

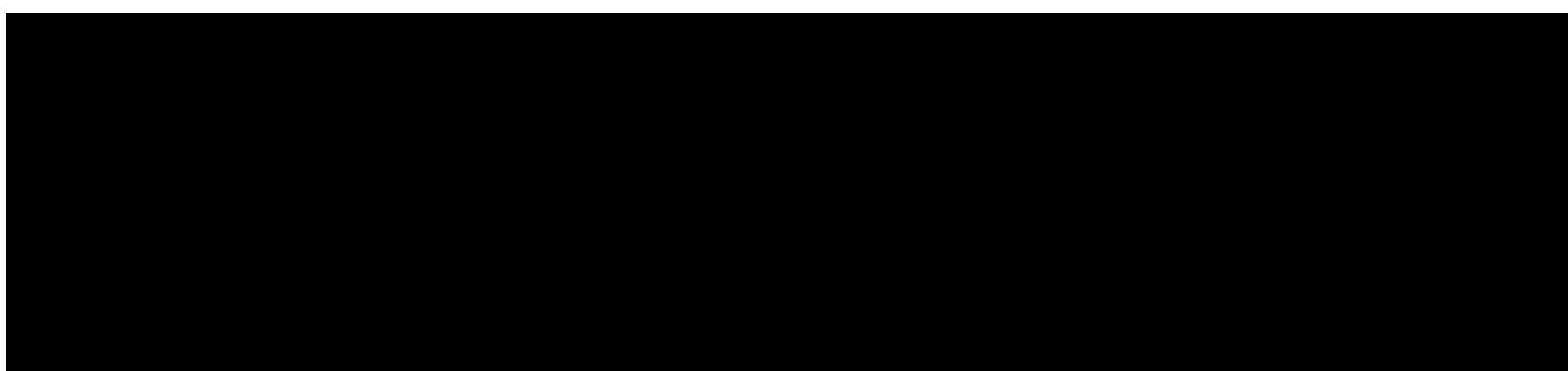
Gregory D Allen



C
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P.

Tom Latson

Enclosed is my form 6-12 C.1 For an accident
in Gordon NE on Feb 12 2014. Our Internet is Down
today and since I had some extra pages to send I
opted to drop it in the mail. I ~~will~~ still email
the form when I am able.



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>Gordon</u> State: <u>NE</u> ZIP: <u>69343</u> Country: <u>USA</u> Latitude: <u>42 44 24 N</u> (dd:mm:ss N/S) Longitude: <u>102 12 7.2 W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>02/12/2014</u> Local Time: <u>11:22</u> <i>mm/dd/yyyy</i> Time Zone: <u>MT</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 4,500 ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>PIPER</u> Model: <u>PA-18-150</u> Serial Number: <u>18-7609078</u> Registration Number: <u>N83325</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>2,000</u> lbs Weight at Time of Accident/Incident: <u>1,660</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>15.0</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☒ Utility</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Acrobatic</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td></td> <td>☐ Special Flight</td> </tr> <tr> <td></td> <td>☐ Light Sport</td> </tr> </table>	Standard	Special	☒ Normal	☐ Restricted	☒ Utility	☐ Limited	☐ Acrobatic	☐ Provisional	☐ Transport	☐ 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
Standard	Special																
☒ Normal	☐ Restricted																
☒ Utility	☐ Limited																
☐ Acrobatic	☐ Provisional																
☐ Transport	☐ Experimental																
	☐ Special Flight																
	☐ Light Sport																

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>05/01/13</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>14,717</u> hrs hours measured at <i>(check one)</i> ☐ Last Inspection ☐ Time of Accident/Incident
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IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Type of Fire Extinguishing System ☐ None ☒ Specify <u>HAND HELD UNDER FRONT SEAT</u>
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ELT Installed ELT Activated ☒ Yes ☐ No ☐ Yes ☒ No	ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>C-406-N</u> Serial Number: <u>07356</u> Battery Type: <u>542-0133</u> Battery Exp. Date: <u>FEB/2014</u>	
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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: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Lycoming	O-320-A2B	RL-23485-72b	03/18/09	150	136		
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>USDA/APHIS/WILD LIFE SERVICES/ATOC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>1223 N AIRPORT RD CEDAR CITY</u> State: <u>UT</u> ZIP: <u>84721</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 ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☒ Public Use (select type) ☒ Federal ☐ State ☐ Local ☐ Unknown		Revenue Sightseeing 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: _____	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: _____			
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> 			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)*

The right wing was damaged outside of the wing strut attach point. The right rear wing attach point on the fuselage was damaged. The left front strut was damaged. Left side aft fuselage was also damaged.

