

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: Smithville, GA State: TN
ZIP: 37146 Country: USA
Latitude: 35:59 (dd:mm:ss N/S) Longitude: 085:48 (ddd:mm:ss E/W)

Date/Time

Date: 08/20/2011 Local Time: 12:00
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

Field Elev. ft MSL

AIRCRAFT INFORMATION

Manufacturer: Avid Aircraft
Model: Mark IV
Serial Number: _____
Registration Number: N52CH Amateur-built: ☒ Yes ☐ No

Max Gross Weight: 1200 lbs
Weight at Time of Accident/Incident: Approx. 800 lbs
Location of Center of Gravity at Time of Accident/Incident:
2' Plat Position 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: NA

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: 04/13/2011
mm/dd/yyyy

Airframe Total Time: 160 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: Ameri-King Corp.

Model/Series: AK-450, ELT(AE)(AP)

ELT Aided in Locating Accident/Incident

☐ Yes ☐ No NA

Serial Number: 950001

Battery Type: Copper Top (Duracell) Battery Exp. Date: 2017

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: G.S.C.

Model: 3 B/Ale

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	<u>Bombardier</u>	<u>582</u>	<u>?</u>	<u>?</u>	<u>63</u>	<u>160</u>	<u>15</u>	<u>NA</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Leslie Holmes Ellis Jr</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Rockvale</u> State: <u>IL</u> ZIP: <u>60551</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>Leslie Holmes Ellis Jr</u> Doing Business As: <u>Retired</u> Air Carrier/Operator Designator (4 Character Code): <u>NA</u>		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 <u>NA</u> ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation <u>NA</u> ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	
		Type of Commercial Operating Certificate Held (Check all that apply) <u>NA</u> ☐ 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) <u>NA</u>			
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 (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
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 gear leg folded.
Frame bent where gear leg folded.
Small break in engine cowling.
Right wing tip damage to flap/aperon.
Structure bent just forward of tail wheel on bottom side.
Prop blades broken.

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

Airport Identifier: OAB Distance From Airport Center: Approx 50 SM
Airport Name: Smithville Municipal Direction From Airport: Approx 180 degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: Approx 1000 ft. MSL

Approach Segment (Select one) NA
☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply) NA
☐ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ 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) NA
☐ 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: 18 (L/R/C) Length: 5000 ft Width: 60 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: _____ City: <u>Manfredsboro</u> State: <u>TN</u> Country: <u>USA</u>	Time of Departure Time: <u>Approx 11:30</u> Time Zone: <u>CDST</u>	Destination <u>OAB</u> Airport ID: <u>KMBF</u> City: <u>Airport Smithville</u> State: <u>TN</u> Country: <u>USA</u>	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) NA
☒ 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 NA Fuel Type NA
(convert from pounds, as necessary)
Gallons _____
☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE *NA***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 | ☐ Company |
| ☐ Flight Service Station | ☐ Military |
| ☐ TV/Radio | ☐ Internet |
| ☐ Automated Report | ☐ Unknown |
| ☐ Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|---|
| ☐ In Person |
| ☐ Teletype |
| ☐ Telephone/Computer |
| ☐ Aircraft Radio |
| ☐ TV/Radio |
| ☐ Unknown |

Briefing Type/Completeness *NA*

- | | |
|--|--|
| ☐ Full | ☐ Abbreviated |
| ☐ Partial / Limited By Pilot | ☐ Unknown |
| ☐ Partial / Limited By Briefing | ☐ Not Pertinent |

Light Condition

- | | | |
|-------------------------------|--------------------------------|---------------------------------------|
| ☐ Dawn | ☐ Dusk | ☐ Dark Night |
| ☐ Day | ☐ Night | ☐ Bright Night |
| | | ☐ Not Reported |

Visibility

_____ miles

Sky/Lowest Cloud Condition *NA*

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

Ceiling

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

Restriction to Visibility (Check all that apply)

- | | |
|--|-------------------------------------|
| ☒ 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: *67-50* degrees MAG☐ Variable**Wind Speed**Velocity: *45-5* KTS

-or-

- | |
|---|
| ☐ Calm |
| ☐ Light and Variable |

Wind GustsVelocity: *0* KTS

- | |
|--------------------------------------|
| ☐ Gusting |
| ☐ Not Gusting |

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| ☒ 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

*None to my knowledge.*Temperature: _____ (C)
or *90°* (F)Altimeter Setting: *?* in. HG
or _____ MBDensity Altitude: *?* ftDew Point: *?* (C)
or _____ (F)**Icing Forecast** *NA*

Amount

- | | |
|--------------------------------|-----------------------------------|
| ☐ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Icing Actual *NA*

Amount

- | | |
|--------------------------------|-----------------------------------|
| ☐ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Type of Precipitation (Check all that apply) *NA*

- | | |
|--|---|
| ☐ None | ☐ Drizzle |
| ☐ Rain | ☐ Ice Pellets |
| ☐ Snow | ☐ Snow Pellets |
| ☐ Hail | ☐ Snow Grains |
| ☐ Rain Showers | ☐ Ice Crystals |
| ☐ Freezing Rain | ☐ Ice Pellets Shower |
| ☐ Snow 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: Leslie

Middle Initial: H

Last Name: Ellis

City: Rockville

State: TN ZIP: 37153

Country: USA

Age at time of Accident/Incident: 75

Date of Birth: mm/dd/yyyy

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 Retired
☒ 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 NA

Date of Last Medical

08/18/2004
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Waivers

None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

05/24/2010
mm/dd/yyyy

Flight Review Aircraft

Make: Avid Flyer
Model: Mark IV

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

Basic Flight instructor

Type Ratings

Single engine land.

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	704.3	90	704.3	0						
Pilot in Command (PIC)	11	90	704.3							
Time as Instructor	0	0	0							
This Make/Model										
Last 90 Days	9.7	9.7								
Last 30 Days	3.5	3.5								
Last 24 Hours	.7	.7								

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.

Date of accident: 08/26/2011

Time of accident: Approx 12:00 CSDT

Runway terrain: Early steep bank on the left side of the runway as I departed to the south.

What Happened:

As I was on my take off roll and at a speed of approx. 45 mph, I was distracted by the left door popping open. I reached for the door handle and this caused the plane to veer to the left and it left the runway. Before I could slow the plane I hit the earthen bank to the left side of the runway. This caused the plane to jump the bank and turn to the left about 90° and land on its right side which folded the right gear leg and broke the propeller.

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

Operator/Owner Safety Recommendation

If the plane had a more effective door latch or if I had added a secondary safety latch, the accident would not have happened.

It is also fair to say that on level terrain I could have slowed down & prevented any damage. I am not "however" blaming my accident on the terrain because I know very well that anytime something happens when one is flying, your first reaction should be to FLY THE PLANE.

ADDITIONAL INFORMATION (Please type or print in ink)

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

Question on page 3 about aircraft C.G. Could not be answered since my aircraft log book was turned over to my insurance carrier.

Also I could not locate my serial number. This info also in aircraft log.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

09/24/2011
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: Les/M. H. Ellis

- Pilot Owner

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.
ERA11CA478Reviewed by NTSB Regional Office
ERAName of Investigator
WILSONDate Report Received
9/24/11