

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: <u>Everett</u> State: <u>WA</u> ZIP: <u>98204</u> Country: <u>USA</u> Latitude: <u>47.9076 N</u> Longitude: <u>122.2809 W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>					Accident/Incident Date/Time Date: <u>12/03/2017</u> Local Time: <u>1:30pm</u> <i>mm/dd/yyyy</i> Time Zone: <u>PST</u>				
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None									
AIRCRAFT INFORMATION									
Registration Number: <u>N714TD</u> Manufacturer: <u>Cessna</u> Model: <u>152</u> Serial Number: <u>15279413</u> Year of Manufacture: <u>1978</u> Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____					☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>1675</u> lbs Weight at Time of Accident/Incident: <u>Unknown</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>				
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility </td> <td style="width: 50%; vertical-align: top;"> Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport </td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown		Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> ☐ Retractable ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Full ☐ 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	
Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport								
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)	
Eng. 1	Lycoming	O-235-L2C	L-9197-15		110	6933.5	7.2	1833.3	
Eng. 2									
Eng. 3									
Eng. 4									
Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>11/03/2017</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>17,274.7</u> hrs hours measured at <i>(Select one)</i> ☒ Last Inspection ☐ Time of Accident/Incident			Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>72CK56-0-54</u>			Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____			
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>Artex</u> Model or Part No.: <u>ME406</u> TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☒ C126 (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: _____			
Description of Fire Extinguishing System ☒ None ☐ Specify: _____									

City: Everett

State: WA

ZIP: 98204

Country: USA

☐ Same Address as Registered Owner

City:

State: Everett

ZIP: 98204

Country: USA

Regulation Flight Conducted Under

OFAR 91	OFAR 129	OFAR 415
OFAR 103	OFAR 133	OFAR 431
OFAR 121	OFAR 135	OFAR 435
OFAR 125	OFAR 137	OFAR 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
☐ Non-Scheduled or Air Taxi
☐ Domestic
☐ International

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

Air Medical Flight

☐ Yes ☒ No

☐ Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Distance From Airport Center: 1/4 sm

Direction from Airport: 140 degrees true

Airport Elevation: 607 ft. msl

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

☐ Holes	☐ Snow-Crusted	☐ Water-Chippy
☐ Ice Covered	☐ Snow-Dry	☐ Water-Glassy
☐ Rough	☐ Snow-Wet	☐ Wet
☐ Rubber Deposits	☐ Soft	
☐ Slush-Covered	☐ Vegetation	☐ Unknown

☒ Asphalt	☐ Grass/Turf	☐ Macadam	☐ Water
☐ Concrete	☐ Gravel	☐ Metal/Wood	
☐ Dirt	☐ Ice	☐ Snow	☐ 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
☐ VORT/VOR	☐ ILS	☐ ASR	
☐ VOR/DME	☐ Localizer Only	☐ Visual	
☐ TACAN	☐ LOC-back course	☐ Contact	
	☐ RNAV	☐ Circling	
			☐ Unknown

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

"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: <u>Kory</u> Middle Initial: <u>F</u> Last Name: <u>Qvigstad</u> City of Residence: <u>Poulsbo</u> State: <u>WA</u> ZIP: <u>98370</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>22</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED] CFI																																																																																																			
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																																																																																												
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"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No																																																																																																				
"Flight Crewmember 2" Identification First Name: <u>Arlana</u> Middle Initial: <u>S</u> Last Name: <u>Rayment</u> City of Residence: <u>Mount Vernon</u> State: <u>WA</u> ZIP: <u>98273</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>25</u> Date of Birth: [REDACTED] 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																																																																																											
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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 ☐ 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 ☐ 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 First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ 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 ☐ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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>KPAE</u> City: <u>Everett</u> State: <u>WA</u> Country: <u>USA</u>		Time of Departure Time: <u>12:30pm</u> Time Zone: <u>PST</u>		Destination Airport ID: <u>KPAE</u> City: <u>Everett</u> State: <u>WA</u> Country: <u>USA</u>	
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown		
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ 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 Area ☐ Unknown Altitude of In-Flight Occurrence: _____ ft msl					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information <i>(Check all that apply)</i> ☐ 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: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ 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 _____ ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown Ceiling Height <u>3200</u> ft agl		Temperature: _____ (C) or <u>N/A</u> (F) Dew Point: _____ (C) or <u>N/A</u> (F) Altimeter Setting: <u>N/A</u> in. Hg or _____ MB	
Wind Direction ☐ Variable -or- Direction: <u>290</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>3</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Type of Precipitation <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> 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 ☐ 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)*

Substantial. Aircraft destroyed. See pictures.

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.

- Instructor Statement:

After flying for about 1 hour, my student and I headed back to the airport to practice touch and go landings. After successfully completing one touch and go on runway 16R, we switched to runway 16L. Once over the runway close to touching down, I instructed the student to execute a go around. She pushed the throttle and carburetor heat in and the airplane established a positive rate of climb. After reaching approximately 100-150 feet AGL, the engine sputtered and then stopped producing power. I pitched forward for best glide attitude then looked for the best place to land. I briefly pushed the throttle with no affect. I turned about 60 degrees to the right to use the longest part of an open field. We touched down and I steered the aircraft to go in between a power pole and a tree to slow down our momentum. After coming to an abrupt stop we exited the aircraft. I estimate the time it took from the engine quit and the time we were stopped was about 4-5 seconds.

RECOMMENDATION (How could this accident/incident have been prevented?)																
Operator/Owner Safety Recommendation No recommendations.																
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)																
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours															
FUEL & SERVICES INFORMATION																
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> Approx. 10-15 _____ Gallons	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Fuel Type</td> <td style="width: 30%;">☐ 80/87</td> <td style="width: 30%;">☐ 115/145</td> <td style="width: 30%;">☐ Jet B</td> <td style="width: 30%;">☐ Other, specify _____</td> </tr> <tr> <td></td> <td>☒ 100 Low Lead</td> <td>☐ Jet A</td> <td>☐ JP8</td> <td></td> </tr> <tr> <td></td> <td>☐ 100/130</td> <td>☐ Jet A-1</td> <td>☐ Automotive</td> <td></td> </tr> </table>	Fuel Type	☐ 80/87	☐ 115/145	☐ Jet B	☐ Other, specify _____		☒ 100 Low Lead	☐ Jet A	☐ JP8			☐ 100/130	☐ Jet A-1	☐ Automotive	
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																
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 Instructor and student exited forward through the opening where the instrument panel and the engine had separated from the aircraft.																
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for <i>other</i> 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 <u>01/15/2021</u> mm/dd/yyyy	Name of Pilot/Operator: <u>President; Morcom Aviation Services, Inc.</u> Signature: <u>[Redacted]</u> -- 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. WPR18LA042	Reviewed by NTSB Regional Office WPR-AS	Name of Investigator Albert Nixon	Date Report Received 01/15/2021
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