

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location					
Nearest City/Place, State, Zip Code CEDAR KEY, FLORIDA		Date of Accident 10/19/2016		Local Time (24 HOUR CLOCK) 0725	Zone EDT
Elevation At Accident Site 52 Feet MSL ____ Feet MSL					
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
Proximity To Airport					
1. ☐ On Approach		3. ☒ Within 1/2 Mile		5. ☐ Within 1 Mile	
2. ☐ Within 1/4 Mile		4. ☒ Within 3/4 Mile		6. ☐ Within 2 Miles	
7. ☐ Within 3 Miles		8. ☐ Beyond 3 Miles			
Airport Name GEORGE T. LEWIS		Airport Ident CDK		Runway/Landing Surface Conditions:	
				1. ☐ Direction: 3. ☐ Width: 5. ☐ Condition:	
				2. ☐ Length: 4. ☐ Surface:	
Phase Of Operation:					
1. ☐ Standing		3. ☒ Takeoff		5. ☐ Cruise	
2. ☐ Taxi		4. ☐ Climb		6. ☐ Descent	
				7. ☐ Approach	
				8. ☐ Landing	
				9. ☐ Hover/Maneuver	
				10. ☐ Altitude Of In-Flight Occurrence: _____ Feet MSL	
Aircraft Information					
Registration Mark N1827Y		Aircraft Manufacturer CESSNA		Aircraft Type/Model 172C	
				Serial Number 17249427	
Type Of Aircraft		Type Of Airworthiness Certificate			Amateur Built
1. ☒ Airplane		5. ☐ Blimp/Dirigible			1. ☐ Yes
2. ☐ Helicopter		6. ☐ Ultralight			2. ☒ No
3. ☐ Glider		7. ☐ Gyroplane			
4. ☐ Balloon		8. ☐ Specify _____			
Landing Gear					No. Of Seats
1. ☒ Tricycle—Fixed		4. ☐ Tailwheel—Retractable			Flight/Cabin
2. ☐ Tricycle—Retractable		5. ☐ Tailwheel—Retractable Mains			Crew 4
3. ☐ Tailwheel—Fixed		6. ☐ Amphibian			Pax _____
7. ☐ Skid		8. ☐ Limited			
9. ☐ Specify _____					
Stall Warning System Installed		IFR Equipped		Engine Type	
1. ☒ Yes		1. ☐ Yes		1. ☒ Reciprocating—Carburetor	
2. ☐ No		2. ☒ No		2. ☐ Reciprocating—Fuel Injected	
				3. ☐ Turbo Prop	
				4. ☐ Turbo Jet	
				5. ☐ Turbo Fan	
				6. ☐ Turbo Shaft	
Engine Manufacturer CONTINENTAL		Engine Model/Series O-300		Engine Rated Power	
				1. 145 Horsepower	
				2. _____ Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. NONE	
				2. Specify _____	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1		29520-D-4-D	1031.00 Hours	Hours	Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed	
1. ☒ Annual		1. ☒ Annual		10/3/15 (M/D/Y)	
2. ☐ Manufacturer's Inspection Program		2. ☐ 100 Hours		Time Since Last Inspection _____ Hours	
3. ☐ Other Approved Inspection Program(AAIP)		3. ☐ AAIP		Airframe Total Time 3012.7 Hours	
4. ☐ Continuous Airworthiness		4. ☐ Continuous Airworthiness			
5. ☐ Specify _____					
Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)	
	Switch	Operated	Aided In Accident Location		
	1. ☐ On 2. ☐ Off 3. ☐ Armed	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No		
Registered Aircraft Owner JOE E. GREENE JOE ALLEN		Address _____ GAINESVILLE, FL 32607			
Operator Of Aircraft UNABLE TO RESPOND		Address _____			
1. ☐ Same As Registered Owner		1. ☐ Same As Registered Owner			
2. Name _____		2. _____			
3. DBS: _____					

