

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: Cullman State: AL ZIP: 35179 Country: USA Latitude: North Ramp (00:00:00 N/S) Longitude: North Ramp (000:00:00 E/W)		Date/Time Date: 01/10/2015 Local Time: 11:10 A.M. mm/dd/yyyy Time Zone: Central	
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 0 ft MSL

WEATHER INFORMATION AT THE ACCIDENT 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 ☐ 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 ☒ N/A
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 10 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		
Wind Direction ☐ Indicated: degrees MAG ☒ Variable	Wind Speed Velocity: KTS -or- ☐ Calm ☒ Light and Variable	Wind Gusts Velocity: 3 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

N/A. This was not going to be a cross country flight. Flight would have taken place in the local training area.

Temperature: (C) or 28 (F) Altimeter 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	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
	Icing Actual Amount ☐ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed	Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy

AIRCRAFT INFORMATION

Manufacturer: Cessna Model: C-152 1978 Serial Number: 15282915 Registration Number: N89921		Max Gross Weight: 1,670 lbs Weight at Time of Accident: 1,118 lbs Location of Center of Gravity at Time of Accident: 36.5 or inches from ☐ nose or ☒ datum 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: WSCC has this information.		Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☒ Unknown. WSCC has this information.	
Date Last Inspection: WSCC has this information. mm/dd/yyyy		Airframe Total Time: Contact WSCC for information. 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 ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No		ELT Manufacturer: WSCC has this information. Model/Series: Serial Number: Battery Type: Battery Exp. Date:	
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. WSCC has this information. ☐ Fixed Pitch ☐ Controllable Pitch Manufacturer: Model:			
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number
Eng. 1	WSCC has this information.		
Eng. 2			
Eng. 3			
Eng. 4			
Engine Rated Power Measured as (check one) ☐ Horsepower or ☐ lbs of Thrust			
Total Time (hours) Time Since Inspection (hours) Time Since Overhaul (hours)			
OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner. WSCC has this information. Name: Fractional Ownership Aircraft: ☐ Yes ☐ No		Owner Address. WSCC has this information. City: State: ZIP: Country:	
Operator of Aircraft ☐ Same As Registered Owner Name: Anthony J. Nicoletta Doing Business As: Student Pilot Air Carrier/Operator Designator (4 Character Code): N/A		Operator Address ☐ Same As Registered Owner City: Meridianville State: AL ZIP: 35759 Country: USA	
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
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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:	ZIP:
Middle Initial:	State:	
Last Name:	Country:	
Pilot of Other Aircraft		
First Name:	City:	ZIP:
Middle Initial:	State:	
Last Name:	Country:	

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

Airport Identifier: KCMD	Distance From Airport Center:	0	SM	Direction From Airport: 0	degrees MAG Proximity
Airport Name: Cullman Regional Airport	to Airport		☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip	Airport Elevation:	969 ft. MSL
Approach Segment (Select one) N/A					
☐ On Instrument Approach	☐ Landing Crosswind	☐ Base leg Low Approach	☐ Final Aborted Landing (after touchdown)	☐ Go Around	
IFR Approach (Check all that apply) ☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN			VFR Approach (Check all that apply) ☒ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop		
Runway Information: North ramp area Runway ID: (L/R/C) Length: ft Width: ft			Condition of Runway/Landing Surface (Check all that apply) ☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush Covered		
Runway/Landing Surface (Check all that apply) ☐ Asphalt ☐ Concrete ☐ Dirt			☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation		
☐ Grass/Turf ☐ Gravel ☐ Ice			☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☒ Unknown		
☐ Macadam ☐ Metal/Wood ☐ Snow			☐ Practice ☐ GPS ☐ Loran ☐ Unknown		
☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling					

