

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: _____ State: _____ ZIP: _____ Country: _____ Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: _____ mm/dd/yyyy Local Time: _____ Time Zone: _____ Collision with Other Aircraft: Midair On-ground None
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AIRCRAFT INFORMATION

Registration Number: <u>N759AC</u> Manufacturer: <u>CESSNA</u> Model: <u>C-182Q</u> Serial Number: <u>18265830</u> Year of Manufacture: <u>1977</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>2950</u> lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>4</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: _____
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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>Standard</th> <th>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) <table style="width: 100%;"> <tr> <td>Reciprocating</td> <td>Liquid Rocket</td> </tr> <tr> <td>Turbo Shaft</td> <td>Solid Rocket</td> </tr> <tr> <td>Turbo Prop</td> <td>Hybrid Rocket</td> </tr> <tr> <td>Turbo Jet</td> <td>None</td> </tr> <tr> <td>Turbo Fan</td> <td>Unknown</td> </tr> <tr> <td>Electric</td> <td></td> </tr> </table> Fuel System Type (Reciprocating) Carburetor Fuel-Injected	Reciprocating	Liquid Rocket	Turbo Shaft	Solid Rocket	Turbo Prop	Hybrid Rocket	Turbo Jet	None	Turbo Fan	Unknown	Electric	
Standard	Special																														
Normal	Restricted																														
Aerobatic	Limited																														
Balloon	Provisional																														
Commuter	Special Flight																														
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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	0470 U	813401-12	1977	230 HP	3120		834
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection Annual Unknown Date Last Inspection: <u>09/04/2021</u> mm/dd/yyyy Airframe Total Time: <u>14,358.32</u> hrs hours measured at (Select one) Last Inspection Time of Accident/Incident	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>MCCAULEY</u> Model: <u>S2A34C204</u> Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: Yes ☒ No ☐ If Yes: ELT Manufacturer: _____ Model or Part No.: _____ 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
Type of Maintenance Program (Select one) Annual ☒ 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 Stall Warning System ☒ Video Recording Device Other, Specify: _____	
Description of Fire Extinguishing System None Specify: _____		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: 2 B PILOT NYC, CORPCity: WILMINGTONState: DEZIP: 19810Fractional Ownership Aircraft: Yes ☐ No ☒Country: U.S.**Operator of Aircraft**

Same As Registered Owner

Name: Danny WALZMAN

Same Address as Registered Owner

City: KEN - GARDENS

Doing Business As: _____

State: NYZIP: 11415

Air Carrier/Operator Designator (4 Character Code): _____

Country: U.S.**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: _____

Airport Identifier: _____

Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A ☐

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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