

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: <u>(BUNNELL)</u> Nearest City/Place: <u>Flagler Co Airport</u> State: <u>FL</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)			Date/Time: <u>1:30 PM</u> Date: <u>10/4/2012</u> Local Time: <u>1:30 AM</u> mm/dd/yyyy Time Zone: <u>EST</u>		
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☒ Landing ☒ Approach ☐ Unknown			Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None		Altitude of In-Flight Occurrence <u>0</u> ft MSL
WEATHER INFORMATION AT THE ACCIDENT SITE					
Weather Observation Facility Facility ID: <u>KXFL</u> Observation Time: <u>APPROX 1300Z</u> Time Zone: <u>EST</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)		Method of Briefing (Check all that apply) ☐ In Person ☐ Teletype ☐ Telephone/Computer ☐ Aircraft Radio ☐ TV/Radio ☐ Unknown	
Briefing Type/Completeness ☐ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☐ Unknown ☐ Partial / Limited By Briefer ☐ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Day ☐ Night ☐ Bright Night ☐ Not Reported		Visibility _____ miles	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL		Type of Turbulence (Check all that apply) ☐ None ☐ In Clouds ☐ Clear Air ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop	
Wind Direction ☐ Indicated: _____ degrees MAG ☐ Variable		Wind Speed Velocity: _____ KTS -or- ☐ Calm ☐ Light and Variable			
NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident					
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount Type ☐ None ☐ Moderate ☐ Rime ☐ Trace ☐ Severe ☐ Clear ☐ Light ☐ Mixed Icing Actual Amount Type ☐ None ☐ Moderate ☐ Rime ☐ Trace ☐ Severe ☐ Clear ☐ Light ☐ Mixed		Type of Precipitation (Check all that apply) ☐ None ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow Shower ☐ Freezing Drizzle Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy	

AIRCRAFT INFORMATION									
Manufacturer: <u>DIAMOND</u> Model: <u>DA-42 TWINSTAR NG</u> Serial Number: _____ Registration Number: <u>N607 PA</u> Amateur-built: ☐ Yes ☒ No					Max Gross Weight: <u>4189</u> lbs Weight at Time of Accident: <u>3800</u> lbs Location of Center of Gravity at Time of Accident: _____ inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (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			
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: _____ mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at (check one) ☐ Last Inspection ☐ Time of Accident				
IFR Equipped ☐ Yes ☐ No ☐ Unknown			Stall Warning System Installed ☐ Yes ☐ No ☐ Unknown		Type of Fire Extinguishing System ☐ None ☐ Specify _____				
ELT Installed ELT Activated ☐ Yes ☐ No ☐ Yes ☐ No			ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____						
Engine Type ☐ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown		Reciprocating Fuel System Type ☐ Carburetor ☐ Fuel Injected		Propeller ☐ Fixed Pitch Manufacturer: _____ ☐ Controllable Pitch Model: _____					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1									
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner Name: _____ Fractional Ownership Aircraft: ☐ Yes ☐ No					Owner Address City: _____ State: _____ ZIP: _____ Country: _____				
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) ☐ 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: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)					
Airport Identifier: <u>KXFL</u>		Distance From Airport Center: _____ SM			
Airport Name: <u>FLAGLER CO.</u>		Direction From Airport: _____ degrees MAG			
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip		Airport Elevation: _____ 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 ☐ Sidestop ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VORTVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VORDME ☐ 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			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					
FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>DAB</u> City: <u>DAYTONA BEACH</u> State: <u>FL</u> Country: <u>USA</u>		Time of Departure APPROX Time: <u>10:00AM</u> Time Zone: <u>EST</u>		Destination Airport ID: <u>KXFL</u> City: <u>BUDNELL</u> State: <u>FL</u> Country: <u>USA</u>	
Type Flight Plan Filed <u>NONE</u> ☐ 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 occurred (Check all that apply)			
☐ Class A	☐ Class E	☐ Prohibited Area	☐ Jet Training Area
☐ Class B	☐ Class G	☐ Restricted Area	☐ TRSA
☐ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93
☒ Class D	☐ Warning Area	☐ Airport Advisory Area	☐ Special
			☐ Air Traffic Control Area
			☐ Unknown
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) <u>Full</u> 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 			
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.) N/A			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) RIGHT GEAR DOOR DAMAGE RIGHT PROP TIPS DAMAGE ACTUAL - PENDING			
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 PILOT AND DPE DEPARTED NORMALLY			

