

# 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Newport News</u> State: <u>VA</u><br>ZIP: <u>23608</u> Country: <u>USA</u><br>Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)                                                                                                                                                                                                                                                                   |  | <b>Date/Time</b><br>Date: <u>12/15/2012</u> Local Time: <u>1400</u><br><div style="text-align: center;"><i>mm/dd/yyyy</i></div> Time Zone: <u>EDT</u>     |                                                         |
| <b>Phase of Operation</b><br><input checked="" type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None | <b>Altitude of In-Flight Occurrence</b><br>_____ ft MSL |

## AIRCRAFT INFORMATION

|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Manufacturer:</b> <u>Piper</u><br><b>Model:</b> <u>PA-28R-180</u><br><b>Serial Number:</b> <u>28R-30251</u><br><b>Registration Number:</b> <u>N3915T</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Max Gross Weight:</b> <u>2,500</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>1,980</u> lbs<br><b>Location of Center of Gravity at Time of Accident/Incident:</b><br>_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>4</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: _____ | <b>Landing Gear</b> <input checked="" type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____ | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>4/2/2012</u><br><div style="text-align: center;"><i>mm/dd/yyyy</i></div> <b>Airframe Total Time:</b> <u>1133.5</u> hrs<br>hours measured at (check one)<br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                             |                                                                                                                                               |                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>IFR Equipped</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Type of Fire Extinguishing System</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Specify _____ |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELT Installed</b> <b>ELT Activated</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>ELT Manufacturer:</b> _____<br><b>Model/Series:</b> _____<br><b>Serial Number:</b> _____<br><b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input type="checkbox"/> Carburetor<br><input checked="" type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch<br>Manufacturer: _____<br>Model: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | LYCOMING            | I0360 SER           |                              |                                   | 180                                                                                                                                    |                    |                               |                             |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                                                        |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                                                        |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                                                        |                    |                               |                             |

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Rick Aviation, Inc.Fractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: Newport NewsState: VA ZIP: 23602-4506Country: USA**Operator of Aircraft**☐ Same As Registered OwnerName: Samuel Vincent Spillers

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

**Operator Address**☐ Same As Registered OwnerCity: Saint PetersburgState: FL ZIP: 33703Country: USA**Regulation Flight Conducted Under**

- |                                            |                                  |                                                 |                                                                                                |
|--------------------------------------------|----------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> FAR 91 | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 91 Special Flight  | <input type="checkbox"/> Public Use (select type)                                              |
| <input type="checkbox"/> FAR 103           | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> Non-US, Commercial     | <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local |
| <input type="checkbox"/> FAR 121           | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> Non-US, Non-commercial | <input type="checkbox"/> Unknown                                                               |
| <input type="checkbox"/> FAR 125           | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> 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**

(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**

Not Applicable

**Manufacturer:** \_\_\_\_\_

Model: \_\_\_\_\_

**Damage to Other Aircraft**☐ Destroyed ☐ Minor  
☐ Substantial ☐ None**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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.)

**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)

Left wing detached, propeller cracked, fuselage bent.  
Rick Aviation hangar door damaged.

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KPHFDistance From Airport Center: 1 SMAirport Name: Newport News-Williamsburg InternationalDirection From Airport: 200 degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 41 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  
☐ Shush Covered ☐ Vegetation

**FLIGHT ITINERARY INFORMATION****Last Departure Point**

Airport ID: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

**Time of Departure**

Time: \_\_\_\_\_

Time Zone: \_\_\_\_\_

**Destination**

Airport ID: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

**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)

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**

**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

The only occupant, the pilot, exited the Piper via the passenger door, off the wing, and to the ground safely. This door is the only door on the Piper for crew and passengers.

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: KPHFObservation Time: 1400Time Zone: EDTDistance from Accident Site: 1 NMDirection from Accident Site: 200 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**6 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**25,000 ft AGL**Ceiling Height**25,000 ft AGL**Wind Direction**☒ Indicated:100 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, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**

See attached sheet. Nothing significant with AIRMETs, SIGMETs, or PIREPs in TAF or enroute to destination airport.

Temperature: 12 (C)  
or        (F)Altimeter Setting: 30.24 in. HG  
or        MBDensity Altitude:        ftDew Point: 0 (C)  
or        (F)**Icing Forecast****Amount**☒ None☐ Trace☐ Light☐ Moderate☐ Severe**Type**☐ Rime☐ Clear☐ Mixed**Icing Actual****Amount**☒ None☐ Trace☐ Light☐ Moderate☐ Severe**Type**☐ Rime☐ Clear☐ Mixed**Type of Precipitation (Check all that apply)**☒ None☐ Rain☐ Snow☐ Hail☐ Rain Showers☐ Freezing Rain☐ Snow Shower☐ Drizzle☐ Ice Pellets☐ Snow Pellets☐ Snow Grains☐ Ice Crystals☐ Ice Pellets Shower☐ Freezing Drizzle**Intensity of Precipitation**☐ Light☐ Moderate☐ Heavy

**PILOT "A" INFORMATION****Pilot "A" Responsibilities at the Time of Accident/Incident**

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

**Pilot "A" Identification**

First Name: Samuel  
Middle Initial: V  
Last Name: Spillers

City: Saint Petersburg  
State: FL ZIP: 33703  
Country: USA

Age at time of Accident/Incident: 52 Date of Birth: [REDACTED] 1960 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)

☐ 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**

09/27/2011  
mm/dd/yyyy

**Medical Certificate Limitations**

Must have available glasses for near vision.  
Must wear corrective lenses.

