

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/Town: <u>Beaver Falls</u> State: <u>PA</u> ZIP: <u>15010</u> County: <u>United States</u> Latitude: <u>40-46.3730N</u> Longitude: <u>80-23.9720W</u> (Enter in decimal degrees or degrees/minutes/seconds)					Accident/Incident Date/Time Date: <u>03/23/2018</u> Local Time: <u>09:15</u> Time Zone: <u>ETC</u>				
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None									
AIRCRAFT INFORMATION									
Registration Number: <u>987 AV</u> Manufacturer: <u>Cessna</u> Model: <u>172R</u> Serial Number: <u>17290585</u> Year of Manufacture: <u>1998</u> Amstec-Built: ☐ Yes ☒ No #Yes: <u>0</u> #No: <u>0</u> Original Design: ☐ Yes ☒ No					☒ FAA-Registered and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2450</u> lbs Weight at Time of Accident/Incident: <u>2200</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>2</u> Number of Engines: <u>1</u>				
Category of Aircraft ☐ Airplane ☐ Balloon ☐ Blimp/dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered LTA ☐ 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 ☒ Fixed ☐ Amphibious ☐ High/Low ☐ Emergency Landing ☐ Fixed ☐ Float ☐ Ski ☐ Tail ☐ Ski/Wheel ☐ Other Landing/Recovery System ☐ Unknown		Engine Type (Check one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shhaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ Other ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type (Check one) ☒ Carburetor ☐ Fuel-Injected		
Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. (month/year)	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Weight (lb)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1	<u>Lycoming</u>	<u>Ta-360-L2A</u>	<u>L-25193-51E</u>	<u>12/2012</u>	<u>180</u>	<u>3325</u>	<u>97.4</u>	<u>1766.6</u>	
Eng. 2									
Eng. 3									
Eng. 4									
Last Inspection Type ☒ 900-hour ☐ Continuous Airworthiness ☐ AIP ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>03/29/2018</u> (month/year)				Propeller 1 ☒ Fixed Pitch ☐ Constant Pitch ☐ Ground Adjustable Manufacturer: <u>McClellan</u> Model: <u>1C 275</u>		Propeller 2 ☐ Fixed Pitch ☐ Constant Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____		Airframe Total Time: <u>414.6</u> hrs (hours measured at (Select one)) ☒ Last Inspection ☐ Time of Accident/Incident	
Type of Maintenance Program (Select one) ☒ Annual ☐ Discretionary (Amstec-Built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AIP) ☐ Continuous Airworthiness ☐ Other, specify: _____				FLT Installed: ☒ Yes ☐ No If Yes: FLT Manufacturer: <u>Boeing</u> Model or Part No: <u>3000</u> YSD No: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☐ C126 (405 MHz)		Additional Equipment (Check all that apply) ☐ ADS-B ☐ Airframe Protection ☐ Angle of Attack Indicator ☐ Autopilot ☐ Data Recorder ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Head-Up Display ☐ Heads-Up Display ☐ Onboard Weather ☐ Radio/Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Other, Specify: _____			
Description of Fire Extinguishing System ☒ None ☐ Specify: _____				Was ELP still mounted in aircraft? ☒ Yes ☐ No Was ELP still connected to system? ☒ Yes ☐ No Did ELP activate? ☒ Yes ☐ No If activated: Did ELP Aid in Landing Maneuver? ☒ Yes ☐ No If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown					

