

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>Kingsbury</u> State: <u>TX</u> ZIP: <u>78638-2506</u> Country: <u>USA</u> Latitude: <u>29°38'03"</u> (00:00:00 N/S) Longitude: <u>97°48'42"</u> (000:00:00 E/W)		Date/Time Date: <u>03/13/2013</u> Local Time: <u>1340</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>800</u> ft MSL	

WEATHER INFORMATION AT THE ACCIDENT 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 <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 _____ ft AGL			
Wind Direction ☒ Indicated: <u>Estimated</u> <u>170</u> degrees MAG ☐ Variable		Wind Speed Velocity: <u>05</u> KTS -or- <u>Estimated</u> ☐ 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

None

Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount: ☐ None ☐ Moderate ☐ Rime ☐ Trace ☐ Severe ☐ Clear ☐ Light ☐ Mixed Icing Actual Amount: ☐ None ☐ Moderate ☐ Rime ☐ Trace ☐ Severe ☐ Clear ☐ Light ☐ 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	
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AIRCRAFT INFORMATION									
Manufacturer: <u>Piper</u> Model: <u>J3C45</u> Serial Number: <u>15931</u> Registration Number: <u>NC88313</u>				Max Gross Weight: <u>1220</u> lbs Weight at Time of Accident: <u>1030</u> lbs Location of Center of Gravity at Time of Accident: 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 <i>(Check all that apply)</i> 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: _____ mm/dd/yyyy Airframe Total Time: <u>2088.5</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 _____			
ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No			ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____						
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>Sensenich</u> Model: _____						
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing 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	<u>Continental</u>	<u>A65</u>			<u>65</u>				
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner Name: <u>Freeman Heritage Collection LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No					Owner Address City: <u>Kingsbury</u> State: <u>TX</u> ZIP: <u>78638-2506</u> Country: <u>USA</u>				
Operator of Aircraft ☐ Same As Registered Owner Name: <u>George A. Wilkite</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					Operator Address ☐ Same As Registered Owner City: <u>San Marcos</u> State: <u>TX</u> ZIP: <u>78666</u> Country: <u>USA</u>				
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Public Use (select type) ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Federal ☐ State ☐ Local ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Unknown					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
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OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
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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 3 miles of an airport, complete this section)

Airport Identifier: 85TE Distance From Airport Center: _____ SM
 Airport Name: Old Kingsbury Aerodrome Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 560 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/TVOR ☐ 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
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Runway Information

Runway ID: 14/32 (L/R/C) Length: 2,600 ft Width: 150 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
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>85TE</u> City: <u>Kingsbury</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>1338</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>E70</u> City: <u>Seguin</u> State: <u>TX</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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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 occurred (Check all that apply)			
☐ Class A ☐ Class B ☐ Class C ☐ Class D	☐ Class E ☒ Class G ☐ Demo Area ☐ Warning Area	☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area	☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown
Aircraft Load Description (Check all that apply)			
☐ None ☒ Passengers ☐ Cargo	☐ Towing Glider ☐ Towing Banner ☐ Other External	☐ Parachutists ☐ Water ☐ Chemical/Fertilizer/Seeds	☐ Livestock ☐ Unknown
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (convert from pounds, as necessary) 3 Gallons		Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☒ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5 ☐ Other, specify _____	
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.) Engine began to lose power on initial climb after 1st takeoff of the day.			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ 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) Left wing ribs bent and/or broken, left wing lift struts bent, fuselage tubing bent at about front mount point of main landing gear, cabane and bungee cord mounts broke loose on impact.			
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. Both occupants exited through right door in the normal manner.			

PILOT "A" INFORMATION																																																																																																			
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Pilot "A" Identification First Name: <u>George</u> City: <u>San Marcos</u> Middle Initial: <u>A</u> State: <u>TX</u> ZIP: <u>78666</u> Last Name: <u>Wilhite</u> Country: <u>USA</u>																																																																																																			
Age at time of Accident: <u>70</u>		Date of Birth: [REDACTED] mm/dd/yyyy		Certificate Number: [REDACTED]																																																																																															
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>12/17/2012</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>Must wear corrective lenses for near and distant vision.</u>																																																																																																			
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/31/2012</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Bellanca</u> Model: <u>7GCAA</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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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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
☐ Left		☐ Right		☐ Center		☐ Front		☐ Rear								
						☐ Single		☐ Unknown								
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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
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☐ Left		☐ Right		☐ Center		☐ Front		☐ Rear								
						☐ Single		☐ Unknown								
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown								
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☐ Left		☐ Right		☐ Center		☐ Front		☐ Rear								
						☐ Single		☐ Unknown								
PASSENGER(S)/OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
Country: _____																
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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.

See attached.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

See attached

ADDITIONAL INFORMATION *(Please type or print in ink)*

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

N/A

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report**05/09/2013
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: _____

George A. Wilhite

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.**
CEN13LA193**Reviewed by NTSB Regional Office**
Denver, CO**Name of Investigator**
Craig Hatch**Date Report Received**

Date: 03/13/2013

Location: Ole Kingsbury Aerodrome (85TE); Kingsbury, TX

Aircraft: Piper J3C65 NC88313.

Occupants: Charlotte Parker, Student Pilot. (Back seat)
George A. Wilhite, CFI. (Front seat)

At 1338 (estimated) Charlotte performed the takeoff on the 2,600' grass Runway 14. We planned to make about a 10 minute flight to Seguin, TX Huber Airpark (E70) for fuel, then return to 85TE for landing practice.

At an altitude of about 200' AGL on the departure leg I detected a sound that the power was dropping and the RPM was not up to a normal value. I bumped the throttle thinking that Charlotte might have reduced the power. The throttle was in the full open position, so I immediately took the controls. The area ahead was not suitable for a forced landing. I looked to my left and felt that it was possible to turn back to the aerodrome area.

I made about 150-degrees of turn and was unable to recover from the left bank and the left wing hit the ground. That caused the plane to begin a left rotation and we hit flat and hard. The fuselage was bent just left of my front seat, the cabanes holding the bungee shock cords sheared. The main gear remained intact, though spread flat out without the bungee system. Although the engine power decreased it did not stop. In fact, the wood propeller shattered into many pieces on impact. We stopped facing the direction from which we had descended.

We egressed the plane normally with minor injuries at 1340.

I believe we possibly had carburetor ice.

I might have avoided the crash by (1) applying carburetor heat (which I didn't) and/or (2) not attempting to turn so far around. I could possibly have recovered from the turn after 90-degrees and landing facing a boundary fence. I could possibly have steered the plane from the fence OR intentionally groundlooped the plane to avoid the fence OR gone through the fence.

George A. Wilhite, CFI