

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: ST MARY State: PA
ZIP: 15857 Country: USA
Latitude: 41.41 N Longitude: 78.50 W KOYM
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: _____ Local Time: _____
mm/dd/yyyy Time Zone: _____
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None

AIRCRAFT INFORMATION

Registration Number: N84HA
Manufacturer: CESSNA
Model: 441C
Serial Number: 421C-1407
Year of Manufacture: 1984
Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

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

Maximum Gross Weight: 7500 lbs
Weight at Time of Accident/Incident: 6810 lbs
Number of Seats: 7 Flight Crew Seats: 2
Cabin Crew Seats: 0 Passenger Seats: 5
Number of Engines: 2

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☒ None ☐ Unknown	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☒ Retractable ☐ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ 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
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☐ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

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	CONTINENTAL	GTS10520N	372164R		375	127	1.7	127
Eng. 2	CONTINENTAL	GTS10530N	610425		375	1364	1.7	1364
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>2/19/2021</u> mm/dd/yyyy Airframe Total Time: <u>4211</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident	<table style="width: 100%;"> <tr> <td style="width: 50%;"> Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>HARTZELL McCALLISTER</u> Model: <u>3FF32C501-B</u> </td> <td style="width: 50%;"> Propeller 2 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: <u>3FF32C501-AB</u> </td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;"> ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>BORNE + MARGOLIN</u> Model or Part No.: <u>DM 8.1</u> TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☐ C126 (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 </td> <td style="width: 50%;"> 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: _____ </td> </tr> </table>	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>HARTZELL McCALLISTER</u> Model: <u>3FF32C501-B</u>	Propeller 2 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: <u>3FF32C501-AB</u>	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>BORNE + MARGOLIN</u> Model or Part No.: <u>DM 8.1</u> TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☐ C126 (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	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: _____
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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: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: WHEELS UP LLCCity: CROMWELLState: CTZIP: 06416Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA

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)

- ☒ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437

☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)

- ☐ Armed Forces
☐ Federal
☐ State
☐ Local
☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International

☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ 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

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: ST MARY PAAirport Identifier: KOYMProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: 1934 ft. msl**Runway Information**Runway ID: 28 (L/R/C) Length: 4300 ft Width: 75 ft**Runway/Landing Surface (Check all that apply)**

- ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

- ☐ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☒ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR ☐
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach (Check all that apply)

- ☐ None
☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No NO OTHER CREWMEMBERS ON THIS FLIGHT

"Flight Crewmember 1" Identification

First Name: BRUNO KITKA

City of Residence: 56 WHITTLESEY BROOK RD.

Middle Initial: A

State: CT

ZIP: 06417

Last Name: KITKA

Country: USA

Age at time of Accident/Incident: 75 Date of Birth: [REDACTED] dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☒ 3-point	☒ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☒ 3-point	☒ 3-point																
☐ 4-point	☐ 4-point																
☐ 5-point	☐ 5-point																
☐ Unknown	☐ Unknown																
Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td>☐ None</td> <td>☒ Flight Instructor</td> <td>☐ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☒ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☐ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>				☐ None	☒ Flight Instructor	☐ Commercial	☐ US Military	☐ Private	☐ Recreational	☒ Airline Transport	☐ Foreign	☐ Student	☐ Sport	☐ Flight Engineer			
☐ None	☒ Flight Instructor	☐ Commercial	☐ US Military														
☐ Private	☐ Recreational	☒ Airline Transport	☐ Foreign														
☐ Student	☐ Sport	☐ Flight Engineer															

Principal Occupation ☐ Pilot ☒ Other <u>RETIRED</u> ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown	Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical <u>07/09/2020</u> mm/dd/yyyy
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Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES FOR NEAR AND DISTANT VISION

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/19/2019</u> <u>10/08</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>PIPER</u> Model: <u>53</u>
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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 ☐ 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
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Type Ratings <u>CE 500</u>	Student Endorsements (Include dates)
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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	31,000	196	1650	29,950	3200	14000	80			
Pilot in Command (PIC)	30,600	196	900	29,850	3300	14000				
Time as Instructor	4200	0	4200							
This Make/Model										
Last 90 Days	4	4	1.0	4	0	1.7				
Last 30 Days	1.7	1.7	1.0	4	0	1.7				
Last 24 Hours	1.7	1.7	0	1.7	0	1.7				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KBDR</u> City: <u>BRIDGEPORT</u> State: <u>CT</u> Country: <u>USA</u>	Time of Departure Time: <u>1420Z</u> Time Zone: <u>E</u>	Destination Airport ID: <u>KOYM</u> City: <u>ST MARY</u> State: <u>PA</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☒ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☒ Yes ☐ No ☐ Unknown
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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: <u>KOYM</u> Observation Time: <u>1600Z</u> Time Zone: <u>E</u> Distance from Accident Site: <u>30</u> nm Direction from Accident Site: <u>EAST</u> degrees true
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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 Lowest Cloud Condition Height <u>600 BROKEN</u> ft agl	Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown Ceiling Height <u>1000 OVC</u> ft agl
Temperature: _____ (C) or <u>26</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>29.74</u> in Hg or _____ MB	

Wind Direction ☐ Variable Direction: <u>160</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>4</u> kts	Wind Gusts ☒ Not Gusting Speed: _____ kts	Visibility <u>1/2</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>1934</u> ft
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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
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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
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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)

COLAPSED NOSE GEAR, DAMAGE TO NOSE SECTION BOTH PROPELLERS
RIGHT GEAR DOOR, LEFT GEAR DOOR, LEFT FLAP

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.

