

This form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft

Location				
Nearest City/Place, State, Zip Code BATAVIA . OHIO		Date of Accident NOV. 5, 2017	Local Time (24 HOUR CLOCK) 10: AM	Zone E
Elevation At Accident Site 600 Feet MSL ____ Feet MSL				
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information				
Proximity To Airport				
1. ☒ On Approach		3. ☐ Within 1/2 Mile	5. ☐ Within 1 Mile	7. ☐ Within 3 Miles
2. ☐ Within 1/4 Mile		4. ☐ Within 3/4 Mile	6. ☐ Within 2 Miles	8. ☐ Beyond 3 Miles
Airport Name CLERMONT COUNTY		Airport Ident I-69	Runway/Landing Surface Conditions:	
			1. ☐ Direction: 22	3. ☐ Width: 5. ☐ Condition: ASPHALT
			2. ☐ Length: _____	4. ☐ Surface: _____
Phase Of Operation:				
1. ☐ Standing		3. ☐ Takeoff	5. ☐ Cruise	7. ☒ Approach
2. ☐ Taxi		4. ☐ Climb	6. ☐ Descent	8. ☐ Landing
				9. ☐ Hover/Maneuver
				10. ☐ Altitude Of In-Flight Occurrence 1000-1200 AGL Feet MSL 1800
Aircraft Information				
Registration Mark N98299	Aircraft Manufacturer PIPER	Aircraft Type/Model PA 28	Serial Number 28-26156	Cert Max Gross WT 2150
Type Of Aircraft		Type Of Airworthiness Certificate		Amateur Built
1. ☒ Airplane		5. ☐ Blimp/Dirigible		1. ☐ Yes
2. ☐ Helicopter		6. ☐ Ultralight		2. ☒ No
3. ☐ Glider		7. ☐ Gyroplane		
4. ☐ Balloon		8. ☐ Specify _____		
Landing Gear		Engine Type		No. Of Seats
1. ☒ Tricycle—Fixed		4. ☐ Tailwheel—Retractable		Flight/Cabin
2. ☐ Tricycle—Retractable		5. ☐ Tailwheel—Retractable Mains		Crew 2
3. ☐ Tailwheel—Fixed		6. ☐ Amphibian		Pax 2
		7. ☐ Skid		
		8. ☐ Limited		
		9. ☐ Specify _____		
Stall Warning System Installed		IFR Equipped		Engine Type
1. ☒ Yes		1. ☒ Yes		1. ☒ Reciprocating—Carburetor
2. ☐ No		2. ☐ No		2. ☐ Reciprocating—Fuel Injected
				3. ☐ Turbo Prop
				4. ☐ Turbo Jet
				5. ☐ Turbo Fan
				6. ☐ Turbo Shaft
Engine Manufacturer		Engine Model/Series		Engine Rated Power
LYCOMING		0320 E2A		1. 140 Horsepower
				2. _____ Lbs Thrust
				Type Of Fire Extinguishing System Used
				1. ☒ None
				2. Specify _____
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection
Engine No. 1		L-29375-27A	2849.8 Hours	165.6 Hours
Engine No. 2			Hours	Hours
Engine No. 3			Hours	Hours
Engine No. 4			Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed
1. ☒ Annual		1. ☒ Annual		JULY 1 2017 (M/D/Y)
2. ☐ Manufacturer's Inspection Program		2. ☐ 100 Hours		Time Since Last Inspection 334.1 Hours
3. ☐ Other Approved Inspection Program(AAIP)		3. ☐ AAIP		Airframe Total Time _____ Hours
4. ☐ Continuous Airworthiness		4. ☐ Continuous Airworthiness		
5. ☐ Specify _____				
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series
				Serial Number
				Battery Date (M/D/Y)
		Switch		Operated
		1. ☐ On 2. ☐ Off 3. ☒ Armed		1. ☒ Yes 2. ☐ No ? NOT SURE
				Aided In Accident Location
				1. ☐ Yes 2. ☒ No
Registered Aircraft Owner		Address		
ALLEN F. SCHAAP		CINCINNATI, OH 45231		
Operator Of Aircraft		Address		
1. ☒ Same As Registered Owner		1. ☒ Same As Registered Owner		
2. Name _____		2. _____		
3. DBS: _____				

