



## PILOT/OPERATOR AIRCRAFT INCIDENT REPORT

Please reply to: **Phoenix, AZ 85012**  
Phone: **[REDACTED]**  
Fax: **[REDACTED]**

INSURED: **Philip D. Howard**  
CLAIM #: **[REDACTED]**

|                                                                                                                                                            |  |                                                                   |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|-------------------------------------------------------|
| <b>1. LOCATION OF ACCIDENT, DATE AND TIME</b>                                                                                                              |  |                                                                   |                                                       |
| City (nearest) and State<br><b>La Junta, Colorado</b>                                                                                                      |  | Local Time<br>Zone <b>MT</b> A.M. <b>6:15</b> P.M. <b>1-30-16</b> |                                                       |
| If accident occurred on approach to, or takeoff from an airport, or on an airport, give name of Airport and identifier<br><b>La Junta Municipal - KLHX</b> |  | Runway<br>Direction <b>260°</b> Length <b>6848'</b>               | Type of surface and condition<br><b>Asphalt, Good</b> |

|                                                                                                                                                                                                                                                                              |                                |                                                                                                                  |                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. AIRCRAFT</b>                                                                                                                                                                                                                                                           |                                | Name, Address of registered owner:<br><b>Philip D. Howard</b><br><b>[REDACTED]</b><br><b>Glen Rose, TX 76043</b> |                                                                                                                                                                 |
| Aircraft make <b>Cessna</b>                                                                                                                                                                                                                                                  | Engine make <b>Continental</b> |                                                                                                                  |                                                                                                                                                                 |
| Model <b>C172</b>                                                                                                                                                                                                                                                            | Model <b>O-300-D</b>           |                                                                                                                  |                                                                                                                                                                 |
| Registration N# <b>N2567U</b>                                                                                                                                                                                                                                                | Horsepower <b>145</b>          |                                                                                                                  |                                                                                                                                                                 |
| Serial No. <b>17250167</b>                                                                                                                                                                                                                                                   | Serial No.(s) <b>27502-D-2</b> |                                                                                                                  |                                                                                                                                                                 |
| DESCRIBE AIRCRAFT DAMAGE<br><b>Left wing Damage, wing Tip Damage</b>                                                                                                                                                                                                         |                                | Est. cost of repairs \$                                                                                          | Airworthiness Inspections<br><input checked="" type="checkbox"/> Periodical/Annual<br><input type="checkbox"/> 100 Hour<br><input type="checkbox"/> Progressive |
| ENGINES<br>Total time <b>Left 1113.45</b> Since New <input type="checkbox"/> Reman <input type="checkbox"/> Overhaul <input checked="" type="checkbox"/><br><b>Right</b> Since New <input type="checkbox"/> Reman <input type="checkbox"/> Overhaul <input type="checkbox"/> |                                | Date <b>8-3-15</b><br>Time <b>63.55</b>                                                                          |                                                                                                                                                                 |
| PRESENT Location of Aircraft <b>La Junta, CO</b>                                                                                                                                                                                                                             |                                | Total Time on Aircraft <b>3935.7</b>                                                                             |                                                                                                                                                                 |

|                                                                   |                                                                                                                                               |                                                                      |  |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| <b>3. KIND OF FLYING AND PURPOSE (check each applicable item)</b> |                                                                                                                                               |                                                                      |  |
| <input type="checkbox"/> Commercial operator                      | <input type="checkbox"/> Instructional: If so, Solo: <input type="checkbox"/> Dual: <input type="checkbox"/> As CFI: <input type="checkbox"/> | <input type="checkbox"/> Local                                       |  |
| <input checked="" type="checkbox"/> Cross-country                 | <input type="checkbox"/> Air Taxi/charter                                                                                                     | <input checked="" type="checkbox"/> Pleasure/Personal transportation |  |
| <input type="checkbox"/> Business transportation                  |                                                                                                                                               | <input type="checkbox"/> Aerial application/agricultural             |  |
| <input type="checkbox"/> Other (Describe)                         |                                                                                                                                               |                                                                      |  |