DEPARTED KBDR 14:20 Z ON AN IFR FLIGHT TO KOVM
CRUISE ALTITUDE 8000 FT ENCOUNTERED NO ICE OR
TURBULANCE. WHEN IN RANGE OF KOVM AWOS PRIOR TO
COMMENCING THE GPS APPROACH THE LATEST AWOS WAS
REPORTING 600 BROKEN 1600 OVER CAST AND 1 AND 1/2 MILE
VISIBILITY ~~AM~~ IN SNOW. PRIOR TO BEING CLEARED FOR THE
APPROACH CLEVELAND CENTER READ ME THE NOTAMS FOR THE
AIRPORT WHICH WERE FOR OBSTRUCTION LIGHTS AND THE ACO
BEING INOP. THESE WERE THE SAME NOTAMS THAT WERE IN
EFFECT PRIOR TO LEAVING KBDR. ON COMMENCING THE
APPROACH I STARTED TO PICK UP GROUND CONTACT. JUST PRIOR
TO REACHING MDA I PICKED UP THE APPROACH LIGHTS. ONCE
OVER THE APPROACH LIGHTS I COULD SEE THE OUTLINE OF THE
RUNWAY. ON TOUCHDOWN THE AIRCRAFT HIT THE SNOW BERM
ON THE SOUTH EDGE OF THE RUNWAY. THE RUNWAY HAD
APPROXIMATELY 4-5 INCHES OF SNOW. THE DAY PRIOR TO THE TRIP
I NOTIFIED ONE OF THE AIRPORT OFFICIALS OF MY ARRIVAL THE
NEXT DAY. HE IN TURN NOTIFIED THE AIRPORT MANAGER AND
TOLD HIM HE NEEDED TO PLOW THE RUNWAY PRIOR TO MY ARRIVAL.
LATER I LEARNED THAT HE GOT THE PLOW STUCK PLOWING A
SIDE ROAD ADJACENT TO THE AIRPORT. THE AIRPORT MANAGER
WAS NOT ON THE LIST OF INDIVIDUALS AUTHORIZED TO CALL IN
NOTAMS. ALSO THE RUNWAY LIGHTS HAD BEEN PLOWED OVER.

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

Operator/Owner Safety Recommendation

IN LIGHT OF THE FACT THAT KOYM WAS NOT A VERY BUSY AIRPORT AND THE AIRPORT MANAGER WAS NEW AND STILL IN TRAINING IT WOULD HAVE BEEN PRUDENT TO PICK A NEARBY COMMERCIAL AIRPORT WHICH WOULD HAVE HAD BETTER TRAINED AND EQUIPED PERSONNEL FOR MAINTAINING THE RUNWAYS. IF A NOTAM HAD BEEN ISSUED FOR KOYM THAT THE RUNWAY HAD NOT BEEN PLOWED I WOULD HAVE BEEN ABLE TO MAKE THE DECISION TO CHOOSE A BETTER AIRPORT.

CONTINUED ON PAGE 11

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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

_____ 200 _____ 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 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

2 PAX EXITED MAIN CABIN DOOR

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.

MR. COSSIN WHO WAS THE FAA INSPECTOR THAT INTERVIEWED ME GAVE ME SOME ADVICE.

HE SUGGESTED THAT I SHOULD TAKE SOMEONE WITH ME WHEN FLYING. IN HINDSIGHT A SECOND PAIR OF EARS AND EYES COULD HAVE PREVENTED THIS ACCIDENT.

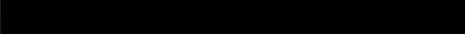
I WILL NOW BRING A SECOND PILOT WITH ME WHEN CONDUCTING AN IFR FLIGHT THAT REQUIRES INSTRUMENT APPROACHES. IF NOT PRACTICABLE TO HAVE A SECOND PILOT ON BOARD I AM RAISING MY PERSONAL MINIMUMS WHEN CONDUCTING INSTRUMENT APPROACHES.

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

Date of this Report

03/08/2021
mm/dd/yyyy

Name of Pilot/Operator:

BRUNO KITKASignature: 

-- 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.

ERA21LA134

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Brazy

Date Report Received

3/8/21