



**National Transportation Safety Board
Factual Data Collection Report of Accident**

MIA06CA014

Aircraft Reg No: N442ER
Most Critical Injury: None

Location/Time	Aircraft Information
Nearest City/Place: Daytona Beach, FL Occurrence Date: 11/01/2005 Occurrence Time: 1136 EST <u>Flight Itinerary</u> Last Depart. Point: Melbourne, FL Destination: Same as Accident/Incident Location	Type of Aircraft: Airplane (not Homebuilt) Make/Model: Cessna / 172S Serial Number: 17258936 Landing Gear: Tricycle Engine Type: Reciprocating Engine Make/Model: Lycoming / IO-360-L2A Aircraft Damage: Substantial Aircraft Fire: None

Operator Information	Weather
Registered Acft Owner: General Electric Finance Corporation Operator of Aircraft: EMBRY RIDDLE AERONAUTICAL UNIVERSITY Operator Address: Daytona Beach, FL Reg. Fit. Conducted Under: Part 91: General Aviation	Condition of Light: Day Wx Cond. at Site: Visual Conditions

First Pilot Information	Flight Time (Hours)
Cert(s)/Rating(s): Student Instrument Ratings: None Medical Cert: Class 1 Date of Last Med. Exam: 09/2004	Total All Aircraft: 32 Total Make/Model: 29

Injury Summary												
<table border="1"> <thead> <tr> <th></th> <th><u>Fatal</u></th> <th><u>Serious</u></th> <th><u>Minor/None</u></th> </tr> </thead> <tbody> <tr> <td>Crew</td> <td align="center">0</td> <td align="center">0</td> <td align="center">1</td> </tr> <tr> <td>Pass</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> </tbody> </table>		<u>Fatal</u>	<u>Serious</u>	<u>Minor/None</u>	Crew	0	0	1	Pass	0	0	0
	<u>Fatal</u>	<u>Serious</u>	<u>Minor/None</u>									
Crew	0	0	1									
Pass	0	0	0									

Narrative

*** This investigation is based on information furnished by the Pilot/Operator. Additional details may be found in the Form 6120.1***

On November 1, 2005, about 1136 eastern standard time, a Cessna 172S, N442ER, registered to General Electric Finance Corporation and operated by Embry Riddle Aeronautical University, experienced a hard landing at Daytona Beach International Airport, Daytona Beach, FL, Visual meteorological conditions prevailed at the time and no flight plan was filed for the 14 CFR Part 91 instructional flight from Melbourne International Airport, Melbourne, FL. The airplane was substantially damaged and the student pilot was not injured. The flight originated about 1030 from Melbourne, FL.

The pilot stated that he did not apply adequate back pressure to the control yoke during the landing flare, and because of this, "I bounced very roughly." He further stated that he executed a go-around after the hard landing, flew another traffic pattern, and landed without further incident. Postflight examination of the airplane revealed damage to the firewall. The pilot stated that prior to the hard landing there had been no mechanical failures or malfunctions to the airplane or any of its systems.

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National Transportation Safety Board

Docket Contents

Project Information

Project ID (mkey)	Mode	
62763	Aviation	
NTSB Accident ID	Occurrence Date	Location
MIA06CA014	Nov 01, 2001	Daytona Beach, FL, United States

Docket Information

Creation Date	Last Modified	Public Release Date & Time
Nov 09, 2005	Nov 09, 2005 15:33	Nov 09, 2005 15:38
Comments		

List of Contents

Results 1 through 1 of 1
Total Pages 8/Photos 0

Document	Filing Date	Document Title	Pages	Photo
1	Nov 09, 2005	Pilot/Operator Aircraft Accident Report, NTSB Form 6120.1	8	

FORM APPROVED FOR USE THROUGH 7/8/08 BY OMB NO.3147-0001

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form to be used for reporting Civil Aircraft Accidents
involving Commercial and General Aviation Aircraft

