

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: Lawrence Apt (KLaw) State: KS

ZIP: 66044 Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 10/01/2016 Local Time: 1:30 PM
mm/dd/yyyy

Time Zone: Central

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

AIRCRAFT INFORMATION

Registration Number: N4836J

Manufacturer: Beechcraft

Model: Debonair

Serial Number: CD1062

Year of Manufacture: 1966

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

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 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 | Special |
|---|---|
| ☒ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☐ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☐ Experimental |
| ☐ Utility | ☐ 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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Cont</u>	<u>100470 K</u>	<u>Cont 92709R</u>		<u>225</u>			<u>15/2.2</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/15/2016
mm/dd/yyyy

Airframe Total Time: 7480.2 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: Hartzell

Model: PHC-L3VF-1RE/F8468A-GN

Propeller 2

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

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (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: Vernon Clay HeineCity: LawrenceState: KS ZIP: 66044Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

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: KLWC Lawrence KS

Distance From Airport Center: _____ sm

Airport Identifier: KLWC

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 850 ft. msl**Runway Information**Runway ID: 33 (L/R/C) Length: 5700 ft Width: 100 ft**Condition of Runway/Landing Surface (Check all that apply)****Runway/Landing Surface (Check all that apply)**

- ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

- ☒ 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 ☒ 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 ☐ Visual
☐ VOR/DME ☐ Localizer Only ☐ Contact
☐ TACAN ☐ LOC-back course ☐ Circling
☐ RNAV ☐ 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																																																																																																				
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"Flight Crewmember 1" Identification First Name: <u>Vernon</u> Middle Initial: <u>C.</u> Last Name: <u>Heine</u> City of Residence: <u>Lawrence</u> State: <u>KS</u> ZIP: <u>66044</u> Country: _____ Age at time of Accident/Incident: <u>55</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: <u>Student</u>																																																																																																				
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																																																																																											
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"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No																																																																																																				
"Flight Crewmember 2" Identification First Name: <u>John</u> Middle Initial: <u>R</u> Last Name: <u>Schmidt</u> City of Residence: <u>Kansas City</u> State: <u>KS</u> ZIP: <u>66109</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>72</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
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NA

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)			
Crew Name and Address		Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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: _____ 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	
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	

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KLWC</u>	Time: <u>1:30 PM</u>	Airport ID: <u>KLWC</u>	☒ None ☐ VFR/IFR
City: <u>Lawrence</u>		City: <u>Lawrence</u>	☐ Company VFR ☐ IFR
State: <u>KS</u>	Time Zone: <u>Central</u>	State: <u>KS</u>	☐ Military VFR ☐ Unknown
Country: _____		Country: _____	☐ VFR
			Activated? ☐ Yes ☒ No ☐ Unknown

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special
☐ 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

Occurrence: On Gnd ft msl
Traffic Pattern

☒ National Weather Service	☐ Company
☐ Flight Service Station	☐ Military
☐ TV/Radio	☐ Internet
☒ Automated Report	☐ None
☐ Commercial Weather Service (DUATS)	☐ Unknown
☐ On-Board Weather	

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

☒ VMC
☐ IMC
☐ Unknown

☐ Dawn
 ☐ Dusk
 ☐ Dark Night
 ☐ Unknown
☒ Day
 ☐ Night
 ☐ Bright Night

☒ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

☐ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☒ Unknown

Dew Point: (C) or (F)

Altimeter Setting: _____ in. Hg
or _____ MB

Lowest Cloud Condition Height
1200 ft agl

Ceiling Height
12000 ft agl

Variable

-Or-

Direction: _____ degrees true

☐ Calm
☒ Light and Variable

-or-

Speed: _____ kts

☒ Not Gusting

-or-

Speed: _____ kts

Visibility > 10 miles

RVR: feet

RVV: miles

Density Altitude: ≈ 1500 ft

☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

☐ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

☒ None	☐ Fog
☐ Blowing Dust	☐ Ground Fog
☐ Blowing Sand	☐ Haze
☐ Blowing Snow	☐ Ice Fog
☐ Blowing Spray	☐ Smoke
☐ Dust	☐ Unknown

Amount	Type
☒ None	☐ N/A
☐ Trace	☐ Rime
☐ Light	☐ Clear
☐ Moderate	☐ Mixed
☐ Severe	☐ Unknown
☐ Unknown	

