

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Coldwater State: MI

ZIP: 49036 Country: USA

Latitude: 41.93 N Longitude: 85.05 W

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 09/02/2022 Local Time: 2 PM

mm/dd/yyyy

Time Zone: E

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N21GL

Manufacturer: WACO

Model: Great Lakes 2T-1A-2

Serial Number: _____

Year of Manufacture: _____

Amateur-Built: Yes ☐ If Yes: Kit/Plans Make: _____
No ☒ Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

Airplane

Balloon
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

Normal
Aerobatic
Balloon
Commuter
Transport
Utility

Special

Restricted
Limited
Provisional
Special Flight
Experimental
Special Light-Sport
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

Retractable

Tricycle

Amphibian
Emergency Float
Float
Hull

Other Launch/Recovery System

None

Tailwheel

High Skid
Skid
Ski
Ski/Wheel

Unknown

Engine Type (Select one)

Reciprocating

Liquid Rocket
Solid Rocket
Hybrid Rocket
None
Unknown

Fuel System Type (Reciprocating)

Carburetor

Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour
AAIP
Annual

Continuous Airworthiness
Conditional Inspection
Unknown

Date Last Inspection: _____
mm/dd/yyyy

Airframe Total Time: _____ hrs

hours measured at (Select one)

Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

Annual
Conditional (Amateur-built only)
Manufacturer's Inspection Program
Other Approved Inspection Program (AAIP)
Continuous Airworthiness
Other, specify: _____

Description of Fire Extinguishing System

None
Specify: _____

Propeller 1

Fixed Pitch

Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft? Yes No

If not activated:

Indicate Reason: Impact Damage
Fire Damage
Battery Expired/Damaged
Unknown

Propeller 2

Fixed Pitch

Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

Additional Equipment (Check all that apply)

ADS-B
Airframe Parachute
Angle of Attack Indicator
Autopilot
Data Recorder
Electronic Flight Bag or Handheld Device
Electronic Multifunction Display
Electronic Primary Flight Display
Handheld GPS
Heads Up Display
Onboard Weather
Satellite Tracking Device
Stall Warning System
Video Recording Device
Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: _____

City: _____

Fractional Ownership Aircraft: Yes No

State: _____ ZIP: _____

Country: _____

Operator of Aircraft*Same As Registered Owner**Same Address as Registered Owner*

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held*(Check all that apply)*

None
Flag Carrier Operating Certificate (FAR 121)
Supplemental
Air Cargo
Foreign Air Carriers (FAR 129)
Rotorcraft External Load (FAR 133)
Commuter Air Carrier (FAR 135)
On-Demand Air Taxi (FAR 135)
Commercial Air Tour (FAR 136)
Agricultural Aircraft (FAR 137)
Pilot School (FAR 141)
Certificate of Authorization or Waiver (COA)
Commercial Space Transportation
Experimental Permit
Commercial Space Transportation License
Other Operator of Large Aircraft

Regulation Flight Conducted Under

FAR 91	FAR 129	FAR 415
FAR 103	FAR 133	FAR 431
FAR 121	FAR 135	FAR 435
FAR 125	FAR 137	FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces
Federal
State
Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*

Scheduled or Commuter	Domestic
Non-Scheduled or Air Taxi	International

Passenger
Cargo
Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137*(Select one)*

Aerial Application	Firefighting	Unknown
Aerial Observation	Flight Test	
Air Drop	Glider Tow	
Air Race/Show	Instructional	
Banner Tow	Other Work Use	
Business	Personal	
Executive/Corporate	Positioning	
External Load	Skydiving	
Ferry		

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Branch County Memorial

Distance From Airport Center: _____ sm

Airport Identifier: KOEB

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 958 ft. msl**Runway Information**Runway ID: 07 (L/R/C) Length: 4000 ft Width: 200 ft**Runway/Landing Surface (Check all that apply)**

Asphalt	<u>Grass/Turf</u>	Macadam	Water
Concrete	Gravel	Metal/Wood	
Dirt	Ice	Snow	Unknown

Condition of Runway/Landing Surface (Check all that apply)

<u>Dry</u>	Snow-Compacted	Water-Calm
Holes	Snow-Crusted	Water-Choppy
Ice Covered	Snow-Dry	Water-Glassy
Rough	Snow-Wet	Wet
Rubber Deposits	Soft	
Slush-Covered	Vegetation	Unknown

Approach/Departure Segment (Select one)

Taxi	VFR Departure	On Instrument Approach	Downwind	Low Approach
Takeoff	IFR Departure Procedure/Clearance	<u>Landing</u>	<u>Base</u>	Go Around
Initial Climb			<u>Final</u>	Aborted Landing (after touchdown)
			Crosswind	Unknown

IFR Approach (Check all that apply)

None			
ADF/NDB	PAR	MLS	Practice
SDF	Sidestep	LDA	GPS
VOR/TVOR	ILS	ASR	
VOR/DME	Localizer Only	Visual	
TACAN	LOC-back course	Contact	
	RNAV	Circling	
		Unknown	

VFR Approach (Check all that apply)

