LYCOING	O-320						
Eng. 2								
Eng. 3								
Eng. 4								
OWNER/OPERATOR INFORMATION								
Registered Aircraft Owner Name: <u>Ultimate Air Inc.</u> Fractional Ownership Aircraft: ☐ Yes ☐ No					Owner Address City: [REDACTED] State: [REDACTED] Country: <u>USA</u>			
Operator of Aircraft ☒ Same As Registered Owner Name: <u>UPKIMATE AIR INC.</u> 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: _____	

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

Airport Identifier: <u>KCDX</u>	Distance From Airport Center: <u><1</u> SM
Airport Name: <u>GEORGE J. LEWIS</u>	Direction From Airport: <u>230</u> degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip	Airport Elevation: <u>11</u> 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)	VFR Approach (Check all that apply)
☒ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling	☐ 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>2355</u> ft Width: <u>100</u> ft	
Runway/Landing Surface (Check all that apply)	Condition of Runway/Landing Surface (Check all that apply)
☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow	☒ 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	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>28J</u>	Time: <u>11:00</u>	Airport ID: <u>KCDX</u>	☒ None ☐ VFR/IFR
City: <u>Palatka</u>	Time Zone: <u>UTC-4</u>	City: <u>Cedar Key</u>	☐ Company VFR ☐ IFR
State: <u>FL</u>		State: <u>FL</u>	☐ Military VFR ☐ Unknown
Country: <u>United States</u>		Country: <u>United States</u>	☐ 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 occurred (Check all that apply)			
☐ Class A ☐ Class B ☐ Class C ☐ Class D	☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area	☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area	☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☒ Unknown
Aircraft Load Description (Check all that apply)			
☐ None ☒ Passengers ☐ Cargo	☐ Towing Glider ☐ Towing Banner ☐ Other External	☐ Parachutists ☐ Water ☐ Chemical/Fertilizer/Seeds	☐ Livestock ☐ Unknown
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (convert from pounds, as necessary) 50 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 None			
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 ☒ 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)			
Damage to aircraft: Nose wheel broke off; Firewall bent; main landing gears flat; cowling bent in. Damage to other property: None			
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			
Both Pilot and Passenger evacuated from pilot (left) side due to the bushes that impeded evacuation to the right side.			

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>John</u> City: <u>[REDACTED]</u> Middle Initial: <u></u> State: <u>FL</u> ZIP: <u>[REDACTED]</u> Last Name: <u>Chavorn</u> Country: <u>United States</u>																																																																																																				
Age at time of Accident: <u>19</u> Date of Birth: <u>[REDACTED]</u> Certificate Number: <u>[REDACTED]</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 <u>Student</u> ☐ 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>01/14/2011</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations None																																																																																																				
Medical Certificate Waivers None																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/17/2011</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA-28-161</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						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 2px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 2px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 2px;">Night</th> <th colspan="2" style="text-align: center; padding: 2px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 2px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 2px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 2px;">Actual</th> <th style="text-align: center; padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Total Time</td> <td style="text-align: center; padding: 2px;">13.2</td> <td style="text-align: center; padding: 2px;">40</td> <td style="text-align: center; padding: 2px;">110</td> <td style="text-align: center; padding: 2px;">21.2</td> <td style="text-align: center; padding: 2px;">14</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">3.2</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Pilot in Command (PIC)</td> <td style="text-align: center; padding: 2px;">56</td> <td style="text-align: center; padding: 2px;">40</td> <td style="text-align: center; padding: 2px;">56</td> <td style="text-align: center; padding: 2px;">None</td> <td style="text-align: center; padding: 2px;">11</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">0.6</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Time as Instructor</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">This Make/Model</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Last 90 Days</td> <td style="text-align: center; padding: 2px;">2.2</td> <td style="text-align: center; padding: 2px;">2.2</td> <td style="text-align: center; padding: 2px;">2.2</td> <td style="text-align: center; padding: 2px;">None</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Last 30 Days</td> <td style="text-align: center; padding: 2px;">2.2</td> <td style="text-align: center; padding: 2px;">2.2</td> <td style="text-align: center; padding: 2px;">2.2</td> <td style="text-align: center; padding: 2px;">None</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Last 24 Hours</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> </tbody> </table>											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	13.2	40	110	21.2	14		3.2	1	1	1	Pilot in Command (PIC)	56	40	56	None	11		0.6				Time as Instructor											This Make/Model											Last 90 Days	2.2	2.2	2.2	None	1		1				Last 30 Days	2.2	2.2	2.2	None	1		1				Last 24 Hours	1	1	1	1	1		1			
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	13.2	40	110	21.2	14		3.2	1	1	1																																																																																										
Pilot in Command (PIC)	56	40	56	None	11		0.6																																																																																													
Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days	2.2	2.2	2.2	None	1		1																																																																																													
Last 30 Days	2.2	2.2	2.2	None	1		1																																																																																													
Last 24 Hours	1	1	1	1	1		1																																																																																													

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident ☐ 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: _____																																																																																																				
Age at time of Accident: _____ 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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">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 style="padding: 5px;">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 style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">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 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										
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								
☐ 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												
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												
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												
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Tamir</u>						<u>Right</u>	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____																
Last Name: <u>Ayoub</u>																
City: _____																
State: <u>FL</u> ZIP: <u>33144</u>																
Country: <u>United States</u>																
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
Country: _____																
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
Country: _____																
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
Country: _____																
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
Country: _____																
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
Country: _____																
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
Country: _____																

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

October 8th 2012, Take off from KDAB at 0930 Local. Flight following was given by Daytona Approach to Palatka (28J). Landed at 28J and refueled and topped the tanks. I had informed the school that I was going to refuel at Palatka and head to KAZE in GA, but due to weather conditions, I took the decision of not going to KAZE and was asked to remain local in FL and put my route as KDAB-28J. From 28J, KCDK was chosen as the intended point of landing. Flight following was given by JAX approach until KCDK. On approach to KCDK, the wind was light and the GS indicator showed a headwind on 23 thus RWY 23 was chosen. A go around was initiated on 1st approach due to being too high and close. On the second approach, a normal approach was initiated. On Touchdown, the braking power had not been enough to stop the airplane. By that time, the left tire failed and the airplane was swerving sideways towards the ocean. Initiating a go around was too risky to stall into the ocean. As to minimize the damage, throttle and mixture were retarded and the airplane was steered into a cushioning safer area than the sea. (Weather was VMC throughout the whole flight)

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

The prevention of the accident would have been more possible if the left wheel had not blown. But prevention of more damage to the aircraft could have only been done by steering it out to the safest place possible which at the time had been the bushes and not the ocean.

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 <u>10/12/2012</u> mm/dd/yyyy	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>JOHN CHANEM</u>		
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. <u>ERA12CA016</u>	Reviewed by NTSB Regional Office <u>ASHBURN, VA</u>	Name of Investigator <u>LUKE SCHIADA</u>	Date Report Received <u>10-12-12</u>