

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately. If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/ photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

FORM APPROVED FOR USE THROUGH 4/30/2018 BY OMB NO. 3147-0001

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the

criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew.

State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

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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: Ellenville
State: NY ZIP: _____ Country: _____
Latitude: _____
Longitude: _____ (Enter in decimal
degrees or degrees minutes seconds)

Accident/I
d
Da

Date/T

Local

9:35am

Time:

Time

Zone:

Collision with Other Aircraft: Midair On-ground **None**

AIRCRAFT INFORMATION

Registration Number: _____

Manufacturer: _____

Model: _____

Serial Number: _____

Year of Manufacture: _____

Amateur-Built: Yes If Yes

Kit/Plans Make: _____
Original Design

No

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: _____ Flight Crew Seats: _____

Cabin Crew Seats: 2 Passenger Seats:

2 Number of Engines: 1

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: _____

City: _____

State: _____ ZIP: _____

Fractional Ownership Aircraft: Yes No Country: _____

Operator of Aircraft *Same As Registered Owner**Same Address as Registered Owner*

Name: _____

City: _____

Doing Business As: _____

ZIP: _____

State: _____

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

Revenue Sightseeing FlightYes **No****Regulation Flight Conducted Under****FAR 91** FAR 129FAR 415
FAR 431FAR 103 FAR 133
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

Air Medical FlightYes **No****Revenue Operation for FAR 121, 125, 129, 135***(Select one for each group)*

Domestic

Scheduled or Commuter
Non-Scheduled or Air Taxi

International

Passenger

Cargo

Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137*(Select one)*

Firefighting

Unknown

Aerial Application

Flight Test

Aerial Observation

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:**

_____ Resnick _____

Airport Identifier: _____ **N89** _____**Proximity to Airport:** **Off Airport** / Airstrip On Airport/Airstrip N/A**Distance From Airport Center:** _____ **1** _____ sm**Direction From Airport:** _____ **240** _____ degreestrue **Airport Elevation:** _____ **292** _____ ft. msl**Runway Information**Runway ID: _____ **22** _____ (L/R/C) Length: _____ **3838** _____ ft Width:
_____ **75** _____ ft**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

Runway/Landing Surface <i>(Check all that apply)</i> Asphalt Grass/Turf Macadam Water Concrete Gravel Metal/Wood Dirt Ice Snow Unknown	
Approach/Departure Segment <i>(Select one)</i>	
Taxi Takeoff Initial Climb Downwind Base Final Crosswind Low Approach Go Around Aborted Landing (after touchdown) Unknown VFR Departure IFR Departure Procedure/Clearance On Instrument Approach Landing	
IFR Approach <i>(Check all that apply)</i> None ADF/NDB PAR MLS Practice SDF Sidestep LDA GPS VOR/TVOR ILS ASR VOR/DME TACAN LOC-back course Contact Localizer Only Visual RNAV Circling 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

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FLIGHT CREWMEMBER 11 INFORMATION			
Flight Crewmember 11 Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew Flight Crewmember 11 was pilot flying Yes No			
Flight Crewmember 11 Identification First Name: Jacob Middle Initial: D Last Name: Johnson City of Residence: Greenwood State: Indiana ZIP: 46227 Country: United States Age at time of Accident/Incident: 23 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 None Lap only 3-point Used None Lap only 3-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor US Military			

Private Foreign Airline Transport Commercial Recreational Student Flight Engineer Sport				4-point 4-point 5-point 5-point Unknown Unknown						
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 N/A With limitations/waivers Special Issuance			Date of Last Medical 02/192019 ____ mm/dd/yyyy		
Medical Certificate Limitations N/A										
Medical Certificate Special Issuance N/A										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: N/A_____ 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 Instrument Airplane Airplane Single-Engine Instrument Helicopter Airplane Multi-Engine Helicopter Gyroplane Glider Powered Lift Sport				
Type Ratings: Instrument Instructor add on, single engine airplane						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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	920	5.9	920		119	18	56			
Pilot in Command (PIC)	835	5.9	835		115	18	56			
Time as Instructor	572	0	572		12	14	0			
This Make/Model					5.6	0	0			
Last 90 Days	80	0	80		5	3	2			

