

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: Hunter State: AR
 ZIP: 72074 Country: Woodruff
 Latitude: 35°04'02 (00:00:00 N/S) Longitude: 91°05'29 (000:00:00 E/W)

Date/Time

Date: 5/24/2014 Local Time: 3:00 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

50 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: M36
Federer Memorial Airport

Observation Time: 3:00 PM

Time Zone: Central

Distance from Accident Site: 14 NM

Direction from Accident Site: 200 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

20 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:
160 degrees MAG

☐ Variable

Wind Speed

Velocity: 4.6 KTS
 -or-
☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: 11.5 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:

87 (C)
 or 87 (F)

Altimeter Setting: 29.99 in. HG
 or _____ MB

Density Altitude: 0731 ft

Dew Point:

63.2 (C)
 or 63.2 (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

AIRCRAFT INFORMATION

Manufacturer: Air Tractor
 Model: 802
 Serial Number: 802A-0310
 Registration Number: N802KT Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 16,000 lbs
 Weight at Time of Accident: 14,000 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
 (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
300 hr

Date Last Inspection: 04 22 2014
 mm/dd/yyyy
 Airframe Total Time: 2973.2 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: Hartzell
 Model: HC-B5MA-3D/MI1691NS

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>Pratt Whitney</u>	<u>PT6A-67A9</u>	<u>PCE RD6202</u>	<u>09-12-2008</u>		<u>2973</u>		<u>29</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: L.A.H. Aviation
 Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address
 City: Texarkana Texas
 State: Tex ZIP: 75503-2324
 Country: USA

Operator of Aircraft ☒ Same As Registered Owner
 Name: Lynn Cary
 Doing Business/As: Hunter Flying Service
 Air Carrier/Operator Designator (4 Character Code): _____

Operator Address ☐ Same As Registered Owner
 City: Hunter
 State: AR ZIP: 72074
 Country: USA

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 _____	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: _____

AIRPORT INFORMATION (If the accident 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: 2640 ft Width: 100 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: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: _____ City: _____ 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 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) 190 Gallons		Fuel Type ☐ 80/87 ☐ 100 Low Lead ☐ 100/130 ☐ J15/J45 ☒ Jet A ☐ Automotive ☐ JP3 ☐ JP4 ☐ 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.)				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) major structural damage				
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 Pilot exited on right side of aircraft				

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: James City: Brinkley
Middle Initial: L State: AR ZIP: 72021
Last Name: Fitzhugh Country: Monroe

Age at time of Accident: 35 Date of Birth: mm/dd/yyyy Certificate Number: 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

12/23/2013
mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers**

**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

2/24/2013
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
Model: 182

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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	3218.2	849.8	3218.2							
Pilot in Command (PIC)	3168.2	849.8								
Time as Instructor										
This Make/Model										
Last 90 Days	140	140								
Last 30 Days	57	57								
Last 24 Hours	7	7								

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.

On May 24, 2014 at approximately 3:00pm, I landed on Rabbit Ridge airstrip. I took on 3/4 tank of fuel and approximately 5000 pounds of Ammonium Sulfate which is only a partial load. I took off to the north and had a gust of wind or a whirlwind hit me and could not get the plane high enough off the ground to clear the levee at the end of the airstrip. The plane made contact with the levee with the landing gear and was unable to gain altitude after impact.

RECOMMENDATION (How could this accident 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**Signature and Name of Pilot/Operator**05-27-2014
mm/dd/yyyySignature: _____
Type or Print Name: Lynn Cary**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.**
CEN14CA258**Reviewed by NTSB Regional Office**
Denver, CO**Name of Investigator**
Craig Hatch**Date Report Received**
6/12/2014