

From: [David Spencer](#)
To: [Gallo Mitchell](#)
Subject: Accident Aircam 81047
Date: Tuesday, June 26, 2018 2:29:15 PM
Attachments: [NTSB1.pdf](#)
[NTSB2.pdf](#)

Dear Mr. Gallo,

Please accept the completed NTSB Form 6120.1 pertaining to the accident on 06/16/2018 involving Aircam N81047. I have included a typed and signed scan of the accident description. It is my hope that this is acceptable to you.

I also have scanned copies of the last inspections accomplished, as well as my Airline Training Record, should you require these. Please let me know if you require any additional information.

Respectfully,

David M. Spencer





National Transportation Safety Board

Washington, D.C. 20594

Office of Aviation Safety

June 21, 2018

David Spencer
[REDACTED]

VIA UPS Overnight

Dear Mr. Spencer,

The National Transportation Safety Board has received notification of an accident involving an AirCam, N81047, on June 16, 2018, near Greenwood, Illinois.

I am submitting the NTSB Form 6120.1 for you to complete. Rules pertaining to aircraft accidents contained in Part 830 of the Safety Board regulations require a completed Pilot/Operator Aircraft Accident Report form to be submitted. The completed report should be returned to my attention within ten (10) days after receipt of this letter. The form is also available online at: <http://www.nts.gov/report.html>.

The report may be submitted via email, facsimile, or via U. S. mail to the address noted below.

Sincerely,

Mitchell Gallo
Air Safety Investigator – Central Region
National Transportation Safety Board
4760 Oakland Street, Suite 500
Denver, Colorado 80239
[REDACTED]

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: GALT AIRPORT 10C, GREENWOOD State: IL
ZIP: 60098 Country: USA
Latitude: 42-24-10N (dd:mm:ss N/S) Longitude: 88-22-30W (ddd:mm:ss E/W)

Date/Time

Date: 06/16/2018 Local Time: 10:55
mm/dd/yyyy Time Zone: CST

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

~ 975 ft MSL

AIRCRAFT INFORMATION

Manufacturer: JOHNSON

Model: AIRCAM

Serial Number: 79

Registration Number: N81047

Amateur-built: ☒ Yes ☐ No

Max Gross Weight: 2100 lbs

Weight at Time of Accident/Incident: 1820 lbs

Location of Center of Gravity at Time of Accident/Incident:

119.13 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: 2

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: 06/23/2017
mm/dd/yyyy

Airframe Total Time: 593.3 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 Manufacturer: AMELI-KING

Model/Series: AK-450

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: _____

Battery Type: _____

Battery Exp. Date: 10/2021

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: WARP DRIVE

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	ROTAX	912 ULS	4428795		100	626	593.3	N/A
Eng. 2	ROTAX	912 ULS	4428794		100	626	593.3	N/A
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>TWO IF BY SEA LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: [REDACTED] State: [REDACTED] 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: _____ 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 <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> 		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)

RIGHT AND LEFT OUTBOARD SECTION OF WING SEVERELY BENT. EMPENNAGE AT
REAL FUSELAGE BROKEN OFF. BOTH FLOATS DAMAGED. NOSE OF AIRCRAFT DAMAGED.
RIGHT ENGINE PROP STRIKE.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: ØIC Distance From Airport Center: 1/4 SM
Airport Name: GALT Direction From Airport: 275 degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 875 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/TWOR ☐ 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: 27 (L/R/C) Length: 2802 ft Width: 36 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: ØIC
City: GREENWOOD
State: IL
Country: USA

Time of Departure

Time: 10:55
Time Zone: CST

Destination

Airport ID: 3CK
City: TWIN LAKES
State: WI
Country: 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 & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

26 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

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

REAL PASSENGER WAS ASSISTED IN WALKING OFF AIRCRAFT,
FRONT PILOT WAS LIFTED OUT BY MEDICAL PERSONNEL.

