

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

Accident/Incident Location Nearest City/Place: <u>Wann</u> State: <u>Ok</u> ZIP: <u>74083</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)				Date/Time Date: <u>04/27/2014</u> Local Time: <u>1:25 p.m.</u> mm/dd/yyyy Time Zone: <u>CST</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>5,000</u> ft MSL											
Manufacturer: <u>Beech</u> Model: <u>BE 36 Bonanza</u> Serial Number: <u>E2386</u> Registration Number: <u>N3078Y</u> Amateur-built: ☐ Yes ☒ No				Max Gross Weight: <u>3,663</u> lbs Weight at Time of Accident/Incident: <u>3,211</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>82.25</u> 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>6</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: <u>01/01/2014</u> mm/dd/yyyy Airframe Total Time: <u>2,692</u> 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 <u>Hand Held</u>													
ELT Installed ELT Activated ☒ Yes ☐ No ☒ Yes ☐ No		ELT Manufacturer: <u>Arlex</u> Model/Series: <u>00-60</u> Serial Number: <u>LOGBOOK</u> Battery Type: <u>BP-1020</u> Battery Exp. Date: <u>03/2016</u>															
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 Manufacturer: <u>McCauley</u> ☒ Controllable Pitch Model: <u>D3A32C409-C</u>													
Engine Eng. 1 Eng. 2 Eng. 3 Eng. 4		Engine Manufacturer CONTINENTAL		Engine Model/Series IO 550B		Manufacturer's Serial Number 675355		Date of Mfg. mm/dd/yyyy <u>Engine logbook</u>		Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust <u>300</u>		Total Time (hours) <u>1,282</u>		Time Since Inspection (hours) <u>31</u>		Time Since Overhaul (hours) <u>1,291</u>	

Registered Aircraft Owner Name: <u>Dakota8465S LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Montgomery</u> State: <u>Al</u> ZIP: <u>36117</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Arthur Paul Woolard</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>Montgomery</u> State: <u>Al</u> ZIP: <u>36117</u> Country: <u>USA</u>	
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			
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: _____			
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.) Fuel system failure/ engine failure Cause unknown Specific part unknown Engine failed when right fuel tank selected Right tank contained approximately 20 gallons of fuel at the time			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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)

Damaged airframe structure, wings, tail and engine

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 ☐ Sideslip ☐ 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
Last Departure PointAirport ID: K38City: Washington CountyState: KansasCountry: USA**Time of Departure**Time: 12:07 p.m.Time Zone: CST**Destination**Airport ID: KGCMCity: ClaremoreState: OKCountry: USA**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 on Board at Last Takeoff

(convert from pounds, as necessary)

39 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

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

Paramedics got pilot and front passenger out
Fireman helped rear passenger out.

Weather Observation Facility

Facility ID: KCGM AWOS 199.92

Observation Time: 01:10 P.M.

Time Zone: CST

Distance from Accident Site: 13 NM

Direction from Accident Site: SOUTH degrees MAG

Source of Weather Information

(Check all that apply)

- ☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☒ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☐ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ 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

Visibility

10 miles

Sky/Lowest Cloud Condition

- ☒ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

- ☒ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility (Check all that apply)

- ☒ 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:
270 degrees MAG

☐ Variable

Wind Speed

Velocity: 15 KTS

-or-

- ☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: KTS

- ☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: (C)
or 65 (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 (Check all that apply)

- ☒ 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" 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>ARTHUR</u>					City: <u>Montgomery</u>																																																																																															
Middle Initial: <u>P</u>					State: <u>Al.</u>			ZIP: <u>36117</u>																																																																																												
Last Name: <u>WOOLARD</u>					Country: <u>USA</u>																																																																																															
Age at time of Accident/Incident: <u>50</u>					Date of Birth: <u>mm/dd/yyyy</u>			Certificate Number: <u>mm/dd/yyyy</u>																																																																																												
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness																																																																																											
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Used ☒ Yes ☐ No Available ☐ Yes ☐ No			Used ☒ Yes ☐ No Available ☐ Yes ☐ No																																																																																											
Pilot Certificate(s) (Check all that apply)																																																																																																				
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Principal Occupation		Medical Certificate				Medical Certificate Validity			Date of Last Medical																																																																																											
☐ Pilot ☒ Other ☐ Unknown		☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown				☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown			<u>11/21/2012</u> mm/dd/yyyy																																																																																											
Medical Certificate Limitations																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11/17/2012</u> mm/dd/yyyy																																																																																																				
Flight Review Aircraft Make: <u>BEECH</u> Model: <u>BE36</u>																																																																																																				
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☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		☐ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">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>1,450</td> <td>740</td> <td>1,440</td> <td>10</td> <td>173</td> <td>288</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1,450</td> <td>740</td> <td>1,440</td> <td>10</td> <td>173</td> <td>288</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>121</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>48</td> <td>48</td> <td>0</td> <td>0</td> <td>0</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>12</td> <td>12</td> <td>0</td> <td>0</td> <td>0</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</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	1,450	740	1,440	10	173	288					Pilot in Command (PIC)	1,450	740	1,440	10	173	288					Time as Instructor	0	0	0	0	0	0					This Make/Model					0	121					Last 90 Days	48	48	0	0	0	5					Last 30 Days	12	12	0	0	0	2					Last 24 Hours	0	0	0	0	0	0				
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																																																																																										
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Last 24 Hours	0	0	0	0	0	0																																																																																														

