

**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: CAHOOKIA (DOWNTOWN) State: ILL.

ZIP: _____ Country: _____

Latitude: _____ Longitude: _____

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

@ AIRPORT

Accident/Incident Date/Time

Date: 06/30/2015 Local Time: 10:30 AM
mm/dd/yyyy

Time Zone: _____

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

AIRCRAFT INFORMATION

Registration Number: N 3888C

Manufacturer: CESSNA

Model: 180

Serial Number: 31036

Year of Manufacture: 1954

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

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

Maximum Gross Weight: 2500 lbs

Weight at Time of Accident/Incident: 2000 lbs

Number of Seats: 4 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

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**
☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility
☒ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☒ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear

(Check all that apply)

- ☐ Retractable
☐ Tricycle
☒ Tailwheel
☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull
☐ High Skid
☐ Skid
☐ Ski
☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None
☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating
☐ Turbo Shaft
☐ Turbo Prop
☐ Turbo Jet
☐ Turbo Fan
☐ Electric
☐ Liquid Rocket
☐ Solid Rocket
☐ Hybrid Rocket
☐ None
☐ Unknown

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>CONTINENTAL</u>	<u>470A</u>	<u>41415-4-A</u>	<u>1954</u>	<u>225</u>	<u>2000</u>	<u>30</u>	<u>1000</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 06/1/2013
mm/dd/yyyy

Airframe Total Time: 2000 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: HAND HELD

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCulloch

Model: BLACK MAX 2A3AC203-C

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: LEIGH

Model or Part No.: SHARC 7

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: <u>JOHN McMANAMEE</u>		City: <u>VILLA RIDGE</u> State: <u>Mo.</u> ZIP: <u>63089</u> Country: <u>FRANKLIN</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
Operator of Aircraft ☒ Same As Registered Owner		☒ Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
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	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 FERRY ☐ Non-US, Commercial IN/OUT ☐ 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		
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
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			
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>ST. LOUIS DOWNTOWN</u>		Distance From Airport Center: <u>.2</u> sm	
Airport Identifier: _____		Direction From Airport: _____ degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>450'</u> ft. msl	
Runway Information Runway ID: <u>12</u> (L/R/C) Length: <u>5000</u> ft Width: <u>100</u> 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 (Check all that apply) ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☒ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment (Select one) ☒ Visual Approach ☐ VFR Departure ☐ On Instrument Approach ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Downwind ☐ Low Approach ☐ Base ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Final ☒ 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 Rt. Hand ☒ 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>JOHN</u> Middle Initial: <u>R.</u> Last Name: <u>McMANUS</u>					City of Residence: <u>VILLA RIDGE</u> State: <u>MO.</u> ZIP: <u>63089</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>73</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 Available ☐ None ☐ Lap only ☐ 3-point ☒ 4-point * ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown *B.A.S. INTERNAL REEL				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				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 *EYE GLASSES		Date of Last Medical <u>05/20/2015</u> mm/dd/yyyy																																																																																																
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown																																																																																																										
Medical Certificate Limitations <u>TO WEAR EYEGLASSES</u>																																																																																																										
Medical Certificate Special Issuance																																																																																																										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>AUG-2013</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>C-180</u> <u>CESSNA</u> Model: <u>180 SKY WAGON</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																																																																																																				
Type Ratings						Student Endorsements (Include dates)																																																																																																				
<table><tr><th>Flight Time (Enter appropriate number of hours in each box)</th><th>☒ All Aircraft</th><th>☒ This Make & Model</th><th>☒ Airplane Single Engine</th><th>☒ Airplane Multiengine</th><th>☒ Night</th><th colspan="2">☒ Instrument</th><th></th><th>☒ Rotorcraft</th><th>☒ Glider</th><th>☒ Lighter Than Air</th></tr><tr><td>Total Time</td><td></td><td></td><td></td><td></td><td></td><td>Actual</td><td>Simulated</td><td></td><td></td><td></td><td></td></tr><tr><td>Pilot in Command (PIC)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Time as Instructor</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>This Make/Model</td><td colspan="10">[REDACTED]</td><td></td></tr><tr><td>Last 90 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 30 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 24 Hours</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											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	Total Time						Actual	Simulated					Pilot in Command (PIC)												Time as Instructor												This Make/Model	[REDACTED]											Last 90 Days												Last 30 Days												Last 24 Hours											
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																																																																																															
Total Time						Actual	Simulated																																																																																																			
Pilot in Command (PIC)																																																																																																										
Time as Instructor																																																																																																										
This Make/Model	[REDACTED]																																																																																																									
Last 90 Days																																																																																																										
Last 30 Days																																																																																																										
Last 24 Hours																																																																																																										

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

MECHANIC TO CHECK
PIC

Flight Crewmember 2 was pilot flying

☐ Yes

☐ No

Flight Crewmember 2 Identification

First Name: ED SHIRTZ

Middle Initial:

Last Name: SHIRTZ

City of Residence: CAHOKIA

State: ILL

ZIP:

Age at time of Accident/Incident:

Date of Birth:

mm/dd/yyyy

Certificate Number:

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

☐ Private

☐ Student

☐ Flight Instructor

☐ Recreational

☐ Sport

☒ Commercial

☐ Airline Transport

☐ Flight Engineer

☐ US Military

☐ Foreign

Medical Certificate

☐ None

☐ Class 1

☐ Class 2

☐ 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

mm/dd/yyyy

Medical Certificate Limitations

NO INJURIES TO EITHER PERSON; THIS IS THE MECHANIC
AND WAS REQUIRED TO CHECK RIG, TURN! GEN'L OPERATION

Medical Certificate Special Issuance

NO OTHER PEOPLE INVOLVED.

