

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: Westminster State: MD
 ZIP: 21157 Country: USA
 Latitude: 39.61 N Longitude: 77.01 W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05/01/2024 Local Time: 14:44
mm/dd/yyyy
 Time Zone: EST

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N1377U

Manufacturer: Cessna

Model: C-172

Serial Number: 17267048

Year of Manufacture: 1976

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

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

Maximum Gross Weight: 2400 lbs

Weight at Time of Accident/Incident: 2000 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 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 |
| ☐ Aerobatic | ☐ 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/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	<u>Lycoming</u>	<u>D2J320</u>	<u>L-9998-39-A</u>	<u>4/10/2015</u>	<u>160</u>	<u>4200</u>	<u>50</u>	<u>2000</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☒ 100-Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 3/12/2024
mm/dd/yyyy

Airframe Total Time: 21000 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: Fire Extinguisher tested, in aircraft, last inspection

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Sensenich

Model: _____

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☐ OC91 (121.5 MHz) ☒ OC91a (121.5 MHz)
☐ OC126 (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: Washington International Flight AcademyCity: GaithersburgState: MDZIP: 20879Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☐ Same Address as Registered OwnerName: Wifa International Flight AcademyCity: WilmingtonDoing Business As: Washington International Flight AcademyState: DEZIP: 19808Air Carrier/Operator Designator (4 Character Code): N/ACountry: USA**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: Carroll County Regional/Jack B Poage FieldAirport Identifier: KDMWProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 0 sm

Direction From Airport: _____ degrees true

Airport Elevation: 789 ft. msl**Runway Information**Runway ID: 34 (L/R/C) Length: 55100 ft Width: 100 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																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Reed</u> City of Residence: <u>Washington DC</u> Middle Initial: <u>T</u> State: <u>DC</u> ZIP: <u>20009</u> Last Name: <u>Shafer-Ray</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>28</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 <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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																																																																															
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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>09/22/2021</u> mm/dd/yyyy																																																																																													
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Limitations <u>"Must wear corrective lenses"</u>			Medical Certificate Special Issuance																																																																																													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/08/2022</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C-172N</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																																																																																																
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"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: Anton

City of Residence: Silver Spring

Middle Initial: J

State: MD ZIP: 20906

Last Name: Attard

Country: United States of America

Age at time of Accident/Incident: 37 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
 ☐ 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 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

02/28/2023
 mm/dd/yyyy

Medical Certificate Limitations

Must use corrective lenses to meet vision standards at all required distances

Medical Certificate Special Issuance

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 04/25/2024
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper PA-28-161

Model: Warrior III

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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	648	222	648	0	81	9	127			
Pilot in Command (PIC)	557	132	557	0	78	9	127			
Time as Instructor	172	78	172	0	29	4	23			
This Make/Model					21	4	8			
Last 90 Days	104	34	104	0	6	0	10			
Last 30 Days	30	15	30	0	0	0	3			
Last 24 Hours	3	0	3	0	0	0	0			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
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 ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				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	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs			
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 ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				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	
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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KGAI

City: Gaithersburg

State: MD

Country: USA

Time of Departure

Time: 13:40

Time Zone: EST

Destination

Airport ID: KDMW

City: Westminster

State: MD

Country: USA

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 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:

1000 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: KDMW

Observation Time: 14:30

Time Zone: EST

Distance from Accident Site: 0 nm

Direction from Accident Site: _____ degrees true

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

Ceiling

☒ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Temperature: 30 (estimate) (C) or _____ (F)

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

Altimeter Setting: Unknown in. Hg
or _____ MB

Lowest Cloud Condition Height

_____ ft agl

Ceiling Height

_____ ft agl

Wind Direction

☐ Variable

-or-
Direction: 320 degrees true

Wind Speed

☐ Calm
☐ Light and Variable

-or-
Speed: 5 kts

Wind Gusts

☒ Not Gusting

-or-
Speed: _____ kts

Visibility 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 1800 estimate ft

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

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:

None were issued to my knowledge

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)*

From what I remember the damage is the front landing gear is gone, half of the front windshield is broken, the front propeller is bent, underneath the front landing gear the airframe is coming apart, the left side wing strut is bent, the exhaust pipe is bent, the top part of the tail is bent, top antennas are broken, and the fuselage is bent.

