

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: Williamson State: GA
 ZIP: 30292 Country: U.S.
 Latitude: 33° 10' 56.4348" N Longitude: 84° 21' 41.7168" W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05/02/2021 Local Time: 1400
 mm/dd/yyyy Time Zone: Eastern

Collision with Other Aircraft: Midair On-ground (None)

AIRCRAFT INFORMATION

Registration Number: N69155

Manufacturer: Cessna

Model: 150 H

Serial Number: 15067615

Year of Manufacture: 1967

Amateur-Built: Yes ☐ If Yes: Kit/Plans Make: _____
 No ☒ Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 1600 lbs

Weight at Time of Accident/Incident: 1289 lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 0

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

None

Special

Restricted

Limited

Provisional

Special Flight

Experimental

Special Light-Sport

Experimental Light-Sport

Landing Gear

(Check all that apply)

Tricycle

Amphibian

Emergency Float

Float

Hull

Other Launch/Recovery System

None

Unknown

Retractable

Tailwheel

High Skid

Skid

Ski

Ski/Wheel

Unknown

Engine Type (Select one)

(Reciprocating)

Turbo Shaft

Turbo Prop

Turbo Jet

Turbo Fan

Electric

None

Unknown

Liquid Rocket

Solid Rocket

Hybrid Rocket

None

Unknown

Fuel System Type (Reciprocating)

Carburetor

Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	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>Continental</u>	<u>O-200-A</u>	<u>67615-7-A</u>		<u>100</u>	<u>2,432</u>	<u>Approx</u>	<u>Approx</u>
Eng. 2							<u>55</u>	<u>300</u>
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour ☐ Continuous Airworthiness AAIP ☐ Conditional Inspection <u>Annual</u> ☒ Unknown Date Last Inspection: <u>06/xx/2020</u> mm/dd/yyyy Airframe Total Time: <u>Approx 2,395</u> hrs hours measured at (Select one) Last Inspection ☐ Time of Accident/Incident ☒	Propeller 1 Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable ☐ Manufacturer: <u>McCaughey</u> Model: <u>1A101</u> Propeller 2 Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable ☐ Manufacturer: _____ Model: _____	ELT Installed: <u>(Yes)</u> No If Yes: ELT Manufacturer: <u>Ameri-King Corp</u> Model or Part No.: <u>AK 450</u> TSO No.: <u>C91 (121.5 MHz)</u> <u>C91a (121.5 MHz)</u> <u>C126 (406 MHz)</u> Was ELT still mounted in aircraft? <u>(Yes)</u> No Was ELT still connected to antenna? <u>(Yes)</u> No Did ELT Activate? <u>(Yes)</u> No If activated: Did ELT Aid in Locating Aircraft: Yes ☐ No ☒ If not activated: Indicate Reason: Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown ☐
Type of Maintenance Program (Select one) <u>Annual</u> ☒ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	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 ☐ <u>Stall Warning System</u> ☒ Video Recording Device ☐ Other, Specify: _____	
Description of Fire Extinguishing System None ☐ <u>Not used - no fire</u> Specify: <u>Hand held portable</u>		

