

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: SAN ANTONIO State: TX
 ZIP: 78253 Country: USA
 Latitude: 29-30-38 (dd:mm:ss N/S) Longitude: 098-42-54 (ddd:mm:ss E/W)

Date/Time

Date: 06/09/2012 Local Time: ~12:15 PM
 mm/dd/yyyy Time Zone: CENTRAL

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

~1200 ft MSL

AIRCRAFT INFORMATION

Manufacturer: AMEN, NELSON P

Model: STAR LITE

Serial Number: 1

Registration Number: N319NP

Amateur-built: ☒ Yes ☐ No

Max Gross Weight: 555 lbs

Weight at Time of Accident/Incident: 514 lbs

Location of Center of Gravity at Time of Accident/Incident:

13.83 inches from ☐ nose or ☒ datum
 -or- 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: 1

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: 09/26/2011
 mm/dd/yyyy

Airframe Total Time: 155 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify hand held Halon

ELT Installed

☐ Yes ☒ No

ELT Activated

☐ Yes ☒ No

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

ELT Manufacturer:

Model/Series: _____

Serial Number: _____

Battery Type:

Battery Exp. Date: _____

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: GSC systems LTD

Model: 2 blade wood ground adj.

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	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	ROTAX	447	3940702		40	155	17	17
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>NELSON P. AMEN</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>SAN ANTONIO</u> State: <u>TX</u> ZIP: <u>78216</u> Country: <u>USA</u>
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
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) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number <u>N/A</u>	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ 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: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No ☐ Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> <u>Particles from fuel tank entered fuel pump and kept fuel pump from pumping fuel.</u>		Total Time/Cycles On Part <u>155</u> Hours ____ Cycles Time Since This Part Inspected/Overhauled <u>18</u> Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

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

collapse of landing gear and fuselage/wing damage

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

Airport Identifier: 8TB Distance From Airport Center: -0- SM
 Airport Name: SAN GERONIMO Direction From Airport: -0- degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 1040 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TWOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

☐ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☒ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: 35 (L/R/C) Length: 3000 ft Width: 40 ft

Runway/Landing Surface (Check all that apply)

☒ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: 8TB
 City: SAN ANTONIO
 State: TEXAS
 Country: USA

Time of Departure

Time: ~12:15
 Time Zone: Central

Destination

Airport ID: 8TB
 City: same
 State: _____
 Country: _____

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown/NA

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

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)

5.6 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☒ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

pilot exited aircraft

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ 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

10 + 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

N/A ft AGL

Ceiling Height

N/A ft AGL

Wind Direction☐ Indicated: _____ degrees MAG☒ Variable**Wind Speed**

Velocity: _____ 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/incident

Temperature: _____ (C)
or ~ 90 (F)Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)**Icing Forecast****Amount**

- | | |
|--|-----------------------------------|
| ☒ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Icing Actual**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 |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| ☐ Light | ☐ Moderate | ☐ Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>NELSON</u> City: <u>SAN ANTONIO</u> Middle Initial: <u>P</u> State: <u>TX</u> ZIP: <u>78216</u> Last Name: <u>AMEN</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>57</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>11/17/2011</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>READING GLASSES</u>																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01/27/2012</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C-140A</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																																																																																														
Type Ratings <u>Tail wheel</u>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="text-align: left;">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>558</td> <td>155</td> <td>558</td> <td>—</td> <td>~30</td> <td>—</td> <td>~10</td> <td>—</td> <td>~2</td> <td>—</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>~510</td> <td>155</td> <td>~510</td> <td>—</td> <td>~20</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Time as Instructor</td> <td>0</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 colspan="10" style="background-color: black;"></td> </tr> <tr> <td>Last 90 Days</td> <td>4</td> <td>4</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>2.6</td> <td>2.6</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>0.4</td> <td>0.4</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	558	155	558	—	~30	—	~10	—	~2	—	Pilot in Command (PIC)	~510	155	~510	—	~20	—	—	—	—	—	Time as Instructor	0										This Make/Model											Last 90 Days	4	4									Last 30 Days	2.6	2.6									Last 24 Hours	0.4	0.4								
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Pilot "B" Responsibilities at the Time of Accident/Incident

Pilot "B" Identification

Degree of Injury

Seat Occupied

Seat Belt

Shoulder Harness

Pilot Certificate(s) (Check all that apply)

Principal Occupation

Medical Certificate

Medical Certificate Validity

Date of Last Medical

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	☐ Instrument Airplane
☐ Airplane Single-Engine	☐ Instrument Helicopter
☐ Airplane Multi-Engine	☐ Helicopter
☐ Gyroplane	☐ Glider
☐ Powered Lift	☐ 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

Simple

--	--

Lighter

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

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

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

Please see attached two page narrative delivered to the FAA at their request

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

Protect Fuel pump from contaminants. A written report of component inspections will be forwarded by mid-September 2012.

