

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>ST. SIMONS ISLAND</u> State: <u>GA</u> ZIP: <u>31522</u> Country: <u>USA</u> Latitude: <u>31-09-07.1000</u> (dd:mm:ss N/S) Longitude: <u>081-23-27.8000</u> (ddd:mm:ss E/W)		Date/Time Date: <u>02/28/2013</u> Local Time: <u>2:40 PM</u> mm/dd/yyyy Time Zone: <u>EST</u>	
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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
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AIRCRAFT INFORMATION

Manufacturer: <u>Circus</u> Model: <u>SR20</u> Serial Number: <u>1022</u> Registration Number: <u>N135CD</u> Amateur-built: ☐ Yes ☒ No	Max Gross Weight: <u>3000</u> lbs Weight at Time of Accident/Incident: <u>2405</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>142.23</u> inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <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 ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown
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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>07/20/2012</u> mm/dd/yyyy Airframe Total Time: <u>992.0</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident
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IFR Equipped ☒ Yes ☐ No ☐ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Type of Fire Extinguishing System ☐ None ☐ Specify _____
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ELT Installed ☒ Yes ☐ No	ELT Activated ☐ Yes ☒ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
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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>F7392</u>
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Inspector has Log books OFFICER <u>Chris Dannecker</u> Aviation LS		Engine Manufacturer <u>Continental</u>	Engine Model/Series <u>IO-360-ES</u>	Manufacturer's Serial Number _____	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust <u>200HP</u>	Total Time (hours) _____	Time Since Inspection (hours) _____	Time Since Overhaul (hours) _____
Eng. 1	Continental	IO-360-ES	_____	_____	_____	_____	_____	_____	_____
Eng. 2	_____	_____	_____	_____	_____	_____	_____	_____	_____
Eng. 3	_____	_____	_____	_____	_____	_____	_____	_____	_____
Eng. 4	_____	_____	_____	_____	_____	_____	_____	_____	_____

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Copy Right Express LLC - Kenton C. Harrison</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>South miami</u> State: <u>FL</u> ZIP: <u>33143</u> Country: <u>USA</u>
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International 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 _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part <u>N/A</u> Hours _____ Cycles Time Since This Part Inspected/Overhauled <u>N/A</u> 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 included:

Landing Gear
Propeller STRIKE
Right Flap

Pitot Tube
Scrapping bottom of Fuselage

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

Airport Identifier: KSSI Distance From Airport Center: — SM
 Airport Name: Malcolm McKinnon Airport Direction From Airport: — degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 19 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: 22 (L/R/C) Length: 5584 ft Width: 100 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: HXD
 City: Hilton Head Is
 State: SC
 Country: USA

Time of Departure

Time: 13:40
 Time Zone: EST

Destination

Airport ID: SSI
 City: St. Simons Is
 State: GA
 Country: USA

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☒ Class D CCA ☐ 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)

30 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

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☐ No

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ 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**

_____ miles

Sky/Lowest Cloud Condition☐ Clear☐ Few☐ Partial Obscuration☐ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown**Ceiling**☐ None (clear)☐ Broken☐ Overcast☐ Obscured☐ Indefinite☐ Unknown**Restriction to Visibility (Check all that apply)**☐ None☐ Blowing Dust☐ Blowing Sand☐ Blowing Snow☐ Blowing Spray☐ Dust☐ Fog☐ Ground Fog☐ Haze☐ Ice Fog☐ Smoke☐ Unknown**Lowest Cloud Condition Height**

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction☐ Indicated:270 degrees MAG☐ Variable**Wind Speed**Velocity: 16-26 KTS

-or-

☐ Calm☐ Light and Variable**Wind Gusts**Velocity: 26 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

Temperature: _____ (C)
or _____ (F)Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (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: Kenton
 Middle Initial: C
 Last Name: HARRISON

