

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: Ridgeland State: SC
 ZIP: 29936 Country: USA
 Latitude: _____ Longitude: _____
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 22/02/2019 Local Time: 1530
 mm/dd/yyyy Time Zone: Eastern

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

AIRCRAFT INFORMATION

Registration Number: _____

Manufacturer: Mooney

Model: _____

Serial Number: _____

Year of Manufacture: 1978

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

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

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 4 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

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

Special

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

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

Landing Gear

(Check all that apply)

- ☒ Retractable
☒ Tricycle ☐ 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							
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: _____ hrs
 hours measured at (Select one)
☐ Last Inspection ☐ Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

- ☒ None
☐ Specify: _____

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

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: _____

City: _____

Fractional Ownership Aircraft: ☐ Yes ☐ No

State: _____ ZIP: _____

Country: _____

Operator of Aircraft☒ Same As Registered Owner☐ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

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: Ridgeland Claude DeanAirport Identifier: 3J1Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: N/A smDirection From Airport: N/A degrees trueAirport Elevation: 80 ft msl**Runway Information**Runway ID: 3 (L/R/C) Length: 2692 ft Width: 70 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: _____

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**Available**

☐ None
☐ Lap only
☒ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Used

☐ None
☐ Lap only
☒ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None ☐ 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

Medical Certificate Validity

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

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)**

☒ None
☐ Airplane Single-Engine ☐ Instrument Airplane
☐ Airplane Multi-Engine ☐ Instrument Helicopter
☐ Gyroplane ☐ Helicopter
☐ Powered Lift ☐ 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										

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No

First Name: Eric

Middle Initial: R

City of Residence: Bluffton

Last Name: Mann

State: SC ZIP: 29910

Country: USA

Age at time of Accident/Incident: 36 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Pilot Certificate(s) (Check all that apply)

☐ None	☒ Flight Instructor	☒ Commercial	☒ US Military
☐ Private	☐ Recreational	☒ Airline Transport	☐ Foreign
☐ Student	☐ Sport	☐ Flight Engineer	

☒ Pilot ☐ Other ☐ Unknown	☐ None ☒ Class 1 ☐ Class 2	☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown	Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance	☐ Unknown ☐ N/A	Date of Last Medical <u>10/08/2018</u> mm/dd/yyyy
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none

none

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 07/03/2018 <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: <u>Beachcraft</u> Model: <u>Baron BE55</u>
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Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☒ Helicopter ☒ Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☒ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☒ Powered Lift	☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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none

N/A

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	1,521	42	265	1,199	206	150	205	50	0	0
Pilot in Command (PIC)	466	0	116	305	75	50	67	0	0	0
Time as Instructor	124	42	124	20	41	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	28	5	5	17	0	3	2	0	0	0
Last 30 Days	15	3	3	12	4	2	1	0	0	0
Last 24 Hours	2	2	2	0	0	0	0	0	0	0

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

Crew Name and Address

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

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

Injury

☐ 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 **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

Type Rating/Endorsement for

Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time

of this Accident/Incident: _____ hrs

Crew Name and Address

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

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

Injury

☐ 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 **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

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

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
☐ Crew ☐ Passenger ☐ Other

Seat

☐ Left
☐ Center
☐ Right
☐ Unknown
 Row: _____

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

Restraint Type

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

Age

☐ Under 5 years
 If 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 **Used**
☐ None ☐ None
☐ 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
 If 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 **Used**
☐ None ☐ None
☐ 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
 If 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 **Used**
☐ None ☐ None
☐ 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
 If Under 5,
☐ Child Restraint
☐ Lap-Held
☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KAQX</u> City: <u>Allendale</u> State: <u>SC</u> Country: <u>USA</u>	Time of Departure Time: <u>1400</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>3J1</u> City: <u>Ridgeland</u> State: <u>SC</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☒ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply)

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

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

☐ Class A	☒ Class G	☐ Military Operations Area (MOA)	☐ Special	Altitude of In-Flight Occurrence: _____ ft msl
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area	
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown	
☐ Class D	☐ Prohibited Area	☐ TRSA		
☐ Class E	☐ Restricted Area	☐ FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