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

Please Feel Free to contact me if you have any questions.

Nelson Amen

[REDACTED]

[REDACTED]

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>06/25/2012</u> mm/dd/yyyy	Signature and Name of Pilot/Operator Signature: <u>[REDACTED]</u> Type or Print Name: <u>NELSON P. AMEN</u>
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: <u>N/A</u> Type or Print Name: _____ Title: _____	

FOR NTSB USE ONLY

NTSB Accident/Incident No. <u>CEN12LA371</u>	Reviewed by NTSB Regional Office <u>W. Chicago, IL</u>	Name of Investigator <u>P. Sullivan</u>	Date Report Received <u>6-25-12</u>
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Page 1 of 2

FAX TO: FAA
[REDACTED]

ATTENTION - - - RANDY

RECEIVED

JUN 12 2012

BY SAT F00000017

N319NP

Star*Lite – Experimental Homebuilt

Accident of June 9, 2012

Pilot's Statement of Events

- Fuel measurement during preflight indicated 5.6 gallons in tank. Preflight inspection was completed in hangar and taxi/take-off checklist completed. Aircraft was started at approximately 10:00 a.m. and flown in the pattern. Approximately five touch and goes were completed before landing. Approximately 0.4 hour flight time. Back taxied to EAA building for fly-in lunch. Parked in the shade.
- At approximately 12:15 p.m. aircraft was started and checklist completed prior to taxi.
- Back taxied on 17 to numbers (approximately 300 feet) and then the takeoff was initiated. Engine ran normally when full power was applied and during initial climb-out.
- At approximately 2300 feet down the 3000 foot runway and at approximately 150 foot altitude engine lost all power. Nose was lowered to maintain 65 mph straight ahead and primer used to get several short bursts of power during remaining flight time. Emergency declared on 122.9.
- Left standard rate turn was initiated and continued to perform a tear-drop pattern. Altitude and airspeed were expended to perform the turn. Emergency declared again on 122.9. Airport traffic pattern was empty and runway was clear.
- Aircraft was traveling towards a point mid-field and approximately 300 feet east of the runway centerline when it was apparent that the airport fence could be cleared. At this point airspeed was approximately 10 mph above the stall speed of 40.
- Aircraft crossed the airport fence and made a final turn to line up with the runway centerline at an altitude of less than 30 feet. A nose down attitude was maintained to keep airspeed just above stall.
- The aircraft impacted the grass about 20 west of the runway centerline. Airspeed was very close to stall. At the moment of impact the wings and aircraft attitude were both perfectly level. No airspeed for a landing flare was available.
- The fiberglass landing gear absorbed a significant amount of the impact and departed the aircraft after about 12 feet. The fuselage then slid 20 feet on the grass and then continued 300 feet down the west side of the paved runway.
- Pilot switched off ignition and power, turned off the fuel valve and safely exited the aircraft. No injuries were apparent on-site or after 3 days.
- Plane and parts were moved into my hangar. I drained just under 5 gallons of fuel from the fuel tank to assure no leakage would occur on the hangar floor.

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- At approximated 3:00 p.m. on June 9, 2012 I called the FAA number listed on-line [REDACTED] [REDACTED] and then a second number [REDACTED] as instructed by the recording. I spoke to Carlos and after answering several question, I was told to call the "FSDO" Monday morning since they were closed during the weekend.
- I contacted the FAA Monday at 10:30 a.m. and spoke with the Operations Inspector and then was disconnected during two transfers. I called back and eventually spoke to Michele who was very helpful and started a "8020-9 form" with the information I provided.
- I then spoke to Carlos Balderas and then with Randy Kaser, who then met me on-site at the airport at approximately 3:00 p.m. on Monday, June 11, 2012.
- Both Carlos Balderas and Randy Kaser indicated I should write this narrative and fax it to the FAA to get the reporting process underway.

Please feel free to call if you have any questions or comments. Yes, I consider myself very fortunate with the resulting outcome.

Best Regards,

June 11, 2012

Nelson P. Amen

[REDACTED]

[REDACTED]