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.

This is to report an event that involved N1377U that occurred on Wednesday, May 1, 2024, at about 2:45 pm at KDMW while I was conducting a flight review with Mr. Reed Shafer-Ray. This was the second flight I was conducting with Mr. Shafer-Ray as he felt having extra flights would be a good refresher on the maneuvers and increase his experience.

Mr. Shafer-Ray obtained his Private Pilot Certificate in March of 2022 and is familiar with the SFRA procedures and the airports around KGAI. He often flies from KGAI to KDMW and sometimes to KLNS. The maneuvers we were practicing are within what is listed in the Private Pilot ACS.

During the first flight of the flight review on April 26, 2024, Mr. Shafer-Ray received 1.5 hours of ground review, more than what is minimally required by FAR 61.56. We covered all recommended topics to review and we proceeded to our flight portion of the flight review. We performed simulated emergency engine failure en route, power-on and power-off stalls, slow flight, steep turns, and different types of takeoffs and landings. While Mr. Shafer-Ray performed all the maneuvers following ACS standards, I recommended a second flight to increase his experience. He agreed and felt the same way.

During the second flight of the flight review on May 1, 2024, we had a ground review discussing power on and off stalls and spin recovery procedures. I notified him of the maneuvers we were going to perform for the flight- power on and off stalls, slow flight, simulated emergency glide to a field, one ground reference maneuver, and several different types of takeoffs and landings. We did a detailed pre-flight check that followed the checklist that was in the aircraft on both flights. We checked the controls on the ground and we both determined the aircraft was airworthy for the flight. We did weight and balance and completed performance calculations based on density altitude and full fuel. The weather was briefed on the ground through aviationweather.gov, and Skyvector at the reporting airports and confirmed with Foreflight.

We began the flight around 13:40 EST from KGAI and Mr. Shafer-Ray was the Pilot in Command (PIC). Mr. Shafer-Ray filed an SFRA flight plan to WOOLY and from WOOLY back to KGAI. We proceeded to KDMW to perform takeoff and landings. When we entered the pattern, the winds were favoring Runway 34. Mr. Shafer-Ray performed two full-stop landings. Mr. Shafer-Ray made the comment that the right rudder input on the ground was delayed and felt different than when we were at KGAI. Around 14:30 EST, Mr. Shafer-Ray obtained the ATIS report and began a teardrop entry into the pattern for Runway 34. The weather was reporting clear skies and temperatures around 30 C. Density altitude was around 1800 feet. I do not recall the Altimeter setting or Dewpoint.

During the second landing, Mr. Shafer-Ray put in 20 degrees of flaps while he had control of the aircraft and asked me to verify the lever and compare the flap setting visually. I was looking at the lever and outside and confirmed to him that it only looked to be at 10 degrees. I then used the flap lever and finally, it went down to 20 degrees. When we landed successfully, I briefed Mr. Shafer-Ray not to rush his thinking but to be in front of the airplane and still be safe. The last landing we were going to do, which is when the event happened, was intended to be a simulated emergency engine failure. We briefed it on the ground and the downwind leg.

Continued Below

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

Prior to flying with each student, I do a detailed classroom/ground lesson of everything we expect to do during the flight, we do a pre-flight check to ensure everything is working, and we do a detailed passenger safety briefing and crew briefings in the aircraft. After each flight, we do a post-flight briefing where we discuss with each student things they did well as well as things they could've done better. I emphasize safety with all students and my students are well versed in flight expectations. I have five active students all at the stage of becoming Private Pilots. I adhere to the risks associated with flying at non-towered fields and have a clean record that does not show any airspace violations or incidents.

I am extremely shocked this event happened and I am fully committed to taking every step I can to learn from this and take further training and practice to ensure this doesn't happen again. I have already scheduled dual instruction with instructors and will continue to review emergency operations. As a CFII I understand that we have to be ready to teach and fly safely with all types of students. I am deeply passionate about aviation and its always been my dream of mine.

My recommendation is that go-arounds and simulated emergency procedures should be practiced frequently because each pilot does not know when an emergency is a reality.

Above Statement made by Pilot/Instructor, Anton Attard

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.)