Amount	Type
☒ None	☐ N/A
☐ Trace	☐ Rime
☐ Light	☐ Clear
☐ Moderate	☐ Mixed
☐ Severe	☐ Unknown
☐ Unknown	

Type <i>(Check all that apply)</i>	Severity
☒ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ Extreme

None

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)

Instrument Approach light closest to runway destroyed
Propeller, Cowl, Left and Right wing, Right flap.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

de

Saturday afternoon, 1 Oct 2016, KLWC, approximately 1:30PM, I was the CFI on an owner/student pilot Beechcraft Debonair 35-C33, N4836J. The student was at about 9 hours dual given and was progressing quite slowly in the pattern. On this pattern, first of the day after several attempts the previous day, the student established a fairly normal final approach to runway 33 with the PAPI showing red red white white. I think I actually gave a sigh of relief as the pattern progressed normally until short final. At that time, the PAPI had slipped to red red red white and I suggested to the student that he reduce the rate of descent. The student relaxed his "white knuckle" grip and the nose pitched over significantly. I immediately grabbed the yoke and applied full power and the aircraft struck the last approach light as it climbed out what seemed like normally although there was clearly a "thump". I probably gained 50 to 75 feet and crossing the threshold and I was able to transition to a normal flare and landing. Steering and brakes appeared to function normally and I continued to taxi to the hangar. Looking at all of the cockpit presentation, I saw that the pitch trim position indication would have made the nose quite heavy to the student, a issue that we were constantly working in order to trim off the pressures. Especially in the pattern with the transition from downwind clean to base and final, configuring with gear and flaps and airspeed reduction. The student was slowing from 85 mph initially on final to about 81 mph when he probably relaxed his grip on short short final. I realize now that KLWC is in the Wichita FSDO but I wanted to get this started with a FSDO that I routinely work with. There was approximately 40 gallons of fuel on board, the aircraft was in remarkably good flying condition as it had been carefully scrutinized the past few weeks. Static RMS was still closer to 2500 than 2600 as called for in the checklist and TCDS. MP immediately went to 28 inches upon application of full throttle. I am at your disposal to answer any questions or provide additional information.

As I have incorporated Google Earth in my assessment of the events of 1 Oct with N4836J, I think the following information may assist me for certain and possibly others in avoiding the final 5 to 10 seconds of this accident. With the aircraft on the glide path indicated by red red red white at about 1500 feet from touchdown, the altitude would have been approximately 100 to 125 feet. At this point, as the student pilot relaxed his grip on the yoke with the trim near neutral instead of the 6+ indication I would have expected at 85 MPH, the nose would have pitched downward aggressively as if the student pushed forward aggressively. With the height of the last "Rabbit", I engaged the main support pipe, imbedding it in the right, full down flap with about 5 inches above the flap and about 3 feet below the flap with the aircraft beginning to climb. There were no grass stains or damage anywhere on the gear or doors. Therefore, I must have bottomed out at just under 5 feet to take out that "Rabbit" in the manner indicated by the damage. The red red red white PAPI would have been about normal for a touchdown just beyond the "numbers".

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

Instructors responsible for initial or currency training in Bonanza's or Baron's must remember that with two adults in the front seats trimming from downwind to final with configuration changes and airspeed reduction must be aggressive. Watch for it, say something at least by base to final turn. We all should know, that stabilized final approach is a current buzz word and in these Beech aircraft, "stabilized" must include "trim". It is a very nose heavy airplane unlike the usual training aircraft.

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)

45 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

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

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

10/12/2016
mm/dd/yyyy

Name of Pilot/Operator:

Vernon Clay Heine

Signature:

[Redacted Signature]

-- or --

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

John R Schmidt

Title:

Signature:

[Redacted Signature]

-- or --

☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
GAA17CA008

Reviewed by NTSB Regional Office
GAA

Name of Investigator
JACKIE VANOVER

Date Report Received
10/12/2016

Prophet:

CONDITIONS OF ISSUE: This certificate shall be in the personal possession of the airman at all times while exercising the privileges of his or her airman certificate. The issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. Section 61.19 of Title 14 of the Code of Federal Regulations (14 CFR part 61) sets forth the duration of a student pilot certificate. Unless otherwise limited, the duration of a medical certificate is set forth in 61.23. The holder of this certificate is governed by the provisions of 61.53 relating to medical deficiency (14 CFR part 61).					CERTIFICATED INSTRUCTOR'S ENDORSEMENT FOR STUDENT PILOTS		
I certify that the holder of this certificate has met the requirements of the regulations and is competent for the following:							
A. To Solo The Following Aircraft	Date	Make and Model of Aircraft	Instructor's Signature	Instructor's Cert.			
				No.	Exp. Date		
B. To Make Solo cross- country Flights		Aircraft Category					
		Airplane					
		Glider					
		Rotorcraft					



VERNON Clay HEINE
[REDACTED]
Lawrence KS 66044 USA

This certificate must be in your possession at all times while exercising your pilot privileges.

