

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: Casa Grande State: ARIZ.
 ZIP: 85122 Country: Puerto Rico
 Latitude: N32-57.29 Longitude: W111-46.01
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11-27-2018 Local Time: Approx 6:30 PM
 mm/dd/yyyy Time Zone: Mountain

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

AIRCRAFT INFORMATION

Registration Number:

Manufacturer: Piper
 Model: Cherokee 180
 Serial Number: 28-847
 Year of Manufacture: 1963
 Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Make: ☐ Original Design

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

Maximum Gross Weight: 3,400 lbs
 Weight at Time of Accident/Incident: 1755 lbs
 Number of Seats: 3 Flight Crew Seats: 2
 Cabin Crew Seats: 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/Series	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>Lycoming</u>				<u>180</u>		
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

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

Date Last Inspection:

mm/dd/yyyy

Airframe Total Time:

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:

Model:

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 yoke mounted
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Gregory A. Kouf

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: ARIZ, City

State: ARIZ ZIP: 85123

Country: U.S.A.

Operator of Aircraft

☒ Same As Registered Owner

Name: Gregory A. Kouf

Doing Business As: N/A

Air Carrier/Operator Designator (4 Character Code): N/A

☒ Same Address as Registered Owner

City: ARIZ City

State: ARIZ ZIP: 85123

Country: U.S.A.

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: Casa Grande Airport

Airport Identifier: CGZ

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: ~~1564~~ 1464 ft. msl

Runway Information

Runway ID: 5 (L/R/C) Length: 5200 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

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

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

- ☒ 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
- ☐ VOR/DME ☐ Localizer Only ☐ Visual
- ☐ TACAN ☐ LOC-back course ☐ Contact
- ☐ RNAV ☐ Circling ☐ 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

"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: Gregory

City of Residence: ARIZ City

Middle Initial: A

State: ARIZ ZIP: 85123

Last Name: Kouf

Country: USA

Age at time of Accident/Incident: 21 Date of Birth: mm/dd/yyyy

Certificate Number: -

Degree of Injury

- ☐ None ☐ Fatal
☐ Minor ☐ Unknown
☒ Serious

Seat Occupied

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

Restraint Type

- | Available | Used |
|---|---|
| ☐ None
☒ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown | ☐ 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 |
|--|---|---|--|

Principal Occupation

- ☐ Pilot
☒ Retired
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

- ☒ Without limitations/waivers ☐ Unknown
☐ With limitations/waivers ☐ N/A
☐ Special Issuance

Date of Last Medical

6-26-78
Other Unknown
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

N/A

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

Don't Know
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
Model: 150

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

Student Pilot

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	Lighter Than Air
						Actual	Simulated			
Total Time				<u>N/A</u>		<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Pilot in Command (PIC)										
Time as Instructor	<u>N/A</u>									
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"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: N/A City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

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

Certificate Number: _____

Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	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
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☐ 3-point	☐ 3-point																
☐ 4-point	☐ 4-point																
☐ 5-point	☐ 5-point																
☐ Unknown	☐ Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☐ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☐ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☐ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>		☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☐ Student	☐ Sport	☐ Flight Engineer		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			
☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military														
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign														
☐ Student	☐ Sport	☐ Flight Engineer															
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 _____ mm/dd/yyyy														

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ 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	Instructor Rating(s) (Check all that apply) <table style="width: 100%;"> <tr> <td> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift </td> <td> ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport </td> </tr> </table>	☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift	☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
☐ 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	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

Crew Name and Address	Seat Occupied	Injury
First Name: <u> </u> City of Residence: <u> </u> Middle Initial: <u> </u> State: <u> </u> ZIP: <u> </u> Last Name: <u> </u> Country: <u> </u>	☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign	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
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: <u> </u> City of Residence: <u> </u> Middle Initial: <u> </u> State: <u> </u> ZIP: <u> </u> Last Name: <u> </u> Country: <u> </u>	☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign	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
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: <u> </u> City: <u> </u> Middle Initial: <u> </u> State: <u> </u> ZIP: <u> </u> Last Name: <u> </u> Country: <u> </u> ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: <u> </u>	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ 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
First Name: <u> </u> City: <u> </u> Middle Initial: <u> </u> State: <u> </u> ZIP: <u> </u> Last Name: <u> </u> Country: <u> </u> ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: <u> </u>	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ 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
First Name: <u> </u> City: <u> </u> Middle Initial: <u> </u> State: <u> </u> ZIP: <u> </u> Last Name: <u> </u> Country: <u> </u> ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: <u> </u>	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ 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
First Name: <u> </u> City: <u> </u> Middle Initial: <u> </u> State: <u> </u> ZIP: <u> </u> Last Name: <u> </u> Country: <u> </u> ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: <u> </u>	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ 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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>CGZ</u> City: <u>Casa Grande</u> State: <u>ARIZ</u> Country: <u>Pina</u>	Time of Departure <u>Approx</u> Time: <u>6:00 AM</u> Time Zone: <u>M</u>	Destination Airport ID: <u>CGZ</u> City: <u>Casa Grande</u> State: <u>ARIZ</u> Country: <u>Pina</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 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	Altitude of In-Flight Occurrence: <u>APPR 1564</u> ft msl
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	☐ Company ☐ Military ☐ Internet ☒ None ☐ Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ 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
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling

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

Temperature: _____ (C) or APPR 70 (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: 1964 in. Hg
or _____ MB

Lowest Cloud Condition Height

_____ ft agl

Ceiling Height

_____ ft agl

Wind Direction

☐ Variable

-or-
Direction: _____ degrees true

Wind Speed

☒ Calm
☐ Light and Variable

-or-
Speed: _____ kts

Wind Gusts

☒ Not Gusting

-or-
Speed: _____ kts

Visibility Clear miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

☐ Light NO
☐ 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
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

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

Icing Actual

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

Turbulence

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

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

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)

Left wing Leading Edge Dents
 RT Wing Bottom skin Ripped
 Front cowling Destroyed
 Prop. Strike
 Engine mount Bent
 Firewall Pushed Back
 at Bottom damaging fuselage

Front main gear broke off
 Right main gear broke off.