Registered Aircraft Owner Name: <u>HOOR Auction, Inc.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>BEAVER FALLS</u> State: <u>PA</u> ZIP: <u>15010</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same as Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carrier (FAR 129) ☐ Restricted Payload Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Taxi (FAR 135) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation ☐ Experimental Aircraft ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft		Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 105 ☐ 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 (Solely) ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	
Recent Sighting Flight ☐ Yes ☒ No		Revenue Operation for FAR 121, 125, 135, 137 (Select one for each group) ☐ Scheduled or Continuous ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Recent Sighting Flight ☐ Yes ☒ No		Purpose of Flight for FAR 91, 105, 135, 137 (Select one) ☐ Aerial Application ☐ Flight Testing ☐ 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 ☐ Staging ☐ Ferry	
AIRPORT INFORMATION (Check all that apply)			
Airport Name: <u>Beaver County Airport</u> Airport Identifier: <u>KBVI</u> Proximity to Airport: ☐ Off Airport/Runway ☒ On Airport/Runway ☐ OWA		Distance from Airport Center: <u>0.2</u> mi Direction from Airport: <u>090°</u> (degrees true) Airport Elevation: <u>1251'</u> (feet MSL)	
Runway Information Runway ID: <u>28</u> (ILR) Length: <u>4501'</u> Width: <u>100'</u> ft		Condition of Runway/Landing Surface (Check all that apply) ☒ Dry ☐ Snow-Covered ☐ Water-Calm ☐ Hills ☐ Snow-Cracked ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Filmy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Salt ☐ Shrub-Covered ☐ Vegetation ☐ Unknown	
Runway/Landing Surface (Check all that apply) ☒ Asphalt ☐ Gravel/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
Approach/Departure Segment (Select one) ☐ Taxi ☐ VFR Departure ☐ Other Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Route ☒ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☐ Obstacle Landing (after touchdown) ☐ Unknown			
IFR Approach (Check all that apply) ☒ None ☐ ADS-B ☐ SDF ☐ VOR/TYME ☐ VOR/DME ☐ TACAN ☐ PAR ☐ NDB ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MSL ☐ LDA ☐ RSR ☐ Visual ☐ Contact ☐ Circling ☐ Unknown		VFR Approach (Check all that apply) ☒ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ On Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Preliminary Landing ☐ Unknown	

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>Aaron</u> City of Residence: <u>Beaver Falls</u> Middle Initial: <u>J</u> State: <u>Pennsylvania</u> ZIP: <u>15010</u> Last Name: <u>Potchard</u> Country: <u>United States</u> Age at time of Accident/Incident: <u>18</u> Date of Birth: <u>mm/dd/yyyy</u> <u>999</u> Certificate Number: _____																																																																																																																											
Degree of Injury: ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Right ☐ Center ☐ Front ☐ Rear ☐ Single ☐ Unknown		Restraint Type Available: ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Infant/Child 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 ☐ U.S. Military ☐ Foreign				Medical Certificate Validity ☒ Without limitations/revisions ☐ With limitations/revisions ☐ Special Issuance ☐ Unknown ☐ N/A			Date of Last Medical <u>09/08/2017</u> <u>mm/dd/yyyy</u>																																																																																																																				
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown																																																																																																																											
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Medical Certificate Special Issuance <u>None</u>																																																																																																																											
Date of Last Flight Review or Equivalent, including FAR 129/135 (Check): <u>mm/dd/yyyy</u>				Flight Review Aircraft: Make: _____ Model: _____																																																																																																																							
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>None</u>				Student Endorsements (check all that apply)																																																																																																																							
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Flight Crewmember 2 Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
Flight Crewmember 2 was pilot flying ☐ Yes ☐ No																																																																																																			
Flight Crewmember 2 Identification First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Agent time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																			
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Head Occupied ☐ Back ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center		Resident Type Available ☐ None ☐ Land ☐ Lap only ☐ Lap only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown			Deflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																												
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer																																																																																																			
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 1 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/unknown ☐ Unknown ☐ With limitations/unknown ☐ N/A ☐ Special Endorsement			Date of Last Medical _____ mm/dd/yyyy																																																																																												
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Date of Last Flight Review or Equivalent, including FAR 121/135 Check _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																															
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			Instrument 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 _____				Student Endorsements (Include dates) _____																																																																																															
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FLIGHT CREW/FLIGHT INJURY						
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 ☐ 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: ☐ None ☐ Used ☐ 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				
FLIGHT CREW/FLIGHT INJURY						
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 ☐ 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: ☐ None ☐ Used ☐ 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				
PASSENGERS/OTHER PERSONNEL						
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: ☐ None ☐ Used ☐ 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 ☐ 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: ☐ None ☐ Used ☐ 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 ☐ 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: ☐ None ☐ Used ☐ 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 ☐ 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: ☐ None ☐ Used ☐ 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 ☐ Under 5, ☐ Child Restraint ☐ Lap-held ☐ Unknown