Owner / Operator Information (cont.)											
Operator (Certificate Number)			Operator Designator (4 Letter Designator)								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under 1. ☒ FAR91 (only) 4. ☐ FAR 121 7. ☐ FAR 133 2. ☐ FAR91D 5. ☐ FAR 125 8. ☐ FAR 135 3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137					Operator Authority FAR121 1. ☐ Domestic 2. ☐ Flag 3. ☐ Supplemental FAR 135 4. ☐ On Demand 5. ☐ Commuter			FAR 133 6. ☐ Rotorcraft External Load FAR125 7. ☐ Large Aircraft FAR 129 8. ☐ Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 1. ☐ Scheduled 2. ☐ Non Scheduled 3. ☐ Domestic 4. ☐ International 5. ☐ Passenger 6. ☐ Cargo 7. Specify _____	
Purpose of Flight 1. ☒ Personal 6. ☐ Aerial Observation 2. ☐ Business 7. ☐ Other Work Use 3. ☐ Educational 8. ☐ Public Use 4. ☐ Executive/Corporate 9. ☐ Ferry 5. ☐ Aerial Application 10. ☐ Positioning											
Pilot Information											
Pilot Name UNABLE TO RESPOND			Pilot Certificate No.		Address _____			Nationality			
Certificate (s) UNABLE TO RESPOND 1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None 2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____											
Rating (s) UNABLE TO RESPOND 1. ☐ None 6. ☐ Helicopter 2. ☐ Single Engine Land 7. ☐ Glider 3. ☐ Single Engine Sea 8. ☐ Free Balloon 4. ☐ Multiengine Land 9. ☐ Airship 5. ☐ Multiengine Sea 10. ☐ Gyroplane			Instrument Rating (s) 1. ☐ None 2. ☐ Airplane 3. ☐ Helicopter		Instructor Rating (s) 1. ☐ None 6. ☐ Instrument Airplane 2. ☐ Airplane S.E. 7. ☐ Instrument Helicopter 3. ☐ Airplane M.E. 8. ☐ Ground Instructor 4. ☐ Helicopter 9. ☐ Specify _____ 5. ☐ Glider						
Type Ratings/Student Endorsements UNABLE TO RESPOND			Date Of Biennial Flight Review or Equivalent (M/D/Y) UNABLE		BFR Aircraft 1. Make UNABLE 2. Model _____						
Medical Certificate 1. ☐ None 3. ☐ Class 2 2. ☐ Class 1 4. ☐ Class 3 UNABLE TO RESPOND			Date Of Last Medical (M/D/Y)		Limitations _____ Waivers _____			Date Of Birth (M/D/Y)			
Degree Of Injury 1. ☐ None 2. ☒ Minor 3. ☐ Serious 4. ☐ Fatal		Seat Occupied 1. ☐ Left 4. ☐ Front 2. ☐ Right 5. ☐ Rear 3. ☐ Center UNABLE TO RESPOND		Person At Controls At Time Of Accident 1. ☐ Pilot In Control 4. ☐ Non-Pilot 2. ☐ Second Pilot 5. ☐ No One 3. ☐ Both Pilots UNABLE TO RESPOND			Seat Belt Available 1. ☒ Yes 2. ☐ No				
Seat Belt Used 1. ☐ Yes 2. ☐ No		Shoulder Harness Available 1. ☐ Yes 2. ☐ No		Shoulder Harness Used 1. ☐ Yes 2. ☐ No		Source Of Pilot Flight Time Information 1. ☐ Pilot Logbook 4. ☐ Company 2. ☐ Operators Estimate 5. ☐ Specify _____ 3. ☐ FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time		UNABLE TO RESPOND					Actual Simulated				
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
Second Pilot Information											
Second Pilot Responsibilities At The Time Of Accident 1. ☐ Co-Pilot 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☐ None (Pilot-Rated Passenger)											
Pilot Name UNABLE TO RESPOND			Pilot Certificate No.		Address _____			Nationality			
Certificate (s) 1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None 2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____											

Second Pilot Information (cont.)											
Rating (s)				Instrument Rating (s)				Instructor Rating (s)			
1. ☐ None		6. ☐ Helicopter		1. ☐ None		1. ☐ None		6. ☐ Instrument Airplane			
2. ☐ Single Engine Land		7. ☐ Glider		2. ☐ Airplane		2. ☐ Airplane S.E.		7. ☐ Instrument Helicopter			
3. ☐ Single Engine Sea		8. ☐ Free Balloon		3. ☐ Helicopter		3. ☐ Airplane M.E.		8. ☐ Ground Instructor			
4. ☐ Multiengine Land		9. ☐ Airship				4. ☐ Helicopter		9. ☐ Specify _____			
5. ☐ Multiengine Sea		10. ☐ Gyroplane				5. ☐ Glider					
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____			
Medical Certificate		Date Of Last Medical (M/D/Y)		Limitations				Date Of Birth (M/D/Y)			
1. ☐ None 3. ☐ Class 2				Waivers							
2. ☐ Class 1 4. ☐ Class 3											
Degree Of Injury			Seat Occupied			Seat Belt Available					
1. ☐ None 3. ☐ Serious			1. ☐ Left 3. ☐ Center			5. ☐ Rear			1. ☐ Yes		
2. ☐ Minor 4. ☐ Fatal			2. ☐ Right 4. ☐ Front						2. ☐ No		
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		1. ☐ Pilot Logbook		4. ☐ Company			
1. ☐ Yes		1. ☐ Yes		1. ☐ Yes		2. ☐ Operators Estimate		5. ☐ Specify _____			
2. ☐ No		2. ☐ No		2. ☐ No		3. ☐ FAA Records					
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
						Actual	Simulated				
Total Time											
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
Other Personnel											
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None	
1.											
2.											
3.											
4.											
5.											
6.											
Flight Itinerary Information											
Last Departure Point		Time Of Departure		Destination		Flight Plan Filed					
1. Airport ID <u>CID</u>		1. Time <u>7:25</u>		1. Airport ID _____		1. ☒ None		4. ☐ VFR/IFR			
2. City/Place <u>CEDAR KEY</u>		2. Time Zone <u>EDT</u>		2. City/Place _____		2. ☐ VFR		5. ☐ Company (VFR)			
3. State <u>FLORIDA</u>				3. State _____		3. ☐ IFR		6. ☐ Military (VFR)			
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished											
<u>N/A</u>											
Fuel On Board At Last Takeoff				Fuel Type							
_____ Gallons				1. ☐ 80/87 4. ☐ 115/145 7. Specify _____							
or _____ Pounds				2. ☒ 100 Low Lead 5. ☐ Jet A							
<u>ALMOST FULL</u>				3. ☐ 100/130 6. ☐ Automotive							
Other Services, If Any, Prior to Departure											
<u>NONE KNOWN</u>											
Weather Information At The Accident Site											
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition			Visibility			Temp (°F)		
			1. ☐ Dawn 3. ☐ Dusk 5. ☐ Dark Night			_____ Miles					
			2. ☒ Daylight 4. ☐ Bright Night			<u>CLEAR</u>					

