

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: FLAGLER AIRPORT State: FL
 ZIP: 32164 Country: USA
 Latitude: 29.28.02 (00:00:00 N/S) Longitude: 081.12.22 (000:00:00 E/W)

Date/Time

Date: 10/11/2012 Local Time: 13:45
 mm/dd/yyyy Time Zone: UTC - 4

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

7-20 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: KDAB/KXFL
 Observation Time: 9:30 (local)
 Time Zone: UTC - 4

Distance from Accident Site: 10/0 NM
 Direction from Accident Site: 10/0 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

P8 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

3500 ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

☒ Indicated:
040 degrees MAG
☐ Variable

Wind Speed

Velocity: 12 KTS
 -or-
☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: 18 KTS
☒ Gusting
☐ Not Gusting

Type of Turbulence (Check all that apply)

☒ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

Temperature: <u>25</u> (C) or _____ (F) Altimeter Setting: <u>29.94</u> in. HG or _____ MB Density Altitude: <u>1214</u> ft Dew Point: <u>12</u> (C) or _____ (F)	Icing Forecast <table style="width: 100%;"> <tr> <td>Amount</td> <td>Type</td> </tr> <tr> <td>☒ None ☐ Moderate</td> <td>☐ Rime</td> </tr> <tr> <td>☐ Trace ☐ Severe</td> <td>☐ Clear</td> </tr> <tr> <td>☐ Light</td> <td>☐ Mixed</td> </tr> </table> Icing Actual <table style="width: 100%;"> <tr> <td>Amount</td> <td>Type</td> </tr> <tr> <td>☒ None ☐ Moderate</td> <td>☐ Rime</td> </tr> <tr> <td>☐ Trace ☐ Severe</td> <td>☐ Clear</td> </tr> <tr> <td>☐ Light</td> <td>☐ Mixed</td> </tr> </table>	Amount	Type	☒ None ☐ Moderate	☐ Rime	☐ Trace ☐ Severe	☐ Clear	☐ Light	☐ Mixed	Amount	Type	☒ None ☐ Moderate	☐ Rime	☐ Trace ☐ Severe	☐ Clear	☐ Light	☐ Mixed	Type of Precipitation (Check all that apply) <table style="width: 100%;"> <tr> <td>☒ None</td> <td>☐ Drizzle</td> </tr> <tr> <td>☐ Rain</td> <td>☐ Ice Pellets</td> </tr> <tr> <td>☐ Snow</td> <td>☐ Snow Pellets</td> </tr> <tr> <td>☐ Hail</td> <td>☐ Snow Grains</td> </tr> <tr> <td>☐ Rain Showers</td> <td>☐ Ice Crystals</td> </tr> <tr> <td>☐ Freezing Rain</td> <td>☐ Ice Pellets Shower</td> </tr> <tr> <td>☐ Snow Shower</td> <td>☐ Freezing Drizzle</td> </tr> </table> Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy	☒ None	☐ Drizzle	☐ Rain	☐ Ice Pellets	☐ Snow	☐ Snow Pellets	☐ Hail	☐ Snow Grains	☐ Rain Showers	☐ Ice Crystals	☐ Freezing Rain	☐ Ice Pellets Shower	☐ Snow Shower	☐ Freezing Drizzle
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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 (Select all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)		
Airport Identifier: <u>KXFL</u>		Distance From Airport Center: <u>0</u> SM
Airport Name: <u>FLAGLER COUNTY AIRPORT</u>		Direction From Airport: <u>N/A</u> degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip		Airport Elevation: <u>33</u> ft. MSL
Approach Segment (Select one) ☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)		
IFR Approach (Check all that apply) ☒ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ 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: <u>06</u> (L/R/C) Length: <u>5000</u> ft Width: <u>100</u> 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>KDAB</u> City: <u>DAYTONA BEACH</u> State: <u>FL</u> Country: <u>USA</u>	Time of Departure Time: <u>12:40</u> Time Zone: <u>UTC-4</u>	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 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)		Fuel Type		
_____ 78 _____ Gallons		☐ 80/87 ☐ 115/145 ☐ JP3 ☐ 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.)				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)				
- propeller damage (right) - right gear door				
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 normal exit - PIC left - Examiner right				

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>TJARK</u> City: <u>SINGAPORE</u> Middle Initial: _____ State: <u>-</u> ZIP: <u>423937</u> Last Name: <u>VAN DER SPEK</u> Country: <u>SINGAPORE</u>																																																																																																				
Age at time of Accident: <u>43</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) <i>(Check all that apply)</i> ☐ 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 <u>08/01/2012</u> mm/dd/yyyy																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/05/2012</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>CESSNA</u> Model: <u>172 S NAV III</u>																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings <u>—</u>						Student Endorsements <i>(Include dates)</i> <u>—</u>																																																																																														
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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.

AFTER THE MANOEUVRES PART, FOR THE CPL/ME CHECKRIDE (STALLS, SLOW FLIGHT, STEEP TURN & VMC DEMO) I WAS REQUESTED TO FLY TO FLAGLER FOR A SHORT FIELD LANDING. CHECKED ATIS AND CONTACTED TOWER AND RECEIVED CLEARANCE TO ENTER/REPORT DOWNWIND (L) RW 06.

ON DOWNWIND 06 I FOLLOWED CHECKLIST, LOWERED GEAR AND GOT CLEARED FOR LANDING 06, SPEED 120 KTS, LOWERED FIRST SET FLAPS TURNED INTO BASE, SPEED APPROX. 110 KTS. TURNING INTO FINAL I COMPLETED CHECKS (GUNS), STABLE AND LOWERED FINAL FLAPS ON 400 FT, SPEED 85/90 KTS. AIRCRAFT WAS SLIGHTLY CRABBED INTO LEFT CROSSWIND.

THE LAST 150/200 FEET I SLOWLY PITCHED UP TO MAINTAIN STABLE DESCENT, SPEED 75/80 KTS. JUST BEFORE INITIATING THE FLARE APPROX. 20 FEET, READY TO REDUCE THROTTLE IT FELT THE AIRCRAFT "SUNK" RAPIDLY AND RESULTED IN A HARD LANDING. REMEMBER CHECKING SPEED BEFORE WHICH INDICATED 67 KTS.

SINCE AIRCRAFT WAS ON THE GROUND (NO BOUNCE) I DID NOT INITIATE GO-AROUND. I TAXIED FURTHER AND EXIT RUNWAY REQUESTED TOWER TO STOP TO CHECK AIRCRAFT WHEN WE NOTICED THE DAMAGE.

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.

- 1) completed school evaluation for my CPL/ME CHECKRIDE
ON SATURDAY 10/06/2012
- 2) short field approach & landing (FSM Phoenix East)
- On final complete AUMS check
 - coordinate pitch/power to obtain 82 KIAS
 - approach must be stable not lower than 300' AGL
 - at appropriate height (5'/10' above ground/runway reduce power and begin round out)
 - smoothly apply back-pressure without increasing altitude to allow aircraft to touch-down close to stall speed

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

Date of this Report

10/31/2012

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: _____

TJARK VAN DER SPEK

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.

ERA131A043

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Alleyne

Date Report Received

11/1/2012