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                     |              |             |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------|--------------|-------------|
| <b>4. PILOT DATA</b>                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                     |              |             |
| Name and address<br><b>Kevin Dale Huckabee</b><br><b>[REDACTED]</b><br><b>Durham, NC 27602</b> |                                                                                                                                                                                                                                                                                                                                                                                            | Telephone No.<br><b>[REDACTED]</b> | Business or profession                                              |              |             |
| Age <b>44</b>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                     |              |             |
| Pilot certificate<br>Certificate No. <b>[REDACTED]</b>                                         | Class/type ratings<br><input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Rotocraft<br><input checked="" type="checkbox"/> Single-engine <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Multi-engine <input type="checkbox"/> Gyroplane<br><input checked="" type="checkbox"/> Land <input type="checkbox"/> Instrument<br><input type="checkbox"/> Sea | Pilot time-hours flown             | Last 24 hours                                                       | Last 90 days | Total time  |
| <input type="checkbox"/> Student <input type="checkbox"/> Airline transport                    |                                                                                                                                                                                                                                                                                                                                                                                            | Total time                         | <b>0</b>                                                            | <b>22.7</b>  | <b>66.7</b> |
| <input checked="" type="checkbox"/> Private <input type="checkbox"/> Flight instructor         |                                                                                                                                                                                                                                                                                                                                                                                            | Instrument                         | <b>0</b>                                                            | <b>3</b>     | <b>3.5</b>  |
| <input type="checkbox"/> Commercial <input type="checkbox"/> Lighter-than air                  |                                                                                                                                                                                                                                                                                                                                                                                            | Night                              | <b>0</b>                                                            | <b>4.6</b>   | <b>9.5</b>  |
| Medical Certificate Issued<br>Date <b>12-12-14</b> Class <b>3rd</b>                            | Type Ratings<br><b>Private PILOT</b><br><b>Airplane Single Engine</b><br><b>Land</b>                                                                                                                                                                                                                                                                                                       | This make/model                    | <b>0</b>                                                            | <b>22.7</b>  | <b>66.7</b> |
| Limitations <b>12-31-16</b>                                                                    |                                                                                                                                                                                                                                                                                                                                                                                            | Multi-Engine                       | <b>0</b>                                                            | <b>0</b>     | <b>0</b>    |
| Biennial Flight Review<br>Date <b>[REDACTED]</b> Examiner <b>[REDACTED]</b>                    |                                                                                                                                                                                                                                                                                                                                                                                            | Retractable Gear                   | <b>0</b>                                                            | <b>0</b>     | <b>0</b>    |
|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            | Helicopter                         | <b>0</b>                                                            | <b>0</b>     | <b>0</b>    |
|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            | Aerial Application                 | <b>0</b>                                                            | <b>0</b>     | <b>0</b>    |
|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            | Is Above Pilot Time Logged         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |              |             |

| 5. LIST OF OCCUPANTS (list all)                                                                                                                       |               | Total Persons aboard: | Crew | Passenger | Nonoccupant | Degree of Injury |       |      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------|-----------|-------------|------------------|-------|------|--|
| Name and Address<br>(indicate injuries to pilot, other occupants and persons on the ground, additional names may be listed on the back of this sheet) | Fatal         |                       |      |           |             | Serious          | Minor | None |  |
| Kevin Dale HUCKABEE                                                                                                                                   | [REDACTED]    | 2                     |      |           |             |                  |       |      |  |
| Karla HUCKABEE                                                                                                                                        | Same as Above |                       |      |           |             |                  |       |      |  |
|                                                                                                                                                       |               |                       |      |           |             |                  |       |      |  |
|                                                                                                                                                       |               |                       |      |           |             |                  |       |      |  |

| 6. DAMAGE TO PROPERTY OF OTHERS: |                 |                                              |
|----------------------------------|-----------------|----------------------------------------------|
| Description of Property          | Describe Damage | Name and Address of Property Owner; Phone #: |
| N/A                              | N/A             | N/A                                          |

| 7. CONDITIONS OF FLIGHT                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/> Ceiling                                                          | Ft; Visibility <u>Clear mi; 10</u> Temperature <u>64</u> F.                                                                                                                                                                                                                                                      |
| Elev. Of site <u>4228 ft</u> Wind direction <u>260°</u> Velocity <u>8 kts</u> Turbulence if gusty max gusty <u>8 kts</u>                                                                                                                                         | <input type="checkbox"/> Fog <input type="checkbox"/> Haze/smoke <input type="checkbox"/> Rain <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Freezing rain <input type="checkbox"/> Icing conditions |
| <input type="checkbox"/> Other (Describe) _____                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |
| Was flight plan filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR/ON TOP <input checked="" type="checkbox"/> FLIGHT FOLLOWING SERVICE |                                                                                                                                                                                                                                                                                                                  |
| If weather was involved, state if weather briefing was obtained or weather report checked, and how accomplished.                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |
| <u>Obtained Duats, TAF's, Metar's - Used For FLIGHT During FLIGHT wind &amp; Direction</u>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                  |

