

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: JACKSON State: MI

ZIP: 49202 Country: USA

Latitude: 42.26°N Longitude: 84.46°W

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

Accident/Incident Date/Time

Date: 06/25/2016 Local Time: 1615

mm/dd/yyyy

Time Zone: EDT

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N7980C

Manufacturer: NORTH AMERICAN

Model: SNJ-5

Serial Number: 43938

Year of Manufacture: 1944

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 5300 lbs

Weight at Time of Accident/Incident: 4900 lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 0

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 ☐ 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 ☐ Tailwheel
☐ Tricycle
☐ 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. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	PRATT & WHITNEY	R 1340 AN1	2P-101127	1944	600 HP	4273	25 992
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

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

Date Last Inspection: 11/29/2016

mm/dd/yyyy

Airframe Total Time: 7240.9 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: HAMILTON STANDARD

Model: 12040

Propeller 2

☐ Fixed Pitch ☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes: ELT Manufacturer: AMERIKING

Model or Part No.: AK-451

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 WAS

LIGHT. ☐ 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: _____

"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: JOHN

City of Residence: JACKSON

Middle Initial: K

State: MI ZIP: 49203

Last Name: FELDVARY

Country: USA

Age at time of Accident/Incident: 68 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied Left ☒ Front ☐ Unknown Right ☐ Rear Center ☐ Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>☒ 5-point</td> <td>☒ 5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>		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
Available	Used																			
None	None																			
Lap only	Lap only																			
3-point	3-point																			
4-point	4-point																			
☒ 5-point	☒ 5-point																			
Unknown	Unknown																			
Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td>None</td> <td>Flight Instructor</td> <td>☒ Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>☒ Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>				None	Flight Instructor	☒ Commercial	US Military	Private	Recreational	☒ Airline Transport	Foreign	Student	Sport	☐ Flight Engineer						
None	Flight Instructor	☒ Commercial	US Military																	
Private	Recreational	☒ Airline Transport	Foreign																	
Student	Sport	☐ Flight Engineer																		
Principal Occupation ☒ Pilot ☐ Other <u>RET.</u> ☐ 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 <u>12/09/2015</u> mm/dd/yyyy														

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 04/11/2015
mm/dd/yyyy

Flight Review Aircraft

Make: PA-28-151 (PIPER)
Model: WARRIOR

Airplane Rating(s) (Check all that apply) ☒ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☒ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☒ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings

B-737
CE-500
DC-9
J-K-28
N-265

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	18249	880	3050	16000	5430	1950	720	☒	☒	☒
Pilot in Command (PIC)	16377	880	1940	14439	5420	1950	720	☒	☒	☒
Time as Instructor	540	☒	540	☒	60	25	☒	☒	☒	☒
This Make/Model					☒	☒	☒			
Last 90 Days	22.8	16.7	22.8	☒	☒	☒	☒	☒	☒	☒
Last 30 Days	13.9	8.2	13.9	☒	☒	☒	☒	☒	☒	☒
Last 24 Hours	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

"Night Crewmember 2" Responsibilities at the Time of Accident/Incident

	Yes	No
"Flight Crewmember 2" was pilot flying		

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		Unknown	Restraint Type		Inflatable Restraints
None	Fatal	Left	Front		Available	Used	
Minor	Unknown	Right	Rear		None	None	
Serious		Center	Single		Lap only	Lap only	
							Not Installed Installed

Pilot Certificate(s) (Check all that apply)				Lap Only		Lap Only		Installed	
None	Flight Instructor	Commercial	US Military	3-point	3-point			Not Deployed	
Private	Recreational	Airline Transport	Foreign	4-point	4-point			Deployed	
Student	Sport	Flight Engineer		5-point	5-point			Unknown	
				Unknown	Unknown				

Principal Occupation	Medical Certificate		Medical Certificate Validity		Date of Last Medical
Pilot	None	Class 3	Without limitations/waivers	Unknown	
Other	Class 1	Driver's License (Sport Pilot only)	With limitations/waivers	N/A	
Unknown	Class 2	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: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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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)	Instrument Airplane Rating(s) (Check all that apply)
None	None	None	None	Instrument Airplane
Single-Engine Land	Airship	Airplane	Airplane Single-Engine	Instrument Helicopter
Single-Engine Sea	Balloon	Helicopter	Airplane Multi-Engine	Helicopter
Multiengine Land	Glider	Powered Lift	Gyroplane	Glider
Multiengine Sea	Gyroplane		Powered Lift	Sport
	Helicopter			
	Powered Lift			

Type Ratings	Student Endorsements (Include dates)

[illegible]