Weather Information At The Accident Site (cont.)							
Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition					
(°F)	"Hg	☒ Clear ☐ Scattered _____ Feet AGL ☐ Broken _____ Feet AGL		☐ Overcast _____ Feet AGL ☐ Partial Obscuration ☐ Obscured			
Wind Information		Restriction To Visibility		Type Precipitation	Intensity Of Precipitation		
1. Direction _____ 2. Velocity _____ Kts 3. Gusts _____ Kts		NONE			1. ☐ Light 2. ☐ Moderate 3. ☐ Heavy 4. Specify _____		
Turbulence (Multiple Entry)							
☐ None ☐ Light ☐ Moderate ☐ Severe ☐ Extreme ☐ Clean Air ☐ In Clouds							
Damage To Aircraft And Other Property							
Degree Of Aircraft Damage						Fire	
☐ None ☐ Minor ☒ Substantial ☐ Destroyed MAJOR DAMAGE OCCURRED DURING RETRIEVAL						☐ Yes ☒ No ☐ In-Flight ☐ On Ground	
Description Of Damage To Aircraft And Other Property							
AIRCRAFT DESTROYED DURING REMOVAL FROM WATER NO OTHER KNOWN PROPERTY DAMAGE							
Mechanical Malfunction Failure							
☐ No ☒ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure DETERIORATION OF ENGINE POWER				Total Time			
				On Part		At Overhaul	
				_____ Hours		_____ Hours	
Collision Accident							
If Collision Accident Occurred, Complete The Information For Other Aircraft N/A							
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage				
			☐ Destroyed ☐ Minor ☐ Substantial ☐ None				
Registered Aircraft Owner			Address				
Pilot Name		Address			Pilot Certificate No.		
Evacuation Of Aircraft							
Assistance Received							
☐ Outside Person (s) ☐ Auxiliary Lighting		☐ Slide ☐ Rope		☐ Ladder ☐ Specify <u>NONE</u>			
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)							
1. Main Door <u>3</u> 2. Auxiliary Door _____ 3. Emergency Exit _____							
Recommendation (How Could This Accident Have Been Prevented)							
Operator/Owner Safety Recommendation (Optional Entry)							
NO KNOWLEDGE							

Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) 1. ☐ Student 2. ☐ Private 3. ☐ Commercial 4. ☐ Airline Transport 5. ☐ Flight Instructor 6. ☐ Flight Engineer 7. ☐ Foreign 8. Specify _____			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) 1. ☐ Student 2. ☐ Private 3. ☐ Commercial 4. ☐ Airline Transport 5. ☐ Flight Instructor 6. ☐ Flight Engineer 7. ☐ Foreign 8. Specify _____			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) 1. ☐ Student 2. ☐ Private 3. ☐ Commercial 4. ☐ Airline Transport 5. ☐ Flight Instructor 6. ☐ Flight Engineer 7. ☐ Foreign 8. Specify _____			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

AIRCRAFT DEPARTED GEORGE T. LEWIS AIRPORT (CDK) ON RUNWAY 05 AT ABOUT 7:25 AM EDT ON OCTOBER 19, 2016. SHORTLY AFTER LIFT OFF ENGINE DETERMINED TO NOT BE DEVELOPING SUFFICIENT POWER TO CONTINUE WITH CLIMB OUT, AIRCRAFT TURNED TO THE LEFT TO AVOID POPULATED AREA AND MADE OFF AIRPORT LANDING IN THE WATER.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

Signature Of Pilot/Operator

REGISTERED CO-OWNER

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

JOE E. GREEPE

3. Title

REGISTERED CO-OWNER

For NTSB Use Only

NTSB Accident No.

ERA17LA024

Reviewed By NTSB Office Located At

Ashburn, VA (ERA)

Name Of Investigator

Brazy

Date Report Received

12/6/2017