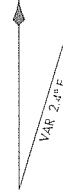
15064

AIRPORT DIAGRAM

AL-5481 (FAA)

LAWRENCE MUNI (LWC)
LAWRENCE, KANSAS

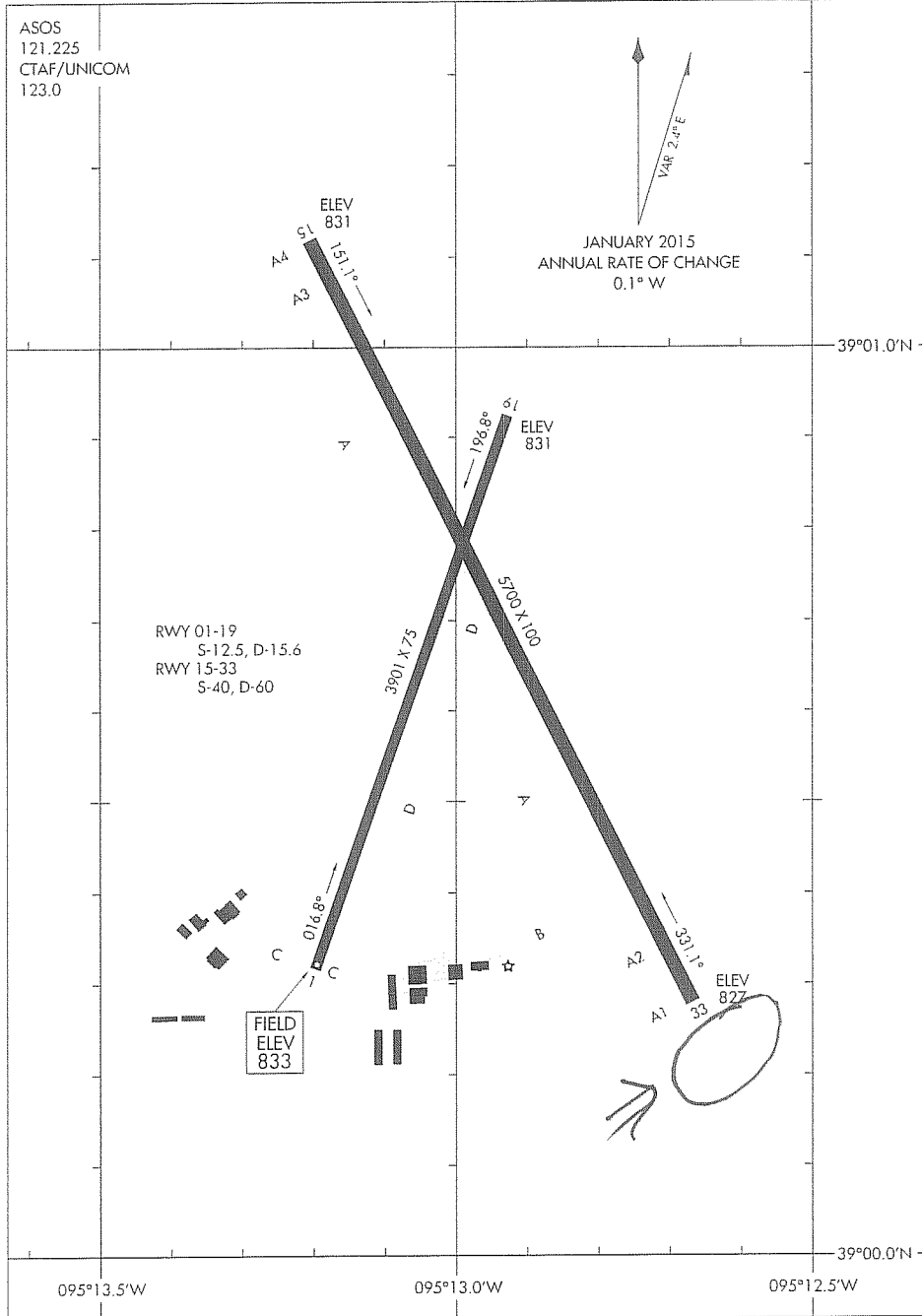
ASOS
121.225
CTAF/UNICOM
123.0



JANUARY 2015
ANNUAL RATE OF CHANGE
0.1° W

NC-2, 13 OCT 2016 to 10 NOV 2016

NC-2, 13 OCT 2016 to 10 NOV 2016



AIRPORT DIAGRAM

15064

LAWRENCE, KANSAS
LAWRENCE MUNI (LWC)

John Schmidt

From: "John Schmidt" <[REDACTED]>
Date: Thursday, October 06, 2016 11:09 AM
To: [REDACTED]
Attach: PIC Time 9-12.xls
Subject: Re: N4836J

From: [REDACTED]
Sent: Wednesday, October 05, 2016 9:34 AM
To: [REDACTED]
Subject: RE: N4836J

John,

Total time in all aircraft: between 15,000 and 16,000
Total time in make and model: about 35 but another 90 in B35
Total in last 90 days: about 34
Total in last 60 days: about 27
Total in last 30 days: about 20
Date last flight review: 7/15 in conjunction with CFI renewal check ride with FAA
Date of last checkride: 7/15 with FAA and DPE
42 endorsements past 24 months to include 11 ATP, and various other ME, MEI, CFI, CFII, Complex, IPC, Flight Review.

I have over 10,000 dual given with approximately 5000 ME and 2000 ME dual given.

Aircraft Total Hours _____
Instrument Currency _____
Weather Brief _____

I know you have answered some of the questions on the attachments and above. Please just fill it out as much as you can. Also I realize a lot of the questions don't apply. Just put an N/A next to those sections and initial it.

Thank you,

Megan R. Sayre
Principal Aviation Safety Inspector
Operation
