

On April 24, 2026, at approximately 1430 hours EDT, during a Civil Air Patrol Onboarding evaluation/training flight at Quakertown airport (KUKT), the Pilot flying (PF)/trainee, [REDACTED], certificate number [REDACTED], a commercially licensed, instrument rated pilot with 338 hours of total time, was in the left seat and the pilot flying of a CAP Cessna 172 airplane.

The reporter, [REDACTED], certificate number [REDACTED], an ATP helicopter, Commercial airplane CFI/CFII/MEI (airplane & helicopter) with 3257 hours of total time and 1071 hours of flight instruction given in both helicopters and airplanes was in the right seat in the capacity of evaluator/instructor.

The weather was VFR with visibility greater than 10 miles and no clouds below 6,000'. Winds were reported by ASOS to be calm. The windsock, prior to takeoff run, confirmed wind data.

Earlier on April 24, PF/Trainee had operated the aircraft with evaluator/instructor previously by taking off from KUKT using runway 29 and after completing a thorough preflight briefing, which included emergency procedures involving closing the throttle and stopping the aircraft prior to rotation speed, and conducting a flight lasting approximately 1.5 hours. I instructed PF/trainee to perform a "short field" takeoff. PF/trainee was responsive to evaluator/instructor's feedback and positive transfer of controls during all flight maneuvers during this part of the aircraft operation. After instructing PF/trainee to go-around on an approach for being too high on final, I demonstrated the landing procedure and executed a safe landing on Runway 29 at KUKT. We taxied the aircraft back to the departure end of Runway 29 for another takeoff.

For the flight that resulted in the accident, the PF/trainee was instructed to perform a "normal" takeoff from runway 29 at KUKT airport. PF/trainee lined up and applied takeoff power to begin the takeoff run. After approximately 100-150 feet, the PF/trainee allowed the airplane to start heading left on the takeoff roll. After directing PF/Trainee to correct his heading on the takeoff roll, PF/trainee overcorrected and the aircraft heading changed to be too far to the right. After directing PF/Trainee to again correct the heading of the aircraft, PF/Trainee applied too much left rudder, changing the heading of the aircraft back to the left again, heading too far too the left, beyond the sideline of the runway and towards the PAPI lights. I intervened with right rudder pedal to counter PF/trainee's overcorrection which aligned the aircraft with the runway sideline. However, upon aligning with the runway sideline, PF/trainee then increased left rudder pedal pressure despite my right rudder input, changing the heading of the aircraft again to the left, towards the PAPI lights. Throughout this time, PF/trainee's hand had been pressed on the throttle to the fully open position, and had frozen in his responsiveness to my feedback.

At this point, the aircraft was moving too quickly to stop before the PAPI using the brakes, the aircraft had not reached rotation speed, and since I was unable to adjust the aircraft throttle because of PF/trainee's hand, I felt the aircraft had run out of room to make an evasive turn without risking ground looping the airplane, so the decision was made to "hop" the airplane over the PAPI lights because the airplane had not achieved required energy for a takeoff. The propeller cleared the PAPI system but the right main landing gear struck the PAPI and sheared off the right main wheel. The airplane came back to the ground and the right main landing gear strut dug into the grass on the left (south) side of the runway, causing the airplane to veer, uncontrollably, to the right. The energy in the airplane caused it to slide back onto the runway, cross the runway to the right (north) sideline, exit the runway environment on the northern side, slide onto a grassy area, and then onto the taxiway/apron on the right (north) side of the runway, where the airplane came to rest on a taxiway.

While the airplane was sliding across the runway, I made the decision to pull the mixture control to "idle/cutoff" in order to stop the engine and stop the thrust from the still running engine. The engine did shut down while the airplane was still in motion. When the airplane came to rest, the evaluator/instructor assessed for injury, which there were none, and then rotated the fuel selector to the "Off" position as a precaution. Both pilots then egressed the airplane without incident or injury. After determining no one was hurt, a quick debrief focused on the importance of the transfer of control especially while an instructor is physically influencing the flight controls.

I will conclude by saying that I take my flight instructor responsibilities very seriously. In over 35 years and 3,257 hours of flying and over 12 years and 1,071 hours of flight instruction provided, I have never had an incident, accident, or enforcement action, and I have never had a student fight me on the controls, overpower or reverse my corrective input, let alone return the aircraft to a previous position which I had corrected from as PF/trainee did. The events described here happened in a matter of seconds, and I estimate a direct collision with the PAPI lights would have resulted in a more significant accident and physical injury, and I did what I felt was necessary to respond to the circumstance.

Respectfully submitted,

A solid black rectangular box used to redact the signature of the instructor.