Pilot "B" Responsibilities at the Time of Accident/Incident										
☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew										
Pilot "B" Identification										
First Name: _____					City: _____					
Middle Initial: _____					State: _____ ZIP: _____					
Last Name: _____					Country: _____					
Age at time of Accident/Incident: _____			Date of Birth: _____ <i>mm/dd/yyyy</i>			Certificate Number: _____				
Degree of Injury		Seat Occupied			Seat Belt		Shoulder Harness			
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Used ☐ Yes ☐ No Available ☐ Yes ☐ No		Used ☐ Yes ☐ No Available ☐ Yes ☐ No			
Pilot Certificate(s) <i>(Check all that apply)</i>										
☐ None ☐ Student ☐ Private ☐ Flight Instructor		☐ Recreational ☐ Sport		☐ Commercial ☐ Airline Transport		☐ Flight Engineer ☐ U.S. Military		☐ Foreign		
Principal Occupation		Medical Certificate			Medical Certificate Validity		Date of Last Medical			
☐ Pilot ☐ Other ☐ Unknown		☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown		_____ <i>mm/dd/yyyy</i>			
Medical Certificate Limitations										
Medical Certificate Waivers										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft						
				Make: _____						
				Model: _____						
Airplane Rating(s) <i>(Check all that apply)</i>		Other Aircraft Rating(s) <i>(Check all that apply)</i>		Instrument Rating(s) <i>(Check all that apply)</i>		Instructor Rating(s) <i>(Check all that apply)</i>				
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport				
Type Ratings						Student Endorsements <i>(Include dates)</i>				
Flight Time <i>(enter appropriate number of hours in each box)</i>	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										

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 ☐ Foreign		☐ Left ☐ Front	
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Right ☐ Rear	
		☐ Center ☐ Single	
		☐ Unknown	
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 ☐ Foreign		☐ Left ☐ Front	
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Right ☐ Rear	
		☐ Center ☐ Single	
		☐ Unknown	
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 ☐ Foreign		☐ Left ☐ Front	
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Right ☐ Rear	
		☐ Center ☐ Single	
		☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Gregory</u> City: <u>Wetumpka</u>	3	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐
Middle Initial: <u>R</u> State: <u>AI</u> ZIP: <u>36093</u>											
Last Name: <u>Bozeman</u> Country: <u>USA</u>											
First Name: <u>Carl</u> City: <u>Montgomery</u>		☐	☐	☐	☐	☐	☐	☐	☒	☐	☐
Middle Initial: <u>R</u> State: <u>AI</u> ZIP: <u>36117</u>											
Last Name: <u>Watson</u> Country: <u>USA</u>											
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: _____											

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.

Obtained weather briefing and filed IFR flight plan from Washington County Kansas K38 to Claremore OK. (KGCM). Departed K38 at 12:07 p.m. on 05/27/2014 with approximately 20 gallons of fuel in each tank at departure. Flew 1 hour and 18 minutes and switched to right tank. The engine stopped firing but propeller continued to spin. Tried to adjust fuel selector switch with no positive results. I made sure Prop, Mixture and Throttle were full forward. I engaged auxiliary fuel pump on low and high speed with no positive results. I was at 3500 AGL and was looking for an open area to land. There was an asphalt road to the West of my position with traffic and power poles visible (assumed there would be power lines as well). I found a field ahead of me with trees between me and the field. I did not lower the landing gear because I was afraid the trees would flip the plane over. I would have stalled if I had tried to clear the trees. I clipped a tree with my right wing before setting the plane on the ground.

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

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

Date of this Report

05/14/14
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

PAUL WOODARD

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

NTSB Accident/Incident No.

CEN14LA218

Reviewed by NTSB Regional Office

DENVER, CO

Name of Investigator

ARNOLD W SCOTT

Date Report Received

05/14/14