City: ST. SIMONS IS
 State: GA ZIP: 31522
 Country: USA

Age at time of Accident/Incident: 46 Date of Birth: mm/dd/yyyy 1967

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

08/30/2012
 mm/dd/yyyy

Medical Certificate Limitations

• NONE

Medical Certificate Waivers

• NONE

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

01/25/2013
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: 172 R

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)**

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	83.9	12.0	83.9							
Pilot in Command (PIC)	23.7	12.0	23.7							
Time as Instructor	-	-	-							
This Make/Model										
Last 90 Days	23.0	12.0	23.0							
Last 30 Days	12.0	12.0	12.0							
Last 24 Hours	1.4	1.4	1.4							

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

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

Pilot "B" Identification

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☐ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
 Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____
 Model: _____

Airplane Rating(s)
(Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)
(Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)
(Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)
(Check all that apply)

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings**Student Endorsements** (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																									
Pilot Name and Address						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						☐ Left		☐ Front																	
						☐ Right		☐ Rear																	
						☐ Center		☐ Single																	
								☐ Unknown																	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs																					
Pilot Name and Address						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						☐ Left		☐ Front																	
						☐ Right		☐ Rear																	
						☐ Center		☐ Single																	
								☐ Unknown																	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs																					
Pilot Name and Address						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						☐ Left		☐ Front																	
						☐ Right		☐ Rear																	
						☐ Center		☐ Single																	
								☐ Unknown																	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs																					
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																									
Name and Address						Sent	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown									
First Name: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐									
Middle Initial: _____																									
Last Name: _____																									
City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐										
State: _____																									
ZIP: _____																									
Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐										
First Name: _____																_____	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____																									
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, 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.

Please see next page for Narrative History.

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

Operator/Owner Safety Recommendation

An earlier Determination that the wind shear was present near the Runway AND a decision to land at an Alternate Airport.

Cirrus SR 20 N135CD

Serial # 1022

Date: 2-28-13

Departed KSSI for HXD

Flying VFR – direct – Flight Planned weather using www.aviationweather.gov

Listened to KSSI ASOS: 120.025 wind 250 8kts - Departure Time: 10:12 a.m. EST –

Flew VFR – 3500 fl – Direct to HXD - Arrival HXD (Hilton Head Island): 10:45 am EST

Lunch with Mother and Fresh Market Grocery stop for my bride.

Departure HXD at 1:40 pm EST

Big Gusts leaving HXD above tree line, Report from HXD AWOS: 240 14 kts

Remained gusty duration of flight, climbed to 4500, flew VFR Direct KSSI

Utilized Light cruise speed because of turbulence, TAS: 115 kts, GS 95-100 kts

Listen to ASOS: KSSI at 2:20 pm EST Reports winds 270 at 16 kts, Gusts to 26 kts

Called CTAF: KSSI: Freq: 123.05 at 15 miles - planning straight in to RWY 22, notified traffic.

Called CTAF: 10 Miles straight in to RWY 22

Called CTAF: 4 Miles Straight in to RWY 22 (only traffic was Hawker Jet 25 miles North for RWY 22)

Full Flaps once runway made - RWY 22 – (knowing it was very gusty, I planned for one attempt, and if not able to land, than I would re-route to BQK (Brunswick – RWY 25)

Over the Numbers 90 kts, floating and then a wind shear. This forced the plane to drop and push to the left, right wing Up. Adjusted right elevator and got back to center line. Left Rudder to turn nose down the runway, was Pushed again Left towards the grass by a gust of wind. Immediately went full Power to attempt Go Around, I could not restrain descent. No lift was created and the aircraft's left wing touched the grass to the left of Rwy 22, then the landing gear. The nose dropped and the propeller hit the grass and folded. The entire incident took place in the grass to the south of runway 22 and no runway signage or lights were affected. I sustained no injuries.

Kenton Charles Harrison

St. Simons Is GA 31522 [REDACTED] home [REDACTED] cellular

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**03/11/2013

mm/dd/yyyy

Signature and Name of Pilot/OperatorSignature: ~~Kenton C. Harrison~~Type or Print Name: Kenton Charles Harrison**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.**

ERA13CA150

Reviewed by NTSB Regional Office

ERA (NJ)

Name of Investigator

Gretz

Date Report Received

3/11/13