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

Airport Identifier: _____

Distance From Airport Center: _____ SM

Airport Name: _____

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: _____ 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**Runway Information**

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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: KGRNCity: GORDONState: NECountry: USA**Time of Departure**Time: 7:10Time Zone: MT**Destination**Airport ID: KGRNCity: GORDONState: NECountry: USA**Type Flight Plan Filed**☒ None☐ VFR/IFR☐ Company VFR☐ IFR☐ Military VFR☐ Unknown☐ VFRActivated? ☐ 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)*36 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 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 OUT THE ONLY DOOR.			
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 <i>(Check all that apply)</i> ☐ National Weather Service ☐ Flight Service Station ☒ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☒ Internet ☐ Unknown	
Briefing Type/Completeness ☐ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer ☐ Abbreviated ☐ Unknown ☒ Not Pertinent		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported	
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☒ Thin Overcast ☐ Unknown		Restriction to Visibility <i>(Check all that apply)</i> ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL	
Wind Direction ☒ Indicated: _____ 210 degrees MAG ☐ Variable		Wind Speed Velocity: _____ 16 KTS -or- ☐ Calm ☐ Light and Variable Wind Gusts Velocity: _____ 18 KTS ☒ Gusting ☐ Not Gusting	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident			
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	
Type of Precipitation <i>(Check all that apply)</i> ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Freezing Rain ☐ Snow Shower ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Ice Pellets 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: GREGORY

Middle Initial: D

Last Name: ALLEN

City: WRAY

State: COZIP: 80758

Country: USA

Age at time of Accident/Incident: 39Date of Birth: mm/dd/yyyyCertificate Number: +

Degree of Injury

☒ None☐ Fatal☐ Minor☐ Unknown☐ Serious

Seat Occupied

☐ Left☒ Front☐ Unknown☐ Right☐ Rear☐ Center☐ Single

Seat Belt

Used☒ Yes☐ NoAvailable☒ Yes☐ No

Shoulder Harness

Used☒ Yes☐ NoAvailable☒ 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

4/15/2013mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/04/2014mm/dd/yyyy

Flight Review Aircraft

Make: CUB CRAFTERSModel: CC-18

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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	4,328	105	4,080	192	204	69	66			
Pilot in Command (PIC)	3,938	62	3,730	160						
Time as Instructor	318	22	318							
This Make/Model										
Last 90 Days	49	49								
Last 30 Days	49	49								
Last 24 Hours	6	6								

7

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

8

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								
☐ Foreign																
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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
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						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: RANDAL City: GORDON						R	✓	□	□	□	□	□	□	□	□	□
Middle Initial: P State: NE ZIP: 69343																
Last Name: BENBEN Country: USA																
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: _____																
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, 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.

NTSB Accident report, Narrative

On February 11, I fueled the airplane and took it for a familiarization flight from Chadron NE to Gordon. On this flight I simulated the kind of flying we were to do the next day. Mostly low level, low power cruise at 2100 rpm and 70 mph indicated. I also did some standard air work including stalls, steep turns, and slow flight. The flight lasted 1.6 hrs. I topped off the Cub and the fuel receipt shows we put in 9.3 gallons. I put the airplane back in the locked hanger. And calculated an average fuel consumption of 5.8 gallons per hour. We planned to have between a 4hr and 4.5 hour flight the next morning. Flight planning estimated that we should burn between 26 to 28 gallons if we were out for 4.5 hrs. Which to my understanding was a normal mission length.

My passenger and I met at the airport at 6:30 am Feb 12. Preflight was completed and the sumps were clear. The timer was started at engine start up. Take off was approximately 7:10am. We ferried at cruise power to the hunting destination which took approx 42 min. We reduced power to 2100 rpm and proceeded to hunt for approximately 3:00 hrs. Next we set cruise power and headed for Gordon. The flight timer read 3:40. We hunted one ranch on the way home for approximately 10 min when I told the passenger we needed to head to town. We climbed to 1000 ft agl and resumed cruise flight about 10 min from Gordon.

At 4:22 on the timer we experienced our first power loss. I pulled carb heat which immediately restored power. I started looking for an emergency landing spot, and slowed to best glide. We lined up on Highway 27 heading north to Gordon. After about a minute we lost power again. I pulled carb heat again and power resumed. When power failed again I leaned the mixture slightly and switched the fuel selector from both to the left with no effect then switched back to both. I also pumped the throttle trying to restore partial power. Shortly after that the engine quit completely. By then we were too low to do anything more but land going north on Highway 27. The flight timer showed 4:26 min.

The wind was out of the south west blowing about 10-15 and a little gusty. Visibility was 10 miles or greater with a high thin overcast. There was a stubble field on the west side of the highway, I elected to land downwind on the highway because it was clear and level. The stubble field had 12 in or more of snow and I didn't want to risk a nose over. We observed no traffic on the highway, and I lowered full flaps and made a three point landing in the middle of the road. Touch down was good and I was looking for a place to get off the road when a gust of wind pushed the airplane right and I was unable to correct left. The airplane exited the road on the right side and through the ditch, through a 3 wire fence and the right wing contacted a power pole just outboard of the right wing strut. The plane spun around and came to rest facing south. We also hit two wooden fence posts. After we determined we were unhurt we took a couple minutes to get out of the plane. After we were safely out of the plane we noticed fuel running out of the right wing. I then reached in and turned the fuel selector to off, but fuel continued to run out of the right wing tank. We were unable to catch or estimate the amount of fuel that leaked out of the right tank. Next I turned off the master and mags, and cleared the plane.