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			Left	Front	None		
Middle Initial: _____		State: _____ ZIP: _____			Center	Rear	Minor		
Last Name: _____		Country: _____			Right	Single	Serious		
						Unknown	Fatal		
							Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Commercial	Available		Used		
Private		Recreational		Airline Transport	None		None	Not Installed	
Student		Sport		Flight Engineer	Lap Only		Lap Only	Installed	
					3-point		3-point	Not Deployed	
					4-point		4-point	Deployed	
					5-point		5-point	Unknown	
					Unknown		Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes No									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			Left	Front	None		
Middle Initial: _____		State: _____ ZIP: _____			Center	Rear	Minor		
Last Name: _____		Country: _____			Right	Single	Serious		
						Unknown	Fatal		
							Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Commercial	Available		Used		
Private		Recreational		Airline Transport	None		None	Not Installed	
Student		Sport		Flight Engineer	Lap Only		Lap Only	Installed	
					3-point		3-point	Not Deployed	
					4-point		4-point	Deployed	
					5-point		5-point	Unknown	
					Unknown		Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes No									
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>JOAN</u>		City: <u>JACKSON</u>		<u>REAR</u> ☒ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: <u>E</u>		State: <u>MI</u> ZIP: <u>49203</u>				None	None		
Last Name: <u>FELDMAN</u>		Country: <u>USA</u>				Lap Only	Lap Only		
Crew ☐		Passenger ☒				3-point	3-point		
						4-point	4-point		
				5-point	5-point				
				Unknown	Unknown				
First Name: _____ City: _____				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____		State: _____ ZIP: _____				None	None		
Last Name: _____		Country: _____				Lap Only	Lap Only		
Crew ☐		Passenger ☐				3-point	3-point		
						4-point	4-point		
				5-point	5-point				
				Unknown	Unknown				
First Name: _____ City: _____				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____		State: _____ ZIP: _____				None	None		
Last Name: _____		Country: _____				Lap Only	Lap Only		
Crew ☐		Passenger ☐				3-point	3-point		
						4-point	4-point		
				5-point	5-point				
				Unknown	Unknown				
First Name: _____ City: _____				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____		State: _____ ZIP: _____				None	None		
Last Name: _____		Country: _____				Lap Only	Lap Only		
Crew ☐		Passenger ☐				3-point	3-point		
						4-point	4-point		
				5-point	5-point				
				Unknown	Unknown				

