

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: Brogue State: PA
 ZIP: 17309 Country: U.S.
 Latitude: 39°58' 14" (00:00:00 N/S) Longitude: W 76°29' 18" (000:00:00 E/W)

Date/Time

Date: 05/02/2003 Local Time: 1015
 mm/dd/yyyy Time Zone: EASTERN

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

790 ft MSL

WEATHER INFORMATION AT THE ACCIDENT 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 ☐ 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

☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☒ Not Pertinent

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Not Reported

Visibility

20 miles

Sky/Lowest Cloud Condition

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

Ceiling

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

Restriction to Visibility

☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height

NA ft AGL

Ceiling Height

NA ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG
☒ Variable

Wind Speed

Velocity: _____ KTS
 -or-
☐ Calm ☒ Light and Variable

Wind Gusts

Velocity: _____ KTS
☐ Gusting ☒ Not Gusting

Type of Turbulence

☐ 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

NONE

Temperature: _____ (C)
 or 60 (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

☒ 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

AIRCRAFT INFORMATION									
Manufacturer: <u>PIPER</u> Model: <u>Cherokee 140</u> Serial Number: <u>28-7525225</u> Registration Number: <u>33677</u> Amateur-built: ☐ Yes ☐ No					Max Gross Weight: <u>2150</u> lbs Weight at Time of Accident: <u>1971</u> lbs Location of Center of Gravity at Time of Accident: <u>81.76</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown			
Type of Maintenance Program ☐ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown		Date Last Inspection: <u>03/03/2013</u> mm/dd/yyyy Airframe Total Time: <u>4246</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident				
IFR Equipped ☒ Yes ☐ No ☐ Unknown			Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown		Type of Fire Extinguishing System ☒ None ☐ Specify _____				
ELT Installed ELT Activated ☒ Yes ☐ No ☒ Yes ☐ No			ELT Manufacturer: <u>EBC</u> Model/Series: <u>102</u> Serial Number: _____ Battery Type: <u>GILL 635</u> Battery Exp. Date: <u>4/2015</u>						
Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown		Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected		Propeller ☒ Fixed Pitch Manufacturer: <u>Sensenich</u> ☐ Controllable Pitch Model: <u>74DM6-0-58</u>					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing 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>LYCOMING</u>	<u>D-320-E3D</u>	<u>L-40053-27A</u>	<u>12-20-2009</u>	<u>150</u>	<u>4246</u>	<u>63</u>	<u>63</u>	
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner Name: <u>Kitchen Holdings Inc.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No					Owner Address City: <u>Wilmington</u> State: <u>DE</u> ZIP: <u>19800</u> Country: <u>US</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
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number <u>NA</u>	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
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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: _____

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

Airport Identifier: <u>9W8</u> Airport Name: <u>Baobitz Commercial</u>	Distance From Airport Center: <u>1/2</u> SM Direction From Airport: <u>280</u> degrees MAG Airport Elevation: <u>750</u> ft. MSL
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Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip

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/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
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Runway Information Runway ID: <u>28</u> (L/R/C) Length: <u>2493</u> ft Width: <u>100</u> 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
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>9W1</u> City: <u>Brogue</u> State: <u>PA</u> Country: <u>US</u>	Time of Departure Time: <u>1015</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>9W8</u> City: <u>Brogue</u> State: <u>PA</u> Country: <u>US</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)
☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident 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)

40 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

None

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)

MAJOR DAMAGE FROM COCKPIT FWD TO PROPELLOR
 LANDING GEAR DAMAGE, NOSE GEAR COLLAPSED.
 POWER LINE DAMAGED

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

EXITED THROUGH CABIN DOOR WITH ASSISTANCE
 BOTH PILOTS EXITED THROUGH CABIN DOOR.

PILOT "A" INFORMATION**Pilot "A" Responsibilities at the Time of Accident**

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☒ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: LAURENCE City: WINDSOR
Middle Initial: F State: PA ZIP: 17366
Last Name: STONE Country: US

Age at time of Accident: 61 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
☐ 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

12/11/2012
mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Waivers

None

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

10/17/2011
mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
Model: 172

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

A-320, B707, B-720, B-737, B-757, B-767

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	19003.3		161.1	18842	450	3827	173.2			
Pilot in Command (PIC)	2733.2	14.3	161.1	2566.7	220					
Time as Instructor	42.3	1.2	42.3	0	1.6					
This Make/Model					0					
Last 90 Days	22.4	1.2	1.2	0	0		0.2			
Last 30 Days	9.9	1.2	1.2	0	0		0.2			
Last 24 Hours	0	0	0	0	0	0	0			

PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident**

☐ Pilot ☐ Co-Pilot ☒ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: Randy City: WINDSOR
Middle Initial: S State: PA ZIP: 17366
Last Name: Shoemaker Country: US

Age at time of Accident: 20 Date of Birth: [REDACTED] Certificate Number: NA
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

NA

Medical Certificate Waivers**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