Greg Allen

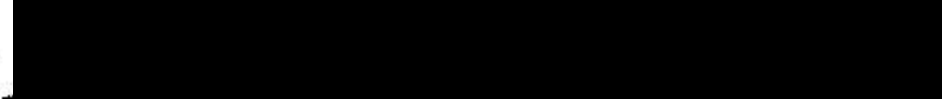
Sent from my iPad

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

Operator/Owner Safety Recommendation

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**02/19/2014
*mm/dd/yyyy***Signature and Name of Pilot/Operator**Signature: Type or Print Name: Eleg Allen**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.****Reviewed by NTSB Regional Office****Name of Investigator****Date Report Received**

North
↑

Stubble

Ditch

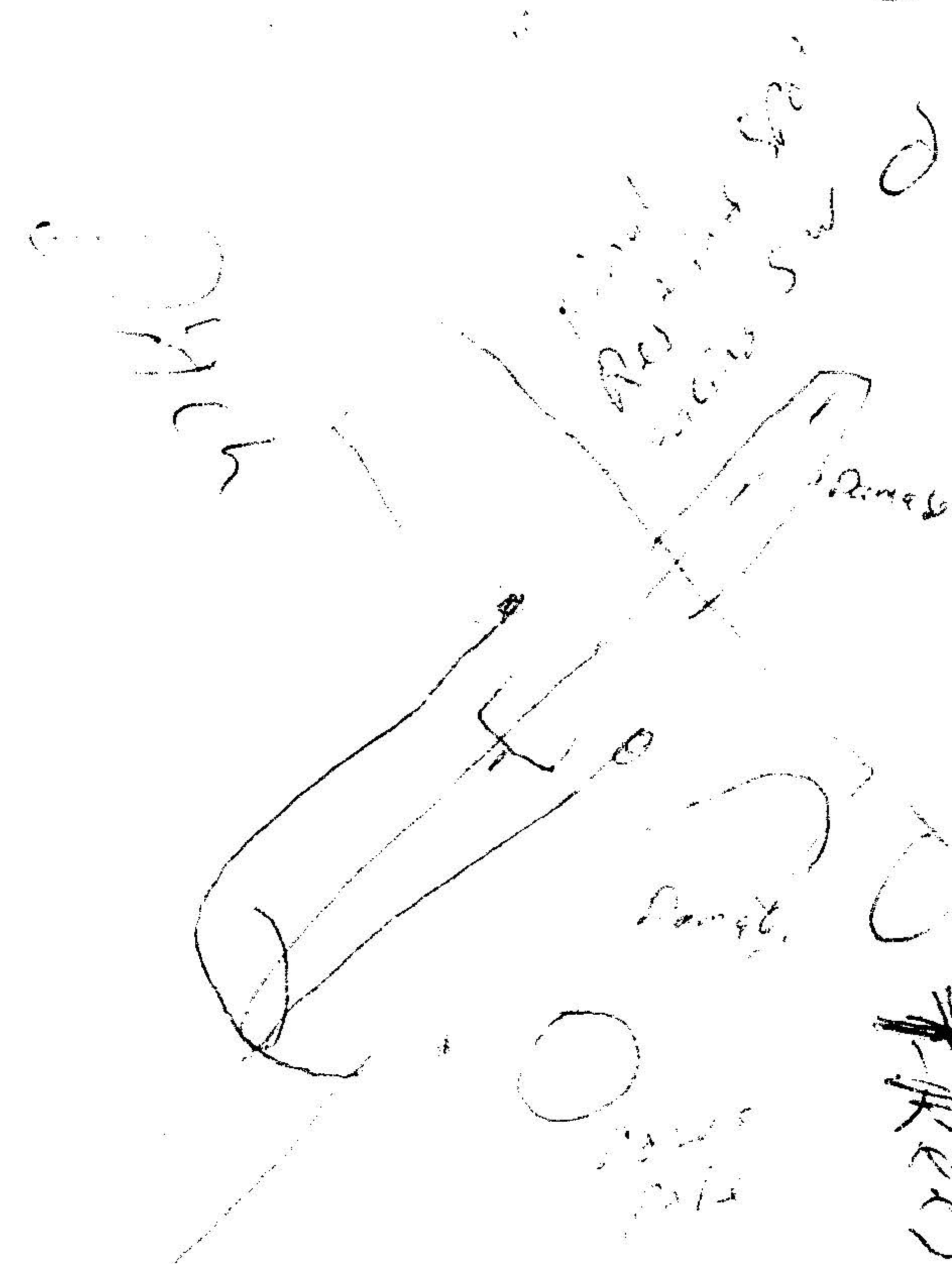
Wind

12-15
Gust 20
18

Highway 27

↑
Tracks
in snow
covered
Ditch

Four Bar
12 mi



6
C
C
C