

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: 3 AM APPROX APPRO State: CA
 ZIP: 95247 Country: CALIFORNIA
 Latitude: 121.503 Longitude: 054 17.4
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 09/10/17 Local Time: 1330
mm/dd/yyyy Time Zone: PACIFIC

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

AIRCRAFT INFORMATION

Registration Number: 5546C

Manufacturer: CESSNA

Model: 172A

Serial Number: 19650

Year of Manufacture: 1950

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 2200 lbs

Weight at Time of Accident/Incident: 1400 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 2 Passenger Seats: 2

Number of Engines: 1

Category of Aircraft

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

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

Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☒ None ☐ Unknown

Landing Gear

(Check all that apply)

☐ Retractable

☐ Tricycle

☐ Amphibian

☐ Emergency Float

☐ Float

☐ Hull

☐ Other Launch/Recovery System

☒ None

☒ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	D360A1A	196436A		190	338	ANNUAL	X
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 08/27/16
mm/dd/yyyy

Airframe Total Time: 4200 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: FIRE EXTINGUISHER

Propeller 1

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

Manufacturer: HARTZELL

Model: CONQUEST SPEED

Propeller 2

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

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
 - ☐ Fire Damage
 - ☐ Battery Expired/Damaged
 - ☐ Unknown

Additional Equipment (Check all that apply)

- ☒ ADS-B
- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☐ Autopilot
- ☐ Data Recorder
- ☐ Electronic Flight Bag or Handheld Device
- ☐ Electronic Multifunction Display
- ☐ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☐ Onboard Weather
- ☐ Satellite Tracking Device
- ☒ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>KEVIN L. SWORD</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>SAN FRANCISCO</u> State: <u>CAL</u> ZIP: <u>94109</u> Country: <u>SAN FRANCISCO</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>KEVIN L. SWORD</u> Doing Business As: <u>RECREATIONAL</u> Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: <u>SAN FRANCISCO</u> State: <u>CAL</u> ZIP: <u>94109</u> Country: <u>SAN FRANCISCO</u>	
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 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ 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 <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>CAL AVE PAS ELMY AIRPORT</u> Airport Identifier: <u>GPW</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>18</u> sm Direction From Airport: <u>310</u> degrees true Airport Elevation: <u>1925</u> ft. msl	
Runway Information Runway ID: <u>31</u> (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ 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 ☒ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ 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	

NAME

"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>MARK L. SUMERD</u> City of Residence: _____ Middle Initial: <u>L</u> State: _____ ZIP: _____ Last Name: <u>SUMERD</u> Country: _____ Age at time of Accident/Incident: <u>78</u> Date of Birth: _____ m/dd/yyyy Certificate Number: _____																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																												
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Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☒ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Date of Last Medical <u>09/15/2015</u> mm/dd/yyyy																																																																																															
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/26/2015</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>170A CRUSTA</u> Model: <u>170A</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 ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Instrument Airplane ☐ Airplane Multi-Engine ☐ Instrument Helicopter ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Glider ☐ Sport																																																																																													
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>28842</td> <td>1724</td> <td>2458</td> <td>395</td> <td>40</td> <td>189</td> <td></td> <td></td> <td>2017</td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>11847</td> <td>28342</td> <td>2458</td> <td></td> <td>40</td> <td>20</td> <td></td> <td></td> <td>200</td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>0</td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>0</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>0</td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>3</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>0</td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>0</td> <td></td> </tr> </tbody> </table>										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	28842	1724	2458	395	40	189			2017		Pilot in Command (PIC)	11847	28342	2458		40	20			200		Time as Instructor					0	0			0		This Make/Model					0						Last 90 Days	0				0	0			0		Last 30 Days	3				0	0			0		Last 24 Hours	1				0	0			0	
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																																																																																			
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Last 24 Hours	1				0	0			0																																																																																										

NAME

"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: <u>ROBERT L SWORN</u> Middle Initial: <u>L</u> Last Name: <u>SWORN</u> City of Residence: <u>SAN FRANCISCO</u> State: <u>CA</u> ZIP: <u>94109</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>73</u> Date of Birth: [REDACTED] /dd/yyyy Certificate Number: [REDACTED]										
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☒ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign				Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>9/15/2015</u> mm/dd/yyyy			
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Limitations <u>MY VST NEAR CLASSES</u>			Medical Certificate Special Issuance 			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>8/26/15</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>170A</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 ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport				
Type Ratings <u>COMMERCIAL</u> <u>MULTI ENGINE LAND & SEA</u> <u>SINGLE ENGINE LAND & SEA</u> <u>INSTRUMENT MULT ENGINE</u>						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 Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	285.12	1724	247.8	34.5	4.0	16.4			201.8	
Pilot in Command (PIC)	128.47	208.42	285.12		4.0	2.0			0	
Time as Instructor					0	0			0	
This Make/Model					0	0				
Last 90 Days	6				4	0			0	
Last 30 Days	3				0	0			0	
Last 24 Hours	1				0	0			0	