| 8. Mechanical Failure/Malfunction- Fill out only if the accident involved a mechanical failure or malfunction. For the purpose of this report a Malfunction means any failure or malfunction of the aircraft occurring under any circumstances, except when failure resulted from impact with the ground Or collision with another object. (Describe below). |              |          |                    |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|--------------------|---------------------|--------------------|
| Failure Occurred In: <input type="checkbox"/> Aircraft Structure, <input type="checkbox"/> Engine, <input type="checkbox"/> Propeller, <input type="checkbox"/> Accessories/equipment                                                                                                                                                                        |              |          |                    |                     |                    |
| Name part failed/malfunctioned                                                                                                                                                                                                                                                                                                                               | Manufacturer | Part No. | Serial No. of part | Time since overhaul | Total time on part |
|                                                                                                                                                                                                                                                                                                                                                              |              |          |                    |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                              |              |          |                    |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                              |              |          |                    |                     |                    |

Did fire follow impact? NO

**WHAT HAPPENED?** Describe event and circumstances leading to accident, and the nature of accident. Include a sketch if you desire. Attach extra sheet if more space is needed. If on a cross-county flight, state point and time of departure and intended destination.

We landed at KHX in route to KCO5 due to wind Turbulance and to refuel. We need a Break and I wanted to wait a little while and let the wind die down. I called the tower at KCO5 by phone to find out what the weather was and to let them know I was going to come in a little later. We refueled the plane and I checked the ASOS again at KHX. The wind had died down to 8 KTS from 260. I Taxied out to Runway 26 and finished the PreFlight. Just before I pulled onto the Runway, I checked the ASOS again. (continued on next Page)

|                                                                                                                                                      |         |                         |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|---------|
| [REDACTED]                                                                                                                                           | 2-12-16 | [REDACTED]              | 2-18-16 |
| Pilot's Signature                                                                                                                                    | Date    | Owner's Signature       | Date    |
| This is to certify that the flight which resulted in this accident was made by the above pilot with my approval.                                     |         |                         |         |
| [REDACTED]                                                                                                                                           | 2-18-16 |                         |         |
|                                                                                                                                                      |         | Named Insured Signature | Date    |
| This is to certify that the flight which resulted in this accident was made by the pilot while under my direct Control and Supervision as a Licensed |         |                         |         |
| Certified Flight Instructor-CFI No. <u>N/A</u>                                                                                                       |         |                         |         |
|                                                                                                                                                      |         | CFI's Signature         | Date    |

Cont.

The winds were still 260 degrees at 8 kts. I lined up on the runway for takeoff and went to full throttle. I watched my airspeed increase to 75 kts and I pulled back on the yoke to lift off. Right when I lifted off the ground, I felt a force on the tail of the plane. I noticed that our climb angle had changed to a more extreme angle and that the airspeed was dropping. At the same time that I noticed that, the stall horn sounded so I immediately pushed forward on the yoke to lower my climb rate. As soon as I pushed forward, the plane then turned to the left. I could feel the wind blowing me around like I was a kite. The plane then hit the dirt as I was throttling back; I knew that we were not going to be able to climb out. As soon as the plane hit the ground, the wind lifted the right wing up and the left wing tip hit the ground momentarily and then the plane went back on the gear. I had the throttle back to idle at this time and was able to get the plane stopped. My first thought was to look out the windows at the landing gear to make sure it did not get bent or may have blown a tire. The engine was still running at idle at this time, so I knew that the prop didn't have any damage due to the fact that there was no vibration. I decided to throttle up and taxi back to the FBO. As I was taxiing back, I felt strong gust of wind against the plane. I flipped back over to the ASOS to get the weather again. It then said that the wind was from 030 degrees at 20 kts gusting to 35 kts. Right then I knew that a cold front pushed through at the same time I was taking off. We got back to the FBO and I turned off the plane. The wind was blowing so hard that the plane was trying to roll. I set the brake and got out, chocked the wheels and tied down the plane at all 3 points. I then looked over the plane for any damage and that is when I found the damage to the left wing tip. I then knew our flight was done and we left the plane at KLHX.