

|                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                  |  |                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| SOURCE OF INFORMATION<br>No adverse Conditions                                                                                                                                                                                                                                                                                               |  | SKY COVER<br><input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CEILING AT _____ FT.<br><br><input type="checkbox"/> SCATTERED AT _____ FT.                      |  | WIND DIRECTION      North<br>VELOCITY      N/A      XTS. |  |
| TURBULANCE IN FLIGHT<br><input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> EXTREME<br><input type="checkbox"/> LIGHT <input type="checkbox"/> SEVERE                                                                                                                                        |  | LIGHT CONDITIONS<br><input type="checkbox"/> DAWN/DUSK <input type="checkbox"/> BRIGHT NIGHT<br><input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK NIGHT |  | VISIBILITY<br>10 MILES                                   |  |
| WEATHER CONDITIONS AND RESTRICTIONS TO VISIBILITY                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                  |  | ALTIMETER SETTING<br>29.92      HG.                      |  |
| <input type="checkbox"/> FOG <input type="checkbox"/> SMOKE <input type="checkbox"/> THUNDERSTORM <input type="checkbox"/> SNOW <input type="checkbox"/> FREEZING RAIN<br><input type="checkbox"/> HAZE <input type="checkbox"/> RAIN <input type="checkbox"/> HAIL <input type="checkbox"/> SLEET <input type="checkbox"/> ICING CONDITIONS |  |                                                                                                                                                                                  |  | TEMP (°F)<br>54                                          |  |
|                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                  |  | DEWPOINT(°F)<br>32                                       |  |



**VIII. Aircraft:**

1. Make Cesna Model 172S  
Serial No. 172S11056 Identification No. N924MM
2. Owner (Name and Address) Liberty University  
[REDACTED] Lynchburg Va. 24515.
3. Virginia Aircraft License No. C15339 Date Issued Sept. 27 2010
4. Engine Make Lycoming Model IO-360 Horse Power 180
5. Aircraft Damage Nose and Engine Compartment

**IX. Collision Accidents** (If accident involved collision with other aircraft, complete the following information pertaining to other aircraft):

1. FAA No. \_\_\_\_\_ Make \_\_\_\_\_  
Model \_\_\_\_\_ Serial No. \_\_\_\_\_
2. Virginia Aircraft License No. \_\_\_\_\_ Date Issued \_\_\_\_\_
2. Owner (Name and Address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X. Description of Accident:**

Right after take-off, the engine started to vibrate severely and noticed a loss of power. Attempted to make it back for runway 17 and unable to complete power loss. Performed a forced landing and ran off runway.

**XI. Witness:**

1. Name None Address \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_
3. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XII. VIRGINIA LAW VIOLATED:** (Code of Virginia, Title 5, Aviation and the Aviation Board's Regulations governing the licensing of aircraft and airports, and the operations of aircraft in the Commonwealth of Virginia.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIII. Action Taken:**

None  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Investigation:** 10/18/2018

Tpr. B. A. Bussert  
Investigator

**Investigating Agency:**

- ☒ State Police  
☐ Department of Aviation