

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>BLAINE</u> State: <u>MN</u> ZIP: <u>55449</u> Country: <u>USA</u> Latitude: <u>45°08'41.6"N</u> (00:00:00 Z/S) Longitude: <u>93°12'36.7"W</u> (00:00:00 E/W)		Date/Time Date: <u>03/19/2011</u> Local Time: <u>16:30</u> mm/dd/yyyy Time Zone: <u>CENTRAL</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☒ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	
		Altitude of In-Flight Occurrence <u>NA</u> ft MSL	

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility Facility ID: <u>KANE</u> Observation Time: <u>14:00</u> Time Zone: <u>CENTRAL</u> Distance from Accident Site: <u>0</u> NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)		Method of Briefing (Check all that apply) ☐ In Person ☐ Teletype ☐ Telephone/Computer ☒ Aircraft Radio ☐ TV/Radio ☐ Unknown	
Briefing Type/Completeness ☐ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☐ Unknown ☐ Partial / Limited By Briefer ☒ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Not Reported		Visibility <u>10</u> miles	
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☒ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height <u>12000</u> ft AGL			
Wind Direction ☒ Indicated: <u>140</u> degrees MAG ☐ Variable		Wind Speed Velocity: <u>14</u> KTS -or- ☐ Calm ☐ Light and Variable		Wind Gusts Velocity: _____ KTS ☐ Gusting ☐ Not Gusting	
		Type of Turbulence (Check all that apply) ☒ None ☐ In Clouds ☐ Clear Air ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop			

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

Temperature: _____ (C) or <u>50</u> (F) Altimeter Setting: <u>30.33</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow Shower ☐ Freezing Drizzle	
		Icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed		Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy	

AIRCRAFT INFORMATION																	
Manufacturer: <u>CESSNA</u> Model: <u>305A</u> Serial Number: <u>22819</u> Registration Number: <u>269TH</u>					Max Gross Weight: <u>2300</u> lbs Weight at Time of Accident: <u>2481</u> lbs Location of Center of Gravity at Time of Accident: <u>37.6</u> inches from ☐ nose or ☒ datum Percent Mean Aerodynamic Cord (% MAC)												
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown											
Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown		Date Last Inspection: <u>06/26/2010</u> <u>mm/dd/yyyy</u> Airframe Total Time: <u>2037.9</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident												
IFR Equipped ☐ Yes ☒ No ☐ Unknown			Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown		Type of Fire Extinguishing System ☐ None ☒ Specify <u>MANUAL BOTTLE</u>												
ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No			ELT Manufacturer: <u>POINTER INC.</u> Model/Series: <u>3000</u> Serial Number: <u>218658</u> Battery Type: <u>ALKALINE BATTERY PACK</u> Battery Exp. Date: <u>9/2011</u>														
ELT Aided in Locating Accident / Incident ☐ Yes ☒ No																	
Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown			Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected		Propeller ☒ Fixed Pitch ☐ Controllable Pitch Manufacturer: <u>MCCAULEY</u> Model: <u>1A200 PM 90-58</u>												
Engine		Engine Manufacturer		Engine Model/Series		Manufacturing Serial Number		Date of Mfg. <u>mm/dd/yyyy</u>		Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust		Total Time (hours)		Time Since Inspection (hours)		Time Since Overhaul (hours)	
Eng. 1		CONTINENTAL		U-470-11		7120006				235		14.4				14.4	
Eng. 2																	
Eng. 3																	
Eng. 4																	
OWNER/OPERATOR INFORMATION																	
Registered Aircraft Owner Name: <u>AMERICAN WINGS AIR MUSEUM</u> Fractional Ownership Aircraft: ☐ Yes ☒ No										Owner Address City: <u>BLAINE</u> State: <u>MINN</u> ZIP: <u>55449-0322</u> Country: <u>USA</u>							
Operator of Aircraft ☐ Same As Registered Owner Name: <u>GEORGE RICHARD TAYLOR</u> Doing Business As: <u>PILOT</u> Air Carrier/Operator Designator (4 Character Code): _____										Operator Address ☐ Same As Registered Owner City: <u>HAM LAKE</u> State: <u>MINN</u> ZIP: <u>55304</u> Country: <u>USA</u>							
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces										Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No							

