

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location Nearest City/Place: <u>AUGUSTA</u> State: <u>KY</u> ZIP: <u>41002</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>8-15-15</u> Local Time: <u>4:30</u> mm/dd/yyyy Time Zone: <u>EASTERN</u> Collision with Other Aircraft: Midair On-ground ☒ None
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Registration Number: <u>831CM</u> Manufacturer: <u>McKINNEY CHARLES R.</u> Model: <u>SEARCY</u> Serial Number: <u>1DK150</u> Year of Manufacture: <u>2001</u> Amateur-Built: ☒ Yes ☐ No If Yes: Kit/Plans Make: <u>PROGRESSIVE</u> <u>ADDA DYNE</u> <u>"SEARCY"</u> Original Design	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>1370</u> lbs Weight at Time of Accident/Incident: <u>1288</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td>Normal</td> <td>Restricted</td> </tr> <tr> <td>Aerobatic</td> <td>Limited</td> </tr> <tr> <td>Balloon</td> <td>Provisional</td> </tr> <tr> <td>Commuter</td> <td>Special Flight</td> </tr> <tr> <td>Transport</td> <td>☒ Experimental</td> </tr> <tr> <td>Utility</td> <td>Special Light-Sport</td> </tr> <tr> <td></td> <td>Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None Unknown	Standard	Special	Normal	Restricted	Aerobatic	Limited	Balloon	Provisional	Commuter	Special Flight	Transport	☒ Experimental	Utility	Special Light-Sport		Experimental Light-Sport	Landing Gear (Check all that apply) Retractable Tricycle Tailwheel ☒ Amphibian High Skid Emergency Float Skid Float Ski Hull Ski/Wheel Other Launch/Recovery System None Unknown	Engine Type (Select one) ☒ 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
Standard	Special																		
Normal	Restricted																		
Aerobatic	Limited																		
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Commuter	Special Flight																		
Transport	☒ Experimental																		
Utility	Special Light-Sport																		
	Experimental Light-Sport																		

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	BOMBARDIER	POTAX	4402022	8/16/00	80HP	900	6.0	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour _____ Continuous Airworthiness _____ AAIP _____ ☒ Conditional Inspection _____ Annual _____ Unknown _____ Date Last Inspection: <u>4/22/15</u> mm/dd/yyyy Airframe Total Time: <u>90.7</u> hrs hours measured at (Select one) Last Inspection ☒ Time of Accident/Incident	Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>WARP DRIVE</u> Model: <u>CARBON STEEL 400 EDGE A40</u> Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	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: _____
Type of Maintenance Program (Select one) ☐ Annual ☒ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness Other, specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>? LOST</u> Model or Part No.: <u>? LOST</u> TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? Yes ☒ No Was ELT still connected to antenna? Yes ☒ No Did ELT activate? Yes ☒ No If activated: Did ELT Aid in Locating Aircraft? Yes ☒ No If not activated: Indicate Reason: <u>LOST IN</u> Impact Damage <u>ACCIDENT</u> Fire Damage <u>SUNK IN</u> Battery Expired/Damaged <u>RIVER</u> Unknown	
Description of Fire Extinguishing System ☒ None Specify: _____		

Registered Aircraft Owner Name: <u>Steve R. McKinney</u> Fractional Ownership Aircraft: Yes ☐ No ☒		City: <u>HAMERSVILLE</u> State: <u>Ohio</u> ZIP: <u>45130</u> Country: <u>USA</u>																												
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____																												
Operating Certificates Held <i>(Check all that apply)</i> 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 <table style="width:100%;"> <tr> <td>☒ FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown		☒ FAR 91	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437															
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FAR 103	FAR 133	FAR 431																												
FAR 121	FAR 135	FAR 435																												
FAR 125	FAR 137	FAR 437																												
		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table style="width:100%;"> <tr> <td>Scheduled or Commuter</td> <td>Domestic</td> </tr> <tr> <td>Non-Scheduled or Air Taxi</td> <td>International</td> </tr> </table> Passenger Cargo Mail Contract Only		Scheduled or Commuter	Domestic	Non-Scheduled or Air Taxi	International																							
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Revenue Sightseeing Flight Yes ☐ No ☒		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table style="width:100%;"> <tr> <td>Aerial Application</td> <td>Firefighting</td> <td>Unknown</td> </tr> <tr> <td>Aerial Observation</td> <td>Flight Test</td> <td></td> </tr> <tr> <td>Air Drop</td> <td>Glider Tow</td> <td></td> </tr> <tr> <td>Air Race/Show</td> <td>Instructional</td> <td></td> </tr> <tr> <td>Banner Tow</td> <td>Other Work Use</td> <td></td> </tr> <tr> <td>Business</td> <td>☒ Personal</td> <td></td> </tr> <tr> <td>Executive/Corporate</td> <td>Positioning</td> <td></td> </tr> <tr> <td>External Load</td> <td>Skydiving</td> <td></td> </tr> <tr> <td>Ferry</td> <td></td> <td></td> </tr> </table>		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		
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Ferry																														
Air Medical Flight Yes ☐ No ☒																														