This information from 8710 NEE

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at the Time of Accident											
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
Pilot "A" Identification											
First Name: <u>TWARK VAN DER SPEK</u>						City: <u>DELOSIA SINGAPORE</u>					
Middle Initial: <u>IVAN</u>						State: <u>ZIP:</u>					
Last Name: <u>VAN DER SPEK</u>						Country: <u>SINGAPORE</u>					
Age at time of Accident: _____			Date of Birth: _____ mm/dd/yyyy			Certificate Number: _____					
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>08/01/2012</u> 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)		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 ☐ 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		Rotocraft	Glider	Lighter Than Air
Total Time		460	43.2				58				
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

Data from pilot's 78710 NEE

PILOT "B" INFORMATION																																																																																																			
Pilot "B" Responsibilities at the Time of Accident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☒ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
Pilot "B" Identification First Name: <u>NANCY</u> City: <u>CRESCENT CITY</u> Middle Initial: <u>E.</u> State: <u>FL</u> ZIP: <u>32112</u> Last Name: <u>EL-HAJJ</u> Country: <u>USA</u>																																																																																																			
Age at time of Accident: <u>79</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] 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 <u>DPE</u> ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown		Date of Last Medical <u>07/03/2012</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>CORRECTIVE LENSES</u>																																																																																																			
Medical Certificate Waivers																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/2011</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PA34 PIPER</u> Model: <u>SENECA</u>																																																																																															
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☒ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☒ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☒ Glider ☐ Sport																																																																																													
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<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">DP42 This Make & Model</th> <th rowspan="2">Airplane Single Engines</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>15,800±</td> <td>40.0±</td> <td>10,000±</td> <td>5,000±</td> <td>2,000±</td> <td>1,500±</td> <td>1,000±</td> <td></td> <td>60±</td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>14,000±</td> <td>5</td> <td>6,000±</td> <td>3,000±</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td>0</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></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td>30</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	DP42 This Make & Model	Airplane Single Engines	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	15,800±	40.0±	10,000±	5,000±	2,000±	1,500±	1,000±		60±		Pilot in Command (PIC)	14,000±	5	6,000±	3,000±							Time as Instructor		0									This Make/Model					0	0	0				Last 90 Days		30									Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
Type Rating/Endorsement for Accident/Incident Aircraft?				☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident:		_____ hrs								
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
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☐ Foreign																
Type Rating/Endorsement for Accident/Incident Aircraft?				☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident:		_____ hrs								
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Rescue	Rescue	Non-Occupant	F.A.A.	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address																
First Name: _____			City: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													
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Last Name: _____			Country: _____													
Name and Address																
First Name: _____			City: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													

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

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

See enclosed report after the accident.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report <u>11/09/2012</u> mm/dd/yyyy	Signature and Name of Pilot/Operator Signature: <u>[REDACTED]</u> Type or Print Name: <u>[REDACTED]</u>
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Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: <u>[REDACTED]</u> Type or Print Name: <u>NANCY E. ELHAJ</u> Title: <u>DPE</u>

FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA13LA043	Reviewed by NTSB Regional Office ERA	Name of Investigator Alleyne	Date Report Received
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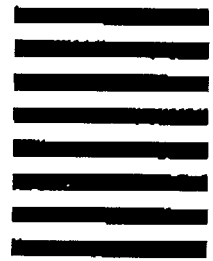
11/09/2012

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FOLLOW ADDRESSING INSTRUCTIONS BELOW

Applicant was making a short field approach to ~~runway 06~~ runway 06 at Hager Airport. The approach was nicely stabilized and at proper approach speed of 85 K. During the flare and converting for a left crosswind and at about 25' the aircraft began a high rate of descent. ^{I called for a go-around} and he began to add power, but the speed ^{to 90 knots} bled off too fast for me to try to take over and the aircraft touched down hard. We stayed on the ground and turned off the runway - stopped and checked the landing gear. Upon inspection I found the right main gear door was damaged and the ~~right~~ right propeller tips were damaged.

Signed: 

Date: 10/11/2012

