



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

MIA07CA008

Aircraft Reg No: N401ER
Most Critical Injury: None

Location/Time	Aircraft Information
Nearest City/Place: Ormond Beach, FL Occurrence Date: 10/21/2006 Occurrence Time: 1315 EDT <u>Flight Itinerary</u> Last Depart. Point: Daytona Beach, FL Destination: Same as Accident/Incident Location	Type of Aircraft: Airplane (not Homebuilt) Make/Model: Cessna / 172S Serial Number: 172S10057 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: Wells Fargo Bank Northwest NA Trustee Operator of Aircraft: Embry-Riddle Aeronautical University Operator Address: Daytona Beach, FL Reg. Flt. 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: 08/2005	Total All Aircraft: 89 Total Make/Model: 89

Injury Summary			
	<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 October 21, 2006, about 1315 eastern daylight time, a Cessna 172S, N401ER, registered to Wells Fargo Bank Northwest NA Trustee, operated by Embry-Riddle Aeronautical University, bounced during landing at the Ormond Beach Municipal Airport, Ormond Beach, Florida. Visual meteorological conditions prevailed at the time and no flight plan was filed for the 14 CFR Part 91 instructional flight from Daytona Beach International Airport, Daytona Beach, Florida, to Ormond Beach Municipal Airport. The airplane was substantially damaged and the student pilot, the sole occupant, was not injured. The flight originated about 1245, from Daytona Beach International Airport.

The pilot stated that the flight proceeded to the destination airport and was cleared by air traffic control to land on runway 8. The flight turned from the downwind leg onto base, then onto final approach and with 30-degrees of flaps extended, attempted to maintain 61 knots for the practice short field landing. She began to flare but felt the main landing gear wheels "skid against the pavement" and the airplane then became airborne. She maintained the aft elevator input and again felt the main landing gear wheels skid on the runway and the airplane became airborne again. After the third touchdown the airplane remained on the runway and she taxied to the ramp.

According to the NTSB "Pilot/Operator Aircraft Accident/Incident Report" form, a witness reported seeing a flat approach, contact with the runway, then the airplane porpoised. The recommendations section of the report indicates that a go-around should have been performed upon first indication of a faulty approach.

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National Transportation Safety Board

Docket Contents

Project Information

Project ID (mkey)	Mode	
64753	Aviation	
NTSB Accident ID	Occurrence Date	Location
MIA07CA008	Oct 21, 2006	Ormond Beach, FL, United States

Docket Information

Creation Date	Last Modified	Public Release Date & Time
Dec 06, 2006	Dec 07, 2006 09:19	Dec 07, 2006 09:20
Comments		

List of Contents

Results 1 through 1 of 1
Total Pages 10/Photos 0

Document	Filing Date	Document Title	Pages	Photo
1	Dec 06, 2006	Pilot/Operator Aircraft Accident Report, NTSB Form 6120.1	10	

**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 Nearest City/Place: <u>Ormond Beach Airport</u> State: <u>FL</u> ZIP: <u>32175</u> Country: <u>USA</u> Latitude: (00:00:00 N/S) Longitude: (000:00:00 E/W)		Date/Time Date: <u>10-21-06</u> Local Time: <u>13:15</u> <small>mm/dd/yyyy</small> Time Zone: <u>EST</u>	
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Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown	Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence _____ ft MSL
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WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility Facility ID: 32175 <u>KOMN</u> Observation Time: <u>211650Z</u> Time Zone: EST <u>GMT</u> Distance from Accident Site: <u>0</u> NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility <u>10</u> miles
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Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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Lowest Cloud Condition Height <u>N/A</u> ft AGL	Ceiling Height <u>N/A</u> ft AGL	Wind Direction <input checked="" type="checkbox"/> Indicated: <u>040</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>06</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: <u>0</u> KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
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NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident

Temperature: <u>28</u> (C) or _____ (F) Altimeter Setting: <u>29.97</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: <u>17</u> (C) or _____ (F)	Icing Forecast Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type: <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle
	Icing Actual Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type: <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