Airport Name: <u>Ohio River</u> Airport Identifier: _____ Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl																																	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <td>Dry</td> <td>Snow-Compacted</td> <td>☒ Water-Calm</td> </tr> <tr> <td>Holes</td> <td>Snow-Crusted</td> <td>Water-Choppy</td> </tr> <tr> <td>Ice Covered</td> <td>Snow-Dry</td> <td>Water-Glassy</td> </tr> <tr> <td>Rough</td> <td>Snow-Wet</td> <td>Wet</td> </tr> <tr> <td>Rubber Deposits</td> <td>Soft</td> <td></td> </tr> <tr> <td>Slush-Covered</td> <td>Vegetation</td> <td>Unknown</td> </tr> </table>		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														
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IFR Approach <i>(Check all that apply)</i> None ADF/NDB SDF VOR/TVOR VOR/DME TACAN PAR Sideslip ILS Localizer Only LOC-back course RNAV MLS LDA ASR Visual Contact Circling Practice GPS 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																																	

"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: STEVECity of Residence: HAMERSVILLE OHMiddle Initial: R.State: OHIO ZIP: 45130Last Name: MCKINNEYCountry: USAAge at time of Accident/Incident: 62 Date of Birth: 53 mm/dd/yyyyCertificate Number: [REDACTED]**Degree of Injury**
☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious
Seat Occupied
☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single
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
LIFE JACKETS
ON
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
8/5/15
 mm/dd/yyyy
Medical Certificate LimitationsAVAILABLE GLASSES NEAR VISION**Medical Certificate Special Issuance**
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 4/16/14
 mm/dd/yyyy
Flight Review AircraftMake: AVANTModel: CHRISTEN EAGLE II**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	2210.2	70	2128.9					75.7	5.8	
Pilot in Command (PIC)	2210.2	70								
Time as Instructor										
This Make/Model										
Last 90 Days	17.7									
Last 30 Days	10.1									
Last 24 Hours										

"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: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ 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 Unknown Right Rear Center Single			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																																																																																												
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 _____ 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			Medical Certificate Special Issuance																																																																																												
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																																																																																														
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> <tr> <td style="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">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> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td colspan="5"></td> <td></td><td></td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</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	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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Crew Name and Address				Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Center Right Front Rear 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	
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Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs				

Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>Kris</u> City: <u>HAMERSVILLE</u> Middle Initial: _____ State: <u>OH</u> ZIP: <u>45130</u> Last Name: <u>Cooper</u> Country: <u>USA</u>		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown ☒ None	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	
Crew ☒ Passenger ☐ Other ☐		LIFE JACKET					
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		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	
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Crew ☐ Passenger ☐ Other ☐							

Last Departure Point Airport ID: <u>0157</u> City: <u>HAMERSVILLE</u> State: <u>OHIO</u> Country: <u>USA</u>		Time of Departure Time: <u>4:00</u> Time Zone: <u>EASTERN</u>		Destination Airport ID: <u>Ohio River</u> 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 VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA																												
Airspace where the accident/incident occurred (Check all that apply) <table border="0"> <tr> <td>Class A</td> <td>☒ Class G</td> <td>Military Operations Area (MOA)</td> <td>Special</td> <td rowspan="5"> Altitude of In-Flight Occurrence: _____ ft msl </td> </tr> <tr> <td>Class B</td> <td>Demo Area</td> <td>Airport Advisory Area</td> <td>Air Traffic Control Area</td> </tr> <tr> <td>Class C</td> <td>Warning Area</td> <td>Jet Training Area</td> <td>Unknown</td> </tr> <tr> <td>Class D</td> <td>Prohibited Area</td> <td>TRSA</td> <td></td> </tr> <tr> <td>☒ Class E</td> <td>Restricted Area</td> <td>FAR 93</td> <td></td> </tr> </table>								Class A	☒ Class G	Military Operations Area (MOA)	Special	Altitude of In-Flight Occurrence: _____ ft msl	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	
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Class D	Prohibited Area	TRSA																										
☒ Class E	Restricted Area	FAR 93																										
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: _____ 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		Ceiling ☒ None (Clear) Broken Obscured Overcast Indefinite Unknown		Temperature: _____ (C) or <u>80°</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB																								
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl																										
Wind Direction Variable -or- Direction: _____ degrees true		Wind Speed ☒ Calm Light and Variable -or- Speed: _____ kts		Wind Gusts Not Gusting -or- Speed: _____ kts		Visibility <u>UNLIMITED</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) <table border="0"> <tr> <td>None</td> <td>Drizzle</td> <td>Freezing Rain</td> </tr> <tr> <td>Rain</td> <td>Ice Pellets</td> <td>Snow Shower</td> </tr> <tr> <td>Snow</td> <td>Snow Pellets</td> <td>Ice Pellets Shower</td> </tr> <tr> <td>Hail</td> <td>Snow Grains</td> <td>Freezing Drizzle</td> </tr> <tr> <td>Rain Showers</td> <td>Ice Crystals</td> <td></td> </tr> </table>				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							
None	Drizzle	Freezing Rain																										
Rain	Ice Pellets	Snow Shower																										
Snow	Snow Pellets	Ice Pellets Shower																										
Hail	Snow Grains	Freezing Drizzle																										
Rain Showers	Ice Crystals																											
Icing Forecast Amount Type ☒ None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown		Icing Actual Amount Type ☒ None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown		Turbulence Type (Check all that apply) Severity ☒ None Light Clear Air Moderate Terrain-Induced Severe Convective Turbulence Extreme																								
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 																												

