

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner		City: <u>Richwood</u>	
Name: <u>Michael E. Hoffman</u>		State: <u>OH</u> ZIP: <u>43344</u>	
Fractional Ownership Aircraft: Yes ☐ No ☒		Country: <u>USA</u>	
Operator of Aircraft <u>Same As Registered Owner</u>		Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) Commercial Air Taxi (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 <u>Private Certificate</u>		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 <u>Local</u> Unknown	
Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> Scheduled or Commuter Non-Scheduled or Air Taxi Domestic International Passenger Cargo Mail Contract Only		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate External Load Ferry Firefighting Flight Test Glider Tow Instructional Other Work Use Personal Positioning Skydiving Unknown	
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: _____		Distance From Airport Center: _____ mi	
Airport Identifier: _____		Direction From Airport: _____ degrees true	
Proximity to Airport: <u>Off Airport/Airstrip</u> On Airport/Airstrip N/A		Airport Elevation: _____ ft msl	
Runway Information Runway ID: <u>09</u> (L/R/C) Length: <u>1600</u> ft Width: <u>65</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> Dry Holes Ice Covered Rough Rubber Deposits Slush-Covered Snow-Compacted Snow-Crusted Snow-Dry Snow-Wet Soft Vegetation Water-Calm Water-Choppy Water-Glassy Wet Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> Asphalt Concrete Dirt Grass/Turf Gravel Ice Macadam Metal/Wood Snow Water Unknown			
Approach/Departure Segment <i>(Select one)</i> Taxi Takeoff Initial Climb VFR Departure IFR Departure Procedure/Clearance On Instrument Approach Landing Downwind Base Final Crosswind Low Approach <u>Go Around</u> Aborted Landing (after touchdown) Unknown			
IFR Approach <i>(Check all that apply)</i> None ADF/NDB SDF VOR/TVOR VOR/DME TACAN PAR Sidestep ILS Localizer Only LOC-back course RNAV MLS LDA ASR Visual Contact Circling Practice GPS Unknown		VFR Approach <i>(Check all that apply)</i> None Traffic Pattern <u>Steeper In</u> Valley/Terrain Following Go Around <u>Full Stop</u> Stop and Go Touch and Go Simulated Forced Landing Forced Landing Precautionary Landing Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION															
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident Pilot ☒ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew ☐															
"Flight Crewmember 1" was pilot flying Yes ☐ No ☒															
"Flight Crewmember 1" Identification First Name: <u>Michael</u> City of Residence: <u>Richwood</u> Middle Initial: <u>E</u> State: <u>OH</u> ZIP: <u>43344</u> Last Name: <u>Hoffman</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>73</u> Date of Birth: <u>mm/dd/yyyy</u> Certificate Number: <u>mm/dd/yyyy</u>															
Degree of Injury None ☒ Fatal ☐ Minor ☐ Unknown ☐ Serious ☐		Seat Occupied Left ☒ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐		Restraint Type Available ☐ 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 ☐		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 <u>03-07-2008</u> mm/dd/yyyy	
Principal Occupation Pilot ☒ Other ☐ Unknown ☐															
Medical Certificate Limitations <u>Must wear Glasses For Near and Distance Vision</u>															
Medical Certificate Special Issuance															
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01-03-2015</u> mm/dd/yyyy					Flight Review Aircraft Make: <u>RANS</u> Model: <u>SLASHA</u>										
Airplane Rating(s) (Check all that apply) None ☐ Single-Engine Land ☒ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐		Other Aircraft Rating(s) (Check all that apply) None ☒ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐		Instrument Rating(s) (Check all that apply) None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐		Instructor Rating(s) (Check all that apply) None ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Instrument Glider ☐ Sport ☐									
Type Ratings					Student Endorsements (Include dates)										
Flight Time (Enter appropriate number of hours in each box)															
	AB	TH	TH	TH	TH	TH	TH	TH	TH						
	Aircraft	Make & Model	Single Engine	Multiengine	Night	Instrument	Rotocraft	Glider	Lighter Than Air						
Total Time	674	508	674		204	4.1									
Pilot in Command (PIC)	604	504													
Time as Instructor															
Time as Student															
Last 90 Days	3.7	3.1													
Last 30 Days	1.2	1.2													
Last 24 Hours															