Manufacturer: <u>CESSNA</u> Model: <u>C172 SP</u> Serial Number: <u>17259835</u> Registration Number: <u>N401ER</u>		Max Gross Weight: <u>2558.0</u> lbs Weight at Time of Accident: _____ lbs Location of Center of Gravity at Time of Accident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum _____ 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 checked="" type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <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 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 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 checked="" type="checkbox"/> Other, specify: <u>PROGRESSIVE</u>		Last Inspection Type <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown																																														
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date Last Inspection: <u>10/12/2006</u> <u>Phase # 3</u> Airframe Total Time: <u>732.0</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident																																														
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 checked="" type="checkbox"/> Specify: <u>Americ (Halon) 1211</u>																																														
ELT Manufacturer: <u>Pointen</u> Model/Serial: <u>3000-11 (CAF)</u> Serial Number: <u>734467</u> Battery Type: <u>ALKALINE</u> Battery Exp. Date: <u>09/07</u>																																																
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 type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected																																														
Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>McCaulley</u> Model: <u>FA170E/JAR 7660</u>																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Serial</th> <th>Manufacturing Serial Number</th> <th>Date of Mfg. (mm/dd/yyyy)</th> <th>Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng 1</td> <td><u>Lycoming</u></td> <td><u>IO 360-L2A</u></td> <td><u>L32372-61E</u></td> <td><u>07/24/05</u></td> <td><u>180</u></td> <td><u>732.0</u></td> <td><u>44.1</u></td> <td><u>NEW</u></td> </tr> <tr> <td>Eng 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Engine	Engine Manufacturer	Engine Model/Serial	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>Lycoming</u>	<u>IO 360-L2A</u>	<u>L32372-61E</u>	<u>07/24/05</u>	<u>180</u>	<u>732.0</u>	<u>44.1</u>	<u>NEW</u>	Eng 2									Eng 3									Eng 4										
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Eng 2																																																
Eng 3																																																
Eng 4																																																
REGISTERED AIRCRAFT INFORMATION																																																
Registered Aircraft Owner Name: <u>Wells Fargo Bank Northwest</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>SALT LAKE CITY</u> State: <u>UT</u> ZIP: <u>84111</u> Country: <u>USA</u>																																														
Operator of Aircraft <input 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: _____ State: _____ ZIP: _____ Country: _____																																														
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 type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input type="checkbox"/> No																																														

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input checked="" 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 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	
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)					
Aircraft Registration Number: _____		Manufacturer: _____ Model: _____		Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					
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 2 miles of an airport, complete this section)					
Airport Identifier: <u>KOMN</u>		Distance From Airport Center: _____ SM			
Airport Name: <u>ORMOND AIRPORT</u>		Direction From Airport: _____ degrees MAG			
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: _____ ft MSL			
Approach Segment (Select one) <input type="checkbox"/> On Instrument Approach <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)					
IFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sideslip <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 type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input checked="" 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 checked="" type="checkbox"/> Full Stop / TAXI BACK <input type="checkbox"/> Unknown		
Runway Information Runway ID: <u>8</u> (L/R/C) Length: <u>4004</u> ft Width: <u>75</u> ft			Condition of Runway/Landing Surface (Check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Slush Covered <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Vegetation		
FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>KDAB</u> City: <u>DALTONA BEACH AIRPORT</u> State: <u>FL</u> Country: <u>USA</u>		Time of Departure Time: <u>1830-1900</u> Time Zone: <u>EST</u>		Destination Airport ID: <u>KOMN</u> City: <u>ORMOND AIRPORT</u> State: <u>FL</u> Country: <u>USA</u>	
Type of ATC Clearance/Service (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> 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"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Special
			<input type="checkbox"/> Air Traffic Control Area
			<input type="checkbox"/> Unknown
Aircraft Load Description (Check all that apply)			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input 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)		Fuel Type	
L110Y 35 Gallons		<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145
		<input checked="" type="checkbox"/> 100 Low Lead	<input type="checkbox"/> Jet A
		<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive
		<input type="checkbox"/> JP3	<input type="checkbox"/> JP4
		<input type="checkbox"/> JP5	<input type="checkbox"/> Other, specify _____
Other Services, if Any, Prior to Departure rudder extensions in place.			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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		Aircraft Fire	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Substantial	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Both Ground and In-Flight
<input type="checkbox"/> Minor	<input type="checkbox"/> Destroyed	<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"/> In-Flight			
<input type="checkbox"/> On-Ground			
<input type="checkbox"/> Both Ground and In-Flight			
<input type="checkbox"/> Unknown Origin			
Description of Damage to Aircraft and Other Property (use additional sheets if necessary) prop strike, elevator jammed, firewall damage.			
EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location			

PILOT INFORMATION

Pilot "A" Responsibilities at the Time of Accident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification
 First Name: [REDACTED] City: Deltona
 Middle Initial: [REDACTED] State: FL ZIP: 32725
 Last Name: [REDACTED] Country: USA

Age at time of Accident: 19 Date of Birth: [REDACTED] 1987 Certificate Number: [REDACTED]

Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>08/27/2005</u> mm/dd/yyyy
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Medical Certificate Limitations
MUST WEAR CORRECTIVE LENSES