Operator (Certificate, if Form 107-1 is not submitted, indicate operator's name and address)																			
Purpose Of Flight And Type Of Operation																			
Regulation Flight Conductor Under 1. ☒ FAR91 (only) 4. ☐ FAR 121 7. ☐ FAR 133 2. ☐ FAR91D 5. ☐ FAR 125 8. ☐ FAR 135 3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137					Operator Authority FAR 121 1. ☒ Domestic 2. ☐ Flag 3. ☐ Supplemental FAR 135 4. ☐ On Demand 5. ☐ Commuter			FAR 133 6. ☐ Rotorcraft External Load FAR125 7. ☐ Large Aircraft FAR 129 8. ☐ Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 1. ☐ Scheduled 2. ☐ Non Scheduled 3. ☐ Domestic 4. ☐ International 5. ☐ Passenger 6. ☐ Cargo 7. Specify _____									
Purpose of Flight 1. ☒ Personal 6. ☐ Aerial Observation 2. ☐ Business 7. ☐ Other Work Use 3. ☐ Educational 8. ☐ Public Use 4. ☐ Executive/Corporate 9. ☐ Ferry 5. ☐ Aerial Application 10. ☐ Positioning																			
Pilot Information																			
Pilot Name <u>ALLEN F SCHAAF</u>			Pilot Certificate No. [REDACTED]			Address <u>CINCINNATI, OH 45231</u>		Nationality <u>USA CITIZEN</u>											
Certificate (s) 1. ☐ Student 3. ☒ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None 2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____																			
Rating (s) 1. ☐ None 6. ☐ Helicopter 2. ☒ Single Engine Land 7. ☐ Glider 3. ☐ Single Engine Sea 8. ☐ Free Balloon 4. ☐ Multiengine Land 9. ☐ Airship 5. ☐ Multiengine Sea 10. ☐ Gyroplane					Instrument Rating (s) 1. ☐ None 2. ☒ Airplane 3. ☐ Helicopter		Instructor Rating (s) 1. ☒ None 6. ☒ Instrument Airplane 2. ☐ Airplane S.E. 7. ☐ Instrument Helicopter 3. ☐ Airplane M.E. 8. ☐ Ground Instructor 4. ☐ Helicopter 9. ☐ Specify _____ 5. ☐ Glider												
Type Ratings/Student Endorsements					Date Of Biennial Flight Review or Equivalent (M/D/Y) <u>7/5/2016</u>		BFR Aircraft 1. Make <u>PIPER</u> 2. Model <u>P28A. CHEROKEE</u>												
Medical Certificate 1. ☐ None 3. ☒ Class 2 2. ☐ Class 1 4. ☐ Class 3			Date Of Last Medical (M/D/Y) <u>12/20/2016</u>		Limitations <u>MUST WEAR CORRECTIVE LENS</u> Waivers		Date Of Birth (M/D/Y) [REDACTED] <u>1940</u>												
Degree Of Injury 1. ☐ None 2. ☒ Minor 3. ☐ Serious 4. ☐ Fatal		Seat Occupied 1. ☐ Left 4. ☒ Front 2. ☒ Right 5. ☐ Rear 3. ☐ Center		Person At Controls At Time Of Accident 1. ☒ Pilot In Control 4. ☐ Non-Pilot 2. ☐ Second Pilot 5. ☐ No One 3. ☐ Both Pilots			Seat Belt Available 1. ☒ Yes 2. ☐ No												
Seat Belt Used 1. ☒ Yes 2. ☐ No		Shoulder Harness Available 1. ☐ Yes 2. ☒ No		Shoulder Harness Used 1. ☐ Yes 2. ☒ No		Source Of Pilot Flight Time Information 1. ☒ Pilot Logbook 4. ☐ Company 2. ☐ Operators Estimate 5. ☐ Specify _____ 3. ☐ FAA Records													
Flight Time		All A/C		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument		Rotorcraft		Glider		Lighter Than Air	
Total Time		11828.1		11703.4		11828.1		0		377.1		130.1							
Pilot In Command (PIC)		11828		11703A		11703A				377.1		130.1							
Instructor																			
This Make & Model																			
Last 90 Days		163		163		163													
Last 30 Days		37.8		37.8		37.8													
Last 24 Hours																			
Second Pilot Information																			
Second Pilot Responsibilities At The Time Of Accident 1. ☐ Co-Pilot 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☒ None (Pilot-Not-At-Controls Passenger)																			
Pilot Name <u>ALLEN F SCHAAF</u>					Pilot Certificate No. <u>3487758</u>					Address _____					Nationality _____				
Certificate (s) 1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None 2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____																			

