#### **Accident Overview and Context**

An aircraft accident involving a Beechcraft A36 Bonanza that occurred on September 7, 2015, resulting in fatalities.

- The accident took place near Piedmont Triad International Airport in Greensboro, NC. (GSO)
- The pilot was attempting an ILS approach when he encountered Instrument Meteorological Conditions (IMC) and lost control of the aircraft.
- The flight was operating under IFR but the pilot violated regulations regarding recent flight experience.

### **Pilot's Qualifications and Experience**

The pilot held a private pilot certificate with an instrument rating but lacked sufficient experience for IFR flight.

- He had approximately 850 hours of total flight time, primarily in a Piper Cherokee 180.
- His last medical certificate was issued on April 17, 2014, and he reported 750 hours of flight time at that time.
- The pilot's logbook was incomplete and contained numerous discrepancies regarding his flight experience.

## **Instrument Rating and Training Deficiencies**

The pilot's instrument training was inconsistent and lacked formal instruction from authorized instructors.

- He received instrument training from multiple instructors, including one who was not an authorized instrument instructor.
- The pilot passed the Instrument Knowledge Test on his fifth attempt with a score of 73%.
- His logbook entries were often inaccurate, leading to questions about his actual instrument flying knowledge and skills.

### **Logbook Inaccuracies and Violations**

The pilot's logbook contained numerous errors and omissions, raising concerns about his compliance with FAA regulations.

- He logged flights without proper instructor signatures and failed to log required instrument approaches.
- He operated aircraft without a valid medical certificate on multiple occasions, leading to a 90-day suspension of his pilot certificate.
- Many logbook entries were impossible or contradictory, indicating potential misrepresentation of flight experience.

### **Transitioning to the Beechcraft A36 Bonanza**

The transition to the Beechcraft A36 Bonanza required advanced training that the pilot did not adequately receive.

- The pilot had limited experience in high-performance aircraft and received only 6.0 hours of flight training in the Bonanza.
- The Bonanza's complex systems and controls necessitated thorough training, which was not provided.
- The CFI who trained him in the Bonanza warned the pilot against flying in actual IFR conditions until he gained more experience, which he disregarded.

## **Transition Training and Proficiency Concerns**

The transition training for the pilot in the Bonanza aircraft raised significant concerns regarding his proficiency and safety in instrument conditions.

- The CFI primarily used the aircraft flight manual and Garmin 530/430 flight manual supplements for training.
- No materials from The American Bonanza Society were utilized, which could have provided vital training information.
- The CFI admitted that the goal was not to establish proficiency in instrument conditions but to build visual flying experience.

- He would not allow his grandchildren to fly with the pilot in actual instrument conditions, indicating concerns about his competence.
- The pilot had limited experience with the Bonanza's systems and was advised to gain more time before flying in instrument conditions.

### **Pilot Experience and Endorsements**

The pilot's flight experience and endorsements were insufficient for operating the Bonanza safely.

- He had a high-performance endorsement from October 2012 but lacked a complex endorsement in his logbook until September 2, 2015.
- Insurance requirements mandated 50 hours in aircraft with retractable gear and 10 hours of flight instruction in the Bonanza, which the pilot did not meet.
- He had only 29 hours of flight time in retractable gear airplanes, far below the insurance requirements.
- Witnesses noted the pilot's lack of experience with the Bonanza and its systems.

## **Aircraft Specifications and Equipment**

The Beechcraft A36 Bonanza had specific equipment and operational requirements that the pilot may not have fully understood.

- The aircraft was equipped with a KFC 200 Flight Control System and Garmin GNS 530W, which required familiarity for safe operation.
- The Garmin GNS 530W's navigation database was likely outdated, affecting its reliability for IFR flight.
- Portable navigation devices on board were not approved for IFR navigation, which could have led to reliance on unapproved equipment.

## Flight Planning and Weather Briefings

The pilot's flight planning and weather briefing practices were inadequate, contributing to unsafe flight decisions.