NA
mm/dd/yyyy

Flight Review Aircraft

Make: NA
Model: 1

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	1.2	1.2	1.2	0	0	0	0			
Pilot in Command (PIC)	0	0	0	0						
Time as Instructor	0	0	0	6						
This Make/Model										
Last 90 Days	0		0	0						
Last 30 Days	1.2	1.2	1.2	0						
Last 24 Hours	0	0	0	0						

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ 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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ 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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ 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

[illegible]

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

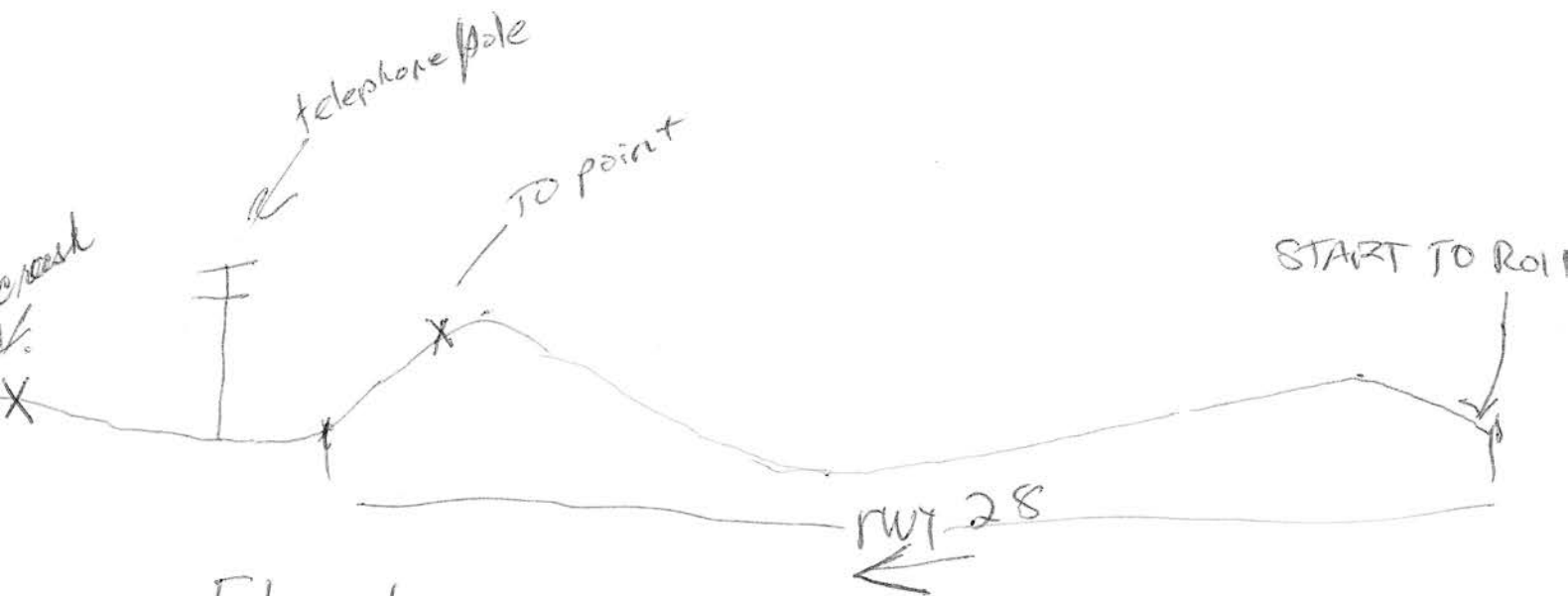
The student pilot + I had appointed to meet at 9AM For his 2nd Student Flight. At 9AM I noted the wind sock indicated light + variable wind primarily from the north (direct crosswind). We prebriefed for approx 1 hr. PreFlight at approx 10:00 wind was still light + variable from the north. PreFlight was normal with no discrepancies. All checklists were used + verified. Eng start was normal. Prior to Taxi I noted wind was still light at ~~the~~ north. Taxi to Run 28 was short. The wind indicated no way was preferable. I chose Run 28. Student was to make the TO. TO was rolling. Eng promptly achieved full TO power. Initial acceleration was normal. Student actions were smooth + correct. At approx $\frac{1}{2}$ way down the runway airspeed had reached 55 mph (min rotation speed.) At this pt. runway begins an uphill slope. Now the air speed started to increase at a reduced rate. Eng operation was normal. By the time we reached the top of the runway slope, airspeed had increased to 60 mph and I had called "Rotate". In about 1-2 sec. I assisted rotation + the airplane took off. Climbout was about normal. Aircraft struck power line approx. 150' from end of the runway. Main gear struck the wire. Aircraft lost flying speed and impacted nose first into plowed field about 250' from wire. (CONT.)

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

Narrative (cont)

Rescue personell extracted both pilots From the aircraft through the cabindoor. While sitting in the field waiting for the ambulance, I noticed the wind was light and steady out of the east.



Elevations are exajerated For illustrative purpose.

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**05/21/2013
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: LAURENCE F. STONE**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.**

ERA13CA228

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Alleyne

Date Report Received

5/27/2013