

# 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: Newton State: Iowa  
 ZIP: 50208 Country: United States  
 Latitude: N41:40:47 Longitude: W93:01:30  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 01/02/2016 Local Time: 10:00  
*mm/dd/yyyy* Time Zone: Central

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

## AIRCRAFT INFORMATION

Registration Number: N947SP

Manufacturer: Cessna

Model: 172S

Serial Number: 172S8142

Year of Manufacture: 1999

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2558 lbs

Weight at Time of Accident/Incident: 2244 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: N/A 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

- ☒ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☒ Utility

#### Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ 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.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | IO-360-L2A          | L-34487-51E                  | 06/06/2012                        | 180                                                                                                  | 4290.6                | 71.0                                 | 1734.5              |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 11/14/2015  
*mm/dd/yyyy*

Airframe Total Time: 8347.0 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: \_\_\_\_\_

### Propeller 1

- ☒ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: McCaughey

Model: 1A170E

### Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Pointer

Model or Part No.: 3000-11

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:
- ☐ 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: Central Iowa Aviation LLCCity: AnkenyState: IowaZIP: 50021Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: United States**Operator of Aircraft**☐ Same As Registered Owner☒ Same Address as Registered OwnerName: Exec 1 Aviation

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  
☐ 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: Newton Muni - Earl Johnson FieldDistance From Airport Center: 0 smAirport Identifier: KTNUDirection From Airport: N/A degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 953 ft. msl**Runway Information**Runway ID: 32 (L/R/C) Length: 5599 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 ☐ Landing ☐ 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: Michael

City of Residence: Nevada

Middle Initial: T

State: Iowa

ZIP: 50201

Last Name: Bates

Country: United States

Age at time of Accident/Incident: 52

Date of Birth: 1963

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

☐ 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

12/11/2015  
mm/dd/yyyy

### Medical Certificate Limitations

Must have glasses available for near vision.

### Medical Certificate Special Issuance

N/A

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

10/09/2015  
mm/dd/yyyy

### Flight Review Aircraft

Make: Cessna

Model: 172S

### 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

N/A

### Student Endorsements (Include dates)

N/A

### Flight Time (Enter appropriate number of hours in each box)

|                        | All<br>Aircraft | This Make<br>& Model | Airplane<br>Single<br>Engine | Airplane<br>Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter<br>Than Air |
|------------------------|-----------------|----------------------|------------------------------|-------------------------|-------|------------|-----------|------------|--------|---------------------|
|                        |                 |                      |                              |                         |       | Actual     | Simulated |            |        |                     |
| Total Time             | 121             | 121                  | 121                          |                         | 5     |            | 4         |            |        |                     |
| Pilot in Command (PIC) | 14              | 14                   | 14                           |                         | 1     |            |           |            |        |                     |
| Time as Instructor     |                 |                      |                              |                         |       |            |           |            |        |                     |
| This Make/Model        |                 |                      |                              |                         |       |            |           |            |        |                     |
| Last 90 Days           | 21              | 21                   | 21                           |                         | 1     |            | 0         |            |        |                     |
| Last 30 Days           | 4               | 4                    | 4                            |                         |       |            |           |            |        |                     |
| Last 24 Hours          | 0               | 0                    | 0                            |                         | 0     |            | 0         |            |        |                     |

## "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: \_\_\_\_\_

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

☐ 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

\_\_\_\_\_ mm/dd/yyyy

#### 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  
 ☐ Instrument Airplane  
☐ Airplane Single-Engine  
 ☐ Instrument Helicopter  
☐ Airplane Multi-Engine  
☐ Helicopter  
☐ Gyroplane  
☐ Glider  
☐ Powered Lift  
 ☐ 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                                                  |              |                   |                        |                      |       |            |           |            |        |                  |
| 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)