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID:	Time:	Airport ID:	☒ None ☐ VFR/IFR
City:	Time Zone:	City:	☐ Company VFR ☐ IFR
State:		State:	☐ Military VFR ☐ Unknown
Country:		Country:	☐ 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 B ☐ Class C ☐ Class D	☐ Class E ☒ Class G ☐ Demo Area ☐ Warning Area	☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area	☐ Jet Training Area ☐ TRSA ☐ FAR 93	☐ Special ☐ Air Traffic Control Area ☐ Unknown
Aircraft Load Description (Check all that apply)				
☒ None ☐ Passengers ☐ Cargo	☐ Towing Glider ☐ Towing Banner ☐ Other External	☐ Parachutists ☐ Water ☐ Chemical/Fertilizer/Seeds	☐ Livestock ☐ Unknown	
FUEL & SERVICES INFORMATION				
Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type			
24 Gallons	☐ 80/87 ☒ 100 Low Lead ☐ 100/130	☐ 115/145 ☐ Jet A ☐ Automotive	☐ JP3 ☐ JP4 ☐ JP5	☐ Other, specify
Other Services, if Any, Prior to Departure.				
During my "before starting engine" check, I noticed that both fuel tanks had approximately 4.5 gallons of fuel. Because of this, I had the FBO top off both tanks.				
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
I believe that the cold temperatures during this week may have contributed to the part(s) malfunction or failure.				Hours Cycles
Brakes did not respond. Despite having both feet firmly on the brakes, aircraft accelerated forward when I was adjusting RPMs to 1,000 RPMs during the "starting engine" check. Also, I could not get the throttle to release which prevented me from reducing power.				Time Since This Part Inspected/Overhauled
Contact Wallace State Community College (WSCC) for part numbers, serial numbers, total time on parts, etc.				Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY				
Aircraft Damage		Aircraft Fire		Aircraft Explosion
☐ None ☐ Minor	☒ Substantial ☐ Destroyed	☒ None ☐ In-Flight ☐ On-Ground	☐ Both Ground and In-Flight ☐ Unknown Origin	☒ None ☐ In-Flight ☐ On-Ground
Description of Damage to Aircraft and Other Property (use additional sheet if necessary)				
Propeller, power plant, front fuselage, wings, and instrument panel were damaged when aircraft went into tree line and impacted trees. No other property damage was observed.				
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				
After impact, I turned off the ignition switch and master switch. I attempted to release the throttle but it was still stuck. After completing the above procedures, I unlatched my seat belt, opened my door, and walked back to the terminal building and reported what had happened to my flight instructor.				

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: Anthony
 Middle Initial: J.
 Last Name: Nicolella

City: Meridianville
 State: AL ZIP: 35759
 Country: USA

Age at time of Accident: 53

Date of Birth: [REDACTED]
 mm/dd/yyyy

Certificate Number: [REDACTED]

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

07/29/2014
 mm/dd/yyyy

Medical Certificate Limitations

Holder shall possess correcting glasses for near vision while exercising the privileges of his airman certificate. I did have on my prescription glasses on the morning of the incident.

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)

Pre-Solo Test 11/28/2014
 Private Pilot Knowledge Test 12/01/2014
 Initial Solo 12/05/2014 (Cessna C-152)

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	23.5	23.5	23.5							
Pilot in Command (PIC)	2.0	2.0	2.0							
Time as Instructor	0	0	0							
This Make/Model										
Last 90 Days	18.1	18.1	18.1							
Last 30 Days	4.7	4.7	4.7							
Last 24 Hours	.1	.1	.1							

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: Middle Initial: Last Name:					City: State: Country:		ZIP:																																																																																													
Age at time of Accident:			Date of Birth: mm/dd/yyyy			Certificate Number:																																																																																														
Degree of Injury None ☐ Minor ☐ Fatal ☐ Serious ☐ Unknown			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																																																																																												
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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 ☐ Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None Single- ☐ 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)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <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: 15%;">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></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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 (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address						Degree of Injury										
First Name:			City:			☐ None		☐ Fatal								
Middle Initial:			State:			☐ 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		☐ Left		☐ Front								
						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ Unknown								
Pilot Name and Address						Degree of Injury										
First Name:			City:			☐ None		☐ Fatal								
Middle Initial:			State:			☐ 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		☐ Left		☐ Front								
						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ Unknown								
Pilot Name and Address						Degree of Injury										
First Name:			City:			☐ None		☐ Fatal								
Middle Initial:			State:			☐ 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		☐ Left		☐ Front								
						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ Unknown								
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants, continue on separate sheet if necessary)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name:																
Middle Initial:																
Last Name:																
City:																
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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.

