

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: West Milford State: NJ
 ZIP: 07480 Country: United States
 Latitude: 41-07-42 N (dd:mm:ss N/S) Longitude: 074-20-47 W (ddd:mm:ss E/W)

Date/Time

Date: 02/11/2014 Local Time: 10:45 AM
 mm/dd/yyyy Time Zone: EST

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

Surface ft MSL

AIRCRAFT INFORMATION

Manufacturer: Piper
 Model: PA 38-112
 Serial Number: 38-78A0002
 Registration Number: N381PT Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 1670 lbs
 Weight at Time of Accident/Incident: 1650 lbs
 Location of Center of Gravity at Time of Accident/Incident:
77.2 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: 2

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: 01/20/2014
 mm/dd/yyyy

Airframe Total Time: 5181.0 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: Narco Avionics

Model/Series: ELT 10

Serial Number: 55320

Battery Type: Alkaline

Battery Exp. Date: 10/2015

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: Sensenich

Model: 72-CK-O-56

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>Lycoming</u>	<u>O-235-L2C</u>	<u>L-15451-15</u>	<u>04/5/1978</u>	<u>112</u>	<u>8765.8</u>	<u>22.9</u>	<u>1356.8</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: International Aviation LLCFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: [REDACTED]
State: CT ZIP: 06114
Country: United States**Operator of Aircraft**☐ Same As Registered OwnerName: Connecticut Flight Academy LLC

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

Operator Address☒ Same As Registered OwnerCity: _____
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 AircraftFirst 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

(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)

- Nose gear + both Mains damaged
- Leading edge of Both wings damaged
- Propeller bent
- Engine mount and firewall Damaged
- Cracked windshield
- Nose Cone Damaged
- Runway edge light damaged

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

Airport Identifier: 4N1 Distance From Airport Center: _____ SM
Airport Name: Greenwood Lake Airport Direction From Airport: _____ degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: 790 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: 24 (L/R/C) Length: 3471 ft Width: 60 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: HFD
City: Hartford
State: CT
Country: USA

Time of Departure

Time: 9:44 AM
Time Zone: EST

Destination

Airport ID: 4N1
City: West Milford
State: NJ
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 & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

19 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: SWFObservation Time: 10:30 AmTime Zone: ESTDistance from Accident Site: 25 NMDirection from Accident Site: 36° 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**20+ 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**Clear ft AGL**Ceiling Height**Clear ft AGL**Wind Direction**☒ Indicated:
280 degrees MAG☐ Variable**Wind Speed**Velocity: 6 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

L- PAPI out of service on R24 and R6L- Snowbanks observed on R24 and R6L- Snowbanks on TaxiwaysTemperature: -2 (C)
or _____ (F)Altimeter Setting: 3021 in. HG
or _____ MBDensity Altitude: -1000 ftDew Point: -8 (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: ANDREW ASHWORTH City: CHESHIRE
 Middle Initial: J State: CT ZIP: 06410
 Last Name: ASHWORTH Country: USA
 Age at time of Accident/Incident: 35 Date of Birth: mm/dd/yyyy 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

5/2003
 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

11/24/13
 mm/dd/yyyy

Flight Review Aircraft

Make: PIPER
 Model: TOMAHAWK PA 38-112

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	160	160	160	0	26.2	8	73.9	0	0	0
Pilot in Command (PIC)	101	101	101	0	11.8	8	70	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	4.5	2.7			
Last 90 Days	55.9	55.9	55.9	0	23.1	0	0	0	0	0
Last 30 Days	26.5	26.5	26.5	0	14.6	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: ISHAN City: HARTFORD
 Middle Initial: HERMAN (H) State: CT ZIP: 06114
 Last Name: JAYABARDENA Country: USA
 Age at time of Accident/Incident: 31 Date of Birth: mm/dd/yyyy Certificate Number: PENDING

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

01/13/2014
 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

01/16/2014
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: PA-38 112

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	96.6	29.6	96.6	NA	13.3	NA	12.13	NA	NA	NA
Pilot in Command (PIC)	5.0	NA	5.0	NA	NA	NA	NA	NA	NA	NA
Time as Instructor	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
This Make/Model					8.3	NA	NA			
Last 90 Days	29.6	29.6	29.6	NA	8.3	NA	12.13	NA	NA	NA
Last 30 Days	29.6	29.6	29.6	NA	8.3	NA	12.13	NA	NA	NA
Last 24 Hours	29.6	29.6	29.6	NA	8.3	NA	12.13	NA	NA	NA

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin 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

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

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

PASSENGER(S) / 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: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

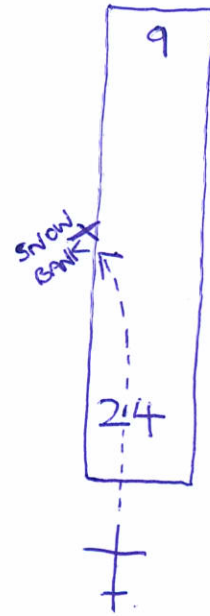
NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, 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.

- APPROACH TO RUNWAY 24 4N1
- SLIGHTLY TO LEFT OF CENTERLINE
- TOUCH DOWN WITH NOSE TURNED LEFT, TRIED TO CORRECT BUT SKIDDED INTO SNOW-BANK

- DEPARTED KHAD @ 9:44AM EST
- WIND 280-6 (FROM ATIS AT KSWF)

- NO ISSUES WITH THE AIRCRAFT OR ITS PERFORMANCE.



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

Operator/Owner Safety Recommendation

- Require all flights without a CFI on board must be to Connecticut Flight Academy Approved Destination
- Keys will be locked and ~~dispatched~~ to Pilots only after approval of destination, weather Briefing, Notams, TFR's, PAVE Checklist, Weight and balance,

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

2/15/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: _____

ANDREW ASHWORTH

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

KEVIN ROSS

Chief Instructor

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA14CA119

Reviewed by NTSB Regional Office

Ashburn, Virginia

Name of Investigator

Monville

Date Report Received

2/17/2014