

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: La Grange State: NC
ZIP: 28551 Country: _____
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: Sept 23 2020 Local Time: _____
mm/dd/yyyy Time Zone: _____

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N 5439E
Manufacturer: Cessna
Model: 172N
Serial Number: 17271867
Year of Manufacture: 78
Amateur-Built: ☐ Yes ☒ No
If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: _____ lbs
Weight at Time of Accident/Incident: _____ lbs
Number of Seats: 3 Flight Crew Seats: _____
Cabin Crew Seats: _____ Passenger Seats: _____
Number of Engines: 1

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special

☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

☐ Retractable

☒ Tricycle

☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull

☐ Tailwheel

☐ High Skid
☐ Skid
☐ Ski
☐ Ski/Wheel

☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type (Select one)

☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

☐ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O320H</u>	<u>LJ 372-76</u>		<u>160</u>	<u>4090</u>	<u>20</u>
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

☐ 100-Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 9-11-2019
mm/dd/yyyy

Airframe Total Time: 1974 hrs
hours measured at (Select one)
☐ Last Inspection ☐ Time of Accident/Incident

Type of Maintenance Program (Select one)

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Description of Fire Extinguishing System

☐ None
☐ Specify: _____

Propeller 1

☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____
Model or Part No.: _____
TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No

If not activated:

Indicate Reason:
☐ Impact Damage
☐ Fire Damage
☐ Battery Expired/Damaged
☐ Unknown

Propeller 2

☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
Model: _____

Additional Equipment (Check all that apply)

☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner	City: <u>La Grange</u>
Name: <u>William Melvin Wade</u>	State: <u>N.C.</u> ZIP: <u>28551</u>
Fractional Ownership Aircraft: ☐ Yes ☐ No	Country: <u>U.S.</u>

Operator of Aircraft	☒ Same As Registered Owner	☐ Same Address as Registered Owner
Name: _____	City: _____	
Doing Business As: _____	State: _____	ZIP: _____
Air Carrier/Operator Designator (4 Character Code): _____	Country: _____	

Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Under	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
☐ None	☐ FAR 91 ☐ FAR 129 ☐ FAR 415	☐ Scheduled or Commuter ☐ Domestic
☐ Flag Carrier Operating Certificate (FAR 121)	☐ FAR 103 ☐ FAR 133 ☐ FAR 431	☐ Non-Scheduled or Air Taxi ☐ International
☐ Supplemental	☐ FAR 121 ☐ FAR 135 ☐ FAR 435	
☐ Air Cargo	☐ FAR 125 ☐ FAR 137 ☐ FAR 437	
☐ Foreign Air Carriers (FAR 129)	☐ FAR 91 Special Flight	☐ Passenger
☐ Rotorcraft External Load (FAR 133)	☐ Non-US, Commercial	☐ Cargo
☐ Commuter Air Carrier (FAR 135)	☐ Non-US, Non-commercial	☐ Mail Contract Only
☐ On-Demand Air Taxi (FAR 135)		
☐ Commercial Air Tour (FAR 136)	☐ Public Aircraft (Select one)	
☐ Agricultural Aircraft (FAR 137)	☐ Armed Forces	
☐ Pilot School (FAR 141)	☐ Federal	
☐ Certificate of Authorization or Waiver (COA)	☐ State	
☐ Commercial Space Transportation	☐ Local	
☐ Experimental Permit	☐ Unknown	
☐ Commercial Space Transportation License		
☐ Other Operator of Large Aircraft		
Revenue Sightseeing Flight	Air Medical Flight	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
☐ Yes ☒ No	☐ Yes ☒ No	☐ Aerial Application ☐ Firefighting ☐ Unknown
		☐ Aerial Observation ☐ Flight Test
		☐ Air Drop ☐ Glider Tow
		☐ Air Race/Show ☐ Instructional
		☐ Banner Tow ☐ Other Work Use
		☐ Business ☐ Personal
		☐ Executive/Corporate ☐ Positioning
		☐ External Load ☐ Skydiving
		☐ Ferry

