

Shell Aviation Incident Notification Form

Sign on line and print name below

Date of Incident 10-28-12
Date of Report 10-28-12
Location Name GKT

Submitted by:

Investigated By:

GENERAL

1 Type of Incident (circle one)

Misfueling

Aircraft
Trouble
or Crash

Fire

Employee
Injury

Spill

Other

2 Outcome of Incident (circle one)

No

Minor
Injury or Injury
Damage
(first aid)
or

Moderate
Injury
(medical away from
treatment) or work

Major
Injury (days
(medical away from
treatment) or work)

Fatality Other

Damage

Damage

Damage (<\$1K)

(>\$1K) (>\$10K)

3 If aircraft trouble or crash, last
fueling airport & number of
aircraft fueled from same load:

3a. Number of flights
fueled that flew?

4 If Spill, state what was spilled
and approximate gallons:

5 Brief Description of Incident:

??
Not positive

2-3 injured

GKT / 22 AC

Heard people
had some
injuries, not
spoken to
anyone officially

ACCIDENT REPORTS

INDICATE THE

PLANE HIT A

POWERLINE POLE

AND GOT TANGLED

IN POWERLINES. IT

ENDED UP ON TOP OF

TREES, BEFORE FALLING

TO THE GROUND. 3 WERE

INJURED W/ MINOR

SCRAPES AND BURNS

Piper IN 4478F DEPARTED GKT @ 2:31 PM
SUNDAY OCTOBER 28th. HE DEPARTED FROM RW 28,
AND WAS NOT COMMUNICATING ON THE RADIO
DURING DEPARTURE. AT 3:10 PM, KNOXVILLE
APPROACH CALLED US AND ASKED ABOUT
THE AIRCRAFT. THEY COULDN'T REACH THE
AC AND ASKED US TO TRY REACHING
IT BY OUR UNICOM. TIM WOODWORTH TRIED
TWO TIMES WITH NO ANSWER, AND INFORMED
THE KNOXVILLE APPROACH OF SUCH.

AT THAT TIME, THE AWOS WAS CHECKED AND THE
FOLLOWING CONDITIONS WERE REPORTED:
SKY - SCT 010
BKN 022
TEMP - 8/11
WIND DR/SP -
ALT - 20.88

BKN 013

349/06

IF MISFUELING, COMPLETE SECTIONS A & B ON NEXT PAGE

IF AIRCRAFT TROUBLE OR CRASH, COMPLETE SECTIONS A, B, C & D ON NEXT 2 PAGES

AIRCRAFT

- A1 Aircraft Operator
 A2 Aircraft type and registration
 A3 State quantity, grade and invoice # of fuel supplied
 A4 How was fuel spread over aircraft tanks (if known)
 A5 Time and date of fueling

Kevin Sactsman
 N 4478F PIPER SARATOGA
 44 gallons, 100LL, inv #118033
 10-26-12 / 11 AM

FUELING VEHICLE(S)

- B1 State type, number and capacity
 B2 Filtration - State type and date elements last installed.
☒ Attach copies of Filtration Differential Pressure and Throughput Record covering previous 12 months.
 B3 Date the hose and filters last checked, and result
 B4 Vehicle(s) last checked for water prior to incident. Date, Time, Method, Result
 B5 Water Checks (B4) made by

FORD, 1000 gallons

ACO-5120L / installed 10/17/12
 10/28/2012, CLEAN, CLEAR/BRIGHT

10/28/12, SATISFACTORY

TIM WOODWORTH

- B6 Attach copies of relevant vehicle daily log sheet(s) indicating water checks
 B7 Date and time vehicle(s) loaded prior to fueling aircraft concerned
 B8 Quantity loaded and grade

10/24/12 ~ 3:00 pm

700 gallons 100LL

Dennis Goeglein

~ 2 hours

- B9 Name of Operator who loaded vehicle
 B10 Settling time after truck loading
 B11 Results of water checks made after loading and settling.

Attach copies of fueling vehicle daily log sheet(s) indicating settling time and water checks.