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)		Revenue Operation for FAR 121, 123, 129, 135 (Select one)		Type of Commercial Operating Certificate Held (Check all that apply)	
☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International		☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (137) ☐ Rotorcraft External Load (133) ☐ or ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail					
OTHER AIRCRAFT COLLISION (If an aircraft collision occurred, complete this section for other aircraft)					
Aircraft Registration Number: _____		Manufacturer: _____ Model: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft					
First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____			
Pilot of Other Aircraft					
First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____			
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 5 miles of an airport, complete this section)					
Airport Identifier: <u>KANE</u>		Distance From Airport Center: <u>0</u> SM			
Airport Name: <u>JAMES FIELD</u>		Direction From Airport: <u>NA</u> degrees MAG			
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip		Airport Elevation: <u>910</u> ft. MSL			
Approach Segment (Select one)					
☐ On Instrument Approach		☒ Landing		☐ Base leg	
☐ Crosswind		☐ Downwind		☐ Final	
		☐ Low Approach		☐ Aborted Landing (after touchdown)	
☐ Go Around					
IFR Approach (Check all that apply)					
☒ None		☐ PAR		☐ MLS	
☐ ADF/NDP		☐ Sidestep		☐ LDA	
☐ SDF		☐ ILS		☐ ASR	
☐ VOR/TVOR		☐ Localizer Only		☐ Visual	
☐ VOR/DME		☐ LOC-back course		☐ Contact	
☐ TACAN		☐ RNAV		☐ Circling	
VFR Approach (Check all that apply)					
☐ None		☐ Stop and Go		☐ Touch and Go	
☒ Traffic Pattern		☐ Straight-In		☐ Simulated Forced Landing	
☐ Valley/Terrain Following		☐ Go Around		☐ Forced Landing	
☒ Full Stop		☐ Precautionary Landing		☐ Unknown	
Runway Information					
Runway ID: <u>18</u> (L/R/C) Length: <u>4855</u> ft Width: <u>100</u> ft					
Runway/Landing Surface (Check all that apply)					
☒ Asphalt		☐ Grass/Turf		☐ Macadam	
☐ Concrete		☐ Gravel		☐ Metal/Wood	
☐ Dirt		☐ Ice		☐ Snow	
		☐ Water		☐ Unknown	
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		Time of Departure		Destination	
Airport ID: <u>KPNM</u>		Time: <u>15:30</u>		Airport ID: <u>KANE</u>	
City: <u>PRINLETON</u>		Time Zone: <u>GMT-04:00</u>		City: <u>BEAINE</u>	
State: <u>MA</u>				State: <u>MA</u>	
Country: <u>USA</u>				Country: <u>USA</u>	
Type Flight Plan Filed					
☒ None		☐ Company VFR		☐ VFR/IFR	
☐ Military VFR		☐ IFR		☐ Unknown	
☐ VFR		Activated? ☐ Yes ☒ No			
Type of ATC Clearance/Service (Check all that apply)					
☒ None		☐ Special VFR		☐ VFR Flight Following	
☒ VFR		☐ IFR		☐ Traffic Advisory	
		☐ Special IFR		☐ Cruise	
		☐ VFR On Top		☐ Unknown / NA	

Airspace where the accident occurred (Check all that apply)			
☐ Class A	☐ Class B	☐ Prohibited Area	☐ Jet Training Area
☐ Class B	☐ Class G	☐ Restricted Area	☐ TRSA
☐ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93
☒ Class D	☐ Warning Area	☐ Airport Advisory Area	☐ Special
			☐ Air Traffic Control Area
			☐ Unknown
Aircraft Load Description (Check all that apply)			
☒ None	☐ Towing Glider	☐ Parachutists	☐ Livestock
☐ Passengers	☐ Towing Banner	☐ Water	☐ Unknown
☐ Cargo	☐ Other External	☐ Chemical/Fertilizer/Seeds	
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type	
20 Gallons		☐ 80/87 ☐ 115/145 ☐ JP3 ☒ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5	
Other Services, if Any, Prior to Departure			
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		Aircraft Fire	
☐ None	☐ Substantial	☒ None	☐ Both Ground and In-Flight
☒ Minor	☐ Destroyed	☐ In-Flight	☐ Unknown Origin
		☐ On-Ground	
		Aircraft Explosion	
		☒ None	
		☐ In-Flight	
		☐ On-Ground	
		☐ Both Ground and In-Flight	
		☐ Unknown Origin	
Description of Damage to Aircraft and Other Property (use additional sheet if necessary)			
RIGHT WING TIP SLAPPED, LEFT WING TIP BENT UP LEFT HORIZONTAL BENT			
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			
NORMAL			