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engines <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings

Student Endorsements (include dates)
61.87(1) on 10/19/2006

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	89	89	89	0	3.7		1.6			
Pilot in Command (PIC)	6.8	6.8	6.8							
Time as Instructor										
This Make/Model					3.7		1.6			
Last 90 Days	18	18	18				0.5			
Last 30 Days	10.1	10.1	10.1				0.5			
Last 24 Hours										

Pilot "B" Responsibilities at the Time of Accident																																																																																																				
<input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "B" Identification																																																																																																				
First Name: _____					City: _____																																																																																															
Middle Initial: _____					State: _____			ZIP: _____																																																																																												
Last Name: _____					Country: _____																																																																																															
Age at time of Accident: _____			Date of Birth: _____			Certificate Number: _____																																																																																														
Degrees of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
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<input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			_____ mm/dd/yyyy																																																																																												
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Pilot Name and Address		Degree of Injury	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	
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Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
PASSENGER(S) / OTHER PERSONNEL (include flight attendants; continue on separate sheet if necessary)			
Name and Address	Seat	City	Injury
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
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First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious

DESCRIPTION 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.

RECOMMENDATION (What could this accident have been prevented?)

Operator/Owner Safety Recommendation

According to witnesses, student landed flat and perpoised. Student should have gone around upon first indication of faulty approach & landing. ERAU conducted safety class with all flight instructors & student pilots on Oct 24-25 with emphasis on landing technique.

Starting from downwind leg: I called up midfield downwind. ATC told me to follow traffic on extended downwind, and that I was number two clear for landing. I repeated back the directions given and preceded for my landing on runway eight. Once I was a beam the numbers, my power was reduced to 1500 RPM and my flaps were set to 10 degrees, while trying to maintain a 500 decent rate.

Base Leg: Once the traffic I was following passed my wing, I preceded to turn for my base leg for runway 8. I checked to be sure I was still at 1500 RPM, and then proceeded to put my second notch of flaps being 20 degrees of flaps again trying to maintain my 500 decent rate.

Final Leg: I cleared final and made sure that there was no traffic coming in the opposite direction, and then proceeded to turn to final. I put my last notch of flaps in being 30 degrees, and checked to try to maintain my 61 KIAS to practice my short landings.

Flare and Touch Down: I maintained 61 and came in for landing at the end of the second runway stripe. I came down and began to pitch up to flare. I felt my back wheels skid against the pavement and the plane begin to balloon up just a little. I proceeded to keep back pressure in there to bleed off the airspeed to get down; I felt another little skid and very little ballooning. The next contact made with the runway was my first jump. At that moment I checked to make sure my throttle was at idle and that my airspeed was ok, and that my full flaps were in. Everything was fine. At this time I already bounced for a second time, and couldn't realize what was wrong. So in the air of my third jump, I pressed on my brakes, hoping that by locking up the brakes that it would keep me from jumping, and it did. At this time, tower asked if I would like to continue back to the runway or head to their ramp. I asked to be allowed to park at their ramp and they gave me permission.

On the ramp: I parked near Sunrise Aviation, and called up tower and asked if there was anyone who could look at the aircraft. They told me that they believed that Sunrise Aviation was closed and that I should call up my school, to see what steps I should take. I shutdown the aircraft, and called my instructor. I told him what happened and notice the prop strike and made him aware of it. He went to call the Flight Supervisor and I called the Flight Desk. The school took it from there.

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>10/30/06</u> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
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. <u>MIA07CA008</u>	Reviewed by NTSB Regional Office <u>MIAMI, FL</u>	Name of Investigator <u>MONVILLE</u>	Date Report Received <u>10/31/2006</u>
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**National Transportation Safety Board
Factual Data Collection Report of Accident**

MIA07CA008

Aircraft Reg No: N401ER
Most Critical Injury: None

Location/Time

Nearest City/Place: Ormond Beach, FL 32174
Occurrence Date: 10/21/2006
Occurrence Time: 1315 EDT

Flight Itinerary

Last Depart. Point: Daytona Beach, FL
Destination: Same as Accident/Incident Location

Aircraft Information

Type of Aircraft: Airplane (not Homebuilt)
Make/Model: Cessna / 172S
Serial Number: 172S10057
Landing Gear: Tricycle
Engine Type: Reciprocating
Engine Make/Model: Lycoming / IO-360-L2A
Aircraft Damage: Substantial
Aircraft Fire: None

Operator Information

Registered Acft Owner: Wells Fargo Bank Northwest NA Trustee
Operator of Aircraft: Embry-Riddle Aeronautical University
Operator Address: Daytona Beach, FL
Reg. Flt. Conducted Under: Part 91: General Aviation

