

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: ROCHESTER KODW State: NH

ZIP: _____ Country: US

Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: 08/26/2018 Local Time: 2:15 PM
mm/dd/yyyy

Time Zone: EDT

Phase of Operation

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

0 AGL 0 MSL

AIRCRAFT INFORMATION

Manufacturer: MOONEY

Model: M20J

Serial Number: 24-1306

Registration Number: N201BS

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2240 lbs

Weight at Time of Accident/Incident: 2684 lbs

Location of Center of Gravity at Time of Accident/Incident

46.17 inches from ☐ nose or ☒ datum
Percent Mean Aerodynamic Cord (% MA

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard

☒ Normal
☐ Utility
☐ Acrobatic
☐ Transport

Special

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

Number of Seats: 4

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear

☒ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Ski
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type

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

Date Last Inspection: 06/01/18
mm/dd/yyyy

Airframe Total Time: 4989 hrs
hours measured at (check one) 506
☒ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☒ None
☐ Specify _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

ELT Manufacturer: KANAD

Model/Series: 406 AF COMPACT

Serial Number: 242 0266 0009

Battery Type: LITHIUM

Battery Exp. Date: 2020

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☒ Fuel Injected

Propeller

☐ Fixed Pitch
☒ Controllable Pitch

Manufacturer: MCCADLEY

Model: B2034C214B

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>LYCOMING</u>	<u>10360 A386</u>	<u>6-25129-51A</u>		<u>200</u>	<u>2970</u>	<u>78</u>	<u>2970</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION	
Registered Aircraft Owner Name: <u>DREW GILLET</u> Fractional Ownership Aircraft: ☐ Yes ☒ No	Owner Address City: <u>LACONIA</u> State: <u>NH</u> ZIP: <u>03246</u> Country: <u>USA</u>
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces	Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail
Type of Commercial Operating Certificate Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)	
Aircraft Registration Number _____	Manufacturer: _____ Model: _____
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	
MECHANICAL MALFUNCTION/FAILURE (If report is needed, continue on separate sheet)	
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Total Time/Cycles On Part _____ Hour _____ Cycle Time Since This Part Inspected/Overhauled _____ Hour
DAMAGE TO AIRCRAFT AND OTHER PROPERTY	
Aircraft Damage ☒ None ☐ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground
Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	

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

BENT PROP, BENT OUTBOARD PORTION RIGHT WING

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KORWDistance From Airport Center: 2.5 SMAirport Name: SKYHAVENDirection From Airport: SE degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 322 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach☐ Landing☐ Base leg☐ Final☐ Go Around☐ Crosswind☐ Downwind☐ Low Approach☒ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None☐ PAR☐ MLS☐ Practice☐ ADF/NDB☐ Sidestep☐ LDA☐ GPS☐ SDF☐ ILS☐ ASR☐ Loran☐ VOR/TVOR☐ Localizer Only☐ Visual☐ Unknown☐ VOR/DME☐ LOC-back course☐ Contact☐ TACAN☐ RNAV☐ Circling

VFR Approach (Check all that apply)

☐ None☒ Traffic Pattern☐ Straight-In☐ Valley/Terrain Following☐ Go Around☐ Full Stop☐ Stop and Go☒ Touch and Go☐ Simulated Forced Landing☐ Forced Landing☐ Precautionary Landing☐ Unknown

Runway Information

Runway ID: 15 (L/R/C) Length: 4200 ft Width: ~50 ft

Runway/Landing Surface (Check all that apply)

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

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry☐ Holes☐ Ice Covered☐ Rough☐ Rubber Deposits☐ Slush Covered☐ Snow-Compacted☐ Snow-Crusted☐ Snow-Dry☐ Snow-Wet☐ Soft☐ Vegetation☐ Water-Calm☐ Water-Choppy☐ Water-Glassy☐ Wet☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KORWCity: ROCHESTERState: NHCountry: USA

Time of Departure

Time: ~2:05 PMTime Zone: EST

Destination

Airport ID: KORWCity: ROCHESTERState: NHCountry: USA

Type Flight Plan Filed

☒ None☐ Company VFR☐ Military VFR☐ VFR☐ VFR/IFR☐ IFR☐ UnknownActivated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

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

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A☐ Class B☐ Class C☐ Class D☒ Class E☒ Class G☐ Demo Area☐ Warning Area☐ Prohibited Area☐ Restricted Area☐ Military Operations Area (MOA)☐ Airport Advisory Area☐ Jet Training Area☐ TRSA☐ FAR 93☐ Special☐ Air Traffic Control☐ Unknown

Aircraft Load Description (Check all that apply)

☐ None☒ Passengers☐ Cargo☐ Towing Glider☐ Towing Banner☐ Other External☐ Parachutists☐ Water☐ Chemical/Fertilizer/Seeds☐ Livestock☐ Unknown

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

~40

Gallons

Fuel Type

☐ 80/87☒ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Automotive☐ JP3☐ JP4☐ JP5☐ Other, specify _____

Other Services, if Any, Prior to Departure

EVALUATION 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

OPENED DOOR, UNFASTENED BELTS, EXITED NORMALLY

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KDOWObservation Time: ~ 2:15 PMTime Zone: EDTDistance from Accident Site: 1/2 NMDirection from Accident Site: NW degrees MAG**Source of Weather Information**

(Check all that apply)

- ☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☒ Automated Report
☐ Commercial Weather Service (DUATS)
- ☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☐ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

- ☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
- ☐ Abbreviated
☐ Unknown
☒ Not Pertinent

Light Condition

- ☐ Dawn
☒ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

>10 miles

Sky/Lowest Cloud Condition

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

Ceiling

- ☒ None (clear)
☐ Broken
☐ Overcast
- ☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility (Check all that apply)