PILOT "A" 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: <u>GEORGE</u> City: <u>HAM LAKE</u> Middle Initial: <u>P</u> State: <u>MA</u> ZIP: <u>55304</u> Last Name: <u>TAYLOR</u> Country: <u>USA</u>																																																																																																			
Age at time of Accident: <u>54</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] mm/dd/yyyy																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No		Shoulder Harness Used ☒ Yes ☐ No Available ☒ Yes ☐ No																																																																																													
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 ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown		Date of Last Medical <u>08/18/2010</u> mm/dd/yyyy																																																																																													
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Medical Certificate Waivers <u>COLOR VISION</u>																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/16/2010</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>CESNA</u> 740 Model: <u>305A</u> <u>(8140066)</u>																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☒ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																													
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<table border="1"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>940.5</td> <td>14.5</td> <td>663.9</td> <td>79.3</td> <td>29.3</td> <td>69.0</td> <td>66.4</td> <td>120.8</td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>120.8</td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>102.6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>3.5</td> <td>2.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>2.5</td> <td>2.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										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	940.5	14.5	663.9	79.3	29.3	69.0	66.4	120.8			Pilot in Command (PIC)								120.8			Time as Instructor	102.6										This Make/Model											Last 90 Days	3.5	2.5									Last 30 Days	2.5	2.5									Last 24 Hours	0	0								
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PILOT "B" INFORMATION											
Pilot "B" Responsibilities at the Time of Accident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
Age at time of Accident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____											
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No		Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No					
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 ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown		Date of Last Medical _____ mm/dd/yyyy					
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____							
Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings						Student Endorsements (Include dates)					
Flight Time (enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants; complete the following information)			
Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs		
PASSENGER(S)/OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)			
Name and Address	City	State	Country
First Name: <u>DOV</u>	City: <u>BLAIR</u>	State: <u>MD</u>	Country: <u>USA</u>
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: <u>REAR</u>	Country: _____		
First Name: _____	City: _____		
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
First Name: _____	City: _____		
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
First Name: _____	City: _____		
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
First Name: _____	City: _____		
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
First Name: _____	City: _____		
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		

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.

AS I WAS PERFORMING A WHEEL LANDING ON RUNWAY 18 THE MAINS TOUCHED DOWN FIRST AT ABOUT 65 KTS, AS THE PLANE SLOWED DOWN I STARTED TO LOWER THE TAIL THE AIRCRAFT STARTED A QUICK TURN TO THE LEFT, I THEN APPLIED RIGHT RUDDER TO CORRECT LEFT TURN, BUT NOTHING HAPPENED, I NOTICED THAT THE AIRCRAFT WAS HEADING OFF THE LEFT SIDE OF THE RUNWAY AND WAS QUICKLY APPROACHING A SNOW BANK. I ADDED POWER TO REGAIN ENOUGH AIR SPEED TO CLEAR THE SNOW BANK. THE AIRCRAFT CLEARED THE SNOW BANK, THEN THE RIGHT WING STALLED AND CONTACTED THE GROUND WHICH CAUSED THE AIRCRAFT TO SPIN TO THE RIGHT ONTO RUNWAY 9/27. ~~THE LEFT MAIN~~ THEN CONTACTED THE RUNWAY CAUSING THE AIRCRAFT TO HIT THE LEFT WING AND LEFT HORIZONTAL STABILIZER, I QUICKLY REDUCED POWER TO IDLE FACING DOWN RUNWAY 9, NO PROPELLER STRIKE OCCURRED SO I CONTACTED GROUND AND GOT CLEARED TO TAXI BACK TO HANGAR. I BELIEVE



THAT MY TOES OF MY BOOTS MIGHT HAVE BEEN ON THE TOE BRAKE OF THE LEFT MAIN. COULD EXPLAIN WHY RIGHT WAS IN EFFECTIVE.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation: WHEN LANDING MAKE SURE THAT YOUR TOES ARE NOT ON THE BRAKES. DO NOT WEAR BOOTS!

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

03/25/2011

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name:

GEORGE R. TAYLOR

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.

CEN11CA238

Reviewed by NTSB Regional Office

W. Chicago, IL

Name of Investigator

P.S. Sullivan

Date Report Received

3/25/11