Location Nearest City/Town, State, Zip Code <i>Dadehra Beach, Florida 32114</i>		Date of Accident <i>11/01/2005</i>	Local Time <i>21 HOUR 0000</i>	Zone <i>EST</i>	Elevation At Accident Site <i>360 ft</i> Feet MSL Feet IRL	
If the Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete the Following Information						
Proximity To Airport 1 <input type="checkbox"/> On Approach 2 <input type="checkbox"/> Within 1/4 Mile	3 <input type="checkbox"/> Within 1/2 Mile 4 <input type="checkbox"/> Within 3/4 Mile	5 <input type="checkbox"/> Within 1 Mile 6 <input type="checkbox"/> Within 2 Miles	7 <input type="checkbox"/> Within 3 Miles 8 <input type="checkbox"/> Beyond 3 Miles			
Airport Name <i>Dadehra Beach Municipal</i>	Airport Ident <i>KDAB</i>	Runway/Landing Surface Conditions: 1 <input type="checkbox"/> Direction: <i>7R</i> , 2 <input type="checkbox"/> Width: <i>100'</i> , 3 <input type="checkbox"/> Condition: <i>Dry</i> 4 <input type="checkbox"/> Length: <i>3495'</i> , 5 <input type="checkbox"/> Surface:				
Phase Of Operation: 1 <input type="checkbox"/> Standing 2 <input type="checkbox"/> Taxi		3 <input type="checkbox"/> Takeoff 4 <input type="checkbox"/> Climb	5 <input type="checkbox"/> Cruise 6 <input type="checkbox"/> Descent	7 <input type="checkbox"/> Approach 8 <input type="checkbox"/> Landing	9 <input type="checkbox"/> Hover/Maneuver 10 <input type="checkbox"/> Abnormal Flight Operations	
Aircraft Information Registration Mark <i>N442ER</i>		Aircraft Manufacturer <i>Cessna</i>	Aircraft Type/Model <i>C-172</i>	Serial Number <i>17258936</i>	Control Seat <i>2558</i>	
Type Of Aircraft 1 <input checked="" type="checkbox"/> Airplane 2 <input type="checkbox"/> Helicopter 3 <input type="checkbox"/> Glider 4 <input type="checkbox"/> Balloon		5 <input type="checkbox"/> Blimp/Ditloft 6 <input type="checkbox"/> Ultralight 7 <input type="checkbox"/> Gyroplane 8 <input type="checkbox"/> Speedy	Type Of Airworthiness Certificate 1 <input checked="" type="checkbox"/> Normal 2 <input type="checkbox"/> Utility 3 <input type="checkbox"/> Acrobatic 4 <input type="checkbox"/> Transport		5 <input type="checkbox"/> Restricted 6 <input type="checkbox"/> Limited 7 <input type="checkbox"/> Experimental 8 <input type="checkbox"/> Speedy	Airframe Built 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No
Landing Gear 1 <input checked="" type="checkbox"/> Tricycle—Fixed 2 <input type="checkbox"/> Tricycle—Retractable 3 <input type="checkbox"/> Tailwheel—Fixed		4 <input type="checkbox"/> Tailwheel—Retractable 5 <input type="checkbox"/> Tailwheel—Retractable Main 6 <input type="checkbox"/> Amphibian	7 <input type="checkbox"/> Sid 8 <input type="checkbox"/> Limited 9 <input type="checkbox"/> Speedy	No. Of Seats Pilot/Observer Pass		
Shall Warning System Installed 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		3 <input type="checkbox"/> Yes 4 <input checked="" type="checkbox"/> No	5 <input type="checkbox"/> Turbo Prop 6 <input type="checkbox"/> Turbo Jet	7 <input type="checkbox"/> Turbo Fan 8 <input type="checkbox"/> Turbo Shaft		
Engine Manufacturer <i>Cycoming</i>		Engine Model/Serial <i>TD360-12A</i>	Engine Type 1 <input type="checkbox"/> Reciprocating—Continous 2 <input type="checkbox"/> Reciprocating—Fuel Injected	3 <input type="checkbox"/> Turbo Prop 4 <input type="checkbox"/> Turbo Jet	5 <input type="checkbox"/> Turbo Fan 6 <input type="checkbox"/> Turbo Shaft	
Engine No. 1 <i>09/08/2003</i>		Wgt. Serial No. <i>19710-31A</i>	Total Time <i>3272.6</i>	Time Since Inspection <i>55.9</i>	Time Since Overhaul <i>1530.7</i>	
Engine No. 2			Hours	Hours	Hours	
Engine No. 3			Hours	Hours	Hours	
Engine No. 4			Hours	Hours	Hours	
Type Of Maintenance Program 1 <input type="checkbox"/> Annual 2 <input type="checkbox"/> Manufacturer's Inspection Program 3 <input type="checkbox"/> Other Approved Inspection Program (AIP) 4 <input type="checkbox"/> Continuous Airworthiness 5 <input checked="" type="checkbox"/> Other Specify: <i>Progressive</i>		Type Of Last Inspection 1 <input type="checkbox"/> Annual 2 <input type="checkbox"/> 100 Hours 3 <input type="checkbox"/> AIP 4 <input type="checkbox"/> Continuous Airworthiness		Date Last Inspection Performed Time Since Last Inspection <i>10/28/2005</i> 3631.7 Hours		
Emergency Landing 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		3 <input type="checkbox"/> Yes 4 <input checked="" type="checkbox"/> No	Airframe Total Time <i>3687.6</i>		Hours	
ELT Manufacturer Tracker 1 <input checked="" type="checkbox"/> On 2 <input type="checkbox"/> Off 3 <input type="checkbox"/> Armed		4 <input type="checkbox"/> On 5 <input type="checkbox"/> Off 6 <input type="checkbox"/> Armed	Serial Number <i>330554</i>	Battery Date <i>03/06</i>		
Registered Aircraft Owner <i>Genex Electric France Corporation</i>		Address <i>44 Old Republic Rd Dade County FL 32114</i>				
Operator Of Aircraft 1 <input type="checkbox"/> Same As Registered Owner 2 <input type="checkbox"/> Name <i>Erby Kiddie Romantica University</i> 3 <input type="checkbox"/> DBS: <i>3214-7900</i>		Address <i>100 Same As Registered Owner 2 600 S. Wade Harris Blvd, Dadehra Beach, FL 32114-7900</i>				

