

**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>NE Carry, Moosehead Lake</u> State: <u>ME</u> ZIP: <u>n/a</u> Country: <u>US</u> Latitude: <u>45:51:31</u> (dd:mm:ss N/S) Longitude: <u>69:38:33</u> (ddd:mm:ss E/W)		Date/Time Date: <u>10/19/2013</u> Local Time: <u>1830</u> <u>mm/dd/yyyy</u> Time Zone: <u>EST</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 <u>1,030</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Cessna</u> Model: <u>A185F</u> Serial Number: <u>18503168</u> Registration Number: <u>N93037</u> Amateur-built: ☐ Yes ☒ No	Max Gross Weight: <u>3,350</u> lbs Weight at Time of Accident/Incident: <u>2,660</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>39.3</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>4</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>10/09/2012</u> <u>mm/dd/yyyy</u> Airframe Total Time: <u>5,971</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>Hand held ext. in Cabin</u>
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ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No	ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>455-6605</u> Serial Number: <u>ADCC40021000315</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>McCauley</u> Model: <u>D3A34C401/C</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	Continental	IO-520D	239290-R	MO-12/20/2013	300	854	100	854
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Sarah B Coleman</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Dennistown</u> State: <u>ME</u> ZIP: <u>04945</u> Country: <u>US</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Thomas S Coleman</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>West Forks</u> State: <u>Me</u> ZIP: <u>04985</u> Country: <u>US</u>	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown		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	Type of Commercial Operating Certificate Held (Select 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 _____	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 <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> 			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)*

Propeller and cowling destroyed by water impact. internal engine damage likely from water intake and prop strike while under power. Floats torn off fuselage and destroyed. Belly severely deformed. Tail section separating from cabin just behind baggage. Right wing tip and aileron destroyed. Right wing broken between fuselage and strut.

AIRPORT INFORMATION *(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)*Airport Identifier: None

Distance From Airport Center: _____ SM

Airport Name: Moosehead Lake

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 1,030 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☐ 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**Runway Information**Runway ID: N/A (L/R/C) Length: _____ ft Width: _____ 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: N/ACity: NE CarryState: MECountry: US**Time of Departure**Time: 1825Time Zone: EST**Destination**Airport ID: N/ACity: NE CarryState: MECountry: US**Type Flight Plan Filed**☒ None☐ VFR/IFR☐ Company VFR☐ IFR☐ Military VFR☐ Unknown☐ VFRActivated? ☐ 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)*20 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 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 via the pilots window, which he opened.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: N/A

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 | ☒ Bright Night |
| | | ☐ Not Reported |

Visibility30 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 (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:
_____ degrees MAG☐ Variable**Wind Speed**Velocity: 0 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

Temperature: _____ (C)
or 50 (F)Altimeter Setting: unknown 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 (Check all that apply)

- | | |
|--|---|
| ☒ 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: Thomas
 Middle Initial: S
 Last Name: Coleman

City: West Forks
 State: ME ZIP: 04985
 Country: US

Age at time of Accident/Incident: 31 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

10/14/2011
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

08/21/2012
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
☐ 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
						Actual	Simulated			
Total Time	277	109	277	0	10	0	3	0	0	0
Pilot in Command (PIC)	213	206	213	0	6	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					3	0	0			
Last 90 Days	51	45	51	0	6	0	0	0	0	0
Last 30 Days	15	15	15	0	1	0	0	0	0	0
Last 24 Hours	1	1	1	0	0	0	0	0	0	0

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: _____ 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

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
 ☐ 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										
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									
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front									
						☐ Right		☐ Rear									
						☐ Center		☐ Single		☐ Unknown							
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									
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front									
						☐ Right		☐ Rear									
						☐ Center		☐ Single		☐ Unknown							
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									
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front									
						☐ Right		☐ Rear									
						☐ Center		☐ Single		☐ Unknown							
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: <u>Ashli</u> City: <u>Portland</u>																	
Middle Initial: <u>S</u> State: <u>Me</u> ZIP: <u>04103</u>								☒						☒			
Last Name: <u>Goodenow</u> Country: <u>US</u>																	

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.

The aircraft left from Fifth St John pond at about 1710 EST enroute to NE Carry. Night was approaching, but the moon was bright with no ceiling. Upon reaching Moosehead Lake, the pilot circled the cove and the camps where the occupants of the aircraft were planning to spend the night. After making a short detour to the East side of the cove to check on another docked aircraft, the pilot landed in towards shore, and began to taxi along the unlit shore to his intended docking location. During this taxi, pickup headlights were flashed from shore and people could be heard yelling to the plane.

the pilot ceased his taxi to investigate, only to find that it was the occupants of a local camp intrigued by the aircraft. These people told the pilot that he was miles from his intended destination. This misinformation served to start the pilot second guessing his location. the pilot began to continue his taxi along the shore, but with the question of his location growing, decided to take off again, regain bearings, and land at the intended location.

At the time of takeoff, night had fallen and though the moon was bright and there were no clouds, the light was flat. Surface conditions were full glass with no ripples. Nav lights and landing lights were on.

Approximately 1625 EST the pilot took off from Moosehead, and circled back over the village, which was only about 5000 feet from his departure point. After establishing this, the pilot flew directly over the village, and proceeded out over the cove. The lake maintained a glassy condition throughout this time period. Rather than setting up a glassy water landing over the village shoreline, and landing out into the cove, the pilot decided to proceed out over the water, intending to make a 180 degree turn and land back in towards the dock.

During the final turn, over the water, the pilot unknowingly lost visual height reference. After leveling the wings, the pilot began to set up for a low sink rate glassy water landing, believing himself to be about one hundred feet AGL. At this point, the aircraft was mere feet over the surface, and the pilot flew directly into the water with a high sink rate and high speed.

Upon contact with the water, the floats tore off of the fuselage and the aircraft flipped over onto its back, and began to sink. Both occupants maintained consciousness through the impact, and successfully climbed out of the left seat window, onto the upside down wing. The aircraft immediately began to pitch over nose first as it continued to sink, and both occupants swam away from the aircraft to avoid being caught up in the sinking wreckage.

The pilot and passenger swam towards shore, and were picked up in a boat by local campowners who witnessed the accident. The time in the water totaled roughly twenty minutes.

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

Operator/Owner Safety Recommendation

Better attention to ADM standards is the single largest factor that could have prevented this accident. Time of day, weather conditions and pilot decisions contributed to this accident. Had the initial departure been made earlier in the day, better light conditions would have likely prevented this accident. Longer available daylight conditions would have provided better position reference both in flight and on the water, and would have removed the perceived need for haste that accompanied the growing darkness. Furthermore, better light conditions would have likely made the second flight unnecessary, as detailed enhanced visual detail available to the pilot would have afforded much better reference to his actual location relative to the intended docking location. Lastly, once airborne for the final flight, had the pilot strictly adhered to normal glassy water procedures, the landing likely would have been inconsequential. Setting up and making the final turn over land would have afforded enough vertical reference to be established in a glassy water landing attitude and descent rate prior to proximity with the surface, and the NE cove of Moosehead provides ample landing distance. The pilot's delay in initial departure and subsequent hurried decision making snowballed into this occurrence.

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**

11/13/2013

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Thomas S Coleman**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.

ERA14CA021

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Cox

Date Report Received

12/23/13