LOCATION/DATE/TIME/WEATHER CONDITIONS: Cullman Regional Airport, Saturday, January 10, 2015, 11:10 A.M. CST, partly sunny, temperature approximately 28 degrees Fahrenheit.

CIRCUMSTANCES:

At approximately 10:30 A.M. on Saturday, January 10, 2015, I signed out my aircraft (N89921). After signing the paperwork and picking up the keys, I went out to the flight line (north ramp) to perform my "before starting engine" pre-flight check in accordance with the C-152 Check-List. During my inspection, I discovered the fuel tanks had approximately 4.5 gallons of gas in each tank. Since I was going to be flying in the local training area, I asked the FBO personnel to top off the aircraft. After completing my checks, I went into the classroom and met with my instructor (Judd Davis) to go over the lesson requirements and to ask questions about slow flight and power off stalls. Once this was done, I went out to my aircraft to start performing my "starting engine" checks in accordance with the C-152 Check-List. Before starting these checks, I confirmed that both fuel tanks were now topped off with fuel. Because of the cold temperatures that day and the previous several days, my instructor hand turned the prop to get the oil circulating which would make it easier to start the aircraft. Once this was done, I started my "starting engine" checks. I primed the engine four strokes and pushed in the throttle about $\frac{1}{4}$ to $\frac{1}{2}$ of an inch and started the engine. The aircraft started up and then started moving slowly at first and then very quickly despite both of my feet pressing down firmly on the brakes and right hand pulling back on the throttle. I continued to apply pressure to the brakes while at the same time trying to reduce power by releasing the throttle. However, the throttle did not move. Within seconds, I had cleared the ramp area and impacted the tree-line. My right hand was pulling back on the throttle and my feet were depressing the brakes up to and during impact. At impact, my right forearm, right wrist, right shin, and left knee impacted the instrument panel and I sustained some bruising of my torso and lower right abdomen due to the seat belt harness. I turned off the ignition and master switches and attempted to release the throttle but it was still stuck. I undid my seat belt, opened my door, and walked back to the terminal building and told my instructor what had happened.

Note: This specific aircraft was not equipped with a parking brake.

TERRAIN: North ramp of Cullman Regional Airport which is made of asphalt. Once the north ramp was exited the last one hundred feet or so of the terrain was grass.

POINT OF DEPARTURE: North ramp area.

TIME OF THE INCIDENT: Approximately 11:10 A.M.

INTENDED DESTINATION: My intended destination was the local training area which is approximately 12 miles NW of the airport.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

RECOMMENDATIONS:

1. I would recommend that between (fall and spring) semesters at Wallace State Community College (WSCC) and during prolonged cold weather periods that periodic inspections of select aircraft components are performed by a licensed FAA mechanic. Incorporating these inspections as part of the cold weather procedures would help ensure that critical components are working properly, e.g., have not frozen over.
2. I would recommend installing parking brakes on all aircraft.

Recommendation # 1 above is based on the below relevant facts:

- A. The school (WSCC) posted a notice on its aircraft scheduling website on Thursday, January 8, 2015 stating that flying lessons had been cancelled that day due to the cold temperatures.
- B. The temperatures during the majority of the week of January 5, 2015 through the morning of January 10th were either below freezing or at freezing.
- C. January 10, 2015 was approximately the sixth day of a new semester and during the semester break (between December 18, 2014 and January 4, 2015) these aircrafts were not used as much as they would have been used during the regular semester.

Recommendation #2 above is based on the fact that this specific aircraft was not equipped with a parking brake.

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers. None.

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

Date of this Report 01/20/2015 mm/dd/yyyy	Signature and Name of Pilot/Operator Signature: [Redacted] Type or Print Name: Anthony J. Nicolella		
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. ERA15CA097	Reviewed by NTSB Regional Office Ashburn, VA	Name of Investigator l. Schiada	Date Report Received 1/13/2015