

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: Zephyrhills KZPH State: FL
 ZIP: _____ Country: USA
 Latitude: N28°13.69' (dd:mm:ss N/S) Longitude: N28°13.69' (ddd:mm:ss E/W)

Date/Time

Date: 01/18/2014 Local Time: 12:00
 mm/dd/yyyy Time Zone: EST

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

0 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Piper

Model: Super Cruiser PA-12

Serial Number: 10012

Registration Number: N3668N

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 1,750 lbs

Weight at Time of Accident/Incident: 1,561 lbs

Location of Center of Gravity at Time of Accident/Incident:

78.5 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
☐ Acrobatic
☐ Transport

Special

☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 3

If Large Aircraft, how many seats for:

Flight Crew: 1

Cabin Crew: 1

Passengers: 1

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: 02/18/2013

mm/dd/yyyy

Airframe Total Time: 1,282 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify Handheld Certified Extinguisher

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: _____

Model/Series: _____

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

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: Sensenitch

Model: DM56

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's 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	Lycoming	O 320			150			200
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Sean Connors</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Palm Harbor</u> State: <u>FL</u> ZIP: <u>34685</u> Country: <u>USA</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 ☐ 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 Cargo Operation ☐ Passenger/Cargo ☒ Passenger <u>1</u> How many? ☐ Cargo _____ lbs ☐ Mail	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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ 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.) Left gear failure. All three bungees broke and the safety cable broke. Safety cable MALFUNCTION. Bungees separated and failed to provide cushion on left side landing. Safety cable failed to hold gear up.		Total Time/Cycles On Part <u>1,282</u> Hours <u>900</u> Cycles Time Since This Part Inspected/Overhauled <u>120</u> 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)

Left Gear damage. On the left side, all three bungees broke at the top where they go over the top bracket attached to the fuselage of the plane. The safety cable was separated in the middle. Both end attachments were intact, but the cable was in to equal pieces. The gear of the PA-14 type was folded under the plane, and was bent where the cross bar meets where the bungees attach in the center of the plane. The left side of the frame was bent up 3/4 inch. The fuel selector was pushed into the cabin about 2 inches. The tubing running from the forward left gear attachment up to the frame was bent. Right wing aft spar was twisted and covering damage on the tip. Slight bending or right aileron. Left wing covering damage and minor internal damage. Covering on fuselage damaged on left side above gear and aft.

NOTE: Bungees are < 3 years old, had Blue band marker and were inspected at last annual and no nicks, also by me. They should not have separated and are able to stretch 2.5 times their length, hold 950LBS each. Max stretch is < 1 X limited by the safety cable and the physics of the ground pushing the tire and gear up only as far as when the fuselage meets the ground. It is my opinion that the safety cable cut the bungees as the gear was cycled all the way up, as the cable was routed over where the bungees go and did not fall into the V where it should go, possibly the small spring that holds it in place failed to do so.

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

Airport Identifier: KZPH **Distance From Airport Center:** 0 SM
Airport Name: Zepherhills **Direction From Airport:** 0 degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip **Airport Elevation:** _____ 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: 4 (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	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>X39</u> City: <u>Tampa North</u> State: <u>FL</u> Country: <u>USA</u>	Time: <u>11:30</u> Time Zone: <u>EST</u>	Airport ID: <u>KZPH</u> City: <u>Zephrhills</u> State: <u>FL</u> Country: <u>USA</u>	☒ 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)

8 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 pilot and passenger climbed out the door in a normal fashion.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KZPHObservation Time: 12:00AMTime Zone: ESTDistance from Accident Site: 1 NMDirection from Accident Site: 90 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 | | |

Visibility100 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:
270 degrees MAG☒ Variable**Wind Speed**Velocity: 15 KTS

-or-

- | |
|---|
| ☐ Calm |
| ☐ Light and Variable |

Wind GustsVelocity: 25 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

NOTAM as to event (BBQ) increased traffic and Parachute jumping operations.

