

Att: Jim Silliman

**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		Date/Time	
Nearest City/Place: <u>Fox Lake</u> State: <u>IL</u>		Date: <u>7-17 09</u> Local Time: <u>4:45 PM</u>	
ZIP: <u>60050</u> Country: <u>United States</u>		mm/dd/yyyy Time Zone: <u>Central daylight</u>	
Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)			

Phase of Operation			Collision with Other Aircraft	Altitude of In-Flight Occurrence
<input type="checkbox"/> Standing	<input type="checkbox"/> Takeoff (incl. initial climb)	<input type="checkbox"/> Cruise	<input type="checkbox"/> Midair	_____ ft MSL
<input type="checkbox"/> Taxi	<input type="checkbox"/> Climb	<input type="checkbox"/> Maneuvering	<input type="checkbox"/> On-ground	
<input type="checkbox"/> Descent	<input checked="" type="checkbox"/> Landing	<input type="checkbox"/> Approach	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Hover	<input type="checkbox"/> Other	
		<input type="checkbox"/> Unknown		

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility	Source of Weather Information (Check all that apply)	Method of Briefing (Check all that apply)
Facility ID: _____	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> In Person
Observation Time: _____	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Teletype
Time Zone: _____	<input checked="" type="checkbox"/> TV/Radio	<input type="checkbox"/> Telephone/Computer
Distance from Accident Site: _____ NM	<input type="checkbox"/> Automated Report	<input type="checkbox"/> Aircraft Radio
Direction from Accident Site: _____ degrees MAG	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input checked="" type="checkbox"/> TV/Radio
	<input type="checkbox"/> Company	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Military	
	<input type="checkbox"/> Internet	
	<input type="checkbox"/> Unknown	

Briefing Type/Completeness	Light Condition	Visibility
<input type="checkbox"/> Full	<input type="checkbox"/> Dawn	_____ miles
<input type="checkbox"/> Partial / Limited By Pilot	<input type="checkbox"/> Dusk	
<input type="checkbox"/> Partial / Limited By Briefer	<input checked="" type="checkbox"/> Day	
<input type="checkbox"/> Abbreviated	<input type="checkbox"/> Night	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Dark Night	
<input checked="" type="checkbox"/> Not Pertinent	<input type="checkbox"/> Bright Night	
	<input type="checkbox"/> Not Reported	

Sky/Lowest Cloud Condition	Ceiling	Restriction to Visibility (Check all that apply)
<input type="checkbox"/> Clear	<input type="checkbox"/> None (clear)	<input type="checkbox"/> None
<input type="checkbox"/> Few	<input type="checkbox"/> Broken	<input type="checkbox"/> Blowing Dust
<input type="checkbox"/> Partial Obscuration	<input type="checkbox"/> Overcast	<input type="checkbox"/> Blowing Sand
<input type="checkbox"/> Scattered		<input type="checkbox"/> Blowing Snow
<input type="checkbox"/> Thin Broken	<input type="checkbox"/> Obscured	<input type="checkbox"/> Blowing Spray
<input type="checkbox"/> Thin Overcast	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Dust
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Fog
		<input type="checkbox"/> Ground Fog
		<input type="checkbox"/> Haze
		<input type="checkbox"/> Ice Fog
		<input type="checkbox"/> Smoke
		<input type="checkbox"/> Unknown

Lowest Cloud Condition Height	Ceiling Height	Wind Direction	Wind Speed	Wind Gusts	Type of Turbulence (Check all that apply)
_____ ft AGL	_____ ft AGL	<input type="checkbox"/> Indicated: _____ degrees MAG	Velocity: <u>20-25</u> KTS	Velocity: <u>30</u> KTS	<input type="checkbox"/> None
		<input type="checkbox"/> Variable	<input type="checkbox"/> Calm	<input type="checkbox"/> Gusting	<input type="checkbox"/> In Clouds
			<input type="checkbox"/> Light and Variable	<input type="checkbox"/> Not Gusting	<input type="checkbox"/> Clear Air
					<input type="checkbox"/> Vicinity of Thunderstorm
					Severity of Turbulence
					<input type="checkbox"/> Extreme
					<input checked="" type="checkbox"/> Moderate
					<input type="checkbox"/> Light
					<input type="checkbox"/> Severe
					<input type="checkbox"/> Moderate Chop

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

N/A

Temperature: _____ (C) or <u>75</u> (F)	Icing Forecast	Type of Precipitation (Check all that apply)
	Altimeter Setting: _____ in. HG or _____ MB	
Density Altitude: _____ ft	Icing Actual	<input type="checkbox"/> None
Dew Point: _____ (C) or _____ (F)	Amount	<input checked="" type="checkbox"/> Rain
	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle
	<input type="checkbox"/> Trace	<input type="checkbox"/> Ice Pellets
	<input type="checkbox"/> Light	<input type="checkbox"/> Snow Pellets
	<input type="checkbox"/> Moderate	<input type="checkbox"/> Snow Grains
	<input type="checkbox"/> Severe	<input type="checkbox"/> Rain Showers
	Type	<input type="checkbox"/> Freezing Rain
	<input type="checkbox"/> Rime	<input type="checkbox"/> Ice Crystals
	<input type="checkbox"/> Clear	<input type="checkbox"/> Ice Pellets Shower
	<input type="checkbox"/> Mixed	<input type="checkbox"/> Freezing Drizzle
		Intensity of Precipitation
		<input type="checkbox"/> Light
		<input type="checkbox"/> Moderate
		<input checked="" type="checkbox"/> Heavy