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 (Use additional sheet if necessary)

DAMAGE TO HULL FROM WHAT EVER WE HIT IN THE WATER
 WINDSHIELD DAMAGED, ENGINE SUBMERGED IN WATER

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.

I TOOK OFF FROM MY GRASS RUNWAY 0157. MY SON IN-LAW KRIS COOPER WAS MY PASSENGER. WE LEFT AT APPROX 4:00 PM AND HEADED SOUTH TO THE OHIO RIVER. AS WE CAME OVER THE RIVER I DESIGNED TO SET UP AN APPROACH TO LAND, HEADING TO THE WEST TOWARDS MEDALL DAM. WE LANDED TWICE HEADING WEST ON THE OHIO SIDE OF THE RIVER. WE WERE PLANNING TO FLY TO A BOAT RAMP A COUPLE OF MILES ON UP THE RIVER AND PULL UP ON DRY LAND BUT WHEN WE GOT CLOSE TO THE RAMP THERE WAS TOO MUCH BOAT AND SET SKI TRAFFIC, AND THE WATER HAD TOO MUCH WAKE. AT THAT POINT WE TURNED EAST AND HEADED BACK THE WAY WE CAME. WE FLEW TILL WE SAW NICE SMOOTH WATER PROBABLY A 100 TO 150 FT. OFF SHORE AND SET UP ANOTHER APPROACH TO LAND. WE TOUCHED DOWN WITH FLAPS, VERY LITTLE POWER, NOSE UP, JUST ABOVE STALL, WENT ON THE WATER EVERYTHING AS IT HAD BEEN BEFORE, 5-10 SECONDS LATER WE WERE UPSIDE DOWN IN THE WATER. DUE TO THE DAMAGE ON THE BOTTOM RIGHT HAND SIDE OF THE HULL YOU COULD SEE THAT WE HIT SOMETHING JUST BELOW THE SURFACE OF THE WATER. THIS WAS AT APPROX 4:30 PM WE EXITED THE AIRCRAFT AND A BOAT HAD PULLED ALONG SIDE HE THREW ~~US~~ A ROPE AND TOWED US TO SHORE. THE AIRPLANE WAS INTACT. WE PULLED THE WINGS OFF AND TRAIERED IT HOME

Operator/Owner Safety Recommendation

I REALLY DONT KNOW HOW THIS COULD HAVE BEEN PREVENTED.

Was there Mechanical Malfunction/Failure? Yes ☐ No ☒
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

____ Hours
____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

16 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

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

WE ALWAYS OPEN THE CANOPY'S BEFORE LANDINGS SO EVEN THOUGH THE AIRCRAFT WAS UPSIDE DOWN IN THE WATER, ALL WE HAD TO DO WAS RELEASE OUR BELTS AND EXIT THE AIRCRAFT

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
Substantial

Minor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Use this space if additional space is needed for any answers.

Date of this Report

4-20-15
mm/dd/yyyy

Name of Pilot/Operator:

STEVE R. MCKINNEY

Signature: _____

-- 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

NTSB Accident/Incident No.
GAA15CA229

Reviewed by NTSB Regional Office
GAA

Name of Investigator
Adam M. Gerhardt

Date Report Received
8/25/2015