|                                                                                                                         |                                            |                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                            |                                            | <b>Seat Occupied</b>                                                                                                                                                                             |                                                                                                                                                                                                  | <b>Injury</b>                                                                                                                                                                                  |
| First Name: _____                                                                                                       | City of Residence: _____                   | <input type="radio"/> Left                                                                                                                                                                       | <input type="radio"/> Front                                                                                                                                                                      | <input type="radio"/> None                                                                                                                                                                     |
| Middle Initial: _____                                                                                                   | State: _____ ZIP: _____                    | <input type="radio"/> Center                                                                                                                                                                     | <input type="radio"/> Rear                                                                                                                                                                       | <input type="radio"/> Minor                                                                                                                                                                    |
| Last Name: _____                                                                                                        | Country: _____                             | <input type="radio"/> Right                                                                                                                                                                      | <input type="radio"/> Single                                                                                                                                                                     | <input type="radio"/> Serious                                                                                                                                                                  |
|                                                                                                                         |                                            |                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                    | <input type="radio"/> Fatal                                                                                                                                                                    |
|                                                                                                                         |                                            |                                                                                                                                                                                                  |                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                  |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |                                            | <b>Restraint Type:</b>                                                                                                                                                                           |                                                                                                                                                                                                  | <b>Inflatable Restraints</b>                                                                                                                                                                   |
| <input type="checkbox"/> None                                                                                           | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial                                                                                                                                                              | <input type="checkbox"/> US Military                                                                                                                                                             | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <input type="checkbox"/> Private                                                                                        | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport                                                                                                                                                       | <input type="checkbox"/> Foreign                                                                                                                                                                 |                                                                                                                                                                                                |
| <input type="checkbox"/> Student                                                                                        | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer                                                                                                                                                         |                                                                                                                                                                                                  |                                                                                                                                                                                                |
|                                                                                                                         |                                            | <b>Available</b>                                                                                                                                                                                 | <b>Used</b>                                                                                                                                                                                      |                                                                                                                                                                                                |
|                                                                                                                         |                                            | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                                                                                                                                                |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                            | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                        |                                                                                                                                                                                                  |                                                                                                                                                                                                |