None

"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		Seat Occupied		Restraint Type		Inflatable Restraints				
None	Fatal	Left	Front	Available	Used					
Minor	Unknown	Right	Rear	None	None					
Severe		Center	Single	Lap only	Lap only					
Pilot Certificate(s) (Check all that apply)				4-point	3-point					
None	Flight Instructor	Commercial	US Military	5-point	4-point					
Private	Recreational	Airline Transport	Foreign	Unknown	5-point					
Student	Sport	Flight Engineer			Unknown					
Principal Occupation		Medical Certificate		Medical Certificate Validity		Date of Last Medical				
Pilot	None	Class 1	Class 3	Without limitations/waivers	Unknown					
Other	Class 2	Class 2	Class 2	With limitations/waivers	N/A					
Unknown				Special Issuance		mm/dd/yyyy				
Medical Certificate Limitations										
Medical Certificate Special Issuance										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____			Flight Review Aircraft							
mm/dd/yyyy			Make: _____							
			Model: _____							
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)				
None	None	None	None	None	None					
Single-Engine Land	Airship	Airplane	Airplane	Airplane Single-Engine	Instrument Airplane					
Single-Engine Sea	Balloon	Helicopter	Helicopter	Airplane Multi-Engine	Instrument Helicopter					
Multiengine Land	Glider	Powered Lift	Powered Lift	Gyroplane	Glider					
Multiengine Sea	Gyroplane			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
Total Time							Actual	Simulated		
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

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

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

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Karen</u> City: <u>Richwood</u> Middle Initial: <u>S</u> State: <u>OH</u> ZIP: <u>43344</u> Last Name: <u>Hoffman</u> Country: <u>USA</u> Crew <u>Passenger</u> Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew _____ Passenger _____ Other _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew _____ Passenger _____ Other _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew _____ Passenger _____ Other _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>OTK</u> City: <u>Orlando</u> State: <u>OH</u> Country: <u>Hardin</u>		Time of Departure Time: <u>9:15 AM</u> Time Zone: <u>EOS</u>	
Destination Airport ID: <u>Henn. Serv.</u> City: <u>Richwood</u> State: <u>OH</u> Country: <u>Union</u>		Type Flight Plan Filed None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☒ <u>VFR</u> Activated? Yes ☒ No ☐ Unknown ☐	
Type of ATC Clearance/Service (Check all that apply) ☒ VFR ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D Class E Class G Donor Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown Altitude of In-Flight Occurrence: _____ ft and _____ ft			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ BKN ☐ BKN ☐ Unknown		Light Condition ☒ Dawn ☐ Day ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl	
Wind Direction Variable Direction: <u>185</u> degrees true		Wind Speed Calm Light and Variable Speed: <u>10</u> kts	
Intensity of Precipitation Light Moderate Heavy N/A Unknown		Wind Gusts Not Gusting Speed: _____ kts	
Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Sleet ☐ Snow ☐ Hail ☐ Rain Showers		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust	
Icing Forecast Amount: <u>None</u> Type: <u>N/A</u> Trace Light Moderate Severe Unknown		Icing Actual Amount: <u>None</u> Type: <u>N/A</u> Trace Light Moderate Severe Unknown	
Turbulence Type (Check all that apply) ☐ None ☒ Clear Air ☒ Terrain-Induced ☐ Convective Turbulence		Severity ☒ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**

None

In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**

None

In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

BRAVING TIPS, Landing Gear Legs - Prop - Engine Cowling

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.

Flight Home from 074 with severe turbulence
straight in approach at Home Strip.

Landing long to avoid water on runway
after touch down thermal pick up 12"-18"
for approximately 100 ft. could not get stopped
on Runway. Attempted go-around and stalled
left wing. left wing touch ground causing plane
to hit gear and nosing over on top of wings
and cockpit.

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

Operator/Owner Safety Recommendation

Slower approach with full flaps or deciding
to go around at early time

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
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

10 Gallons

Fuel Type

Avg

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☐ No ☒

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

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

Substantial

Minor

None

Registered Owner of Other Aircraft

Name:

City:

State:

Country:

ZIP:

Pilot of Other Aircraft

Name:

City:

State:

Country:

ZIP:

ADDITIONAL INFORMATION (Please type or print in ink)

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report: 7-5-2016
Name of Pilot/Operator: Michael E. Hoffman
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 Case File No. <u>GAA16CA335</u>	Review Office <u>GAA (AS-20)</u>	Name of Investigator <u>Eric Swenson</u>	Date Report Received <u>7/6/2016</u>
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