This is an uncontrolled field.

On the radio Parachute jumping was announced to be in effect.

Jumpers on the threshold of runway 36. Drop plane announced to be on final on 18.

Temperature: (C)
or (F)Altimeter Setting: in. HG
or MBDensity Altitude: ftDew 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: Sean City: Palm Harbor
 Middle Initial: P State: FL ZIP: 34685
 Last Name: Connors Country: USA
 Age at time of Accident/Incident: 53 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

05/02/2013
 mm/dd/yyyy

Medical Certificate Limitations

Wear corrective lenses.

Medical Certificate Waivers

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

05/23/013
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: PA-12 Super Cruiser

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)

Tail wheel endorsement. 10/02/2011
 BFR 5/23/13

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	441	295	441							
Pilot in Command (PIC)	441	295	441							
Time as Instructor										
This Make/Model										
Last 90 Days	33	33	33							
Last 30 Days	14	14	14							
Last 24 Hours	1	1	1							

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									
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military									
								☐ Foreign									
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									
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military									
								☐ Foreign									
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									
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military									
								☐ Foreign									
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>Brian</u>						2	☐	☒	☐	☐	☐	☐	☐	☐	☐	☒	☐
Middle Initial: _____																	
Last Name: <u>Furher</u>																	
City: <u>Palm Harbor</u>						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
State: <u>FL</u> ZIP: <u>34685</u>																	
Country: <u>USA</u>																	
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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.

Events leading up to and including the incident.

In a flight of 2 into an uncontrolled field KZPH Zephyrhills that was hosting a BBQ event.

Landing Runway 4 (forced active - means selected by traffic and leader of flight)

Winds 275 at 15 gusting to 25

Good controlled approach at 68MPH

There was a lot of traffic inbound to the BBQ event that were all landing on active runway 4 due to parachute jumps on the south east of the field.

Winds were variable 270 - 278 (as reported on my Garmin WX and on AWOS) at 15 Knots gusting to 25.

This is a quartering tail/crosswind up to 80 Degrees.

The flight leader was doing all the announcing and was ahead of me in the flight of two. There was traffic on the downwind and traffic on final behind me.

There was a lot of radio talk (none from me) and runway 4 was 'active' for all traffic except the jump plane, who we know always takes off on 36 and lands on 18 and had announced his intention to land on runway 18.

There were parachute operations and jumpers landing on the end of runway 36. Visible and announced on the radio.

The jumper plane was on final to 18 which crosses the end of runway 4, which is a 4999 ft. runway.

I pre-thought my go-around with consideration of the landing jump plane on 18.

As number 2 in the flight, I was required to stay closer as a flight, due to spacing but had ample room on the final.

The initial touchdown was good, a little long past the numbers due to the tailwind.

then a gust lifted the left wing high

I had full left aileron deflection before and during the wing lifting up.

I attempted recovery with adding power initially which kept the prop off the ground

When the left wing descended the left gear collapsed

A split second decision ruled out a go-around as the plane felt un-airworthy as the left wing was unusually low and the foot controls felt compromised.

Then I did an anti-clockwise ground loop around the broken gear.

Just before coming to rest the plane fell further down on the left side and the fuel selector was pushed in to the cabin.

The left wing tip fell to the ground.

We came to rest with the left wing on the ground due to left gear failure.

The prop never contacted the ground.

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

Operator/Owner Safety Recommendation

Regarding pilot decisions that lead up to the accident;

1. Distractions

Radio chatter and other traffic and jumper activities was a distraction through the first part of the approach. Should have requested the flight leader to go into a holding pattern for a less busy time.

2. Runway selection

Should have not accepted the runway 4 selection even though all traffic was using that runway as active, and your flight leader (incidentally my CFI) had selected it and landed in front of me. Should have been more aware of the limitations of a tail wheel plane in a gusting unpredictable quartering tail wind.