- B12 Color and appearance of fuel
 B13 Is sample from vehicle(s) relative to above loading (Q. B7) available. (Jet A - 1 gal. Avgas - 5 gal)

BLUE, CLEAR, BRIGHT

SAME VEHICLE, BUT HAS BEEN TOPPED OFF SINCE

B14 Results and date of last Millipore test (Jet A Only)

ACTION BY INVESTIGATOR 2

- B15 Check and report filtration equipment pressure drop.
 B16 Check and report on condition of filtration drain sample
 B17 Check and report on condition of hose and filter(s)
 B18 Check and report on condition of samples drawn from vehicle tank drain and hose ends
 B19 Check and retain samples and seal number. (Jet A - 1 gal. Avgas - 5 gal)

BLUE, CLEAR

GOOD FILTER NEW

BLUE, CLEAR, NO WATER

AIRPORT STORAGE

- C1 Storage tank number and capacity from which vehicle loaded

AVGAS TANK / 12,000 GALLONS

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FILTRATION INTO STORAGE TANK

- C2 (A) If Microfilter or filter/separator is fit when was element last changed? Attach copies of Filtration Differential Pressure and Throughput Record covering previous 12 months
(B) If basket strainer fitted, attach copy of relevant cleaning record
- C3 Floating suction. Attach copy of Bouyancy Check record
- C4 State settling time in storage tank (for example: time between replenishment and time ready for use)
- C5 Time storage tank last checked for water before fueler loaded (as shown in Q. B7). Quote date, time and results. Attach copy of relevant Water and Particulate Precautions (a) last seven days, or (b) back to date of last replenishment, whichever is greater.
- C6 Confirm representative sample from storage tank is available and note sample number (Jet A 3x1 gal, Avgas

24 hrs

10/24/12: 7:30 AM / BRIGHT, CLEAN/CLEAR

2x1 gal AND 1x5 gal)

- C7 Filtration out of storage tank
(a) When were the elements last changed
(b) Attach copies of Filtration Differential Pressure and Throughput Record covering previous 12 months

FILTER A	FILTER B	FILTER C
10/27/12	10/27/12	10/27/12

ACTION BY INVESTIGATOR

- C8 Check and report on condition of basket strainers (where fit)
- C9 Check and report on color, appearance and result of water check on samples drawn from drain points on filtration equipment (where fit)
- C10 Check and report on filtration pressure drop (where fit)
- C11 Check floating suction
- C12 Draw bottom sample from storage tank and record findings. Also, report results of checks made with Shell detector (if applicable)
- C13 Take and/or confirm retain composite sample from tank and note sample number (Jet A 3x1 gal, Avgas 2x1 gal

RECEIPTS INTO STORAGE TANK USED (last 3)

- D1 Date Received
- D2 Supplying Terminal
- D3 Trailer Number
- D4 Grade
- D5 Gallons
- D6 Batch Clearance Certificate, Release Certificate and/or Bill of Lading Number
- D7 Seals - state whether intact and quote no. (If fit)
- D8 Fuel Color
- D9 Tank compartment water checks - attach copy of aviation Fuels Receipt Record
- D10 Main Batch
- D11 Test Report Number
- D12 Time Load Discharged Into Storage
- D13 Fuel Receipt Checks By

Load 1	Load 2	Load 3
10/26/12	10/9/12	8-20-12
Louisville (3)	Louisville	Louisville
431	431	431
8365	5401	8210
7280/93153/	4107611	6811/195614
YES	YES	YES
Blue	Blue	Blue
4150-001	3665-001	
8:00 AM	9:30	9:00

To be completed by location within 24 hours of knowledge of incident. Fax to

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* Brown Paper BAG Test,
Dned CLEAR

* API Gravity Corrected to 60°
~~LAST LOAD~~
Truck 67.7
TANK 67.3
LAST LOAD rec- 67.2

* A/C Fueled ON SAME ~~AREA~~
Vehicle LOAD (AS ~~THE~~ ACCIDENT)
= 22

* A/C Fueled SINCE VEHICLE
RETOPPED = 4