NTSB Form 487a (7/8/03) This form replaces NTSB Form 487a.1 (Rev. 10/77) and 487a.2 (Rev. 10/77)

Owner / Operator Information (cont.)
 Operator (Certificate Number) NXL4SLOQM Operator Designator (4 Letter Designator)

Purpose Of Flight And Type Of Operator

1. FAR 91 (day)	4. FAR 121	7. FAR 133	Operator Authority	FAR 133	FAR 121, 125, 127, 128, 135
2. FAR 91D	5. FAR 125	8. FAR 135	1. Domestic	6. Robocraft	Revenue Operations
3. FAR 103	6. FAR 129	9. FAR 137	2. FMO	7. External Load	1. Scheduled
Purpose of Flight			3. Supplemental	FAR 125	2. Non Scheduled
1. Personal	6. Aerial Observation	7. Other Work Use	FAR 135	7. Large Aircraft	3. Domestic
2. Business	7. Other Work Use	8. Public Use	4. On Demand	FAR 138	4. International
3. Educational	8. Public Use	9. Ferry	5. Contractor	8. Foreign	5. Passenger
4. Employment/Corporate	9. Ferry	10. Postoffice			6. Cargo
5. Aerial Application	10. Postoffice				7. Specify _____

Pilot Information
 Pilot Name: _____ Pilot Certificate No.: _____ Address: _____ Nationality: U.S.A.

