

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>Greenville</u> State: <u>TX</u> ZIP: <u>75402</u> Country: <u>United States of America</u> Latitude: <u>33:10:03 N</u> (dd:mm:ss N/S) Longitude: <u>96:12:04 W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>04/25/2014</u> Local Time: <u>1700</u> <i>mm/dd/yyyy</i> 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>5,100</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Flight Design</u> Model: <u>CTLS</u> Serial Number: <u>F-09-10-13</u> Registration Number: <u>N 106SF</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>1,320</u> lbs Weight at Time of Accident/Incident: <u>1,291</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>14.6</u> inches from ☐ nose or ☒ datum -or- <u> </u> 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>Standard</th> <th>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: <u> </u> Cabin Crew: <u> </u> Passengers: <u> </u>	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																
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☐ 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: <u> </u>	Last Inspection Type ☒ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown	Date Last Inspection: <u>04/25/2014</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>1,613</u> hrs hours measured at (check one) ☐ 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> </u>
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ELT Installed ELT Activated ☒ Yes ☐ No ☒ Yes ☐ No	ELT Manufacturer: <u>Garmin</u> Model/Series: <u>GTX-330</u> Serial Number: <u>84134603</u> Battery Type: <u> </u> Battery Exp. Date: <u> </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>Neuform</u> Model: <u>CR3-65-47-101.6</u>
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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 (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Rotax	912 ULS 2	6.775.304	10/02/2009	100	1,613	5	1,613
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Jeffrey Sadler</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Leadville</u> State: <u>CO</u> ZIP: <u>80461</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 ☐ 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: _____ 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> Engine, Rotax, 912 ULS 2, Serial # 6.775.304. 5.1 hours after 100 hour engine and airframe inspection engine stopped unexpectedly and would not restart. See full description below.			Total Time/Cycles On Part 1,613 Hours _____ Cycles Time Since This Part Inspected/Overhauled 5 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)

Total loss of aircraft. Nose gear and propeller severed from aircraft. Engine mostly separated from aircraft remaining attached at two points. Wings sustained major damage. Most of vertical stabilizer on tail severed from aircraft.

No damage to other property.

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☐ 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**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: KJXICity: GilmerState: TXCountry: USA**Time of Departure**Time: 1635Time Zone: Central**Destination**Airport ID: KDTOCity: DentonState: TXCountry: 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)

25

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**

100 hour inspection performed 5.1 hours prior to incident by South MS Light Aircraft, Inc. 17 gallons of 100 Low Lead added in Gilmer, TX. Plugs checked and cleaned and oil checked in Gilmer, TX.

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 aircraft door on left. Passenger exited aircraft door on right.			
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	
Skylowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☒ None (clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL	
Wind Direction ☐ Indicated: 150 degrees MAG ☐ Variable	Wind Speed Velocity: _____ 9 KTS -or- ☐ Calm ☐ Light and Variable	Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting	Type of Turbulence <i>(Check all that apply)</i> ☒ 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 _____ 80 (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																																																																																																				
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Pilot "A" Identification First Name: <u>Jeffrey</u> Middle Initial: <u>J</u> Last Name: <u>Sadler</u> City: <u>Leadville</u> State: <u>CO</u> ZIP: <u>80461</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>43</u> Date of Birth: [REDACTED] 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>09/04/2013</u> mm/dd/yyyy																																																																																													
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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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Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ 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																																																																																														
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Last 90 Days																																																																																																				
Last 30 Days																																																																																																				
Last 24 Hours																																																																																																				

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		☐ Left		☐ Front																			
						☐ Right		☐ Rear																			
						☐ Center		☐ 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																			
☐ Foreign																											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front																			
						☐ Right		☐ Rear																			
						☐ Center		☐ 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																			
☐ Foreign																											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front																			
						☐ Right		☐ Rear																			
						☐ Center		☐ 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: Kira						Right	☐	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐										
Middle Initial: L																											
Last Name: Sadler																											
City: Leadville																											
State: CO																											
ZIP: 80461																											
Country: USA																											
First Name: _____																											
Middle Initial: _____																											
Last Name: _____																											
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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.