Rating (s)				Instrument Rating (s)		Instructor Rating (s)				
1. ☐ None 2. ☐ Single Engine Land 3. ☐ Single Engine Sea 4. ☐ Multiengine Land 5. ☐ Multiengine Sea		6. ☐ Helicopter 7. ☐ Glider 8. ☐ Free Balloon 9. ☐ Airship 10. ☐ Gyroplane		1. ☐ None 2. ☐ Airplane 3. ☐ Helicopter		1. ☐ None 2. ☐ Airplane S.E. 3. ☐ Airplane M.E. 4. ☐ Helicopter 5. ☐ Glider		6. ☐ Instrument Airplane 7. ☐ Instrument Helicopter 8. ☐ Ground Instructor 9. ☐ Specify _____		
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)		BFR Aircraft 1. Make _____ 2. Model _____				
Medical Certificate		Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)			
1. ☐ None 2. ☐ Class 1 3. ☐ Class 2 4. ☐ Class 3				Waivers						
Degree Of Injury		Seat Occupied		Limitations			Seat Belt Available			
1. ☐ None 2. ☐ Minor 3. ☐ Serious 4. ☐ Fatal		1. ☐ Left 2. ☐ Right 3. ☐ Center 4. ☐ Front 5. ☐ Rear					1. ☐ Yes 2. ☐ No			
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		1. ☐ Pilot Logbook 2. ☐ Operators Estimate 3. ☐ FAA Records 4. ☐ Company 5. ☐ Specify _____				
1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No						
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										
Other Personnel										
Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor
1.										
2.										
3.										
4.										
5.										
6.										
Flight Itinerary Information										
Last Departure Point		Time Of Departure		Destination		Flight Plan Filed				
1. Airport ID <u>HAD</u> 2. City/Place <u>HAMILTON</u> 3. State <u>OHIO</u>		1. Time <u>9:00 AM</u> 2. Time Zone <u>EASTERN</u>		1. Airport ID <u>169</u> 2. City/Place <u>BATAVIA</u> 3. State <u>OHIO</u>		1. ☒ None 2. ☐ VFR 3. ☐ IFR 4. ☐ VFR/IFR 5. ☐ Company (VFR) 6. ☐ Military (VFR)				
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished <u>AWOS</u>										
Fuel On Board At Last Takeoff			Fuel Type			7. Specify				
<u>10</u> Gallons or Pounds			1. ☐ 80/87 2. ☐ 100 Low Lead 3. ☐ 100/130 4. ☐ 115/145 5. ☐ Jet A 6. ☒ Automotive			<u>MID-GRADE</u>				
Other Services, If Any, Prior to Departure										
Weather Information At The Accident Site										
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition			Visibility			Temp (°F)	
<u>AWOS</u>			1. ☐ Dawn 2. ☒ Daylight 3. ☐ Dusk 4. ☐ Bright Night 5. ☐ Dark Night			<u>8</u> Miles			<u>70°</u>	

For each additional flight crew member, licensee or other person complete the following information:

