

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>Dell</u> State: <u>AR</u> ZIP: <u>72426</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>6-18-2014</u> Local Time: <u>11:30 AM</u> mm/dd/yyyy Time Zone: <u>Cent.</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 _____ ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Air Tractor</u> Model: <u>502</u> Serial Number: <u>502-0199</u> Registration Number: <u>N9184T</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>8,000</u> lbs Weight at Time of Accident/Incident: <u>7,918.83</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>+20.7</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 (Check all that apply) Standard ☐ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☒ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>1</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>6-9-2014</u> mm/dd/yyyy
IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Airframe Total Time: <u>9340</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident
ELT Installed ☐ Yes ☒ No ELT Activated ☐ 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: <u>Hartzell</u> Model: <u>HC-B3TN-3D</u>					
Engine Eng. 1 Eng. 2 Eng. 3 Eng. 4	Engine Manufacturer <u>Pratt & Whitney</u>	Engine Model/Series <u>PT-6</u>	Manufacturer's Serial Number <u>PC-E-40769</u>	Date of Mfg. <u>AUG-73</u>	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust <u>750</u>	Total Time (hours) <u>9340</u>	Time Since Inspection (hours) <u>10</u>	Time Since Overhaul (hours) <u>NA</u>

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Tommy SimpsonFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: [REDACTED]
State: Del AR ZIP: 72426
Country: USA**Operator of Aircraft**☐ Same As Registered OwnerName: Richard SimpsonDoing Business As: Pilot

Air Carrier/Operator Designator (4 Character Code): _____

Operator Address☐ Same As Registered OwnerCity: [REDACTED]
State: AR ZIP: 72442
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: _____
 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
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)
Unknown at this time**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)

Aircraft was destroyed, Left wing broken in half, Tail section broken off
gear broken off, Engine strike
there were no damages to any other persons or 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 ☐ Precautinary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: PVT (L/R/C) Length: 2300 ft Width: 70 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: <u>Private</u> City: <u>Deil</u> State: <u>AR</u> Country: <u>USA</u>	Time of Departure Time: <u>11:30 am</u> Time Zone: <u>cent.</u>	Destination Airport ID: <u>LCL</u> City: _____ State: _____ Country: _____	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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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) ☐ PAR 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)

140 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3
☐ 100 Low Lead ☒ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

☐ Other, specify _____

Other Services, if Any, Prior to Departure

Thu, 19 Jun 2014 9:48 AM SIMPSON

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 					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Weather Observation Facility Facility ID: <u>PVT</u> Observation Time: <u>10am</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>2,700 Ft</u> Direction from Accident Site: <u>west</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☒ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☒ Internet ☐ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)			
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			
Method of Briefing <i>(Check all that apply)</i> ☐ In Person ☐ Teletype ☒ Telephone/Computer ☐ Aircraft Radio ☐ TV/Radio ☐ Unknown		Visibility <u>10</u> 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 <i>(Check all that apply)</i> ☒ 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: <u>190</u> degrees MAG ☐ Variable			
Wind Speed Velocity: <u>8</u> KTS -or- ☐ Calm ☐ Light and Variable		Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting			
Type of Turbulence <i>(Check all that apply)</i> ☒ 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/incident 					
Temperature: _____ (C) or <u>85</u> (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or <u>70.2</u> (F)		Icing Forecast <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light </td> <td style="width: 50%; vertical-align: top;"> Type ☐ Rime ☐ Clear ☐ Mixed </td> </tr> </table>		Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light	Type ☐ Rime ☐ Clear ☐ Mixed
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Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light	Type ☐ Rime ☐ Clear ☐ Mixed				

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" IdentificationFirst Name: RichardCity: DellMiddle Initial: DState: ARZIP: 72426Last Name: SimpsonCountry: USAAge at time of Accident/Incident: 46Date of Birth: [REDACTED]Certificate Number: [REDACTED]**Degree of Injury**
☐ None
 ☐ Fatal
 ☒ Minor
 ☐ Unknown
 ☐ Serious
Seat Occupied
☐ Left
 ☐ Front
 ☐ Unknown
 ☐ Right
 ☐ Rear
 ☒ Single
 ☐ Center
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 Medical01/23/2014
mm/dd/yyyy**Medical Certificate Limitations**corrective lenses**Medical Certificate Waivers****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**11-7-2013

mm/dd/yyyy

Flight Review AircraftMake: CessnaModel: 180**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	<u>8624</u>	<u>340</u>	<u>8624</u>	<u>2</u>	<u>50</u>					
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	<u>120</u>	<u>100</u>	<u>120</u>							
Last 30 Days	<u>90</u>	<u>90</u>	<u>90</u>							
Last 24 Hours	<u>8</u>	<u>8</u>	<u>8</u>							

PILOT "B" INFORMATION																																																																																																				
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: _____ 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																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
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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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)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	IATA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address																
First Name: _____			City: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													
First Name: _____																
Middle Initial: _____																
Last Name: _____																
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Last Name: _____																
First Name: _____																
Middle Initial: _____																
Last Name: _____																

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.

On take-off Roll The A/c was making Power 18# @ 2200 Then Tail wheel came up and then the engine decelled. I hit the emergency dump but not enough time to clear a ditch embankment. The A/c collided with embankment and cart wheeled into the field colliding with the ground approx. 3 times. It came to rest right side up. I then shut down the electrical system as fuel was present and Exited the A/c. The A/c was totally destroyed

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

Operator/Owner Safety Recommendation

At the time the engine surged or decelled I was very committed to the take off, not enough power to fly and to far down the runway to stop. Not much I could do to save this take off.

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

6-19-2014
mm/dd/yyyy

Signature

Signature:

Type or Print Name: Richard D Simpson

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

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN14LA299Reviewed by NTSB Regional Office
DENVERName of Investigator
LINDBERGDate Report Received
6/19/14