☐ National Weather Service	☐ Company
☐ Flight Service Station	☐ Military
☐ TV/Radio	☒ Internet
☒ Automated Report	☐ None
☐ Commercial Weather Service (DUATS)	☐ Unknown
☐ On-Board Weather	

Weather Observation Facility

Facility ID: KAQX
 Observation Time: 1430
 Time Zone: Eastern
 Distance from Accident Site: 30 nm
 Direction from Accident Site: 120 degrees true

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

Lowest Cloud Condition Height

5000 ft agl

Ceiling

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

Ceiling Height

N/A ft agl

Temperature: _____ (C) or 70 (F)

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

Altimeter Setting: _____ in. Hg
 or _____ MB

Wind Direction

☒ Variable

-or-
 Direction: _____ degrees true

Wind Speed

☒ Calm
☒ Light and Variable

-or-
 Speed: _____ kts

Wind Gusts

☐ Not Gusting

-or-
 Speed: unknown kts

Visibility 10 miles

RVR: _____ feet

RVV: _____ 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 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:

None

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☐ Substantial
☐ Minor ☒ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

Aircraft impacted a gravel pile West of the runway. The right wing was severely damaged, the tail section was bent about 45 degrees from the fuselage, landing gear destroyed, prop bent from running during impact.

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.

We took off around 1400 Local Time from Ridgeland Airport, flew to Allendale to practice landing patterns and returned to Ridgeland around 1530 Local. We checked the weather and NOTAMS before departing. I do not recall the exact conditions but it was less than 10 knots of wind and good visibility. We also got weather in flight via Allendale's AWOS which was reporting calm winds. The conditions remained the same during our entire flight until we came back to Ridgeland. We flew through a small amount of precipitation about three miles West of Ridgeland, the precipitation was not enough to reduce visibility, and we quickly flew through it. We entered the pattern at a 45 to the downwind for runway 3 at 1000' MSL. We flew a normal base and final. On final there was no abnormal weather conditions, the plane was operating normally, we were tracking straight down centerline without any cross wind controls. The last airspeed I recall seeing was 80 kts as we approached the extended threshold. As we were coming over the runway numbers we encountered severe wind shear, I believe a microburst. The plane pitched up, and began rolling left. I immediately called for full power and the aircraft controls. As I came onto the controls I pushed the throttle, verifying it was full, which it already was. I leveled the wings, pitched up to about 10 to 15 degrees, did not change the configuration (gear down, full flaps, prop full forward), but the aircraft simply did not have enough performance to climb. We were pushed to the left of the runway where there is construction going on. The aircraft impacted a pile of gravel about 20' higher than the runway.

We were around 1/2 full on gas, the only occupants were myself and Phil, no cargo. The aircraft continued running until impact, I did not detect any abnormalities in the engine or plane, other than it could not climb.

I believe this was the result of a microburst. The plane pitched up right over the numbers which would be the headwind component, then as we added power we entered the downdraft component, and simply did not have enough performance to climb. A Mooney 201 normally has excellent climb performance, we were relatively light, around 75 degrees F, at 80' MSL, and it simply could not gain altitude even with full power applied. Also, as we got out of the plane the wind was gusting for just a few minutes (maybe less), and then rapidly went back to being calm.

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

Operator/Owner Safety Recommendation

The only way I see this as being preventable is if there was wind shear detection equipment at the airport. These winds came on very suddenly, and were very isolated. We did not detect anything abnormal until we were coming across the runway and beginning to enter the flare for landing.

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.)

The plane seemed to be operating normally until impact, it just did not have enough performance to climb.

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)

_____ 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

We exited through the normal aircraft door, over the right wing. It had to be forced open, but I was able to open it by kicking the door with both feet.

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

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

03/04/2019

mm/dd/yyyy

Name of Pilot/Operator: Eric Mann

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.
GAA19CA144

Reviewed by NTSB Regional Office
GAA

Name of Investigator
Eric Swenson

Date Report Received
03/04/2019