**Medical Certificate Waivers****Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:**

04/14/2012  
mm/dd/yyyy

**Flight Review Aircraft**

Make: Cessna  
Model: 172N

**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**

Airplane - Single Engine, Land, February 9, 1993 (original issue date)

**Student Endorsements** (Include dates)

Airplane - Single Engine, Land, September 10, 1992 (Student Certificate DD-839213)

| 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                                                  | 199          | 18                | 199                    | 0                    | 54    | 0          | 2         | 0          | 0      | 0                |
| Pilot in Command (PIC)                                      | 163          | 15                | 163                    | 0                    | 37    | 0          | 2         | 0          | 0      | 0                |
| Time as Instructor                                          | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 20           | 2                 | 20                     | 0                    | 10    | 0          | 0         | 0          | 0      | 0                |
| Last 30 Days                                                | 11           | 2                 | 11                     | 0                    | 4     | 0          | 0         | 0          | 0      | 0                |
| Last 24 Hours                                               | 0            | 0                 | 0                      | 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: Not Applicable \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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                                               |              |                   |                        |                      |       |            |           |            |        |                  |

| Pilot Name and Address |                |            | Degree of Injury                                                |
|------------------------|----------------|------------|-----------------------------------------------------------------|
| First Name: _____      | City: _____    |            | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____  | State: _____   | ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____       | Country: _____ |            | <input type="checkbox"/> Serious                                |

| Pilot Name and Address |                |            | Degree of Injury                                                |
|------------------------|----------------|------------|-----------------------------------------------------------------|
| First Name: _____      | City: _____    |            | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____  | State: _____   | ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____       | Country: _____ |            | <input type="checkbox"/> Serious                                |

|                               |                |            |                                  |                                  |
|-------------------------------|----------------|------------|----------------------------------|----------------------------------|
| <b>Pilot Name and Address</b> |                |            | <b>Degree of Injury</b>          |                                  |
| First Name: _____             | City: _____    |            | <input type="checkbox"/> None    | <input type="checkbox"/> Fatal   |
| Middle Initial: _____         | State: _____   | ZIP: _____ | <input type="checkbox"/> Minor   | <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____ |            | <input type="checkbox"/> Serious |                                  |

**PASSENGER(S) / OTHER PERSONNEL** (Include flight attendants; continue on separate sheet if necessary)

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**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.

Obtained standard weather briefing from CSC DUATS several times before arriving at Rick Aviation at approximately 1300 local time on Saturday 12/15/2012 for a cross country flight from KPHF to KLBE. Spoke briefly with Rick Aviation staff, received N3915T log book and checklists, and obtained another standard CSC DUATS weather briefing before filing a VFR flight plan via ForeFlight on my iPad. Received confirmation of the filed flight plan and then proceeded to the aircraft for preflight inspection. Began and completed the preflight inspection per the approved Piper Arrow checklist and noted no anomalies. With flight bag and luggage secure, knee board in place, charts readably available, and ForeFlight / Dual 150 GPS powered on, I obtained the current ATIS (November) via my handheld transceiver. Once ATIS information copied, I began the engine start up per the checklist.

The first attempt to start the engine failed and I reviewed the checklist again to verify proper steps were taken. Tried again to start the engine with success. Feet were on the brakes, fuel pump was on, throttle was barely open, prop was in full forward position, mixture nearly full rich as I used the mixture to start the engine. Once the engine started, I saw and felt the aircraft start to roll forward. Sensing this, I pressed harder on the brakes, reduced throttle all the way back (off), pulled the mixture to idle cut off with no success in stopping aircraft movement. The aircraft started rolling faster and the engine seemed to continue running even though I thought I had full force on brake/rudder pedals. Seeing I was rolling even faster, I attempted to use full right rudder in order to direct the aircraft away from any buildings or other aircraft. The full right rudder produced no effect. Within just a few seconds, I was at the Rick Aviation hangar door as I turned off the magnetos. It was too late for the magneto cut off to be effective. Contact was made with the hangar doors with the aircraft.

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

Use the emergency brake prior to starting aircraft in addition to verifying foot pedals are actually pushing forward and have contact with brakes. Could also keep left hand on starter and disengage the magnetos if aircraft begins to move. This would have been more effective than pulling the mixture to idle cut off.

**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**

|                                                                                                                                                 |                                                                                                                |                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|
| <b>Date of this Report</b><br>01/07/2013<br><i>mm/dd/yyyy</i>                                                                                   | <b>Signature and Name of Pilot/Operator</b><br>Signature: _____<br>Type or Print Name: Samuel Vincent Spillers | <b>APPROVED</b><br><small>By Sam Spillers at 11:57 pm, Jan 07, 2013</small> |                                       |
| <b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b><br>Signature: _____<br>Type or Print Name: _____<br>Title: _____ |                                                                                                                |                                                                             |                                       |
| <b>FOR NTSB USE ONLY</b>                                                                                                                        |                                                                                                                |                                                                             |                                       |
| <b>NTSB Accident/Incident No.</b><br>ERA13CA091                                                                                                 | <b>Reviewed by NTSB Regional Office</b><br>ERA-VA                                                              | <b>Name of Investigator</b><br>A. Diaz                                      | <b>Date Report Received</b><br>1/8/13 |