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

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

☐ 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

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

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		○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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	
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		○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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	
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
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 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 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 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 If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: _____ City: <u>CAROLINA</u> State: <u>ILL.</u> Country: _____		Time of Departure Time: <u>10:00 AM</u> Time Zone: _____	
Destination Airport ID: _____ City: _____ State: _____ Country: _____		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: _____ ft msl <u>ON RUNWAY 12</u>			
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: <u>ATIS - INFO GOLF</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ 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 Lowest Cloud Condition Height _____ ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl	
Wind Direction ☐ Variable -or- <u>FROM SOUTH</u> Direction: _____ degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- <u>3-5</u> kts <u>MPH</u> Speed: _____ kts	
Wind Gusts ☒ Not Gusting; <u>NONE</u> <u>NOTICED</u> -or- Speed: _____ kts		Visibility <u>5</u> 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 ☐ 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: <u>NONE</u>			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Minor ☐ Substantial ☐ Destroyed ☒ Unknown	Aircraft Fire ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Fire at Unknown Time ☐ Unknown	Aircraft Explosion ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Explosion at Unknown Time ☐ Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i>		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>		
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. <i>COPY INCLUDED.</i> <i><u>NOTE:</u> DAMAGE TO AIRPLANE IS YET TO BE DETERMINED BY IDEAL AVIATION - FBO ON FIELD AND FAA REPAIR STATION.</i>		

9

RECOMMENDATION (How could this accident/incident have been prevented?)		
Operator/Owner Safety Recommendation Don't know.		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> None that I know of.		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 65 Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify _____ ☒ 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 – Describe how the occupants exited and how many occupants evacuated each location SEE DESCRIPTION BY JOHN McMANAMEE, PILOT IN COMMAND.		
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 7/7/2015 mm/dd/yyyy	Name of Pilot/Operator: JOHN McMANUS Signature: [Redacted] ment -- or --
--	--

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. GAA15CA183	Reviewed by NTSB Regional Office GAA	Name of Investigator BRAD BIGELOW	Date Report Received 07/15/2015
--	---	--------------------------------------	------------------------------------

TODAY'S DATE TUES 9:30 AM, July 7, 2015

THE PREVIOUS TUESDAY @ 9:30-10:00 AM.
I TOOK DELIVERY OF REPAIRED C-180
FROM IDEAL AVIATION DOWNTOWN AIRPORT
CANTON ILL. N3888C

AFTER INSTALLING HEAD SET AND
PAINT WORK AND FUELING 100% AVGAS -
I PERFORMED A THOROUGH PRE FLIGHT
INSPECTION AND CHECKED OPERATION OF
ALL RADIOS, SET INSTRUMENTS, SECURED
SEAT RESTRAINTS AND B.A.S. SAFETY
HARNES ON MYSELF AND MECHANIC AND
WITH INFO GOLF ATIS TAXIED & TOOK OFF
ON 12 - DOWNTOWN AIRPORT, STAYING
IN CONTACT W/ TOWER FOR THE ENTIRE
FLIGHT OF ABOUT 30-40 min.

Checked operation of ALL CONTROLS, FLY
ENGINE, AUTOPILOT, AND FOUND AIRPLANE
TO BE IN GOOD TRIM AND PIG. PERFECT
SLOW TURNS, STABLE; AIRPLANE FELT GOOD,
IF A LITTLE STIFF ON CONTROLS. MAINTAINED
3000' AGL FORENTIRE FLIGHT. CALLED IN TO
GIVEN 12 RIGHT HAND PATTERN. DECIDED TO
MAINTAIN SUFFICIENT ALTITUDE ~~BEING~~ IN CASE
OF ANY UNFORSEEN PROBLEMS, PLANNING

TO LAND MID FIELD, 30° FLAP, TRIMME
FOR 65-70 MPH. LANDED IN THE MIDDLE
OF 12, FULL STALL FROM ABOUT 1-2 F.
A CROSSWIND FROM THE SOUTH OF 35 K
WAS OFF SET WITH RIGHT AILERON &
LONGITUDINAL DIRECTION MAINTAINED
WITH LEFT RUDDER THROUGHOUT SHORT
FINAL, TOUCHDOWN AND ROLLOUT, WHEN
THE AIRPLANE SUDDENLY VEERED TO THE
RIGHT. IMMEDIATELY AND FULLY LEFT
RUDDER WAS APPLIED - SEEMINGLY NO
NO EFFECT. I THOUGHT (BELIEVE) LEFT
BRAKE WAS APPLIED ALSO, HOWEVER
I HONESTLY DO NOT KNOW WHAT HAPPENED
* I HAVE OWNED & OPERATED THIS AIR
FOR 16 YEARS AND HAVE MADE COUNT
CROSSWIND LANDINGS - ON UNIMPROVED AI
PAVED RUNWAYS.

* THE AIRPLANE CAME TO REST ON THE RUNWAY
NEVER LEAVING THE PAVEMENT

[REDACTED]
7/7/15