Last 30 Days	.4	0	.4		0	0	0			
Last 24 Hours	0	0	0		0	0	0			

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IFLIGHT CREWMEMBER 2i INFORMATION

IFlight Crewmember 2i Responsibilities at the Time of Accident/Incident

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

IFlight Crewmember 2i was pilot flying **Yes** No

Only during takeoff before handing off controls

IFlight Crewmember 2i Identification

First Name: Andrew City of Residence: Indianapolis
 Middle Initial: _____ State: IN ZIP: 46227
 Last Name: Mappes Country: US
 Age at time of Accident/Incident: 23 Date of Birth: mm/dd/yyyy
 Certificate Number: mm/dd/yyyy

Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single		Restraint Type <table border="1"> <thead> <tr> <th>Available</th> <th>Used</th> </tr> </thead> <tbody> <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> </tbody> </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="1"> <tbody> <tr> <td>None</td> <td>Flight Instructor</td> <td>US Military</td> </tr> <tr> <td>Private Foreign</td> <td>Airline Transport</td> <td>Commercial</td> </tr> <tr> <td>Recreational</td> <td>Flight Engineer</td> <td></td> </tr> <tr> <td>Student</td> <td>Sport</td> <td></td> </tr> </tbody> </table>				None	Flight Instructor	US Military	Private Foreign	Airline Transport	Commercial	Recreational	Flight Engineer		Student	Sport							
None	Flight Instructor	US Military																			
Private Foreign	Airline Transport	Commercial																			
Recreational	Flight Engineer																				
Student	Sport																				
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 1 Class 3 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>12/01/2017</u> mm/dd/yyyy															
Medical Certificate Limitations																					
Medical Certificate Special Issuance																					
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>mm/dd/yyyy</u>				Flight Review Aircraft Make: _____ Model: _____																	

Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> None Instrument Airplane Airplane Single-Engine Instrument Helicopter Airplane Multi-Engine Helicopter Gyroplane Glider Powered Lift Sport							
Type Ratings						Student Endorsements <i>(Include dates)</i>				

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	129.6		97.1		17.2	.6	39.2			
Pilot in Command (PIC)	49		49		10.4	.6				
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS <i>(Exclusive of cabin crew, complete the following information)</i>				
Crew Name and Address			Seat Occupied Injury	
First Name: _____ Middle Initial: _____ Last Name: _____	City of Residence: _____ State: _____ ZIP: _____ Country: _____		Left Center Right	Front Rear Single Unknown None Minor Serious Fatal Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> None Private Foreign Student			Restraint Type: Available Used None Lap Only 3-point 4-point 5-point	Inflatable Restraints None Lap Only 3-point 4-point 5-point Not Installed Installed Not Deployed Deployed Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____hrs		Unknown Unknown			
Crew Name and Address				Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Front Center Rear Right Single Unknown Unknown		None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply) None Commercial US Military Flight Instructor Private Foreign Airline Transport Recreational Sport Flight Engineer Student				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	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____hrs					
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)							
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

Country: _____ Crew Passenger Other			3-point 4-point 5-point Unknown		
First Name: _____ City : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None Lap Only 3-point 4-point 5-point Unknown None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown

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FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u> N89 </u> City: <u> Ellenville </u> <u> </u> State: <u> NY </u> Country: <u> US </u>	Time of Departure Time: <u> 9:40 </u> Time Zone: <u> EST </u>	Destination Airport ID: <u> KGEZ </u> City: <u> Shelbyville </u> <u> </u> State: <u> IN </u> Country: <u> US </u>	Type Flight Plan Filed <u> None </u> VFR/IFR Company VFR IFR Military VFR Unknown VFR Activated? Yes No Unknown
Type of ATC Clearance/Service (Check all that apply) <u> None </u> 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	<u> Class G </u> Demo Area Warning Area Prohibited Area Restricted Area	Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93	Altitude of In-Flight <u> 392 </u> MSL Occurrence: <u> </u> ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			