Certificate (a)
 1. Student
 2. Private
 3. Commercial
 4. Airline Transport
 5. Flight Instructor
 6. Flight Engineer
 7. Military
 8. Foreign
 9. None
 10. Specify _____

Rating(s)
 1. None
 2. Single Engine Land
 3. Single Engine Sea
 4. Multiengine Land
 5. Multiengine Sea
 6. Helicopter
 7. Glider
 8. Free Balloon
 9. Airship
 10. Gyroplane
 11. None
 12. Airplane S.E.
 13. Airplane M.E.
 14. Helicopter
 15. Glider
 16. Instrument Airplane
 17. Instrument Helicopter
 18. Ground Instructor
 19. Specialty _____

Type Rating/Supplemental Endorsements
None
Medical Certificate
 1. None
 2. Class 1
 3. Class 2
 4. Class 3
 Date Of Last Medical: 09/14/2004
Language
 1. None
 2. English
 3. Other _____
 Date Of Biennial Flight Review or Equivalent (M/D/Y): _____
 BPRM Aircraft: _____
 1. Make _____
 2. Model _____
 Date Of Birth (M/D/Y): _____

Dispute Of Injury
 1. None
 2. Minor
 3. Serious
 4. Fatal
 1. Left
 2. Right
 3. Center
 4. Front
 5. Rear
 6. Both Piles
 7. None
 8. Non-Pilot
 9. No One
 10. Specify _____

Shoulder Used	Shoulder Harness Available	Shoulder Harness Used	Shoulder Harness Used	Personnel At Controls At Time Of Accident		Source Of Pilot Flight Time Information		Fasten Seat Belt Available			
				1. Pilot In Command	2. Second Pilot	1. Pilot Logbook	2. Operator's Estimate		3. FAA Records	4. Company	5. Specify _____
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No								
Flight Time											
Total Time	Alt A/C	Total Miles & Model	Altitude	Single Engine	Multiengine	Night	Actual	Standard	Reference	Glider	Lighter Than Air
Pilot In Command (PIC)	31.7	28.8	31.7	0	0	5.7	0	1.1	0	0	0
Instructor	0	0	0	0	0	0	0	0	0	0	0
The Make & Model	31.9					5.7		1.1			
Last 30 Days	15.5	15.5	15.5	0	0	5.7	0	1.1	0	0	0
Last 24 Hours	1.9	1.9	1.9	0	0	0	0	1.1	0	0	0

Second Pilot Responsibilities At The Time Of Accident
 1. Co-Pilot
 2. Dual Student
 3. Dual Pilot
 4. Check Pilot
 5. None (Pilot-Rated Passenger)

Certificate (b)
 1. Student
 2. Private
 3. Commercial
 4. Airline Transport
 5. Flight Instructor
 6. Flight Engineer
 7. Military
 8. Foreign
 9. None
 10. Specify _____