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: <u>Private</u>	Distance From Airport Center: _____ sm
Airport Identifier: _____	Direction From Airport: _____ degrees true
Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A	Airport Elevation: _____ ft. msl
Runway Information	Condition of Runway/Landing Surface (Check all that apply)
Runway ID: _____ (L/R/C) Length: <u>1800</u> ft Width: <u>60</u> ft	☐ Dry ☐ Snow-Compacted ☐ Water-Calm
Runway/Landing Surface (Check all that apply)	☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water	☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Concrete ☐ Gravel ☐ Metal/Wood	☐ Rough ☐ Snow-Wet ☐ Wet
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown	☐ Rubber Deposits ☐ Soft
	☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)	
☐ Taxi	☒ VFR Departure
☐ Takeoff	☐ IFR Departure Procedure/Clearance
☐ Initial Climb	☒ On Instrument Approach
	☐ Landing
	☐ Downwind
	☐ Base
	☐ Final
	☐ Crosswind
	☒ Low Approach
	☐ Go Around
	☐ Aborted Landing (after touchdown)
	☐ Unknown

IFR Approach (Check all that apply)	VFR Approach (Check all that apply)
☐ None	☐ None
☐ ADF/NDB	☐ Traffic Pattern
☐ SDF	☒ Straight-In
☐ VOR/TVOR	☐ Valley/Terrain Following
☐ VOR/DME	☐ Go Around
☐ TACAN	☐ Full Stop
☐ PAR	☐ Stop and Go
☐ Sidestep	☐ Touch and Go
☐ ILS	☐ Simulated Forced Landing
☐ Localizer Only	☐ Forced Landing
☐ LOC-back course	☐ Precautionary Landing
☐ RNAV	☐ Unknown
☐ MLS	
☐ LDA	
☐ ASR	
☐ Visual	
☐ Contact	
☐ Circling	
☐ Unknown	

Last 24 Hours

FLIGHT ITINERARY INFORMATION**Last Departure Point**

Airport ID: _____

City: GoldsboroState: N.C.

Country: _____

Time of Departure

Time: _____

Time Zone: _____

DestinationAirport ID: Private

City: _____

State: _____

Country: _____

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR

Activated? ☐ Yes ☐ No ☐ Unknown**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 G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence:? ft msl**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Source of Pilot Weather Information**

(Check all that apply)

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ nm

Direction from Accident Site: _____ degrees true

Basic Conditions

☐ VMC
☐ IMC
☐ Unknown

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☐ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling

☐ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Temperature: _____ (C) or _____ (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
or _____ MB**Lowest Cloud Condition Height**

_____ ft agl

Ceiling Height

_____ ft agl

Wind Direction☐ Variable-or-
Direction: _____ degrees true**Wind Speed**

☐ Calm
☒ Light and Variable

-or-
Speed: _____ kts**Wind Gusts**☐ Not Gusting-or-
Speed: _____ kts

Visibility _____ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

☐ Light
☐ Moderate
☐ Heavy
☐ N/A
☐ Unknown

Type of Precipitation (Check all that apply)

☐ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

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

Icing Forecast

Amount **Type**
☐ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Icing Actual

Amount **Type**
☐ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence

Type (Check all that apply) **Severity**
☐ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective Turbulence ☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

HIT Tree Top

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

Straight in approach over wooded area
60 KTs flaps 20° sudden drop into trees
Never heard stall horn

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No
(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

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (Convert from pounds, as necessary) <u>30</u> Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP8 ☐ 100/130 ☐ Jet A-1 ☐ Automotive
--	---

Other Services, if Any, Prior to Departure

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

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

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

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

1-1-2020

mm/dd/yyyy

Name of Pilot/Operator:

William MELVIN WADE

Signature:

- or -

☐ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report****Name:** _____**Title:** _____**Signature:** _____

- or -

☐ Check here to electronically sign this document**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

ERA20LA336

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Gretz

Date Report Received

12/17/20