I have also been reflecting on what I could've done to prevent this from occurring. While I accept full responsibility for my actions throughout the flight and recovery, I also recognize the importance of looking at all facets of the aircraft maintenance logs and the aircraft condition to see how properly the aircraft was functioning in order to get a big picture and an honest evaluation.

Above statement made by Pilot/Instructor, Anton Attard

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)

38 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

N/A

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

Both pilots doors were able to open and we were able to crawl out of the plane towards the back of the plane away from the propeller.

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.

Continued statement from above

Mr. Shafer-Ray performed the CGUMPS check on downwind and was between 1600-1700 altitude. Pattern altitude at KDMW is 1600. As we began to descend I took over the communications and stated that we were doing a simulated engine failure on the local CTAF. The airplane had a configuration of engine idle and carb heat on. As we were descending on the base leg, Mr. Shafer-Ray put in 10 degrees of flaps. I recommended delaying the other two notches of flaps to make sure we were going to make the runway. Nevertheless, he chose to put in 20 degrees of flaps at that point. After he put in the flaps, I asked Mr. Shafaer-Ray if he was going to make the runway and he indicated yes. I let him proceed but as we were going in lower, I felt that we would not make the runway and I saw the speed of 60 knots on the Airspeed Indicator and said go around. Mr. Reed Shafer-Ray added full power, brought up the flaps to 10 degrees, and turned the carb heat off. Something didn't feel right and the aircraft was going completely to the left and it was at a high pitch-up attitude. At this point I became the Pilot in Command, I took the controls and proceeded to take out the remaining 10-degree flaps and applied right aileron, applied right rudder, and left power in full. I pitched down (elevator) to gain airspeed. The ailerons did not seem to be effective and the right rudder input seemed unresponsive as the aircraft did not move to the right. The aircraft hit the propeller and landed upside down. The aircraft did not catch on fire. Mr. Shafer-Ray and I exited the aircraft immediately after and, thankfully, with no assistance needed. I am grateful both Mr. Shafer-Ray and myself are safe.

The aircraft's right side window did shatter, and antennas on top to my knowledge broke off due to flipping over. The front landing gear broke off. I remember the ELT going off, the fuselage was dented, one of the wing struts was bent, underneath the aircraft located by the front landing gear was dented, the front propeller looked to be completely bent, and the exhaust pipe seemed to be bent.

As a risk-averse pilot with over 600 hours of experience, having both a CFI and CFII license and a Commercial Instrument rating, I am shocked that this event happened.

Prior to flying with each student, I do a detailed classroom/ground lesson of everything we expect to do during the flight, we do a pre-flight check to ensure everything is working, and we do a detailed passenger safety briefing and crew briefings in the aircraft. After each flight, we do a post-flight briefing where we discuss with each student things they did well as well as things they could've done better. I emphasize safety with all students and my students are well versed in flight expectations. I have five active students all at the stage of becoming Private Pilots. I adhere to the risks associated with flying at non-towered fields and have a clean record that does not show any airspace violations or incidents.

I am extremely shocked this event happened and I am fully committed to taking every step I can to learn from this and take further training and practice to ensure this doesn't happen again. I have already scheduled dual instruction with instructors and will continue to review emergency operations. As a CFII I understand that we have to be ready to teach and fly safely with all types of students.

I have also been reflecting on what I could've done to prevent this from occurring. While I accept full responsibility for my actions throughout the flight and recovery, I also recognize the importance of looking at all facets of the aircraft maintenance logs and the aircraft condition to see how properly the aircraft was functioning in order to get a big picture and an honest evaluation.

I am deeply shocked by this event, and I am committed to continuing to learn from this experience. I am fully committed to taking additional steps to update my skills as necessary and transfer the lessons and skills to my students so they can be safer pilots to have safer skies.

Above statement made by Pilot/Instructor Anton Attard

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

Date of this Report

05/10/2024

mm/dd/yyyy

Name of Pilot/Operator: Reed Shafer-Ray / Anton Attard

Signature: _____

-- or --

☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: Owner

Signature: _____

-- or --

☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
ERA24LA204

Reviewed by NTSB Regional Office
OAS-ERA

Name of Investigator
Read

Date Report Received
5/13/2024