

ATTN: ALLISON DIAZ

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

Accident/Incident Location Nearest City/Town: <u>MERIDIAN</u> State: <u>MS</u> ZIP: _____ Country: <u>USA</u> Latitude: <u>33.33N</u> (ddmmss N/S) Longitude: <u>88.75W</u> (ddmmss E/W)		Date/Time Date: <u>4 AUG 2013</u> Local Time: <u>Noon</u> mm/dd/yyyy Time Zone: <u>COT</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>N/A</u> ft MSL																																																
Manufacturer: <u>CESSNA</u> Model: <u>170-B</u> Serial Number: <u>25346</u> Registration Number: <u>N-4251</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>2200</u> lbs Weight at Time of Accident/Incident: <u>1866</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>39.28</u> inches from ☐ nose or ☐ datum Percent Mean Aerodynamic Cord (% MAC)																																														
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/D dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Aerobatic ☐ 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																																														
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>04/10/2013</u> mm/dd/yyyy <u>LOGS TURNED IN</u>		Airframe Total Time: <u>~3800</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident																																														
IFR Equipped ☐ Yes ☒ No ☐ Unknown		Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown																																														
Type of Fire Extinguishing System ☒ None ☐ Specify: _____																																																
ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No		ELT Manufacturer: <u>BEACON CORP</u> ? Model/Series: <u>EBC 102A TSO C-91</u> ? Serial Number: _____ Battery Type: _____ Battery Exp. Date: <u>2014</u>																																														
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No																																																
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>MCCAULEY</u> Model: ?																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>CONTINENTAL</u></td> <td><u>C-145</u></td> <td></td> <td><u>1952</u></td> <td><u>145</u></td> <td><u>27</u></td> <td><u>480.71</u></td> <td></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	<u>CONTINENTAL</u>	<u>C-145</u>		<u>1952</u>	<u>145</u>	<u>27</u>	<u>480.71</u>		Eng. 2									Eng. 3									Eng. 4										
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Registered Aircraft Owner Name: <u>KEVIN KIRCHOFF</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address <u>ROSEMARE</u> City: <u>ROSELAND</u> State: <u>TN</u> ZIP: <u>38053</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 How many? _____ ☐ Passenger How many? _____ ☐ Cargo How many? _____ ☐ Mail	
Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carrier (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			
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: _____			
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
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)

AIRCRAFT GROUNDED LOOPED. BENT GEAR, WINGTIP, PROP.

Airport Identifier: KMEI

Distance From Airport Center: _____ SM

Airport Name: KEY FIELD, MERIDIAN, MS

Direction From Airport: _____ degrees MAG

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

Airport Elevation: 298 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 ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TWOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

☐ None ☐ Stop and Go
☒ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☒ Full Stop ☐ Unknown

Runway Information

Runway ID: 04 (L/R/C) Length: 4599 ft Width: 150 ft

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

Runway/Landing Surface (Check all that apply)

☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Last Departure Point

Airport ID: KNOA
 City: MILLINGTON
 State: TN
 Country: USA

Time of Departure

Time: 1000
 Time Zone: CDT

Destination

Airport ID: KMEI
 City: MERIDIAN
 State: MS
 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 ☐ 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 on Board at Last Takeoff

(convert from pounds, as necessary)

42 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

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

OPENED RESPECTIVE DOOR AND EXITED.

Weather Observation Facility

Facility ID: KMEI - ATIS

Observation Time: ?

Time Zone: CDT

Distance from Accident Site: AT FIELD 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)

+ tower

☐ Company

☐ Military

☐ Internet

☐ Unknown

Method of Briefing

(Check all that apply)

☐ In Person

☐ Teletype

☒ Telephone/Computer

☒ Aircraft Radio

☐ TV/Radio

☐ Unknown

Briefing Type/Completeness

☒ Full

☐ Partial / Limited By Pilot

☐ Partial / Limited By Briefer

☐ Abbreviated

☐ Unknown

☐ Not Pertinent

Light Condition

☐ Dawn

☒ Day

☐ Dusk

☐ Night

☐ Dark Night

☐ Bright Night

☐ Not Reported

Visibility

10 miles

Sky/Lowest Cloud Condition

☐ Clear

☐ Few

☐ Partial Obscuration

☐ Scattered

☐ Thin Broken

☒ Thin Overcast

☐ Unknown

Ceiling

☐ None (clear)

☐ Broken

☒ Overcast

☐ Obscured

☐ Indefinite

☐ Unknown

Restriction to Visibility (Check all that apply)

☐ None

☐ Blowing Dust

☐ Blowing Sand

☐ Blowing Snow

☐ Blowing Spray

☐ Dust

☐ Fog

☐ Ground Fog

☒ Haze

☐ Ice Fog

☐ Smoke

☐ Unknown

Lowest Cloud Condition Height

1800 ft AGL

Ceiling Height

1800 ft AGL

Wind Direction

☒ Indicated:
340 degrees MAG

☐ Variable

Wind Speed

Velocity: 5 KTS

-or-

☐ Calm

☐ Light and Variable

Wind Gusts

Velocity: _____ KTS

☐ Gusting

☒ Not Gusting

(NOT REPORTED)

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

N/A

Temperature:

EST or 85 (C) WARM (F)

Altitude Setting: _____ in HG
or _____ MB

Density Altitude: ? ft

Dew Point: _____ (C) ?
or _____ (F)