[REDACTED]

From: John Schmidt [REDACTED]
Sent: Wednesday, October 05, 2016 7:58 AM
To: Sayre, Megan (FAA)

10/13/2016

PILOT IN COMMAND EXPERIENCE (EFFECTIVE AS OF 09/31/2016)

<u>AIRCRAFT TYPE</u>	<u>PIC FLIGHT TIME</u>	<u>TAILWHEEL</u>	<u>MULTI ENGINE</u>
Beech A23	4		
Beech C23	169		
Beech C24A	128		
Beech Skipper	50		
Beech B76	180		180
Beech B60	25		25
Beech B/C/D55	267		267
Beech B58	189		189
Beech C90	5		5
Beech C and E33 (Debonair)	35		
Beech B35	89		
Cessna 150	179		
Cessna 152	1275		
Cessna 172	1555		
Cessna 180	12	12	
Cessna 182	2090		
Cessna Cardinal	23		
Cessna Cardinal RG	15		
Cessna Cutlass	25		
Cessna 310	48		48
Cessna 425	200		200
Cessna 441	421		421
Cessna 206	56		
Cessna 337	25		25
Cessna 170	18	18	
Grumman AA-1	15		
Grumman AA-5A/B	911		
Gippsland GA8	414		
Taylorcraft L2	456	445	
Taylorcraft BC12D	120	120	
Funk	35	35	
Mooney M20F	65		
Mooney M20C	52		
Mooney M20E	1058		
Navion 285	13		
Piper Arrow 180	17		
Piper Arrow 200	14		
Piper J3	88	88	
Piper Cherokee 140	54		
Piper Cherokee 160	4		
Piper Cherokee 180	560		
Piper Cherokee Six	18		
Piper Pacer	37	37	
Piper Colt 108	12		
Piper Archer	6		
Piper Lance	37		
Piper Navajo	513		513
Piper Apache	315		315
Piper Twin Comanche	121		121
Piper Aztec	45		45
Piper Tomahawk	15		
Piper Warrior	58		
Saberliner 40	225		225
F-5A/B	10		10
OV10	448		448
T-38	1165		1165
F-100C/D/F	198		
RF4C	503		503
Aeronca Chief	496		
Aero Command AC12	77		
Aero Commander AC14	15		

Fairchild PT19	25	25	
Fairchild PT17	13	13	
Stinson 108	330	330	
RV7	27	6	
Total PIC	15668	1129	4705