- He departed in dense fog without ATC clearance, which was deemed careless and risky by a previous passenger.
- The pilot's fuel planning was deficient, landing with only 8 gallons of usable fuel after a previous leg.
- He failed to obtain comprehensive weather briefings before departing, rushing through critical information.

### **Accident Sequence and Pilot Actions**

The sequence of events leading to the accident highlighted the pilot's struggles with aircraft control and decision-making.

- The pilot attempted to fly direct to the PAGAN intersection instead of following ATC vectors, indicating a lack of situational awareness.
- He experienced an autopilot disconnect, leading to a loss of control during a critical phase of flight.
- Eyewitnesses reported the aircraft making sharp turns and descending rapidly before crashing, suggesting a stall or spin.

## **Analysis of Contributing Factors**

Several factors contributed to the accident, including pilot error, inadequate training, and poor decision-making.

- The pilot was not instrument current and lacked the experience necessary for flying in IMC conditions.
- He failed to heed advice from his flight instructor regarding flying in actual instrument conditions.
- Hazardous attitudes, such as impulsivity and invulnerability, influenced his decision-making throughout the flight.

 The pilot's reliance on automation and failure to manage fuel effectively were critical issues leading to the mishap.

### Flight Planning and Fuel Management Issues

The flight from KSRQ to N79 was poorly planned, leading to critical fuel shortages and unsafe conditions.

- The pilot should have planned for a fuel stop with more reserve fuel.
- He could have selected a fuel stop with better weather conditions.
- He arrived in Greensboro with a dangerously low fuel supply, having only 0.5 gallons left at the time of the accident.
- The pilot had a history of poor fuel planning, evidenced by a previous flight where he nearly ran out of gas.

### **Uncoordinated Flight Maneuvers and Loss of Control**

Uncoordinated flight during aggressive maneuvers likely contributed to a loss of control.

- Temporary "unporting" may have caused the engine to lose power while maneuvering.
- Eyewitness accounts and the pilot's inquiries about nearby fields support this conclusion.
- The calculated low fuel amount at the time of the incident aligns with the loss of control.

## Failure to Utilize Autopilot Effectively

The pilot's improper use of the autopilot likely contributed to the accident.

- He failed to engage the autopilot properly, which could have helped maintain control during the approach.
- Lack of proficiency in using the autopilot's basic capabilities was evident.
- Reengaging the autopilot after a tight turn could have prevented the loss of control.

### **Neglecting Checklist Usage During Flight**

The pilot did not use checklists, which are essential for error prevention.

- Checklists are critical tools for pilots of all experience levels to avoid mistakes.
- Even professional pilots use checklists religiously, highlighting their importance in flight safety.

## **Inappropriate Aircraft Choice for Flight Conditions**

The pilot should have flown a more familiar aircraft for the trip to Florida.

- The Bonanza's complexity and performance were unsuitable for the weather conditions encountered.
- He had significant experience with the Cherokee, which would have been a safer choice.
- Having an experienced instrument-rated pilot accompany him would have been prudent.

## **Delayed Request for Assistance from ATC**

The pilot failed to seek help from Air Traffic Control (ATC) in a timely manner.

- Declaring an emergency could have prompted ATC to provide necessary assistance.
- He did not communicate his low fuel status or lack of instrument currency until it was too late.
- Acknowledging his situation earlier could have led to a safer outcome.

### **Summary of The pilot's Instrument Exam Weaknesses**

The pilot exhibited several weaknesses in his instrument exam performance.

 He failed in critical areas such as calculating aircraft performance and interpreting ATC communications.

- Weaknesses were highlighted in interpreting instrument approach procedures and VOR indications.
- The report indicates a pattern of deficiencies that contributed to the accident.

## **Fuel Burn and Flight Planning Data**

Fuel burn data indicates significant discrepancies in flight planning.

- Average fuel burn was 18 gallons per hour, with a total of 76.5 gallons required for the flight.
- The pilot had only 68 gallons at takeoff, insufficient for the planned flight duration.
- The legal minimum fuel required was not met, leading to critical fuel shortages.