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

Crew Name and Address <i>MCORR</i>		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Center ☐ Right	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ ZIP: _____	☐ Front ☐ Rear ☐ Single ☐ Unknown	
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
☐ Commercial ☐ Airline Transport ☐ Flight Engineer	☐ US Military ☐ Foreign	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ ZIP: _____	☐ Front ☐ Rear ☐ Single ☐ Unknown	
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
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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 <i>No MR</i>	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____	☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____	☐ Row: _____		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		
Last Name: _____ Country: _____					
☐ Crew ☐ Passenger ☐ Other					
First Name: _____ City: _____	☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____	☐ Row: _____		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		
Last Name: _____ Country: _____					
☐ Crew ☐ Passenger ☐ Other					
First Name: _____ City: _____	☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____	☐ Row: _____		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		
Last Name: _____ Country: _____					
☐ Crew ☐ Passenger ☐ Other					
First Name: _____ City: _____	☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____	☐ Row: _____		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		
Last Name: _____ Country: _____					
☐ Crew ☐ Passenger ☐ Other					

FLIGHT ITINERARY INFORMATION

Last Departure Point <u>LA 44 D</u> Airport ID: <u>LA 44 D</u> City: <u>LA 44 D</u> State: <u>CA</u> Country: <u>USA</u>	Time of Departure Time: <u>12 45</u> Time Zone: <u>PACIFIC</u>	Destination Airport ID: <u>CPV</u> City: <u>SAN DIEGO</u> State: <u>CA</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) ☐ 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				Altitude of In-Flight Occurrence: <u>25</u> ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☐ 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>CPV ASOS</u> Observation Time: <u>13 15</u> Time Zone: <u>PACIFIC</u> Distance from Accident Site: <u>5</u> nm Direction from Accident Site: <u>110 W</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Obscured ☐ Few ☐ Thin Overcast ☐ Indefinite ☐ Partial Obscuration ☐ Unknown ☐ Unknown ☐ Scattered	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Unknown
Lowest Cloud Condition Height <u> </u> ft agl	Ceiling Height <u>6000</u> ft agl
Temperature: <u>25</u> (C) or <u>80</u> (F) Dew Point: <u> </u> (C) or <u> </u> (F) Altimeter Setting: <u>19.25</u> in. Hg or <u> </u> MB	

Wind Direction ☐ Variable -or- Direction: <u>320</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>10</u> kts	Wind Gusts ☐ Not Gusting -or- Speed: <u>12</u> kts	Visibility <u>UNLIMITED</u> miles RVR: <u> </u> feet RVV: <u> </u> miles Density Altitude: <u> </u> ft
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Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Ground Fog ☐ Blowing Dust ☐ Haze ☐ Blowing Sand ☐ Ice Fog ☐ Blowing Snow ☐ Smoke ☐ Blowing Spray ☐ Unknown ☐ Dust
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Icing Forecast Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply): ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity: ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
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NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

ASOS

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
☐ Substantial
☐ Minor
☒ 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)

SEVERELY LANDING
 PROPELLION STRIKE
 BENT FRAME

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.

SET UP FOR MAIN WHEEL LANDING SPIN STOPS 150 FT/MY DESCENT AT
 WIND 10 KTS SIG
 LANDING MAIN WHEEL ~~FOR~~ TAIL WHEEL TO ~~STOP~~ TAIL WHEEL JAMMED
 AIRCRAFT BECAME SQUIRRELY AND DIFFICULT TO CONTROL
 PROCEEDED WITH COORDINATED ATTEMPT
 AIRFRAME DID NOT APPEAR TO BE PRODUCING PROPER POWER
 PERFORMANCE WAS LOSSY UNSTABLE AND DIFFICULT TO
 CONTROL
 LOWEST ALTITUDE NOSE AND STABILIZED BUT AIRFRAME PERFORMANCE
 WAS STILL POOR ~~RECOVERED~~ COORDINATED
 TO REMAIN ON REMAINING RUNWAY ALT 25 FT
 SET APPROACH FOR LEVEL DESCENDING MAIN WHEEL
 LANDING ABOVE STALL SPEED SUFFICIENT POWER TO
 CORRECT DESCENT RATE DISTANCE FROM RUNWAY 60-70 FT
 30° ANGLE TO RUNWAY
 ABOUT 20 FROM RUNWAY REAR & BEAM CREST OF NO
 TRANSITION ZONE DITCH ALT 5-10 FT AIRPLANE ABANDONED
 SANK
 IMPACT RUNWAY EDGE AND BEAM CREST SHEARING OFF
 LANDING LANDING ON RUNWAY EDGE & BEAM CREST
 SUBSEQUENT PROPELLION STRIKE & BENDING AIRFRAME
 NO INJURIES ALL PASSENGERS NO PROPERTY DAMAGE
 EXCEPT AIRFRAME
 MAINTAINING WINGS LEVEL POWER ASSISTED DESCENT IS
 CONTROLLING FLIGHT BY FLYING THE WING AND AIRPLANE
 TO POINT OF CONTACT

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

Operator/Owner Safety Recommendation

NOTE RECOVERING AIRPLANE SEND LANDING ATTEMPT

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.)

TAIL WHEEL JAMMED RECOVERING COORDINATED
PROCEDURE
AIRPLANE FROM GROUND SUPPORT CLIMBING PLUMEDTotal 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)

30 Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

Other Services, if Any, Prior to Departure

ATIS

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

CLIMBED OUT
1 OCCUPANT - PILOT**OTHER AIRCRAFT - COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: CESSNAModel: 441

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 09/01/2017 Name of Pilot/Operator: ERIC SWENSON
mm/dd/yyyy Signature: [REDACTED]
-- 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. GAA17CA445	Reviewed by NTSB Regional Office GAA	Name of Investigator Eric Swenson	Date Report Received 09/12/2017
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