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

Lowest Cloud Condition HeightN/A ft AGL**Ceiling Height**N/A ft AGL**Wind Direction**

- ☐ Indicated:
 _____ degrees MAG
- ☒ Variable

Wind Speed

- Velocity: _____ KTS
- or-
- ☐ Calm
☒ Light and Variable

Wind Gusts

- Velocity: _____ KTS
- ☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ None
☐ Clear Air
- ☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
- ☐ Moderate
☐ Moderate Chop
- ☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C)
or 82 (F)Altimeter Setting: 3015 in. HG
or _____ MBDensity Altitude: 1900 ftDew Point: _____ (C)
or 60 (F)**Icing Forecast**

- Amount
- ☒ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

- Type
- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

- Amount
- ☒ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

- Type
- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

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

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

PILOT "A" INFORMATION**Pilot "A" Responsibilities at the Time of Accident/Incident**

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" IdentificationFirst Name: ORENCity: LACONIA NMiddle Initial: AState: NH ZIP: 03246Last Name: ELLIOTTCountry: USAge at time of Accident/Incident: 61Date of Birth: mm/dd/yyyyCertificate Number: mm/dd/yyyy**Degree of Injury**

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☒ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown
☒ BASIC MED

Medical Certificate Validity

☒ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

06/08/2017
 mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

07/07/17
 mm/dd/yyyy

Flight Review Aircraft

Make: PIPER
 Model: WARRIOR

Airplane Rating(s)

(Check all that apply)
☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Free 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**Student Endorsements (Include dates)****Flight Time (enter appropriate number of hours in each box)**

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Light
						Actual	Simulated			
Total Time	~5000	1049	~5000		~500	~500	~500	.5		
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model					~100	~100	~50			
Last 90 Days	~125	79	~125		~5	~5	5			
Last 30 Days	~40	30	~40		2.29	2	.8			
Last 24 Hours	1.58	1.58	1.58		-	-	-			

PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident/Incident**

☐ Pilot ☒ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: _____
 Middle Initial: _____
 Last Name: _____

City: Boston
 State: MA ZIP: 02120
 Country: US

Age at time of Accident/Incident: 35 Date of Birth: _____
 mm/dd/yyyy

Certificate Number: _____

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Used ☒ Yes ☐ No Available ☐ Yes ☐ No	Used ☒ Yes ☐ No Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☒ Other ☐ Unknown	☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown	☒ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	<u>05/03/2016</u> mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers**

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

03/23/17
 mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
 Model: C172SP

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

Type Ratings**Student Endorsements (Include dates)**

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lift
						Actual	Simulated			
Total Time	215	10	215			4	36			
Pilot in Command (PIC)	82	5	82		1	4	36			
Time as Instructor										
This Make/Model						0	5			
Last 90 Days	10	10	10		3	0	5			
Last 30 Days	0	0	0		0	0	0			
Last 24 Hours	0	0	0		0	0	0			

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)										
Pilot Name and Address						Degree of Injury				
First Name: _____			City: _____			☐ None		☐ Fatal		
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown		
Last Name: _____			Country: _____							
Pilot Certificate(s) (Check all that apply)						Seat Occupied				
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer		
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military		
☐ Foreign						☐ Left		☐ Front		
						☐ Right		☐ Rear		
						☐ Center		☐ Single		
								☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Pilot Name and Address						Degree of Injury				
First Name: _____			City: _____			☐ None		☐ Fatal		
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown		
Last Name: _____			Country: _____							
Pilot Certificate(s) (Check all that apply)						Seat Occupied				
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer		
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military		
☐ Foreign						☐ Left		☐ Front		
						☐ Right		☐ Rear		
						☐ Center		☐ Single		
								☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Pilot Name and Address						Degree of Injury				
First Name: _____			City: _____			☐ None		☐ Fatal		
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown		
Last Name: _____			Country: _____							
Pilot Certificate(s) (Check all that apply)						Seat Occupied				
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer		
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military		
☐ Foreign						☐ Left		☐ Front		
						☐ Right		☐ Rear		
						☐ Center		☐ Single		
								☐ 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 flight attendants, continue on separate sheet if necessary)										
Name and Address						Seat	Crew	Non-Revenue	Non-Occupant	Fatal
(PILOT B'S 15 YR SON) 15 NEW YORK ST										
First Name: DYLAN			City: DOVER			RR	□	□	□	□
Middle Initial: P			State: NH ZIP: 03825							
Last Name: JONES			Country: US							
First Name: _____ City: _____										
Middle Initial: _____ State: _____ ZIP: _____										
Last Name: _____ Country: _____										
First Name: _____ City: _____										
Middle Initial: _____ State: _____ ZIP: _____										
Last Name: _____ Country: _____										
First Name: _____ City: _____										
Middle Initial: _____ State: _____ ZIP: _____						</				

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 wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

mission was to provide some practice time for another newly signed off complex pilot who was to do a few touch and goes with me aboard for insurance purposes as he needed another 5 hours of dual before being allowed to fly the airplane solo.

we boarded aircraft he started up performed checklists taxied out and we took off climbed into the pattern. we both performed gumps checklist he flew approach and landing fine. on rollout he powered up and i believe rotated a bit early and we settled back to runway. he aborted takeoff with heavy braking. airplane fishtailed and headed to the left. as we exited the runway i stated i have the controls and steered the aircraft on the grass parallel to runway avoiding obstacles but not being able to slow down.. we were unable to stop before steep incline to swamp.

fortunately there were no injuries whatsoever. i believe lack of brakes on right seat pilot position and my inexperience at controlling aircraft from right seat contributed to problem.

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

Operator/Owner Safety Recommendation

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

09/06/2018
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: DREW A. GILLETI

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

GAA18CA511

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kathryn Benhoff

Date Report Received

9/6/2018