Source of Pilot Weather Information <i>(Check all that apply)</i> 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: KMSV, KSWE, KPOU _____ Observation Time: 0700, 0800, 0900 _____ Time Zone: _EST _____ Distance from Accident Site: 20 _ nm Direction from Accident Site: _277, 150, 120 _ degrees true					
Basic Conditions VMC IMC Unknown		Light Condition Unknown Dark Night Bright Night Day Night					
Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height _____ N/A _____ ft agl		Ceiling None (Clear) Obscured Broken Indefinite Overcast Unknown Ceiling Height _____ N/A _____ ft agl		Temperature: _28 ____ (C) or ____ (F) Dew Point: _____ (C) or ____ (F) Altimeter Setting: _30.10 - 30.13 ____ in. Hg or _____ MB			
Wind Direction Variable -or Direction: _220_degrees true		Wind Speed Calm Light and Variable Speed: _4_____ kts		Wind Gusts Not Gusting -or Speed: _N/A_____ kts		Visibility _10 _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _1,934 _____ ft	
Intensity of Precipitation Light Moderate Heavy N/A Unknown Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle None Drizzle Rain Ice Pellets Snow Snow Pellets Hail Snow Grains Rain Showers Ice Crystals				Restriction to Visibility <i>(Check all that apply)</i> None Fog Blowing Dust Ground Fog Blowing Sand Haze Blowing Snow Ice Fog Blowing Spray Smoke Dust Unknown			
Icing Forecast Amount Type None Trace Rime Light Clear Moderate Mixed Severe Unknown		Icing Actual Amount Type None Trace Rime Light Clear Moderate Mixed Severe Unknown		Turbulence Type <i>(Check all that apply)</i> 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:

Sierra and Zulu Airmets were in effect in Pennsylvania. Central Pennsylvania, that is why our route of flight went to the Southern border of Pennsylvania/Northern West Virginia then straight West.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage None Substantial Minor Destroyed Unknown	Aircraft Fire None In-Flight On-Ground Unknown Both Ground and In-Flight Fire at Unknown Time	Aircraft Explosion None In-Flight On-Ground Unknown Both Ground and In-Flight Explosion at Unknown Time
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Aircraft destroyed, One car on the road was hit.		
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 and location, services obtained, and intended destination. Provide as much detail as possible.