Registered Aircraft Owner Name: <u>William J. Cochran</u> Fractional Ownership Aircraft: Yes ☐ No ☒		City: <u>Williamson</u> State: <u>GA</u> ZIP: <u>30292</u> Country: <u>US</u>																												
Operator of Aircraft <i>Same As Registered Owner</i> Name: <u>Same as registered owner</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<i>Same Address as Registered Owner</i> City: _____ State: _____ ZIP: _____ Country: _____																												
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotocraft 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 <table border="0" style="width: 100%;"> <tr> <td>FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown		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	FAR 129	FAR 415																												
FAR 103	FAR 133	FAR 431																												
FAR 121	FAR 135	FAR 435																												
FAR 125	FAR 137	FAR 437																												
Revenue Sightseeing Flight Yes ☐ No ☒		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table border="0" style="width: 100%;"> <tr> <td>☐ Scheduled or Commuter</td> <td>☐ Domestic</td> </tr> <tr> <td>☐ Non-Scheduled or Air Taxi</td> <td>☐ International</td> </tr> </table> ☐ Passenger ☐ Cargo ☐ Mail Contract Only		☐ Scheduled or Commuter	☐ Domestic	☐ Non-Scheduled or Air Taxi	☐ International																							
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		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table border="0" style="width: 100%;"> <tr> <td>☐ Aerial Application</td> <td>☐ Firefighting</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Aerial Observation</td> <td>☐ Flight Test</td> <td></td> </tr> <tr> <td>☐ Air Drop</td> <td>☐ Glider Tow</td> <td></td> </tr> <tr> <td>☐ Air Race/Show</td> <td>☐ Instructional</td> <td></td> </tr> <tr> <td>☐ Banner Tow</td> <td>☐ Other Work Use</td> <td></td> </tr> <tr> <td>☐ Business</td> <td>☒ Personal</td> <td></td> </tr> <tr> <td>☐ Executive/Corporate</td> <td>☐ Positioning</td> <td></td> </tr> <tr> <td>☐ External Load</td> <td>☐ Skydiving</td> <td></td> </tr> <tr> <td>☐ Ferry</td> <td></td> <td></td> </tr> </table>		☐ 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		
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Airport Information Airport Name: <u>Eagles Landing</u> Airport Identifier: <u>5GA3</u> Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A ☐		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: <u>980' at RW13</u> ft. msl <u>900' at RW31</u>																																									
Runway Information Runway ID: <u>31</u> (L/R/C) Length: <u>2500</u> ft Width: <u>100</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <table border="0" style="width: 100%;"> <tr> <td>☒ Dry</td> <td>☐ Snow-Compacted</td> <td>☐ Water-Calm</td> </tr> <tr> <td>☐ Holes</td> <td>☐ Snow-Crusted</td> <td>☐ Water-Choppy</td> </tr> <tr> <td>☐ Ice Covered</td> <td>☐ Snow-Dry</td> <td>☐ Water-Glassy</td> </tr> <tr> <td>☐ Rough</td> <td>☐ Snow-Wet</td> <td>☐ Wet</td> </tr> <tr> <td>☐ Rubber Deposits</td> <td>☐ Soft</td> <td></td> </tr> <tr> <td>☐ Slush-Covered</td> <td>☐ Vegetation</td> <td>☐ Unknown</td> </tr> </table>		☒ 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																						
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"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																			
"Flight Crewmember 1" Identification First Name: <u>William</u> City of Residence: <u>Williamson</u> Middle Initial: <u>J</u> State: <u>GA</u> ZIP: <u>30292</u> Last Name: <u>Cochran</u> Country: <u>US</u> Age at time of Accident/Incident: <u>79</u> 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		Restraint Type 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												
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☒ Flight Engineer				Medical Certificate Validity ☒ Without limitations/waivers Unknown ☐ With limitations/waivers N/A ☐ Special Issuance			Date of Last Medical <u>N/A</u> mm/dd/yyyy												
Principal Occupation ☐ Pilot <u>Retired</u> ☐ Other <u>Airline</u> ☐ Unknown <u>Pilot</u>		Medical Certificate <u>Basic Med</u> ☐ None Class 3 ☐ Class 1 Driver's License (Sport Pilot only) ☐ Class 2 Unknown		Medical Certificate Limitations <u>None</u>			Medical Certificate Special Issuance 												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/18/2019</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>Cessna</u> Model: <u>150H</u>																	
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													
Type Ratings <u>Boeing 737</u> <u>Boeing 757</u> <u>Boeing 767</u> <u>Boeing 777</u>					Student Endorsements (Include dates) 														
Flight Time (Enter appropriate number of hours in each box)		All Aircraft		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument ☐ Actual ☐ Simulated		Rotorcraft		Glider		Lighter Than Air	
Total Time		20,000		1,550		1550		450											
Pilot in Command (PIC)		15,000		1,520		1520		440											
Time as Instructor		1,390		1,390		1390		440											
This Make/Model																			
Last 90 Days		12																	
Last 30 Days		4																	
Last 24 Hours		.5																	

NONE

FLIGHT CREWMEMBER 2 INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew											
"Flight Crewmember 2" was pilot flying Yes No											
"Flight Crewmember 2" Identification First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____											
Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single		Restraint Type 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					
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer											
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 Unknown With limitations/waivers N/A Special Issuance		Date of Last Medical mm/dd/yyyy					
Medical Certificate Limitations											
Medical Certificate Special Issuance											
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 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)					
Flight Time (Enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

FLIGHT INFORMATION				
Last Departure Point Airport ID: <u>GAZ</u> City: <u>Williamson</u> State: <u>GA</u> Country: <u>US</u>		Time of Departure Time: <u>1352</u> Time Zone: <u>Eastern</u>		Destination Airport ID: <u>5GA3</u> City: <u>Williamson</u> State: <u>GA</u> Country: <u>US</u>
		Type Flight Plan Filed None ☒ Company VFR ☐ VFR/IFR Military VFR ☐ IFR VFR ☐ Unknown Activated? Yes No Unknown		
Type of ATC Clearance/Service (Check all that apply) None ☒ VFR Special VFR ☐ IFR Special IFR ☐ VFR On Top VFR Flight Following ☐ Traffic Advisory Cruise ☐ Unknown / NA				
Airspace where the accident/incident 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 ☐				
				Altitude of In-Flight Occurrence: <u>N/A</u> ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☒ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown ☐			Weather Observation Facility Facility ID: <u>GAZ</u> Observation Time: <u>1345</u> Time Zone: <u>EASTERN</u> Distance from Accident Site: <u>7</u> nm Direction from Accident Site: <u>53°</u> degrees true	
Basic Conditions VMC ☒ IMC ☐ Unknown ☐		Light Condition Dawn ☐ Day ☒ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown ☐		
Sky/Lowest Cloud Condition Clear ☒ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown ☐		Ceiling None (Clear) ☒ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown ☐		Temperature: _____ (C) or <u>81</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.01</u> in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl		
Wind Direction Variable ☐ -or- Direction: <u>130</u> degrees true	Wind Speed Calm ☐ Light and Variable ☐ -or- Speed: <u>20</u> kts	Wind Gusts Not Gusting ☐ -or- Speed: <u>15</u> kts	Visibility <u>10</u> 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 ☒ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle ☐		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 ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown ☐ Type N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☐		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown ☐ Type N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☐		Turbulence Type (Check all that apply) None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence ☐ Severity ☒ Light ☐ Moderate ☐ Severe ☐ Extreme ☐
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>NONE</u>				