Suspect Pilot Information (cont.) Rating (a) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Single Engine Land 3 <input type="checkbox"/> Single Engine Sea 4 <input type="checkbox"/> Multiengine Land 5 <input type="checkbox"/> Multiengine Sea		6 <input type="checkbox"/> Helicopter 7 <input type="checkbox"/> Glider 8 <input type="checkbox"/> Free Balloon 9 <input type="checkbox"/> Airship 10 <input type="checkbox"/> Gyroplane		Instrument Rating (b) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Airplane 3 <input type="checkbox"/> Helicopter		Instrument Rating (c) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Airplane S.E. 3 <input type="checkbox"/> Airplane M.E. 4 <input type="checkbox"/> Helicopter 5 <input type="checkbox"/> Glider		6 <input type="checkbox"/> Instrument Airplane 7 <input type="checkbox"/> Instrument Helicopter 8 <input type="checkbox"/> Ground Instructor 9 <input type="checkbox"/> Specialty			
Medical Certificate 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Class 1 3 <input type="checkbox"/> Class 2 4 <input type="checkbox"/> Class 3		Date Of Last Medical (MM/YY)		Limitations 1. <input type="checkbox"/> None 2. <input type="checkbox"/>		Date Of Biennial Flight Review or Equivalent (MM/YY)		DRF Aircraft 1. Make _____ 2. Model _____			
Degree Of Injury 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Minor		3 <input type="checkbox"/> Serious 4 <input type="checkbox"/> Fatal		Seat Occupied 1 <input type="checkbox"/> Left 2 <input type="checkbox"/> Right		3 <input type="checkbox"/> Center 4 <input type="checkbox"/> Front		5 <input type="checkbox"/> Rear			
Seat Belt Used 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Shoulder Harness Available 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Shoulder Harness Used 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Pilot Logbook 2 <input type="checkbox"/> Operator Estimate 3 <input type="checkbox"/> FAA Records		4 <input type="checkbox"/> Company 5 <input type="checkbox"/> Specify _____			
Flight Time All A/C		This Means A Model Single Engine Multiengine		Airplane Multiengine Night		Instrument Actual Simulated		Potometer Glider			
Total Time		Pilot In Command (PIC)		Height		Potometer		Glider Lighter Than Air			
Instructor		This Make & Model		Weight		Potometer		Glider			
Last 90 Days		Last 30 Days		Actual		Simulated		Potometer			
Last 24 Hours		Other Personnel		Other Personnel		Other Personnel		Other Personnel			
Name		Seat		Address (City & State)		Crew Non-Revenue Revenue		Non-Occupant FAA Fuel Burner Minor None			
1. _____		1. _____		1. _____		1. _____		1. _____			
2. _____		2. _____		2. _____		2. _____		2. _____			
3. _____		3. _____		3. _____		3. _____		3. _____			
4. _____		4. _____		4. _____		4. _____		4. _____			
5. _____		5. _____		5. _____		5. _____		5. _____			
6. _____		6. _____		6. _____		6. _____		6. _____			
Flight Itinerary Information											
Last Departure Point 1. Airport ID <u>KMBS</u> 2. City/Town <u>Highway</u> 3. State <u>Florida</u>			Time Of Departure 1. Time _____ 2. Time Zone _____			Destination 1. Airport ID _____ 2. City/Town _____ 3. State _____			Flight Plan Filed 1 <input type="checkbox"/> None 2 <input type="checkbox"/> VFR 3 <input type="checkbox"/> IFR		
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished <p style="text-align: center;">LX Not needed.</p>											
Fuel On Board At Last Takeoff Gallons or Pounds <u>20.4</u>				Fuel Type 1 <input type="checkbox"/> Jet A 2 <input type="checkbox"/> 100 Low Lead 3 <input type="checkbox"/> 100/130				4 <input type="checkbox"/> 115/145 5 <input type="checkbox"/> Jet A 6 <input type="checkbox"/> Autostrafe			
7. Specify _____				7. Specify _____				7. Specify _____			
Other Services, If Any, Prior to Departure <p style="text-align: center;">None</p>											
Weather Information At The Accident Site Source Of Weather Information (Pilot/Operator, Weather Observation)				Light Condition 1 <input type="checkbox"/> Dawn 2 <input type="checkbox"/> Daylight 3 <input type="checkbox"/> Dusk 4 <input type="checkbox"/> Bright Night 5 <input type="checkbox"/> Dark Night				Visibility <u>10.0 miles</u>			
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100. _____				100. _____				100. _____			