Incident Report for Flight Design CTLS Tail Number N106SF

April 24th, 2014

On the afternoon of April 24th, 2014 we flew N106SF from Pensacola, FL to Lucedale, MS. We landed on a grass field at Sky Landings (22MS) and left the aircraft with South MS Light Aircraft, Inc. for a scheduled 100 hour inspection of both power plant and airframe. At the time of drop off the Hobbs meter read 1608.1

April 25th, 2014

After discussing the details of the 100 hour inspection we did a preflight inspection, engine warm up and engine run up before departing at approximately 11:30am with a planned stopover destination of Winnsboro, TX (F51) where they sell Mogas, the best fuel type for the CTLS. Our flight route to Colorado was completely dictated by the prevailing winds which were more favorable to the south.

Approximately one half hour before our planned stop in F51 we received a span warning (SPN) on the EGT (Exhaust temperature) gauge on the Dynon EFIS-120 display. The temperatures were in the green but were running between 100 and 150 degrees apart. Maximum span was recorded at 1219 on the left and 1372 on the right. Because of the intermittent span warning we made the decision to stop for fuel early in Gilmer, TX (KJXI).

At Gilmer we made two phone calls to Ronnie Smith at South MS Light Aircraft, Inc. He said that the span we were experiencing was within normal limits and no big deal. He also said that his Rotax motor runs regularly with EGTs in the 1600s. EGTs have been linked to spark plugs so we removed the upper and lower cowls covering the engine and a local mechanic removed and checked the plugs for us. One of the upper right spark plugs was dirty with the presence of what looked like a 1/8" long piece of gray string, which the mechanic stated could possibly have been related to the higher temperature on the right EGT. At that time we sent a photo of one of the plugs to Ronnie Smith via text message. Mr. Smith stated that he thought the plug looked normal. We checked the oil on the aircraft and did not see any evidence of particles or other indicators of a problem. After the plugs had been cleaned and replaced according to specifications (replaced and torqued to 177 inch pounds), we did two separate run ups, both resulting in normal mag checks, not dropping below 100rpms from 4000rpms, there were no irregularities except the variance in EGT. Mr. Smith offered the advice that if we had a piston problem we would hear it rattling and if we had a bearing problem we would hear a squealing noise. His only concern was that Lockwood Aviation had previously set the carburetor clip on the number two position instead of the number three which slightly leans the motor out (this was done along with re-pitching the prop because we live and regularly fly at high elevations). He suggested that with clean plugs we take the aircraft up again to see how it felt. We added 17 gallons of 100LL fuel and sumped the fuel to look for water and particles which came up clean.

We performed a third run up on the taxiway prior to take off at Gilmer, again with no irregularities except EGT variance.

We had a normal take off from Gilmer, TX (F51) all temperatures and gauges were normal with the exception of the 100 plus or minus degree variance in EGTs. The aircraft handled normally through the pattern. We departed the pattern at the end of the downwind leg towards the North.

We watched the gauges closely during the following flight. All temperatures read normal and after approximately 25 minutes the EGTs read equal temperatures. It appeared that the problem had been resolved. Five minutes after the EGTs returned to normal the engine and prop stopped abruptly. Upon loss of power we immediately established best glide speed of 78 knots and changed our heading to the nearest airport which was Greenville, TX (KGVV). An emergency was declared to the tower frequency at KGVV and we performed math, calculating that it was possible for us to make it to runway 17 at KGVV. We lost power at approximately 5100 feet, approximately 7 miles from KGVV's runway 17. Our rate of descent was 650 feet per minute. The fuel shut off valve was checked, and the first attempt to restart the motor resulted in the prop turning slowly three times and the motor locking up. The

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

Operator/Owner Safety Recommendation

This was a mostly normal flight. The accident would have been avoided if the engine had not died.

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

05/02/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature

Type or Print Name: Jeffrey J. Sadler

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.

CEN14LA226

Reviewed by NTSB Regional Office

-- Central Region --

Name of Investigator

T. Sorensen

Date Report Received

May 2, 2014