

**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: Newport State: AR
 ZIP: 72112 Country: _____
 Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: 6-21-14 Local Time: 12:45
 mm/dd/yyyy Time Zone: _____

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

_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: AirTrac
 Model: AT 402 B
 Serial Number: _____
 Registration Number: N428JJ Amateur-built: ☐ Yes ☒ No

Max Gross Weight: _____ lbs
 Weight at Time of Accident/Incident: _____ lbs
 Location of Center of Gravity at Time of Accident/Incident:
 _____ 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 **Special**
☐ Normal ☒ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ 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: _____
 mm/dd/yyyy

Airframe Total Time: 200 hrs 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 _____

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: _____

Model: _____

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								
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Bill Flying Inc.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>NewPort</u> State: <u>AR</u> ZIP: <u>72112</u> Country: _____
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 (Select 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>N428JJ</u>	Manufacturer: <u>Aircraft</u> Model: <u>AT-402B</u>	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 (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

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: Charles A. Bell Jr.City: NewportMiddle Initial: AState: AR ZIP: 72112Last Name: Bell Jr.

Country: _____

Age at time of Accident/Incident: 39

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 LimitationsNone**Medical Certificate Waivers****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**4-19-13

mm/dd/yyyy

Flight Review AircraftMake: CessnaModel: 150**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	9000	2200								
Pilot in Command (PIC)	9000									
Time as Instructor	0									
This Make/Model										
Last 90 Days	350	200								
Last 30 Days		100								
Last 24 Hours										

ADDITIONAL INFORMATION (Please type or print in ink)

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

As I was entering Field To Spray, My Tail Struck wire and rudder became detached causing immediate Nose down Attitude. I impacted the ground and Slid for About 200 yards. I ~~exited~~ ^{exited} my Aircraft on my own. I received minor ~~injuries~~ ^{injuries}. I was flying N428JJ, 2014 Airtractor 402B. I Am owner and operator of Bell Flying INC 4390 Hwy 384 E Newport, AR 72112. [REDACTED].

[REDACTED]

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

Date of this Report

6-24-14

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: Charles A. Bell Jr.

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.

CEN14CA314

Reviewed by NTSB Regional Office

Denver, CO

Name of Investigator

Ram Sullivan

Date Report Received

6-25-14