Weather Information At The Accident Site (cont.)			
Dew Point <i>64.0 (F)</i>	Altimeter Setting <i>1009 "Hg</i>	Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input checked="" type="checkbox"/> Broken <i>5000</i> Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured	
Wind Information 1. Direction <i>020°</i> 2. Velocity <i>5</i> Kts 3. Gusts _____ Kts		Restriction To Visibility <i>None</i>	Type Precipitation <i>None</i>
Intensity Of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate 4. Specify _____			
Turbulence (Multiple Entry) <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> Clean Air <input type="checkbox"/> In Clouds			
Damage To Aircraft And Other Property			
Degree Of Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Destroyed			Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In-Flight <input type="checkbox"/> On Ground
Description Of Damage To Aircraft And Other Property <i>① Fire wall creased. ② bent floorboard assembly. ③ partial detachment of nose gear trunion</i>			
Mechanical Malfunction Failure			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		Total Time	
		On Part _____ Hours	At Overhaul _____ Hours
Collision Accident			
If Collision Accident Occurred, Complete The Information For Other Aircraft			
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Aircraft Owner		Address	
Pilot Name	Address	Pilot Certificate No.	
Evacuation Of Aircraft			
Assistance Received <input type="checkbox"/> Outside Person (s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder <input type="checkbox"/> Auxiliary Lighting <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____			
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door <i>1</i> 2. Auxiliary Door _____ 3. Emergency Exit _____			
Recommendation (How Could This Accident Have Been Prevented)			
Operator/Owner Safety Recommendation (Optional Entry)			

Additional Flight			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name _____	FAA Certificate No. _____	Address _____	Title _____
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____	Title _____
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____	Title _____
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____

Narrative History Of Flight			
<p>Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.</p>			
<p><i>See Attached Statement.</i></p>			
<p>I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge</p>			
Date Of This Report	Signature Of Pilot/Operator		
<i>11/07/2005</i>			
Signature Of Person Filing Report Other Than Pilot/Operator			
1. Signature <i>[Signature]</i>			
2. Type Or Print Name <i>Grant M. Kooply</i>			
3. Title <i>Director Flight Safety & Security</i>			
For NTSB Use Only			
NTSB Accident No.	Reviewed At NTSB Office Located At	Name Of Investigator	Date Report Received
<i>MIA06CA014</i>	<i>Miami</i>	<i>S. Crow</i>	<i>11/07/05</i>

600 S. Clyde Morris Blvd.
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On Nov. 4, 2005, at approximately 09:00 EST
I departed Daytona Beach International airport (DAB), in
aircraft N442ER, for Melbourne International airport (MLB).
Using VFR cross country procedures, and flight following I arrived
at my destination of Melbourne at approximately 10:00 EST.
I made two landings and two take offs at Melbourne.
After the first landing I made a full stop at FIT
Aviation services in order to refuel. After the second takeoff
I departed for Daytona Beach International Airport. I returned
to DAB by means of VFR navigation and flight following.
Approximately thirty miles from Daytona Beach International
airport, Daytona approach control instructed me to
maneuver for a mid-field right downwind to runway
7R. As DAB came into my sight, approach control instructed
me to contact the Daytona control tower frequency. Daytona
control tower instructed me to remain on course for downwind to
7R and descend to pattern altitude. I complied and reported

'above the numbers', at 7R. Dayton Tower cleared me to land on runway 7R. I made a normal traffic pattern (landing approach to runway 7R. As I knew I would make the runway, I moved the power setting to idle, and looked outside to the end of the runway. However, as I approached the ground I did not add adequate back-pressure to the control yoke. Because of this, I bounced very roughly and added full power in order to 'go-around.' I established a climb, retracted the flaps, and reported to the control tower, "Key Hawk 442 ER is on the go." The control tower instructed me to make right close traffic, and I complied. I flew a standard traffic pattern, and was cleared by the control tower to land on 7R at mid-field right downwind to runway 7R. I made a normal landing on 7R, and this ended my flight. I taxied to Embury Field ramp, and completed Engine shut down check list, and a secure aircraft check list. Upon completion of these, I overlooked damage that I was notified occurred to the aircraft.