|                                                                                                                         |                                            |                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                            |                                            | <b>Seat Occupied</b>                                                                                                                                                                             |                                                                                                                                                                                                  | <b>Injury</b>                                                                                                                                                                                  |
| First Name: _____                                                                                                       | City of Residence: _____                   | <input type="radio"/> Left                                                                                                                                                                       | <input type="radio"/> Front                                                                                                                                                                      | <input type="radio"/> None                                                                                                                                                                     |
| Middle Initial: _____                                                                                                   | State: _____ ZIP: _____                    | <input type="radio"/> Center                                                                                                                                                                     | <input type="radio"/> Rear                                                                                                                                                                       | <input type="radio"/> Minor                                                                                                                                                                    |
| Last Name: _____                                                                                                        | Country: _____                             | <input type="radio"/> Right                                                                                                                                                                      | <input type="radio"/> Single                                                                                                                                                                     | <input type="radio"/> Serious                                                                                                                                                                  |
|                                                                                                                         |                                            |                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                    | <input type="radio"/> Fatal                                                                                                                                                                    |
|                                                                                                                         |                                            |                                                                                                                                                                                                  |                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                  |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |                                            | <b>Restraint Type:</b>                                                                                                                                                                           |                                                                                                                                                                                                  | <b>Inflatable Restraints</b>                                                                                                                                                                   |
| <input type="checkbox"/> None                                                                                           | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial                                                                                                                                                              | <input type="checkbox"/> US Military                                                                                                                                                             | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <input type="checkbox"/> Private                                                                                        | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport                                                                                                                                                       | <input type="checkbox"/> Foreign                                                                                                                                                                 |                                                                                                                                                                                                |
| <input type="checkbox"/> Student                                                                                        | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer                                                                                                                                                         |                                                                                                                                                                                                  |                                                                                                                                                                                                |
|                                                                                                                         |                                            | <b>Available</b>                                                                                                                                                                                 | <b>Used</b>                                                                                                                                                                                      |                                                                                                                                                                                                |
|                                                                                                                         |                                            | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                                                                                                                                                |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                            | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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: _____                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b>               | <b>Used</b>                    | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Middle Initial: _____ State: _____ ZIP: _____                                          |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> None     | <input type="radio"/> None     |                                                                                                                                                                                                |                                                                                                                                                                            |
| Last Name: _____ Country: _____                                                        |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only |                                                                                                                                                                                                |                                                                                                                                                                            |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> 3-point  | <input type="radio"/> 3-point  |                                                                                                                                                                                                |                                                                                                                                                                            |
|                                                                                        |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> 4-point  | <input type="radio"/> 4-point  |                                                                                                                                                                                                |                                                                                                                                                                            |
|                                                                                        | <input type="radio"/> 5-point                                                                                                            | <input type="radio"/> 5-point                                                                                                                              | <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |                                                                                                                                                                                                |                                                                                                                                                                            |
| First Name: _____ City: _____                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b>               | <b>Used</b>                    | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Middle Initial: _____ State: _____ ZIP: _____                                          |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> None     | <input type="radio"/> None     |                                                                                                                                                                                                |                                                                                                                                                                            |
| Last Name: _____ Country: _____                                                        |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only |                                                                                                                                                                                                |                                                                                                                                                                            |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> 3-point  | <input type="radio"/> 3-point  |                                                                                                                                                                                                |                                                                                                                                                                            |
|                                                                                        |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> 4-point  | <input type="radio"/> 4-point  |                                                                                                                                                                                                |                                                                                                                                                                            |
|                                                                                        | <input type="radio"/> 5-point                                                                                                            | <input type="radio"/> 5-point                                                                                                                              | <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |                                                                                                                                                                                                |                                                                                                                                                                            |
| First Name: _____ City: _____                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b>               | <b>Used</b>                    | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Middle Initial: _____ State: _____ ZIP: _____                                          |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> None     | <input type="radio"/> None     |                                                                                                                                                                                                |                                                                                                                                                                            |
| Last Name: _____ Country: _____                                                        |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only |                                                                                                                                                                                                |                                                                                                                                                                            |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> 3-point  | <input type="radio"/> 3-point  |                                                                                                                                                                                                |                                                                                                                                                                            |
|                                                                                        |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> 4-point  | <input type="radio"/> 4-point  |                                                                                                                                                                                                |                                                                                                                                                                            |
|                                                                                        | <input type="radio"/> 5-point                                                                                                            | <input type="radio"/> 5-point                                                                                                                              | <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |                                                                                                                                                                                                |                                                                                                                                                                            |
| First Name: _____ City: _____                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b>               | <b>Used</b>                    | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Middle Initial: _____ State: _____ ZIP: _____                                          |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> None     | <input type="radio"/> None     |                                                                                                                                                                                                |                                                                                                                                                                            |
| Last Name: _____ Country: _____                                                        |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only |                                                                                                                                                                                                |                                                                                                                                                                            |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> 3-point  | <input type="radio"/> 3-point  |                                                                                                                                                                                                |                                                                                                                                                                            |
|                                                                                        |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> 4-point  | <input type="radio"/> 4-point  |                                                                                                                                                                                                |                                                                                                                                                                            |
|                                                                                        | <input type="radio"/> 5-point                                                                                                            | <input type="radio"/> 5-point                                                                                                                              | <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |                                                                                                                                                                                                |                                                                                                                                                                            |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                                      |                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KIKV</u><br>City: <u>Ankeny</u><br>State: <u>Iowa</u><br>Country: <u>United States</u> | <b>Time of Departure</b><br>Time: <u>09:30</u><br>Time Zone: <u>Central</u> | <b>Destination</b><br>Airport ID: <u>KTNU</u><br>City: <u>Newton</u><br>State: <u>Iowa</u><br>Country: <u>United States</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                          |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br><input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input checked="" type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 |  |  | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather | <b>Weather Observation Facility</b><br>Facility ID: <u>KTNU</u><br>Observation Time: <u>09:50</u><br>Time Zone: <u>Central</u><br>Distance from Accident Site: <u>0</u> nm<br>Direction from Accident Site: <u>0</u> degrees true |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                        | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                    |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl |
| <b>Temperature:</b> <u>-10</u> (C) or _____ (F)<br><b>Dew Point:</b> <u>-11</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>30.18</u> in. Hg<br>or _____ MB                                                                                                                                                                                     |                                                                                                                                                                                                                                                                          |