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.

Went to the airport to fly touch goes. Picked Cherokee out of hangar and did walk around inspection. Check fuel tank levels. Approx. 3/4 full. Boarded plane, fastened seat belt, put on head set, Adj seat, Turn fuel selector to left tank. Turned on master, ~~Turned~~ Turned on Elec fuel pump. Turned mag switch to both. ~~Pushed~~ Pushed power control 3 times back just above idle. Clear prop. Pushed starter button. Engine fired instantly. Let plane run while turning on clearance & nav lights. Adj. Altimeter to 1464 & turn Radio to 122.7 left Transponder off because this was in pattern flight, called in on radio Cherokee 68W. Taxing from hangar to Runway 5 for departure. Taxied to pull off area, at 5 to do preflight check all instruments in the green & good. At 1st mag checks approx 75 RPM drop. Lean mix control drop. After traffic clear, called in Cherokee 68W. taking active Runway 5 for departure. This will be 1st hand departure to the North remaining in pattern for touch goes. All calls on radio began with C Casa Grande Air Traffic.

Page 9. continued:

Page 2.

Made approximately 3 touch & goes without incident, the first one beginning while it was still light & others after dark. On my last Touch & go, on the down wind leg I called out to the inbound plane that was on final that I was going to extend my down wind leg so he could take the lead. I couldn't judge his speed & didn't want to cut in front of him. Pilot responded, have you insight? Thank you. As soon as he passed, I called in my base leg, began my descent out of 2600 ft AGL, reduced power to 2000 RPM. I then called in a turned final, I then turned on Elec. Fuel Pump. I was approx 4 mi. from runway 5. I bled off speed from 120 MPH to 100 MPH. & ~~dropped~~ dropped 20° of flaps. Before yellow Runway 5 marker lights I called in short final. The lights appeared to be dim & a little fuzzy, so I keyed the mike 3 times because I thought the runway lights were going out. (I'm sorry, I always turn on my landing lights when I turn on the base leg.) ~~The~~ Keying the mike didn't seem to help. My head started feeling woozy. I checked my altimeter & was too low, so pushed in full power & pulled back on the yoke. The plane responded beautifully & I was going to be OK. I then thought I would go around. As soon as I had the thought go around, I passed. When I came to, I thought I was having a bad dream. I have them sometimes because of the service. I was naval Air crash crew fireman.

Note:

Page 3.

(Mr. E. Eazor) If your The one reading this report
I apologize for it being so long! Please be patient
with me.

Continued:

I released the safety hatch, opened the door &
got out of the plane. I looked around & thought
this isn't a bad dream. My head hurt & I couldn't
think straight. I was worried about other
aircraft thinking my plane was in the way.
There was a lot of blood running out of my
right ear & actually the plane wasn't in the
way at all. The right main landing gear caught the
fence, spun the plane to the right & slamber it
nose first into the ground. I don't know why, but
I got the keys, picked up the broken landing gear
& put it in the luggage compartment. I walked around
the right wing & passed out again. When I came to, there
was gas running out under the wing, so I got back
in the plane, shut off the ~~gas~~ fuel valve & shut
down all electronics because of fire danger. I
believe this was automatic reaction from the service.

I was bleeding really bad from my mouth down
ear & had the thought that the Helicopter medivac stationed
there could help me, so I walked over there & they
flew me to a trauma center in PHX. The terrain
in the flight pattern is rough descent with descent
vegetation & hills to the north of the runway & down-
wind pattern. Mr. Eazor; I'm a good pilot, my
instructor told me, (a natural born pilot.) I'm
always calm in situations & have gotten out of

situations in flying because of that I just automatically knowing what to do.

The older model Cherokee with what they call a herby Bor Wing is a great plane to fly, very forgiving & very good in cross winds. I believe it's easier to fly than the 150 Cessna.

Mr. Ekegator, I've had a love for airplanes since I was old enough to walk & look up at them in the air. For some reason I knew how to fly before I ever stepped inside a Cessna 150 & ~~the~~ soloed in 9½ hrs. I've had trouble in different areas over the last 2 years & the doctors can't find anything wrong, but they're missing something & I'm 72 years old. It's very hard, but I know when it's time to quit & I won't be pilot in command of any plane again. I'm paying for the fence I damaged at the airport because I feel it's my responsibility.

My recovery is going to take some time so I'm having a friend with his air license sell my plane & giving up my license as soon as I can. I'm sorry for going on so long. I know your busy.
Sincerely, [redacted]

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

Operator/Owner Safety Recommendation

Under the circumstances it couldn't, unless I just hadn't flown that day or had made a full stop after my 3rd touch & go. I didn't know I was going to miss out.

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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

AProx. 37 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

N/A

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

only 1 occupant. Pilot opened door and exited to the Rt.

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: Piper

Model: Cherokee 180

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☒ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

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

12-11-18

mm/dd/yyyy

Name of Pilot/Operator:

Signature:

-- 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.

GAA19CA084

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Eleazar Nepomuceno

Date Report Received

12/14/2018