

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>Tullahoma</u> State: <u>TN</u> ZIP: <u>37388</u> Country: <u>USA</u> Latitude: <u>35:23 N</u> (dd:mm:ss N/S) Longitude: <u>86:15 W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>10/03/2011</u> Local Time: <u>5:15 PM</u> <i>mm/dd/yyyy</i> Time Zone: <u>CDT</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 75 ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Loelhe Aircraft Corp.</u> Model: <u>P-40</u> Serial Number: <u>P150968827WE</u> Registration Number: <u>N414L</u> Amateur-built: ☒ Yes ☐ No		Max Gross Weight: <u>1,045</u> lbs Weight at Time of Accident/Incident: <u>960</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>69.844</u> inches from ☒ nose or ☐ datum -or- <u> </u> Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> 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: <u> </u> Cabin Crew: <u> </u> Passengers: <u> </u>	Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown
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Type of Maintenance Program ☐ Annual ☒ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: <u> </u>	Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☒ Conditional Inspection ☐ Annual ☐ Unknown	Date Last Inspection: <u>04/11/2011</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>260</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident
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IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown	Type of Fire Extinguishing System ☒ None ☐ Specify <u> </u>
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ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No	ELT Manufacturer: <u> </u> Model/Series: <u> </u> Serial Number: <u> </u> Battery Type: <u> </u> Battery Exp. Date: <u> </u>	
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Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected	Propeller ☒ Fixed Pitch ☐ Controllable Pitch Manufacturer: <u> </u> Model: <u> </u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Rotax	582 UL DCDI mod. 95			65	250	10	
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Maurice G. HaleFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: TulahomaState: TN ZIP: 37388Country: USA**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**

None

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.)

Loss of lift on left wing. Impossible to determine if mechanical failure occurred due to damage to aircraft.

Total Time/Cycles On Part

_____ 260 Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ 10 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 completely destroyed upon impact with runway. Damage to runway tarmac required repaving 10 x 10 foot patch.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: THADistance From Airport Center: 0 SMAirport Name: Tullahoma Rgnl AirportDirection From Airport: 0 degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 1,083 ft. MSL**Approach Segment** (Select one)
☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☒ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)
IFR Approach (Check all that apply)
☐ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling
VFR Approach (Check all that apply)
☒ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☒ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown
Runway InformationRunway ID: 36 (L/R/C) Length: 5,002 ft Width: 100 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: THACity: TullahomaState: TNCountry: USA**Time of Departure**Time: 5:15 PMTime Zone: CDT**Destination**Airport ID: Same

City: _____

State: _____

Country: _____

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)

13 Gallons**Fuel Type**
☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☒ Automotive ☐ JP5
Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

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

Pilot Crawled from Aircraft under wing and walked away!

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: AWOS-3

Observation Time: 5:00 PM

Time Zone: CDT

Distance from Accident Site: 0 NM

Direction from Accident Site: 0 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

ft AGL

Ceiling Height

ft AGL

Wind Direction

☒ Indicated:

345 degrees MAG

☐ Variable

Wind Speed

Velocity: 6 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

None

Temperature: (C)
or 67 (F)

Altimeter Setting: in. HG
or MB

Density Altitude: 1,000 ft

Dew Point: (C)
or (F)

Icing Forecast

Amount

☒ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

Type

☐ Rime

☐ Clear

☐ Mixed

Icing Actual

Amount

☒ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

Type

☐ Rime

☐ Clear

☐ Mixed

Type of Precipitation (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>Maurice</u> Middle Initial: <u>G</u> Last Name: <u>Hale</u> City: <u>Tullahoma</u> State: <u>TN</u> ZIP: <u>37388</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>69</u> Date of Birth: <u>mm/dd/yyyy</u> <u>1941</u> Certificate Number: <u>mm/dd/yyyy</u> <u>mm/dd/yyyy</u>																																																																																																				
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>11/08/2010</u> <i>mm/dd/yyyy</i>																																																																																												
Medical Certificate Limitations Must use Corrective lenses. Must use hearing amplification.																																																																																																				
Medical Certificate Waivers None																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/12/2010</u> <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA-28</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 Private Pilot Airplane Single & Multiengine Land						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>4,350</td> <td>125</td> <td>2,460</td> <td>1,890</td> <td>618</td> <td>25</td> <td>16</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>3,640</td> <td>125</td> <td>2,200</td> <td>1,740</td> <td>598</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">Last 90 Days</td> <td>6</td> <td>6</td> <td>6</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>2</td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></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	4,350	125	2,460	1,890	618	25	16				Pilot in Command (PIC)	3,640	125	2,200	1,740	598	0	0				Time as Instructor	0	0									This Make/Model											Last 90 Days	6	6	6	0	0	0	0				Last 30 Days	2	2	2	0	0	0	0				Last 24 Hours	0	0	0	0	0	0	0			
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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		
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 ☐ 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
Total Time							Actual	Simulated			
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 ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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 ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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 ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
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 flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											

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. After refueling Main Tank (5 Gal) Taxi to Loehle Aircraft to secure wing gap seals. After securing wing gap seals, walk around noted no discrepancies. Normal start up and warm up of engine, engine checks, AWOS check, Call to THA Traffic; began takeoff on RW 36, THA. Wind was from left (345) at 6 knots and steady.

Left wing dropped upon wheels leaving ground, approximately 10 degrees, which I assumed was due to crosswind. When full right stick did not bring wing up, began climb at climb speed (65mph), but wing continued to drop with increased speed. Leveled out at approximately 75 feet and slowed to 50 MPH to evaluate control issues. Full deflection would not bring wing up, and wing top fabric showed movement. Decided to make precautionary landing on remaining runway or cross runway 24 regardless of wing position: which was now almost 45 degrees.

Upon decrease of power, stick forward and to right, rudder full right, Nose came up and airplane stalled and spun to left. Roll was greater than 90 degrees left and stopped at approximately 110 degrees, 75 to 80 degrees nose down. Power taken off and impact on runway occurred within seconds of stall.

Aircraft design included a 6 G. cockpit with wings, tail, engine all designed to separate on impact. Pilot had 12 G four point aerobatic quick release harness,, and seat and main spar were not broken on impact. After checking condition of arms, legs, and head; harness was released due to smell of gasoline. Crawled from aircraft under remaining right wing, then stood and ran from aircraft until responder made pilot sit/lie down.

EMT responders confirmed no broken bones, minor scrapes and serious bruise from harness restraint. Responses continued normal,, BP 174/89, HR 100. Pilot rejected transport to ER and later reported to ER under his own power to clean and dress scrapes and minor wounds. Recovery at home for one day followed by CT scan directed by family doctor. No broken bones or internal injuries.

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

Operator/Owner Safety Recommendation

Immediate precautionary/aborted landing should have been undertaken upon first indication of control issues on takeoff, regardless of aircraft attitude.

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**

10/13/2011

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Maurice G Hale

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.**

ERA12CA013

Reviewed by NTSB Regional Office

ERA-VA

Name of Investigator

D. Diaz

Date Report Received

10/19/11