Jacob Johnson was acting as a passenger to help Andrew Mappes bring a plane he was wanting to buy back to Indiana. The owner of the aircraft (Michael) came and picked Andrew and Jacob up from the hotel they were staying at, at 8 am on Sunday the seventh of August. He took Andrew and Jacob to the airport (Resnick N89) where Michael and Andrew exchanged paperwork as well as documents on the aircraft. Once everything was taken care of we had Michael fly the plane. As a precautionary measure, Jacob did the weight and balance, density altitude, as well as a weather briefing through Foreflight. There was no weather observation service within 20 miles of Resnick airport, Jacob tried to get as accurate wether as he could using foreflight as well as the surrounding weather reporting stations. Once Michael landed the aircraft Andrew and Jacob did a walk around reviewing the aircraft as well as treating it as the preflight checklist. After performing the walk-around checklist Andrew and Jacob hopped into the plane to take off. They then proceeded to do the before engine start checklist, engine start checklist, taxi checklist, then run up checklist. On takeoff, they added flaps 10 degrees to help with extra lift to get us away from the ground. Andrew had just bought the plane so he conducted the takeoff, Jacob served as a passenger/safety pilot to monitor Andrew. The plane produced enough power to lift off with a little more than 1000 ft remaining on the runway. Once the plane took off it climbed fine until it reached approximately 100 ft AGL. At 100 ft AGL the aircraft refused to climb anymore, so this is the point at which Jacob took over flight controls. This was done because Jacob is a CFII and Andrew is a private pilot. In the configuration and environment they were in they were not able to turn around and land at the airport. There were mountains on either side of them and over-banking would increase the stall speed of the aircraft because it wasn't getting the desired performance required to climb out. Jacob saw a lower spot in the town ahead and to the right of where the aircraft departed from. Jacob started to fly in that direction. As soon as he did this he noticed that the town was coming to an end and the mountains were starting. Along with this the trees and houses seemed to get closer to the aircraft. Jacob knew he had to get the plane down quickly before running out of room to find somewhere to land. Jacob immediately looked for somewhere to land and the first place he saw was off to his left. It was a narrow street but it had no moving cars or people on it so he started to fly in that direction. Jacob was forced to turning slowly as well as focus on the pitch of the aircraft so it wouldn't stall. Full throttle was already administered so the only way to still try and climb out and get away from the houses was to pith up. The stall horn would come on so Jacob had to slowly let the nose down sot a stall wouldn't occur. By the time the aircraft was lined up on the road it was already halfway down it. Along with everything else the plane kept losing altitude no matter what Jacob did. The houses and trees kept getting closer. All the more reason why he had to put the aircraft down when he did. Once lined up on the road Jacob noticed that there were power lines all up and down the road crossing the road horizontally. He noticed 2 larger power lines in particular that stuck out from the rest. They were approximately 80 to 100 feet from each other so he had to get the plane between that 80 to 100 feet. He treated the power lines like a short field landing and was able to control the pitch enough to where the plane had enough lift and altitude to get over the first set of power lines. As soon as he crossed the first set of power lines he cut the power completely by pulling the mixture out as well as pulling the flaps up to 0 degrees. He knew that doing both of these things would increase the sink rate and would help avoid hitting the second set of power lines all together. Once the aircraft was through the power lines it was about a 20 to 30 foot drop out of the sky. The plane hit the road abruptly and may have only had 100 to 200 feet remaining before the side of the mountain started. Jacob did maximum breaking with feet on the brakes as well as pulling up on the yoke. Doing so minimized damage to himself and Andrew inside the plane. Once the plane came to a rest both Andrew and Jacob climbed out of the plane with minor to no injuries. They then proceeded to run behind the plane to a safe distance away. Total flight time was under two minutes. Within a minute there were a crowd of people around the pilots, and within five minutes the police had shown up.

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

Operator/Owner Safety Recommendation

No comment

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.)

The pilots would like to not comment because there may be possible mechanical failure.

**Total Time/Cycles
On Part**

Hours

Cycles

**Time Since This
Part
Inspected/Overhaul
ed**

Hours

FUEL & SERVICES INFORMATION

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

_____14_____ Gallons

Fuel Type

80/87 115/145 Jet B Other, specify _____100 LL_____ 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 ñ Describe how the occupants exited and how many occupants evacuated each location

Each pilot exited their door and headed to the back of the aircraft and gave plenty of space between the aircraft. 2 people evacuated away from aircraft

OTHER AIRCRAFT ñ 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		
Pilot of Other Aircraft		
Name: _____		Name: _____
City: _____		City: _____
State: _____ ZIP: _____		State: _____ ZIP: _____
Country: _____		Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)
Use this space if additional space is needed for any answers. Michael Collela (Previous Owner) Andrew found this airplane for sale on the trade a plane. He was in contact with Michael for about a week and assured Andrew in writing and over the phone that he did not have to purchase his own insurance because Michaels's insurance would cover him in case of an accident on the trip back to Indiana. He dissuaded Andrew from purchasing his own aircraft insurance. He had told Jacob and Andrew he had owned the airplane for a long time and had flown it quite often, this was a lie as it was flown for less than 1.0 on the tachometer in the last year. This was discovered by Jacobs Insurance Agent when he went to go look at the plane. It was also discussed that the compression within a couple of the pistons was low. Important note: Andrew has been in contact with the towing agency that is currently holding the airplane. The man who towed the aircraft told Andrew there was talk around town from reliable sources who work at the airport saying how there were 2 aircraft mechanics that did the aircraft's annual, and that one had said the aircraft was not airworthy, but the other one went ahead and overruled him and signed off on it. This mechanic was also one who Michael Collela was accustomed to using and had known for a while.
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>09/06.2022</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: Jacob Johnson <u>Andrew Mappes</u> Signature: Jacob Johnson <u>Andrew Mappes</u> -- 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. ERA22LA363	Reviewed by NTSB Regional Office ERA	Name of Investigator R. Hicks	Date Report Received 9/7/2022