

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

Accident/Incident Location Nearest City/Place: <u>READING</u> State: <u>PA</u> ZIP: <u>19605</u> Country: <u>USA</u> Latitude: <u>40.38 N</u> (dd:mm:ss N/S) Longitude: <u>75.97 W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>06/08/2014</u> Local Time: <u>10:30 AM</u> mm/dd/yyyy Time Zone: <u>EASTERN</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>N/A</u> ft MSL	
Manufacturer: <u>BOEING</u> Model: <u>A75N1</u> Serial Number: <u>75-1925</u> Registration Number: <u>N-26-M</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>2950</u> lbs Weight at Time of Accident/Incident: <u>2645</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>-2.23</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 (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Aerobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	
Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____		Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	
Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown		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	
IFR Equipped ☐ Yes ☒ No ☐ Unknown		Date Last Inspection: <u>05/09/2014</u> mm/dd/yyyy Airframe Total Time: <u>3534.3</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident	
ELT Installed ☐ Yes ☒ No ☐ Unknown ELT Activated ☐ Yes ☐ No ELT Aided in Locating Accident/Incident ☐ Yes ☐ No		Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown Type of Fire Extinguishing System ☒ None ☐ Specify _____	
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>SENSENBACH</u> Model: <u>98AA66</u>	
Engine Engine Manufacturer: <u>CONTINENTAL</u> Engine Model/Serial: <u>W670N</u> Manufacturer's Serial Number: <u>26896</u> Date of Mfg. <u>10/06/11</u>		Engine Rated Power Measured us (check one) ☒ Horsepower or ☐ lbs of Thrust <u>220</u> Total Time (hours): <u>1852.4</u> Time Since Inspection (hours): <u>10.8</u> Time Since Overhaul (hours): <u>66.1</u>	

Registered Aircraft Owner Name: <u>BRENDA E Saylor</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>NEW PARK</u> State: <u>PA</u> ZIP: <u>17352</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>MID ATLANTIC AIR MUSEUM</u> Doing Business As: <u>SAME</u> Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>READING</u> State: <u>PA</u> ZIP: <u>19605</u> Country: <u>USA</u>	
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 Sighting 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 <u>N/A</u> 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			
Aircraft Registration Number _____		Manufacturer: _____ Model: _____	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		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>	
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		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours	

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

WING TIP SCRAPPED
 AILERON damaged
 wheel damaged

Airport Identifier: KRDG

Distance From Airport Center: _____ SM

Airport Name: READING

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 340 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: 31 (L/R/C) Length: 6350 ft Width: 150 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

Last Departure Point

 Airport ID: KRDG
 City: READING PA
 State: PA
 Country: USA

Time of Departure

 Time: 10:10 AM
 Time Zone: Eastern

Destination

 Airport ID: KRDG
 City: READING
 State: PA
 Country: USA

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 on Board at Last Takeoff
(convert from pounds, as necessary)
30 Gallons

Fuel Type

☐ 80/87 ☐ J15/J45 ☐ JP3
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5
☐ Other, specify _____