3. Go-around decision

Should have held that option more open and not had the landing jump plane in mind.

Once a gust picks up a wing and pushes the tail while holding full left aileron, and full rudder control, I believe there is not much you can do except recover with power, which I did preventing the nose going over, and a prop strike. When the left gear came down hard in this recovery and broke, I don't think I could have prevented the subsequent damage, and had I executed a go-around I would have had to return with a broken gear. Of course I never had time to think that through, but did instinctively decide not to go flying with what felt like a broken plane.

Regarding mechanical malfunction and failure of the left gear;

The gear was exposed to a hard landing on the left side which exercised it to the max.

The bungees are rated to handle 3 X 950 Lbs and stretch to 2.5 times their length. This is not possible to do, as the ground will bang into the fuselage when the bungees are less than 1 times their length.

1. The safety cable must be prevented from hooking over the tab of the top bungee bracket. The little spring that holds it up and keeps it away allowing it to fall into the V when the gear goes down, should be re-engineered, or possibly the tab on the bungee bracket enlarged.

2. Inspection of the cable to ensure it is sitting correctly should be performed. I think that everybody is not quite sure how the safety cable works.

3. The safety cable should be much stronger and be able to perform its duty, as a safety cable, and prevent the gear from collapsing.

In my opinion the safety cable cut the bungees, so recommend an AD to stop this from happening.

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****Signature and Name of Pilot/Operator**_____
mm/dd/yyyy

Signature: _____

Type or Print Name: _____

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.**
ERA14LA103**Reviewed by NTSB Regional Office**
ERA**Name of Investigator**
HICKS**Date Report Received**
2/15/2014

Hicks Ralph

From: sean [REDACTED]
Sent: Saturday, February 15, 2014 5:24 PM
To: Hicks Ralph
Subject: Re: NTSB Form 6120.1 for N3668N
Attachments: NTSB6120_N3668N.pdf

Dear Ralph,

Please accept my apology for the time taken to complete your NTSB form. Please find it attached. I have completed all sections and only have the ELT data left out as the plane is not accessible to me at this time.

Please feel free to ask me any questions, I have provided you with my cell number below.

Sincerely,
Sean Connors.
[REDACTED]

-----Original Message-----

From: Hicks Ralph [REDACTED]
To: [REDACTED] >
Cc: Brian.Humphrey <[REDACTED]>; Hicks Ralph <[REDACTED]>
Sent: Tue, Feb 4, 2014 10:19 am
Subject: NTSB Form 6120.1 for N3668N

Good morning Mr. Connors,

I am the NTSB investigator-in-charge, working with Mr. Humphrey from the FAA on the accident involving N3668N. The NTSB is required by Title VII of the Federal Aviation Act to investigate, or cause to be investigated, all civil aircraft accidents. These investigations are conducted by the Board in order to determine the facts, conditions, circumstances and probable cause of each accident, with the ultimate objective of ascertaining measures that will best tend to prevent similar accidents from happening again.

Our investigations are fact-finding proceedings with the primary objective of saving lives and protecting property in the future. The NTSB does not take punitive or administrative action against any of the parties involved, but simply makes recommendations to pilots, manufacturers, the FAA and other Federal Agencies in order to reduce the risk of similar accidents in the future.

Toward this objective, you will find enclosed the **PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT, NTSB Form 6120.1**. Because observation of even small portions of the sequence of events are often extremely important, please complete this form as thoroughly as possible and return it to me within ten days of receipt. Since you have already provided a written statement to the FAA, you may use the same statement in the narrative history of flight section of the NTSB form (page 10). Lastly, I will need a hand-signed copy of page 11 when you return the forms. The best way to do that is to print out the completed form, sign, scan, and email back to me.

If you have any questions about these forms or experience any difficulty obtaining any requested document, please contact me at [REDACTED]

Thank you very much for your assistance,

Ralph E. Hicks
Senior Air Safety Investigator – NTSB