AIRCRAFT INFORMATION

Manufacturer: Cessna Max Gross Weight: _____ lbs
 Model: 182P Weight at Time of Accident: _____ lbs
 Serial Number: _____ Location of Center of Gravity at Time of Accident:
 Registration Number: N#7482Q Amateur-built: Yes No
 _____ inches from nose or datum
 -or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate (Check all that apply) Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input checked="" type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown

Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: _____ mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident
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IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input type="checkbox"/> Specify <u>Handheld</u>
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ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: <u>8-2011</u>
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Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>M/T</u> Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>O-470</u>	<u>462262</u>		<u>230</u>	<u>2135</u>	<u>15</u>	<u>400</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>Walter Hain</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: _____ State: <u>IL</u> ZIP: <u>60050</u> Country: <u>United States</u>
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Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Same</u> State: _____ ZIP: _____ Country: _____
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Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International <i>N/A</i> Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____ <i>N/A</i>	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft

First Name: *Walter Hair* City: *McHenry*
 Middle Initial: *J* State: *IL* ZIP: *60050*
 Last Name: *Hair* Country: *USA*

Pilot of Other Aircraft

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

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

Airport Identifier: _____ *N/A* **Distance From Airport Center:** _____ SM
Airport Name: _____ **Direction From Airport:** _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** _____ 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) <input checked="" type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling	VFR Approach (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown
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Runway Information

Runway ID: *N/A* (L/R/C) Length: _____ ft Width: _____ 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 Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <i>Home</i> City: _____ State: _____ Country: _____	Time of Departure Time: <i>4:40 PM</i> Time Zone: <i>Central Daylight</i>	Destination Airport ID: <i>N/A</i> City: _____ State: _____ Country: _____	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 occurred (Check all that apply)

- | | | | | |
|----------------------------------|---------------------------------------|---|--|---|
| <input type="checkbox"/> Class A | <input type="checkbox"/> Class E | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> Jet Training Area | <input type="checkbox"/> Special |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Class G | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> TRSA | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Demo Area | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> FAR 93 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Warning Area | <input type="checkbox"/> Airport Advisory Area | | |

Aircraft Load Description (Check all that apply)

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Towing Glider | <input type="checkbox"/> Parachutists | <input type="checkbox"/> Livestock |
| <input checked="" type="checkbox"/> Passengers | <input type="checkbox"/> Towing Banner | <input type="checkbox"/> Water | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Cargo | <input type="checkbox"/> Other External | <input type="checkbox"/> Chemical/Fertilizer/Seeds | |

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(convert from pounds, as necessary)

Gallons

Fuel Type

- | | | | |
|--|-------------------------------------|------------------------------|---|
| <input type="checkbox"/> 80/87 | <input type="checkbox"/> 115/145 | <input type="checkbox"/> JP3 | <input type="checkbox"/> Other, specify _____ |
| <input checked="" type="checkbox"/> 100 Low Lead | <input type="checkbox"/> Jet A | <input type="checkbox"/> JP4 | |
| <input type="checkbox"/> 100/130 | <input type="checkbox"/> Automotive | <input type="checkbox"/> JP5 | |

Other Services, if Any, Prior to Departure

NONE

MECHANICAL MALFUNCTION/FAILURE (If more space 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

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Substantial |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Destroyed |

Aircraft Fire

- | | |
|--|--|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Both Ground and In-Flight |
| <input type="checkbox"/> In-Flight | <input type="checkbox"/> Unknown Origin |
| <input type="checkbox"/> On-Ground | |

Aircraft Explosion

- | | |
|--|--|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Both Ground and In-Flight |
| <input type="checkbox"/> In-Flight | <input type="checkbox"/> Unknown Origin |
| <input type="checkbox"/> On-Ground | |

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

Front tip of right float missing Front tip of left float cracked
prop strick (tip broken prop cracked) crinkel on right side
of fuselodge water rudder bend & cables broken

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

Pilot Exited out of pilot door
Passenger exited out of co-pilot door

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

Moving air plane from home to friends house across the lake because of dredging going on at home in channel. Pre flight taxied out did run up started drizzling took off made left turn heavy rain blew in no visibility out windshield. Made approach to landing down wind looking out side window After on water with tail wind could not slow down enough to avoid hitting a pier straight on

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

Waited until rain blew over or possible try to fly out of pair. At the time I felt it best to land while I was still over water

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

7-29-09
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: 
Type or Print Name: Walter Hain

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.

CEN09CA 448

Reviewed by NTSB Regional Office

WEST CHICAGO, IL

Name of Investigator

SILLIMAN

Date Report Received

7/29/09