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

(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**

N/A

ft AGL

Ceiling Height

N/A

ft AGL

Wind Direction☒ Indicated:

320 degrees MAG

☐ Variable**Wind Speed**

Velocity: 5-7 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 87 (F)Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (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☐ 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																																																																																																			
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>DAVID</u> City: [REDACTED] Middle Initial: <u>M</u> State: [REDACTED] Last Name: <u>SPENCER</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>42</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] 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 <u>05/22/2018</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations NONE																																																																																																			
Medical Certificate Waivers NONE																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/17/2017</u> mm/dd/yyyy			Flight Review Aircraft - SIMULATOR Make: <u>EMBRAER</u> Model: <u>170</u>																																																																																																
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 CE-500, E145, E170, E190						Student Endorsements (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <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>10,700</td> <td>80</td> <td>476</td> <td>10,188</td> <td>2225</td> <td>800</td> <td></td> <td>36</td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>8427</td> <td>29</td> <td>450</td> <td>8080</td> <td>1985</td> <td>680</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>20</td> <td>8</td> <td></td> <td>3</td> <td></td> <td></td> <td></td> <td>12</td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>15</td> <td>5</td> <td></td> <td>5</td> <td></td> <td></td> <td></td> <td>10</td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>0</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	10,700	80	476	10,188	2225	800		36			Pilot in Command (PIC)	8427	29	450	8080	1985	680					Time as Instructor											This Make/Model											Last 90 Days	20	8		3				12			Last 30 Days	15	5		5				10			Last 24 Hours	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																																																																																											

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: _____ 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

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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 ☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
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)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address																
First Name: <u>BRYN</u>			City: <u>[REDACTED]</u>			2/ AFT										
Middle Initial: <u>C</u>			State: <u>[REDACTED]</u>				☐	☒	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: <u>WEINER</u>			Country: <u>USA</u>													
First Name: _____																
Middle Initial: _____																
Last Name: _____																
First Name: _____																
Middle Initial: _____																
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First Name: _____																
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Middle Initial: _____																
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.

SEE ATTACHED ACCIDENT DESCRIPTION

RECOMMENDATION (How could this accident/incident 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

06/25/2018

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature

Type or Print Name:

DAVID M. SPENCER

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.

CEN18LA228

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

Mitchell Gallo

Date Report Received

06/26/18

Aircam N81074

Aircraft Accident Description 6/16/18

On June 16th of this year, I completed a flight from Westosha Airport K3CK to Galt Airport K10C for the Barnstormer Fly-In. At the 0800 time of arrival, the weather was clear, winds WNW at 9-12 knots, 78F and CAVU. We landed on runway 27 without incident. After clearing the runway, we were marshalled to a parking spot along the community T Hangars on the Southwest side of the runway. The aircraft was chocked and secured, and remained as such for approximately 3 hrs. During this time, I made two follow up checks on the aircraft.

At approximately 1035 I taxied that aircraft to the fuel pumps at the west side of the airport. I purchased 20 gallons of 100LL. The purchased fuel, combined with the fuel already in each tank resulted in 13.5 gallons total in the right tank and 12.5 gallons total in the left tank (14 gallon capacity each tank). $\frac{3}{4}$ oz of Decalyn additive was added to each tank prior to fueling. Fuel caps were secured, pump was stowed and ground wire disconnected and stowed.

To keep from damaging any aircraft behind, the ground personnel assisted me with pushing the aircraft forward approximately 50 ft. At this time, my passenger boarded the aft seat and I secured her with lap belts and shoulder straps, verifying their security. I then boarded the forward seat and secured my own belts. As the ground crew kept onlookers clear, I successfully started and left engine and then the right without issue. All engine indications were normal. All avionics and communications were switched ON and headsets were donned by both occupants. After a minute warm up, I began my taxi.