Name ALLEN F SCHAAP	FAA Certificate No. [REDACTED]	Address CINCINNATI, OH 45231	Title
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Certificate(s) 1. ☐ Student 2. ☐ Private 3. ☒ Commercial 4. ☐ Airline Transport 5. ☐ Flight Instructor 6. ☐ Flight Engineer 7. ☐ Foreign 8. Specify _____			
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Ratings/Endorsements SEL LAND, IFR, COMMERCIAL	Total Flight Time 11829.8	Flight Time This Accident 11829.8
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Name	FAA Certificate No.	Address	Title
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Certificate(s) 1. ☐ Student 2. ☐ Private 3. ☐ Commercial 4. ☐ Airline Transport 5. ☐ Flight Instructor 6. ☐ Flight Engineer 7. ☐ Foreign 8. Specify _____			
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Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address	Title
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Certificate(s) 1. ☐ Student 2. ☐ Private 3. ☐ Commercial 4. ☐ Airline Transport 5. ☐ Flight Instructor 6. ☐ Flight Engineer 7. ☐ Foreign 8. Specify _____			
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Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition 1. ☐ Clear 2. ☐ Scattered _____ Feet AGL 3. ☐ Broken _____ Feet AGL		4. ☐ Overcast <u>1800</u> Feet AGL 5. ☐ Partial Obscuration 6. ☐ Obscured		
Wind Information 1. Direction <u>200</u> 2. Velocity <u>5-10</u> Kts 3. Gusts <u>15</u> Kts		Restriction To Visibility <u>LIGHT MIST - 8 mi</u>	Type Precipitation	Intensity Of Precipitation 1. ☐ Light 2. ☐ Moderate 3. ☐ Heavy 4. Specify <u>NO PRECIP. JUST VERY LIGHT</u>		
Turbulence (Multiple Entry) 1. ☐ None 2. ☐ Light 3. ☒ Moderate 4. ☒ Severe 5. ☐ Extreme 6. ☐ Clean Air 7. ☐ In Clouds						
Damage To Aircraft And Other Property						
Degree Of Aircraft Damage 1. ☐ None 2. ☐ Minor 3. ☐ Substantial 4. ☒ Destroyed			Fire 1. ☐ Yes 2. ☒ No 3. ☒ In-Flight 4. ☒ On Ground			
Description Of Damage To Aircraft And Other Property <u>APPROACHING 22, TURNING ON FINAL @ 1500, LOWERING TO NUMBERS ON THRESHOLD - @ 1200 AGL</u> <u>STRONG DOWNDRAFT OR WIND SHEAR DROPPED PLANE; NOSEWHEEL STRUCK FENCE, DRAGGING FENCE</u> <u>AS PLANE HITS GROUND WITH NOSEWHEEL FOLDED UNDER. HORIZONTAL STABILIZER, NOSEWHEEL</u> <u>FIREWALL, PROP & ENGINE MAJOR DAMAGE, FENCE PARTIALLY DESTROYED</u>						
Mechanical Malfunction Failure						
☒ No ☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		Total Time <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">On Part _____ Hours</td> <td style="width:50%; text-align: center;">At Overhaul _____ Hours</td> </tr> </table>			On Part _____ Hours	At Overhaul _____ Hours
On Part _____ Hours	At Overhaul _____ Hours					
Collision Accident						
If Collision Accident Occurred, Complete The Information For Other Aircraft						
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. ☐ Destroyed 3. ☐ Minor 2. ☐ Substantial 4. ☐ None			
Registered Aircraft Owner		Address				
Pilot Name	Address		Pilot Certificate No.			
Evacuation Of Aircraft						
Assistance Received 1. ☒ Outside Person (s) 3. ☐ Slide 5. ☐ Ladder 2. ☐ Auxiliary Lighting 4. ☐ Rope 6. ☐ Specify _____						
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____						
Recommendation (How Could This Accident Have Been Prevented)						
Operator/Owner Safety Recommendation (Optional Entry) <u>IN RETROSPECT I COULD HAVE APPROACHED AT A HIGHER ALTITUDE. IN PAST I'VE DONE THIS APPROACH HUNDREDS OF TIMES, IN TURBULENCE AT TIMES, AND HAVE NEVER HAD A DOWNDRAFT LIKE THIS ONE - THE LESSON I LEARNED SUNDAY WILL STAY AND I WILL FORTHWITH USE A HIGHER THAN NORMAL APPROACH ALTITUDE ON ALL APPROACHES WITH GUSTY WIND CONDITIONS</u>						

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

@ 9AM DEPARTED HAO-BUTLER CO. REGIONAL WITH OVERCAST @ 2000', WIND @ 190° WITH GUSTS; PRACTISED CROSSWIND LANDINGS AND HEADED TO CLERMONT CO. AIRPORT (I-69) FOR SPARTY'S. VIS. AT I-69 WAS @ 8 mi estimated, CEILING 1800 ON THE AWDOS WITH BUSTY WINDS @ 200° I ENTERED CROSSWIND, DOWNWIND @ 1800 FT, ON BASE DESCENDED TO 1500 FOR TURN TO FINAL AND BEGAN DESCENT TO ARRIVE AT NUMBERS 22; UPSLOPE ON RUNWAY 22 I TRY TO HIT THE NUMBERS SO I DON'T HAVE TO USE BRAKES @ TURNOFF - SHORTLY BEFORE FLYING OVER THE FENCE EITHER WIND SHEAR OR SUDDEN DOWNDRAFT DROPPED THE PLANE AND I DESCENDED INTO THE FENCE; NOSEWHEEL HIT THE FENCE AND THE PLANE HIT THE GROUND, SLIDING ON THE COLLAPSED NOSEWHEEL - THE NOSEWHEEL WITH THE FUELWALL AND PROPELLER WERE DAMAGED BEYOND REPAIR AS WELL AS THE HORIZONTAL STABILIZER. THE TERRAIN AT I-69 IS A SLIGHT GRADE UPWARD FROM THE THRESHOLD OF 22.

I HAVE FLOWN FOR 36 YEARS AND HAVE NEVER DAMAGED AN AIRPLANE IN 11829.8 HOURS BEEN IN 2 THUNDERSTORMS, HAD 4 PARTIAL ENGINE OUTS AND HAVE ALWAYS BEEN ABLE TO KEEP OUT OF TROUBLE - I'M NOT ARROGANT ENOUGH TO THINK I CAN'T LEARN A NEW LESSON; THIS IS A GOOD ONE AND WILL NOT BE REPEATED

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

NOV 7, 2017

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

GAA18CA038

Reviewed By NTSB Office Located At

GAA

Name Of Investigator

Kathryn Benhoff

Date Report Received

11/13/2017