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None	<u>Substantial</u>	<u>None</u>	Both Ground and In-Flight	<u>None</u>	Both Ground and In-Flight
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown

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

Top of the ~~can~~ empennage (radder + horizontal stabilizer)

Nose Gear

Engine cowl

propeller

NARRATIVE HISTORY OF FLIGHT *(See Attachment)*

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

see attachment

Operator/Owner Safety Recommendation

I would suggest that general aviation tires be developed that are designed primarily for use on turf. General aviation tires available now provide for little breaking action on grass.

MECHANICAL MALFUNCTION/Failure

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)

Full tanks 26 Gallons

Fuel Type

80/87
100 Low Lead
100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

NONE

EVACUATION INFORMATION

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

one occupant - myself
opened left door and exited

OTHER AIRCRAFT COLLISION INFORMATION

Aircraft Registration Number

Manufacturer:

Model:

NONE

Damage to Other Aircraft

Destroyed
Substantial

Minor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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 <u>05/21/2021</u> mm/dd/yyyy	Name of Pilot/Operator: <u>William J. Cochran</u> Signature: <u>[Redacted]</u> - or - Check here to electronically sign this document ☒
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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. <u>ERA21LA203</u>	Reviewed by NTSB Regional Office <u>ERA</u>	Name of Investigator <u>Brazy</u>	Date Report Received <u>5/24/21</u>
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From: Jack Cochran [REDACTED]
Subject: Fwd: Landing Incident At 5GA3
Date: May 24, 2021 at 8:43:12 AM
To: Jack Cochran [REDACTED]

Attachment

1 of 2

To whom it may concern:

The following is a narrative of the landing incident at my home air park 5GA3 on Sunday May 2, 2021 at approximately 1400 hours.

I departed my field (5GA3) at 1100 on Sunday May 2 for a short 8-10 minute flight to a nearby field, GA2, for the purpose of attending a retired Eastern Airlines pilot luncheon at the Barnstormers Grill located at the GA2 airport. After lunch was over I filled my fuel tanks and departed GA2 for the short (1.4NM) flight back to my field at 5GA3.

The 2,500 foot runway at 5GA3 is 13/31 with 13 used for takeoff and 31 used for landing. There are two reasons why runway 13 is not used for landings: The first reason is there are very tall trees at the approach end of 13 and the second reason is runway 13 has a radical downhill slope. The charted field elevation at the approach end of 13 is 980 feet MSL dropping to 900 feet MSL at the far end of the runway. Because of the tall trees landing on 13 requires a touchdown well past the midpoint of the downhill slopping runway. Therefore, landing on runway 13 is not considered prudent. I touched down on the first one third of runway 31 with a tailwind of 20 knots and gust. The airplane bounced largely because of the tail wind. I added some power so that the impact of the second touchdown would be mitigated. Once the airplane was on the ground I applied maximum braking effort. The braking action was nil because of the freshly mowed Bermuda turf. I was unable to stop the airplane on the runway. An eyewitness (an ATP rated pilot) observed that the aircraft experienced a powerful wind gust during touchdown and rollout. A go around was not considered because of the looming tall trees, the extended flaps, and a low performing 100hp airplane.


Attachment

2 of 2

I have over 20,000 hours of flying experience and have never had an incident, accident, or violation. These hours have been accrued flying both commercially and in general aviation. I flew as an airline captain at both Eastern Airlines and United Airlines acquiring type ratings on the Boeing 737, Boeing 757, Boeing 767 and Boeing 777. Early in my aviation career I was a CFI&II teaching students from pre-solo all the way through ATP. I never had a student that experienced a failure at any level.

I certify that this statement is true to the best of my recollection. I have not consulted legal counsel. I will be happy to answer any questions.

William Jackson Cochran, Jr.

Certificate number: 

Email: 

Phone number: 