Other Services, if Any, Prior to Departure

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 & PASSENGER UNBUCKLED Shoulder Harness & SEAT Belt Climbed out of AIRCRAFT IN NORMAL MANNER			
Weather Observation Facility Facility ID: <u>KRDG</u> Observation Time: <u>10:00 AM</u> Time Zone: <u>EASTERN</u> 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 (DUALS)	
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	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	
Lowest Cloud Condition Height <u>N/A</u> ft AGL		Ceiling Height <u>N/A</u> ft AGL	
Wind Direction ☐ Indicated: <u>240</u> degrees MAG ☐ Variable		Wind Speed Velocity: <u>9</u> KTS -or- ☐ Calm ☐ Light and Variable	
Wind Gusts Velocity: <u>0</u> 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 SEVERAL NOTAMS IN Effect for TAXIway closures 1 LOCAL			
Temperature: _____ (C) or <u>75</u> (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount Type ☒ None ☐ Moderate ☐ Rime ☐ Trace ☐ Severe ☐ Clear ☐ Light ☐ Mixed Icing Actual Amount Type ☒ None ☐ Moderate ☐ Rime ☐ Trace ☐ Severe ☐ Clear ☐ Light ☐ 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" 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>Timothy</u>					City: <u>EAST LIVERPOOL</u>					
Middle Initial: <u>M</u>					State: <u>OH</u> ZIP: <u>43920</u>					
Last Name: <u>O'HARA</u>					Country: <u>USA</u>					
Age at time of Accident/Incident: <u>64</u>			Date of Birth: <u>1949</u> mm/dd/yyyy			Certificate Number: <u> </u>				
Degree of Injury			Seat Occupied			Seat Belt		Shoulder Harness		
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			☐ Left ☐ Front ☐ Unknown ☐ Right ☒ Rear ☐ Center ☐ Single			Used ☒ Yes ☐ No Available ☐ Yes ☐ No		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		Medical Certificate			Medical Certificate Validity		Date of Last Medical			
☐ Pilot ☒ Other ☐ Unknown		☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown		<u>01/12/2013</u> mm/dd/yyyy			
Medical Certificate Limitations										
<u>CORRECTIVE LENS</u>										
Medical Certificate Waivers										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:			Flight Review Aircraft							
<u>02/04/2014</u> mm/dd/yyyy			Make: <u>MOONEY</u> Model: <u>M-20-J</u>							
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)				
☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport				
Type Ratings						Student Endorsements (Include dates)				
<u>NONE</u>										
Flight Time (enter appropriate number of hours in each box)										
	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotocraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	3468	197.6	3110.6	425.3	159.6	224.8				
Pilot in Command (PIC)	3142.7	197.6	3110.6	14	-	-				
Time as Instructor										
This Make/Model										
Last 90 Days	29.4	10.8	21	- 0 -						
Last 30 Days	21	10.8	10.7	- 0 -	- 0 -	- 0 -				
Last 24 Hours	-	-	-	-	-	-				

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: _____ <i>mm/dd/yyyy</i>			Certificate Number: _____					
Degree of Injury			Seat Occupied			Seat Belt		Shoulder Harness			
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Used ☐ Yes ☐ No Available ☐ Yes ☐ No		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		Medical Certificate			Medical Certificate Validity		Date of Last Medical				
☐ Pilot ☐ Other ☐ Unknown		☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown		_____ <i>mm/dd/yyyy</i>				
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>					Flight Review Aircraft						
					Make: _____						
					Model: _____						
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		☐ 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											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

Pilot Name and Address <u>N/A</u>		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	

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>KEVIN</u> City: <u>LANCASTER</u> Middle Initial: _____ State: <u>PA</u> ZIP: <u>17602</u> Last Name: <u>FITCH</u> Country: <u>USA</u>	<u>Front</u>	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐
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: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Set up for landing runway 31. Tower reported wind at 2409. Upon touchdown with mains on the runway as tail was lowered the aircraft began a turn to the left. I applied right rudder and right brake but turn to the left was not arrested.

Aircraft turned 90 degrees to the left, skidded sideways, right wheel broke as aircraft skidded. Aircraft continued turning left until it stopped. Upon landing I believe the wind was in a state of change and the tower was considering changing runways. I believe the actual wind conditions at touchdown were a more southerly direction resulting in a quartering tail wind. There was no injury to pilot or passenger.

Operator/Owner Safety Recommendation

Tower could have changed runway to better
REFLECT CURRENT WIND DIRECTION

ADDITIONAL INFORMATION (Please type or print in ink)

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

Date of this Report06/12/2014
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: Timothy M O'HARA**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

NTSB Accident/Incident No.

ERA14CA280

Reviewed by NTSB Regional Office

ERA-VA

Name of Investigator

D. Diaz

Date Report Received

06/12/14