FLIGHT ITINERARY INFORMATION																																									
Last Departure Point Airport ID: <u>K02W</u> City: <u>HOWELL</u> State: <u>MICHIGAN</u> Country: <u>USA</u>		Time of Departure Time: <u>1545</u> Time Zone: <u>EDT</u>		Destination Airport ID: <u>KJXN</u> City: <u>JACKSON</u> State: <u>MICHIGAN</u> Country: <u>USA</u>																																					
Type Flight Plan Filed <table><tr><td>☒ None</td><td>☐ VFR/IFR</td></tr><tr><td>☐ Company VFR</td><td>☐ IFR</td></tr><tr><td>☐ Military VFR</td><td>☐ Unknown</td></tr><tr><td>☐ VFR</td><td></td></tr></table> Activated? Yes ☐ No ☐ Unknown ☐					☒ None	☐ VFR/IFR	☐ Company VFR	☐ IFR	☐ Military VFR	☐ Unknown	☐ VFR																														
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☐ Military VFR	☐ Unknown																																								
☐ VFR																																									
Type of ATC Clearance/Service (Check all that apply) <table><tr><td>☒ None</td><td>☐ Special VFR</td><td>☐ Special IFR</td><td>☐ VFR Flight Following</td><td>☐ Cruise</td></tr><tr><td>☐ VFR</td><td>☐ IFR</td><td>☐ VFR On Top</td><td>☐ Traffic Advisory</td><td>☐ Unknown / NA</td></tr></table>					☒ None	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise	☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA																											
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☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA																																					
Airspace where the accident/incident occurred (Check all that apply) <table><tr><td>☐ Class A</td><td>☐ Class G</td><td>☐ Military Operations Area (MOA)</td><td>☐ Special</td><td rowspan="5">Altitude of In-Flight Occurrence: _____ ft msl</td></tr><tr><td>☐ Class B</td><td>☐ Demo Area</td><td>☐ Airport Advisory Area</td><td>☒ Air Traffic Control Area</td></tr><tr><td>☐ Class C</td><td>☐ Warning Area</td><td>☐ Jet Training Area</td><td>☐ Unknown</td></tr><tr><td>☒ Class D</td><td>☐ Prohibited Area</td><td>☐ TRSA</td><td></td></tr><tr><td>☐ Class E</td><td>☐ Restricted Area</td><td>☐ FAR 93</td><td></td></tr></table>					☐ Class A	☐ Class G	☐ Military Operations Area (MOA)	☐ Special	Altitude of In-Flight Occurrence: _____ ft msl	☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☒ Air Traffic Control Area	☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown	☒ Class D	☐ Prohibited Area	☐ TRSA		☐ Class E	☐ Restricted Area	☐ FAR 93																	
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☒ Class D	☐ Prohibited Area	☐ TRSA																																							
☐ Class E	☐ Restricted Area	☐ FAR 93																																							
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE																																									
Source of Pilot Weather Information (Check all that apply) <table><tr><td>☐ National Weather Service</td><td>☐ Company</td></tr><tr><td>☐ Flight Service Station</td><td>☐ Military</td></tr><tr><td>☐ TV/Radio</td><td>☐ Internet</td></tr><tr><td>☒ Automated Report</td><td>☐ None</td></tr><tr><td>☒ Commercial Weather Service (DUATS)</td><td>☐ Unknown</td></tr><tr><td>☐ On-Board Weather</td><td></td></tr></table>		☐ National Weather Service	☐ Company	☐ Flight Service Station	☐ Military	☐ TV/Radio	☐ Internet	☒ Automated Report	☐ None	☒ Commercial Weather Service (DUATS)	☐ Unknown	☐ On-Board Weather		Weather Observation Facility Facility ID: <u>KJXN</u> Observation Time: <u>1956 Z</u> Time Zone: <u>EDT</u> Distance from Accident Site: <u>1/2</u> nm Direction from Accident Site: <u>180</u> degrees true																											
☐ National Weather Service	☐ Company																																								
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition <table><tr><td>☐ Dawn</td><td>☐ Dusk</td><td>☐ Dark Night</td><td>☐ Unknown</td></tr><tr><td>☒ Day</td><td>☐ Night</td><td>☐ Bright Night</td><td></td></tr></table>				☐ Dawn	☐ Dusk	☐ Dark Night	☐ Unknown	☒ Day	☐ Night	☐ Bright Night																														
☐ Dawn	☐ Dusk	☐ Dark Night	☐ Unknown																																						
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Sky/Lowest Cloud Condition <table><tr><td>☒ Clear</td><td>☐ Thin Broken</td></tr><tr><td>☐ Few</td><td>☐ Thin Overcast</td></tr><tr><td>☐ Partial Obscuration</td><td>☐ Unknown</td></tr><tr><td>☐ Scattered</td><td></td></tr></table>	☒ Clear	☐ Thin Broken	☐ Few	☐ Thin Overcast	☐ Partial Obscuration	☐ Unknown	☐ Scattered		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: _____ (C) or <u>87</u> (F) Dew Point: _____ (C) or <u>UNKNOWN</u> (F) Altimeter Setting: <u>30.16</u> in. Hg or _____ MB																															
☒ Clear	☐ Thin Broken																																								
☐ Few	☐ Thin Overcast																																								
☐ Partial Obscuration	☐ Unknown																																								
☐ Scattered																																									
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl																																								
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed <table><tr><td>☐ Calm</td><td>☒ Light and Variable</td></tr><tr><td>-or-</td><td></td></tr><tr><td>Speed: _____ kts</td><td></td></tr></table>	☐ Calm	☒ Light and Variable	-or-		Speed: _____ kts		Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>2700</u> ft																																
☐ Calm	☒ Light and Variable																																								
-or-																																									
Speed: _____ kts																																									
Intensity of Precipitation <table><tr><td>☐ Light</td><td>☒ None</td><td>☐ Drizzle</td><td>☐ Freezing Rain</td></tr><tr><td>☐ Moderate</td><td>☐ Rain</td><td>☐ Ice Pellets</td><td>☐ Snow Shower</td></tr><tr><td>☐ Heavy</td><td>☐ Snow</td><td>☐ Snow Pellets</td><td>☐ Ice Pellets Shower</td></tr><tr><td>☐ N/A</td><td>☐ Hail</td><td>☐ Snow Grains</td><td>☐ Freezing Drizzle</td></tr><tr><td>☐ Unknown</td><td>☐ Rain Showers</td><td>☐ Ice Crystals</td><td></td></tr></table>	☐ Light	☒ None	☐ Drizzle	☐ Freezing Rain	☐ Moderate	☐ Rain	☐ Ice Pellets	☐ Snow Shower	☐ Heavy	☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower	☐ N/A	☐ Hail	☐ Snow Grains	☐ Freezing Drizzle	☐ Unknown	☐ Rain Showers	☐ Ice Crystals		Type of Precipitation (Check all that apply)		Restriction to Visibility (Check all that apply) <table><tr><td>☒ None</td><td>☐ Fog</td></tr><tr><td>☐ Blowing Dust</td><td>☐ Ground Fog</td></tr><tr><td>☐ Blowing Sand</td><td>☐ Haze</td></tr><tr><td>☐ Blowing Snow</td><td>☐ Ice Fog</td></tr><tr><td>☐ Blowing Spray</td><td>☐ Smoke</td></tr><tr><td>☐ Dust</td><td>☐ Unknown</td></tr></table>	☒ None	☐ Fog	☐ Blowing Dust	☐ Ground Fog	☐ Blowing Sand	☐ Haze	☐ Blowing Snow	☐ Ice Fog	☐ Blowing Spray	☐ Smoke	☐ Dust	☐ Unknown						
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☐ Dust	☐ Unknown																																								
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>- NONE -</u>																																									

