

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: TURKEYHAWK State: Pa.

ZIP: 17466 Country: US

Latitude: N 41° 08.26' Longitude: W 75° 22.80'

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/25/2021 Local Time: Approx. 4:00 pm

Time Zone: Eastern

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: 5185U

Manufacturer: Cessna

Model: 172S

Serial Number: 17259059

Year of Manufacture: 2002

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2550 lbs

Weight at Time of Accident/Incident: 2000 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 2 Passenger Seats: 2

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

Special

Normal ☒

Restricted

Acrobatic

Limited

Balloon

Provisional

Commuter

Special Flight

Transport

Experimental

Utility

Special Light-Sport

Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

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

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>LYCOMING</u>	<u>I/O-360 L2A</u>	<u>L-32836-51E</u>	<u>5/16/18</u>	<u>180</u>	<u>3309</u>	<u>94</u>	<u>1084</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual ☒ Unknown

Date Last Inspection: 4-27-21

Airframe Total Time: 6362 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: HALON Handheld

Propeller 1

Fixed Pitch ☒

Controllable Pitch

Ground Adjustable

Manufacturer: MCCAULEY

Model: 1A170

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed:

Yes ☒ No

If Yes:

ELT Manufacturer: Airtek

Model or Part No.: E-04 B04

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: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>MOYER AVIATION, INC.</u>		City: <u>TOBYHANA</u> State: <u>PA</u> ZIP: <u>18466</u> Country: <u>US</u>	
Fractional Ownership Aircraft: Yes ☒ No			
Operator of Aircraft <i>Same As Registered Owner</i> Name: _____		<i>Same Address as Registered Owner</i> City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		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) ☐ 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 103 ☐ FAR 121 ☐ FAR 125 ☐ FAR 129 ☐ FAR 133 ☐ FAR 135 ☐ FAR 137 ☐ FAR 415 ☐ FAR 431 ☐ FAR 435 ☐ 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 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight Yes ☐ No ☒		Air Medical Flight Yes ☐ No ☒	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Mt. Pocono Municipal Airport</u> Airport Identifier: <u>KMPO</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>1/8 MILE</u> sm Direction From Airport: <u>270</u> degrees true Airport Elevation: <u>1915</u> ft. msl	
Runway Information Runway ID: <u>13</u> (L/R/C) Length: <u>5001</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☒ Landing ☐ Downwind ☐ Base ☐ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☒ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ 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

"Flight Crewmember 1" Identification

First Name: Pamela City of Residence: Pocono Pines
 Middle Initial: A State: Pa. ZIP: 18350
 Last Name: Neifert Country: USA
 Age at time of Accident/Incident: 49 Date of Birth: [REDACTED] mm dd yyyy
 Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ 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 1 ☒ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown	Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A	Date of Last Medical <u>07/15/21</u> mm dd yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06/25/21
 mm dd yyyy

Flight Review Aircraft

Make: Cessna Skyhawk
 Model: C172N

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 ☐ Glider ☐ Sport
---	---	---	---

Type Ratings

Single engine land

Student Endorsements (Include dates)

Too many to fit in this spot. Will photocopy & forward to you if you need.

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	132.9	132.9	132.9		3		4.2			
Pilot in Command (PIC)	20.9	20.9	20.9							
Time as Instructor										
This Make/Model										
Last 90 Days	28.1	28.1	28.1							
Last 30 Days	8.1	8.1	8.1							
Last 24 Hours	1.3	1.3	1.3							

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KWBW</u> City: <u>Wilkes-Barre</u> State: <u>PA</u> Country: <u>USA</u>	Time of Departure Time: <u>3:50 pm</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>KMPO</u> City: <u>Tobyhanna</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
--	---	--	---

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 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: _____ 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: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ 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: 26 (C) or _____ (F)

Dew Point: 13 (C) or _____ (F)

Altimeter Setting: 30.24 in. Hg
or _____ MB

Lowest Cloud Condition Height

_____ ft agl

Ceiling Height

_____ ft agl

Wind Direction

Variable -or- Direction: <u>190</u> degrees true
--

Wind Speed

Calm Light and Variable -or- Speed: <u>11</u> kts
--

Wind Gusts

Not Gusting -or- Speed: <u>17</u> kts

Visibility 10 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 ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust	☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ 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:

I had information "November" on 6/25/21 at approx. 3:50 pm
 Upon departing from WBW. Winds @ MPO upon landing were
 190 or 180 @ 11 and gusting to 17. 8
 Runway 23-5 was closed.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

NOSE GEAR IS PUSHED BACK INTO FIREWALL, ENGINE WILL HAVE TO BE IRAN, PROP IS DESTROYED + WILL HAVE TO BE REPLACED, NOSE GEAR IS DAMAGED, DAMAGE AFT SIDE OF FIREWALL (STRUCTURE)

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.

I already submitted my statement. I will be happy to send it again if required. Thank you.

June 26, 2021

Re: N5125U Incident 06-25-2021

On June 25th 2021 at approximately 4:00 in the afternoon I was heading back home, to KMPO in Cessna Skyhawk 172 N5125U. I had just successfully completed my Private Pilot License check ride with my FAA examiner, Bridget Van Scoy. This was my 3rd attempt at completing with her due to 2 previous discontinuances because of aircraft issues with this plane.

I departed KVBW on runway 25. I contacted WB departure as soon as possible after taking off and informed them that I had information 1721Z & of my destination. I experienced a bumpy, yet uneventful flight back home. I circled KMPO once above TPA to assess the traffic and conditions. Runway 05-23 was still closed. I entered the traffic pattern at 2,900. I was on the downwind for 13 and about to turn base when a Pilatus was coming in to land, so I had to go around. I was coming in on final at 75 KTS, then 70 over the numbers. I applied the 2nd notch of flaps and was in a stable and coordinated approach. There was a crosswind, so I had the right wing into the wind and applied left rudder. I was aiming straight down the runway. I flared and touched down on the right wheel, the plane bounced and my point of view immediately changed from the center to the left. I was going towards the left of the runway. I applied more right rudder to try to get back to the center but the plane was unresponsive and continued to the left. Before I knew it, the plane was on the grass going down the small hill alongside the runway. I then pulled back the yoke to shift the weight to the wings to assist in more effective braking. The plane came to a sudden stop in the muddy area.

I have approximately 270 landings, with the majority of them being in crosswind conditions.

Pamela Ann Neifert

Private Pilot

Certificate # [REDACTED]

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)

about 25-30 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

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

7/15/21

mm/dd/yyyy

Name of Pilot/Operator:

Pamela Ann Neifert

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.

ERA21LA252

Reviewed by NTSB Regional Office

Ashburn, VA

Name of Investigator

Rayner

Date Report Received

7/15/2021