At approximately 1052, the weather was CAVU, winds NNW at ~5-7 knots, temperature ~87F. As the Aircam is capable of, and has demonstrated a takeoff roll of less than 300 ft at MTOW, I elected to backtaxi to a departure point on Runway 27 that left approximately 1400 ft available for takeoff. During this taxi, I accomplished an ignition check, flight control check, and added 2 seconds of flaps (which results in ~20 degrees) for added takeoff performance. Note: The aircraft does not require flaps to achieve a short takeoff roll. I rarely used them, and this was the only thing that was different from most other takeoffs I have made. I verified visually that the flaps were extended as commanded.

At approximately 1055, I made a 180 degree turn for departure on Runway 27. After verifying my passenger was secure for departure, I advanced the throttles to max. Both engines achieved maximum takeoff power with normal indications. The aircraft accelerated normally.

Please note: The Aircam is a very visually flown aircraft in that there is very little flight control feedback at the pilot stick. On the ground, the flight controls move freely and easily with very little resistance. When in the air, when turbulence is encountered, visual cues are necessary to make proper corrective control inputs. This aircraft was strictly VFR equipped. In addition, both for water and ground takeoffs, the aircraft requires a somewhat aggressive but momentary aft stick to set initial pitch attitude at moment of rotation.

The following occurs over the course of 6-7 seconds.

I rotated the aircraft upon achieving 50 knots as normal, at which time the aircraft departed the runway surface. As I set my desired pitch attitude, very shortly after lift off, the aircraft started an uncommanded slow roll to the right. My thoughts at this point were that I encountered a small wind gust or thermal. I reactively made a left control input to correct the undesired roll. Note: The Aircam has a slower than normal control response/roll rate so it is not uncommon for 2-3 seconds of full aileron control input to reverse/correct the effects of turbulence/ slight upset. As I reached full left aileron deflection, I also pushed forward on the control stick. My thinking was that I would get more control effectiveness with a higher airspeed/shallower climb angle. I have a distinct visual of my arm being fully extended to the 1030 to 1100 position in the cockpit which would command down elevator and full left aileron deflection. It was at this time, about 2-3 seconds into the takeoff that I knew something was wrong. Everything about this situation was counterintuitive. As an airline pilot and check airman, I immediately began assessing everything I could about the situation. I glanced at the airspeed, and at last look was 50-55. At this point, as is human nature, tunnel vision began to set in. As I held the elevator/aileron input, I retarded the #1 engine in an attempt to stop the uncommanded right roll. This was unsuccessful. As my assessment continued, I didn't believe an engine failure could be an issue, as I had practiced single engine operations in all phases of flight. The effect of an engine failure, even at high power settings, is negligible. The possibility of a stall event also crossed my mind, however, I had practiced full stalls at high density altitudes. My experience was that roll effectiveness was not degraded until a full stall condition had been achieved. With the conditions and information at the current time, I did not believe this was a factor. That being the case, I continued my control inputs.

It was at this point that the aircraft was descending due to the extreme right wing low condition. I did my best to use what elevator authority I had to impact bushes and brush rather than clear ground. Approximately 1 ½ seconds prior to impact, when all options had been exhausted, I reduced both engine throttle to idle. My hopes were that this would aid our speed reduction to make the impact as surviveable as possible.

From what I experienced, the aircraft impacted the brush right wing low. As the right wing impacted initially, this led to the aircraft to yaw right, at which point the right float contacted the ground. After the aircraft came to rest, I heard the engines still operating, at which point I quickly selected all ignition switches to OFF. Both engines shut down normally.

I heard my passenger sobbing, so I knew she survived the impact. She ended up being released at the scene with no injuries, but later received numerous X-rays to verify this assessment. I dislocated my right ankle due to the right side impact with rudder pedal. I also received scratches/cuts that required 5 stitches. Even though I was Airlifted by helicopter to a Level 1 Trauma facility, my injuries would be classified as minor.

I hereby certify that the above information is complete and accurate to the best of my knowledge

Date of Report:

Signature and Name of Pilot/Operator:

06/25/2018

A solid black rectangular box used to redact the signature of the pilot/operator.

DAVID M. SPENCER