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor

Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

AIRCRAFT DAMAGE - ENGINE; PROPELLER BLADES BENT; BOTH WINGS AND ASSOCIATED FLIGHT CONTROLS BENT AND CRUMPLED. FLAPS BENT; RIGHT MAIN GEAR BROKEN OFF. LEFT MAIN GEAR BENT; REAR COCKPIT WINDOWS SHATTERED

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 and location, services obtained, and intended destination. Provide as much detail as possible.

DEPARTURE - K02W - 1545 LOCAL - VFR - NO FLIGHT PLAN
DESTINATION - KJXN, FLAT TERRAIN ENROUTE AND LANDING AREA AT KJXN.

TIME 1610 EST:
RECEIVED ATIS BROADCAST AT KJXN - "WINDS LIGHT & VARIABLE AT 4 KNOTS",
RUNWAY 24 IN USE". I WAS CLEARED BY CONTROL TOWER FOR STRAIGHT
IN TO RW 24 AND REPORT A 4 MILE FINAL. I TUNED IN THE ILS FREQ.
OF 109.1 TO BACK UP MY APPROACH AND DESCENT TO RW 24. AT 4 MI. OUT
I CALLED TOWER AND SHORTLY AFTER ASKED FOR A WIND CHECK. TOWER
RESPONSE WAS "LIGHT AND VARIABLE AT 4 KNOTS". I SET THE AIRCRAFT UP
FOR A 3 POINT LANDING; FLARED AND TOUCHED DOWN SMOOTHLY ON THE
MAIN GEAR IN A TAIL LOW POSITION. AS TAIL WHEEL CAME DOWN, LEFT WING
ROSE UP. ATTEMPTED TO CORRECT WITH LEFT AILERON TO GET WING DOWN.
AIRCRAFT STARTED TO YAW AND STARTED SLIDING AND TURNING SIDEWAYS
ON THE PAVEMENT. IT THEN SLID AND ROTATED 270° INTO THE SOG
IN FIELD AND CAME TO REST NOSE FACING PERPENDICULAR TO RW 24 -
ABOUT 30 YDS. OFF THE RUNWAY. EXITED AIRCRAFT ON WITH PASSENGER -
NO FIRE OR SMOKE.

NOTES: SPEED AT TOUCHDOWN WAS 80 MPH

AFTER EXITING AIRCRAFT LOOKED ACROSS THE RUNWAY TO ASSOCIATED
WIND SOCK - WIND BLOWING WINDSOCK OUT INDICATED A WIND COMING
FROM ABOUT 140° AT 10 K.

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

Operator/Owner Safety Recommendation

WIND INFORMATION: WHEN REPORTED AS LIGHT & VARIABLE, THE WIND DIRECTION THAT IT IS VARYING FROM IS HELPFUL EVEN IN A 4 KNOT WIND. I FAILED TO ASK THAT QUESTION FROM THE TOWER CONTROLLER. THE WIND APPEARED TO BECOME A QUARTERING TAIL WIND AS I WAS LANDING.

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)

110

Gallons

Fuel Type

80/87

☒ 100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

- NONE -

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

BOTH PILOT & MESSENGER SLID THEIR RESPECTIVE CANOPY REARWARD AND UNDID THE 5-POINT SEAT BELT SAFETY HARNESS; UNLATCHED THEIR PARACHUTES AND EXITED THE AIRCRAFT.

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: _____ 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

06/28/2016
mm/dd/yyyy

Name of Pilot/Operator:

JOHN KIM FELDVARZ

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.
GAA16CA338

Reviewed by NTSB Regional Office
GAA

Name of Investigator
JACKIE VANOVER

Date Report Received
06/28/2016