Icing Forecast

Amount

☒ None ☐ Moderate

☐ Trace ☐ Severe

☐ Light

Type

☐ Rime

☐ Clear

☐ Mixed

Icing Actual

Amount

☒ None ☐ Moderate

☐ Trace ☐ Severe

☐ Light

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" Responsibilities at the Time of Accident/Incident																																																																																																				
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification																																																																																																				
First Name: <u>KEVIN B</u>					City: <u>MILLINGTON</u>																																																																																															
Middle Initial: <u>B</u>					State: <u>TN</u> ZIP: <u>38053</u>																																																																																															
Last Name: <u>KIRCHOFF</u>					Country: <u>USA</u>																																																																																															
Age at time of Accident/Incident: <u>56</u>					Date of Birth: <u>11/11/1956</u> mm/dd/yyyy		Certificate Number: <u>[REDACTED]</u>																																																																																													
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness																																																																																											
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			☐ Left ☒ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single			Used ☒ Yes ☐ No Available ☐ Yes ☐ No			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		Medical Certificate			Medical Certificate Validity			Date of Last Medical																																																																																												
☒ Pilot ☐ Other ☐ Unknown		☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown			<u>02/06/2013</u> mm/dd/yyyy <u>THEN</u> <u>08/2013</u>																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/11/2013</u> mm/dd/yyyy																																																																																																				
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Make: <u>MD-11</u> Simulator																																																																																																				
Model: _____																																																																																																				
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)																																																																																														
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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<u>B-727</u> <u>DC-10</u> <u>MD-11</u>						<u>TAILWHEEL ENDORSEMENT</u> <u>01-07-11</u>																																																																																														
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Last 30 Days	<u>19.1</u>	<u>9.1</u>	<u>9.1</u>	<u>10</u>	<u>4</u>	<u>3</u>																																																																																														
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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: <u>N/A</u> 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 ☐ Airplane Single-Engine ☐ Instrument Airplane ☐ Airplane Multi-Engine ☐ Instrument Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ 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="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>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>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>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>This Make/Model</td> <td colspan="5"></td> <td></td><td></td> <td colspan="3"></td> </tr> <tr> <td>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>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>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										
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ADDITIONAL FLIGHT CREW MEMBERS (Excluded flight attendants complete the following information)																
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs													
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs													
PASSENGERS/OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																
Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Seat _____	Crew ☐	Non-Revenue ☐	Revenue ☐	Non-Occupant ☐	FAA ☐	Fatal ☐	Serious Injury ☐	Minor Injury ☐	No Injury ☐	Unknown ☐
First Name: <u>ERIC</u> City: <u>ROSEMARE</u> Middle Initial: <u>H</u> State: <u>TX</u> ZIP: <u>38053</u> Last Name: <u>KIRCHOFF</u> Country: <u>USA</u>						Seat <u>LF</u>	☒	☐	☐	☐	☐	☐	☐	☐	☒	
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PILOT'S STORY OF FLIGHT (Pages 1-3 of 3)

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.

ON 4 AUG. 2013, I DEPARTED KMQA (MILLINGTON, TN) AT ~10 AM CDT, FOR A VFR FLIGHT TO PENSACOLA, FLORIDA, UPON LANDING AT KMEI (KEY FIELD, MERIDIAN, MS) FOR A PLANNED FUEL STOP, I GROUND LOOPED MY PLANE.

DESCRIPTION AS FOLLOWS:

I APPROACHED THE AIRPORT FROM THE NORTHWEST AND ENTERED A LEFT BASE FOR RUNWAY 04. WINDS WERE REPORTED @ 340 @ 5 BY TOWER. I EXPECTED AND NOTICED SLIGHT OVERSHOOTING CROSSWINDS BUT LINEUP WAS UN AFFECTED BY IT. I DID A NO FLAP WHEEL LANDING, TOUCHING DOWN JUST BEYOND THE APPROACH END OF RUNWAY 04.

IN THE FLAIR I PICKED UP A SLIGHT RIGHT DRIFT AND THE AIRPLANE YAWED TO THE LEFT AT TOUCHDOWN. I PUT IN MORE RIGHT RUDDER TO COMPENSATE AND STRAIGHTEN IT OUT. AS THE AIRCRAFT SLOWED, IT YAWED LEFT, AT WHICH POINT I HAD APPLIED FULL RIGHT RUDDER BUT WAS UNABLE TO KEEP THE TAIL FROM SKIDDING OUT TO THE RIGHT.

THE AIRCRAFT WAS SKIDDING AND BOUNCING TO A STOP AND AT THE LAST SECOND TIPPED UP ON THE RIGHT WING AND THEN UP ON THE NOSE.

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

Operator/Owner Safety Recommendation

HAD I RECOGNIZED THE SUDDEN LEFT YAW EARLY ENOUGH, PERHAPS A GO AROUND WOULD HAVE BEEN ENOUGH TO STRAIGHTEN IT OUT.

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

CRASHING SOCKS! PLEASE CALL
 ME AT [REDACTED] IF YOU
 NEED ADDITIONAL INFORMATION. THANKS
 AND HAVE A NICE DAY,
 KEVIN

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

09/09/2013
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: KEVIN B KIRCHOFF

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.
ERA13CA351Reviewed by NTSB Regional Office
ERAName of Investigator
A. DiazDate Report Received
9/10/13