Weather

Condition of Light: Day
Wx Cond. at Site: Visual Conditions

First Pilot Information

Cert(s)/Rating(s): Student
Instrument Ratings: None
Medical Cert: Class 1
Date of Last Med. Exam: 08/2005

Flight Time (Hours)

Total All Aircraft: 89
Total Make/Model: 89

Injury Summary

	<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 October 21, 2006, about 1315 eastern daylight time, a Cessna 172S, N401ER, registered to Wells Fargo Bank Northwest NA Trustee, operated by Embry-Riddle Aeronautical University, bounced during landing at the Ormond Beach Municipal Airport, Ormond Beach, Florida. Usual meteorological conditions prevailed at the time and no flight plan was filed for the 14 CFR Part 91 instructional flight from Daytona Beach International Airport, Daytona Beach, Florida, to Ormond Beach Municipal Airport. The airplane was substantially damaged and the pilot, the sole occupant, was not injured. The flight originated about 1245, from Daytona Beach International Airport.

The pilot stated that the flight proceeded to the destination airport and was cleared by air traffic control to land on runway 8. The flight turned on the downwind leg onto base, then onto final approach and with 30-degrees of flaps extended, attempted to maintain 61 knots for the practice short field landing. She began to flare but felt the main landing gear wheels "skid against the pavement" and the airplane then came airborne. She maintained the aft elevator input and again felt the main landing gear wheels skid on the runway and the airplane came airborne again. After the third touchdown the airplane remained on the runway and she taxied to the ramp.

According to the NTSB "Pilot/Operator Aircraft Accident/Incident Report" form, a witness reported seeing a flat approach, contact with the runway, then the airplane porpoised. The recommendations section of the report indicates that a go-around should have been performed upon indication of a faulty approach.

Washington, DC 20534
Brief of Accident

Adopted 2/26/2007

MIA07CA008
File No. 20996
10/21/2006
Ormond Beach, FL
Aircraft Reg No. N401ER
Time (Local): 13:15 EDT

Make/Model: Cessna / 172S
Engine Make/Model: Lycoming / IO-360-L2A
Aircraft Damage: Substantial
Number of Engines: 1
Operating Certificate(s): None
Type of Flight Operation: Instructional
Reg. Flight Conducted Under: Part 91: General Aviation

	Fatal	Serious	Minor/None
Crew	0	0	1
Pass	0	0	0

Last Depart. Point: Daytona Beach, FL
Destination: Same as Accident
Airport Proximity: On Airport
Airport Name: Ormond Beach Municipal
Runway Identification: 08
Runway Length/Width (Ft): 4004 / 75
Runway Surface: Asphalt
Runway Surface Condition: Dry

Condition of Light: Day
Weather Info Src: Unk/Nr
Basic Weather: Visual Meteorological Cond
Lowest Ceiling: Unk/Nr
Visibility: Unk/Nr
Wind Dir/Speed: Unk/Nr
Temperature (°C): Unk/Nr
Precip/Obscuration: Unk/Nr / Unk/Nr

Pilot-in-Command Age: 19

Flight Time (Hours)

Certificate(s)/Rating(s)
Student
Instrument Ratings
None

Total All Aircraft: 89
Last 90 Days: 18
Total Make/Model: 89
Total Instrument Time: 2

The pilot stated that the flight proceeded to the destination airport and was cleared by air traffic control to land on runway 8. The flight turned from the downwind leg onto base, then onto final approach and with 30-degrees of flaps extended, attempted to maintain 61 knots for the practice short field landing. She began to flare but felt the main landing gear wheels "skid against the pavement" and the airplane then became airborne. She maintained the aft elevator input and again felt the main landing gear wheels skid on the runway and the airplane became airborne again. After the third touchdown the airplane remained on the runway and she taxied to the ramp. According to the NTSB "Pilot/Operator Aircraft Accident/Incident Report" form, witness reported seeing a flat approach, contact with the runway, then the airplane porpoised. The recommendations section of the report indicates that a go-around should have been performed upon first indication of a faulty approach.

Occurrence #1: HARD LANDING
Phase of Operation: LANDING - FLARE/TOUCHDOWN

Findings

1. FLARE - IMPROPER - PILOT IN COMMAND
2. (C) RECOVERY FROM BOUNCED LANDING - NOT PERFORMED - PILOT IN COMMAND

Findings Legend: (C) = Cause, (F) = Factor

The National Transportation Safety Board determines the probable cause(s) of this accident as follows.
The failure of the student pilot to initiate a recovery from the bounced landing resulting in a hard landing.