|                                                                                                            |                                                                                                                                 |                                                                                                    |                                                                                                                 |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>- or -<br>Direction: <u>250</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable<br>- or -<br>Speed: <u>6</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>- or -<br>Speed: _____ kts | <b>Visibility</b> <u>10SM</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Icing Forecast</b><br>Amount Type<br><input checked="" type="radio"/> None <input checked="" type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown | <b>Icing Actual</b><br>Amount Type<br><input checked="" type="radio"/> None <input checked="" type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown | <b>Turbulence</b><br>Type (Check all that apply) Severity<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Light<br><input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe<br><input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

None

**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)*

Based on the information that I received from the Owner's mechanic, the damage to the aircraft was as follows: propeller not salvageable; engine cowling deformed; right wing strut bent; significant wing damage to both sides including spar; vertical stabilizer damaged; aft fuselage near tie-down bulkhead and skin damaged; fuselage crinkle behind left gear attachment; cracked rear window; damaged windshield; antennas; strobe and beacon broken; unknown hidden damage to fuselage, engine and mount.

**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.

I departed the Ankeny Airport (KIKV) in 947SP at approximately 09:30 on January 2, 2016 and planned to fly for approximately one hour. During my flight I intended to fly first to the Newton VOR (TNU) and then to KTNU to perform one touch and go before returning to KIKV. My plans initially went as intended. I flew to TNU. I then proceeded to KTNU. I checked the weather for KTNU in route and the wind was reported as 250 at 6 knots. I entered the traffic pattern for Runway 32 at KTNU and everything was going as planned.

On final approach I noticed that the left (west) half of Runway 32 was completely snow covered. The Runway had been plowed, but the concrete was not visible on the left half of the runway. The right (east) half of the runway had patches of snow, but there was more concrete visible. On final approach I had applied full flaps and trimmed the plane up to 65 knots. The plane was very stable on final approach. I pulled the throttle completely off prior to crossing the end of Runway 32. I touched down on the center of the Runway. My touchdown and roll were smooth and uneventful. As I was rolling down the Runway, I retracted the flaps and advanced the throttle while applying right rudder so I could complete my takeoff and return to KIKV. Immediately upon advancing the throttle, the plane veered sharply left. I immediately pulled the throttle off, but I could not stop the plane before it hit the snow that was piled up along the left (west) edge of Runway 32. Although I didn't take an actual measurement, I believe that the plane hit the snow approximately 700 - 800 feet beyond the touchdown marks on Runway 32. Once the plane hit the snow embankment, the plane tipped forward and then flipped and landed on its top. I radioed the KTNU Unicom for assistance. The personnel at KTNU came to my assistance and I was able to get out of the plane and walk away without injury.

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

Operator/Owner Safety Recommendation

I would not attempt a touch and go on a runway that is both snow-packed and partially ice-covered. If I had to land on such a runway I would land and come to a complete stop. I would then taxi back to the runway and takeoff making greater use of that portion of the runway that was least covered with snow and ice.

**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.)

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)

53 \_\_\_\_\_ 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

The personnel at KTNU came to my assistance. They unfastened my safety harness and I was able to get out of the plane and walk away without injury.

**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

01/18/2016

mm/dd/yyyy

Name of Pilot/Operator: Michael T. Bates

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

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

GAA16CA093

Reviewed by NTSB Regional Office

GAAID

Name of Investigator

HICKS, M.

Date Report Received

19JAN2015