None	
<u>✓</u> Traffic Pattern	Stop and Go
Straight-In	Touch and Go
Valley/Terrain Following	Simulated Forced Landing
Go Around	Forced Landing
<u>✓</u> Full Stop	Precautionary Landing
	Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>John</u> Middle Initial: _____ Last Name: <u>Watts</u> City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☒ None Minor Serious Fatal Unknown			Seat Occupied Left Right Center Front ☒ Rear Single Unknown			Restraint Type Available None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point ☒ 5-point Unknown			Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A			Date of Last Medical _____ mm/dd/yyyy																																																																																												
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"Flight Crewmember 2" was pilot flying Yes ☐ No ☒																																																																																																			
"Flight Crewmember 2" Identification First Name: <u>Jerry</u> City of Residence: <u>Covington</u> Middle Initial: <u>L.</u> State: <u>OH</u> ZIP: <u>45318</u> Last Name: <u>Kemp</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>75</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																			
Degree of Injury None ☐ Fatal ☐ <u>Minor</u> ☒ Unknown ☐ Serious ☐		Seat Occupied Left ☐ <u>Front</u> ☒ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single ☐		Restraint Type <table border="0" style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None ☐</td> <td>None ☐</td> </tr> <tr> <td>Lap only ☐</td> <td>Lap only ☐</td> </tr> <tr> <td>3-point ☐</td> <td>3-point ☐</td> </tr> <tr> <td>4-point ☐</td> <td>4-point ☐</td> </tr> <tr> <td>5-point ☐</td> <td><u>5-point</u> ☒</td> </tr> <tr> <td>Unknown ☐</td> <td>Unknown ☐</td> </tr> </table>			Available	Used	None ☐	None ☐	Lap only ☐	Lap only ☐	3-point ☐	3-point ☐	4-point ☐	4-point ☐	5-point ☐	<u>5-point</u> ☒	Unknown ☐	Unknown ☐	Inflatable Restraints Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐																																																																														
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Principal Occupation <u>Pilot</u> ☒ Other ☐ Unknown ☐		Medical Certificate None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ <u>Class 2</u> ☒ Unknown ☐		Medical Certificate Validity Without limitations/waivers ☐ Unknown ☐ <u>With limitations/waivers</u> ☒ N/A ☐ Special Issuance ☐			Date of Last Medical <u>12/10/2021</u> mm/dd/yyyy																																																																																												
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Type Ratings: <u>AIRLINE TRANSPORT PILOT</u> <u>Airplane single + Multiengine Land</u> <u>A-320; A-330; B-727; B-757; B-767;</u> <u>CE-500; FK-100; L-300</u>						Student Endorsements (Include dates)																																																																																													
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
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Type Rating/Endorsement for Accident/Incident Aircraft? Yes No				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

3 FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>KBTL</u> City: <u>Battle Creek</u> State: <u>MI</u> Country: <u>USA</u>		Time of Departure Time: <u>1:30 PM</u> Time Zone: <u>E</u>		Destination Airport ID: <u>KOEB</u> City: <u>Coldwater</u> State: <u>MI</u> Country: <u>USA</u>
Type Flight Plan Filed ☒ None Company VFR Military VFR VFR VFR/IFR IFR Unknown Activated? Yes No Unknown				
Type of ATC Clearance/Service (Check all that apply) ☐ None ☒ VFR from Class D ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D Class E Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown Altitude of In-Flight Occurrence: _____ ft msl				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☒ On-Board Weather ☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown			Weather Observation Facility Facility ID: <u>KOEB ASOS</u> Observation Time: <u>1345</u> Time Zone: <u>E</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>-</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown		
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>low 80s</u> (F) Dew Point: _____ (C) or <u>?</u> (F) Altimeter Setting: <u>approx 30.10</u> in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl		Wind Direction ☒ Variable ☐ -or- Direction: _____ degrees true		
Wind Speed ☐ Calm ☒ Light and Variable ☐ -or- Speed: _____ kts		Wind Gusts ☒ Not Gusting ☐ -or- Speed: _____ kts		Visibility <u>10 +</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>approx 2500</u> ft
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		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
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Aircraft was landed hard enough that the front/main gear collapsed and it flipped over nose first on its back. Engine, prop, wing struts and tail were damaged. No other property was damaged. No serious injuries.

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

Approximately 2 PM on Sept. 2nd John Watts (Pilot 1) and I (Pilot 2) were participating in a proficiency flight for Pilot 1 in a Great Lakes open cockpit biplane (N21GL). Pilot 1 was flying from the rear seat which has all the pilot controls, engine instruments, Radios, Nav instruments, Mags, starter, trim, etc. The front seat cockpit is between the wings with an airspeed indicator and altimeter, Throttle, stick and rudders, poor visibility, peripheral and depth perception. The Great Lakes cannot be flown from the front seat as PIC for these reasons and the front seat is considered the passenger or observer seat.

Pilot 1 started the aircraft, taxied after calling for clearance and took off from KBTL and flew south out of BTL Class D airspace for some steep turns, approach to stalls and aircraft handling exercises over the country side.

He then flew to Coldwater, MI (KOEB) for some landings as previously briefed on the ground. On the third landing he attempted to do a three point landing as briefed. On short final he got high and slow. He continued the flare with the stick full aft and idle power. The airplane stalled approximately 5+ feet in the air and dropped in hard. The front/main gear collapsed and the airplane went tail to nose over on its back.

We exited the airplane, shut off all switches and called 911. EMS transported us to the hospital. No serious injuries.

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

Operator/Owner Safety Recommendation

Pilot flying should have flared for landing closer to the runway.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes ☒ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

26

Gallons

Fuel Type

80/87

☒ 100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

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

Both occupants exited their respective open cockpits.

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
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

09/18/2022
mm/dd/yyyyName of Pilot/Operator: John Watts

Signature

- or -

Check here to electronically sign this document

- Front seat occupant / pilot**If a Person Other than Pilot/Operator is Filing Report**

Name: _____

Title: _____

Signature: _____

- or -

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN22LA410

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

A. Sauer

Date Report Received

9-23-22