FLIGHT INFORMATION			
Last Departure Point Airport ID: <u>KBVI</u> City: <u>Beaver Falls</u> State: <u>Pennsylvania</u> Country: <u>United States</u>		Time of Departure Time: <u>9:07</u> Time Zone: <u>ETC</u>	
Destination Airport ID: <u>KBVI</u> City: <u>Beaver Falls</u> State: <u>Pennsylvania</u> Country: <u>United States</u>		Type Flight Plan Filed ☒ None ☐ VFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Authorized? ☒ Yes ☐ No ☐ Indeterminate	
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 incident/accident occurred (Check all that apply) ☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Altitude of Incident Occurrence: ☐ Class B ☐ Timed Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Unknown ☐ Class E ☐ Restricted Area ☐ PAR 93			
WEATHER INFORMATION AT THE ACCIDENT SITE			
Source of First Weather Information (Check all that apply) ☒ National Weather Service ☐ Company ☐ Night Service Station ☐ Military ☒ TV/Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DIA/TS) ☐ Unknown ☐ On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Conditions ☐ Ocean ☐ Dark ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Night Night	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ None (Clear) ☐ Obscured ☐ Few ☐ Thin Overcast ☐ Broken ☐ Indefinite ☐ Partial Obscuration ☐ Unknown ☐ Drizzle ☐ Unknown ☐ Scattered		Temperatures <u>70.5</u> (C) or _____ (F) Dew Point: <u>70.9</u> (C) or _____ (F) Altimeter Setting: <u>30.18</u> in. Hg or _____ mb	
Lowest Cloud Condition Height _____ ft agl		Clouding Height _____ ft agl	
Wind Direction ☐ Variable Direction: <u>280</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>025</u> kts	
Wind Gusts ☒ Not Gusting Speed: _____ kts		Visibility <u>10</u> miles RVR: _____ feet RVR: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Showers ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	
Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown		Iceing Forecast Amount: ☒ None ☐ Light ☐ Moderate ☐ Severe Type: ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
Iceing Actual Amount: ☒ None ☐ Light ☐ Moderate ☐ Severe 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	
NDTAs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:			

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) 					
PARATIVE HISTORY 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/or location, services obtained, and intended destination. Provide as much detail as possible.					
I was flying solo to build up time for my Private Pilot License. My first takeoff of the day was around 8:40 am. I flew 5 times around the traffic pattern, then departed to the North. After 10 miles, I returned to the airport. I successfully landed. I returned to takeoff to fly more times in the pattern. I took off around 9:07. After reaching the left midfield downwind for runway 28, the controller advised me I would be #3, following a diamond on the right base on runway 28. When I advised ATC that I had that traffic in sight, I was told I was now #2, runway 28 cleared to land, wind 330 @ 5". I followed the Diamond in to land. On final, the plane was flying at 65 knots, with full 30° degrees of flaps extended. On touchdown, both main wheels came into contact with the ground. The left wheel then preceded to come up off the ground. The plane turned to the right and the right wing hit a plowed snow pile on the East side of taxiway Bravo. The plane turned harder to the right and the plane went through a plowed snow pile West of taxiway Bravo. After going over, the nose gear was torn off the airplane and the nose slammed down into the snow covered grass area between Bravo and Taxiway Charlie.					

Operator/Owner Safety Recommendation	
MECHANICAL MALFUNCTIONS 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 ☒ Jet A ☒ 100 Low Lead ☒ 100/130 ☐ 115/145 ☐ Jet A-1 ☐ Jet B ☐ JP8 ☐ JP5 ☐ 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. Waited for help and exited through the door.	
OTHER AIRCRAFT COLLISION (If applicable, describe collision in 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: _____

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 <u>3/31/18</u> (month/day/year)	Name of Pilot/Operator: <u>Aaron Patkovich</u> Signature: _____ — or — ☐ Check here to electronically sign this document				
If a Person Other than Pilot/Operator is Filing Report Name: <u>Robert Schottauer</u> Title: <u>Chief Pilot</u> Signature: _____ — or — ☐ Check here to electronically sign this document					
FOR NTSB USE ONLY <table border="1"> <tr> <td>NTSB Accident Number GAA18CA175</td> <td>Reviewed by NTSB Regional Office GAA</td> <td>Name of Investigator Kathryn Benhoff</td> <td>Date Report Received 4/4/2018</td> </tr> </table>		NTSB Accident Number GAA18CA175	Reviewed by NTSB Regional Office GAA	Name of Investigator Kathryn Benhoff	Date Report Received 4/4/2018
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