

OPTIM PRIMARY CARE – JENKINS

Dr. Gay – Dr. Chandra – Dr. Byne – J. Bailey, NP-C

Millen, GA 30442

Phone

Fax

CONFIDENTIAL

DATE

2/11/14

RECIPIENT'S NAME

Brian Mayne

ATTENTION

FAX #

PHONE #

SENDER'S NAME

Kyle Gay

NUMBER OF PAGES (including cover sheet)

12

COMMENT

I have already sent all labwork & report into insurance co.
I think I got what you need. If I need to track
down some serial number or other info I can.

THE PHI (PERSONAL HEALTH INFORMATION) CONTAINED IN THIS FAX IS HIGHLY CONFIDENTIAL. IT IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE. IT IS TO BE USED ONLY TO AID IN PROVIDING SPECIFIC HEALTH CARE SERVICES TO THIS PATIENT. ANY OTHER USE IS A VIOLATION OF FEDERAL LAW (HIPAA) AND WILL BE REPORTED AS SUCH. IF YOU FEEL YOU HAVE REACHED THIS FAX IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY AND ARRANGE FOR THE RETURN OF THESE DOCUMENTS.

P.S. Good luck in the impending storm

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>Millen</u> State: <u>GA</u> ZIP: <u>30442</u> Country: <u>USA</u> Latitude: <u>32.48.53</u> (dd:mm:ss(N/S)) Longitude: <u>81.58.30</u> (ddd:mm:ss E/W)		Date/Time Date: <u>01/26/2014</u> Local Time: <u>1400</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>~ 700</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Piper</u> Model: <u>PA32LP-300 1- Tail Lance</u> Serial Number: <u>32A-7885157</u> Registration Number: <u>N36086</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>3600</u> lbs Weight at Time of Accident/Incident: <u>~ 2700</u> lbs Location of Center of Gravity at Time of Accident/Incident: 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: <u>6</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	

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>03/24/2013</u> mm/dd/yyyy Airframe Total Time: <u>4359.2</u> 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 <u>Handheld</u>
ELT Installed ☒ Yes ☐ No	ELT Activated ☐ Yes ☒ No	
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: <u>3/15</u>	

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>Hortner</u> Model: <u>3 Blade</u>				
Engine Eng. 1 Eng. 2 Eng. 3 Eng. 4	Engine Manufacturer <u>Lycoming</u>	Engine Model/Series <u>IO 540</u>	Manufacturer's Serial Number <u> </u>	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☐ Horsepower or ☐ lbs of Thrust <u>300</u>	Total Time (hours) <u> </u>	Time Since Inspection (hours) <u>11</u>	Time Since Overhaul (hours) <u>436.5</u>

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>H Kyle Gay MD Inc</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: _____ State: <u>GA</u> ZIP: <u>30442</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 ☐ 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) ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft) <u>N/A</u>		
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.) see flight history narrative		
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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)

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

Airport Identifier: private strip - northeast 2JS Distance From Airport Center: N/A SM
 Airport Name: Mellen GA Direction From Airport: N/A degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 220 ft. MSL

Approach Segment (Select one) N/A
☐ 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 ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TWOR ☐ 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: 3200 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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: Norfolk private strip
 City: Mellen
 State: GA
 Country: USA

Time of Departure

Time: 1400
 Time Zone: Eastern

Destination

Airport ID: KMLJ
 City: Milledgeville
 State: GA
 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 & SERVICES INFORMATION

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

45 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

☐ Other, specify _____

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

unbuckled myself, ensured everything was off, crawled to rear cabin & out door

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: AGFObservation Time: 1300Time Zone: EasternDistance from Accident Site: 45 NMDirection from Accident Site: 75 degrees MAG**Source of Weather Information**

(Check all that apply)

- ☐ National Weather Service
☒ Flight Service Station
☒ TV/Radio
☐ Automated Report
☒ Commercial Weather Service (DUATS)
- ☐ Company
☐ Military
☒ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☒ Telephone/Computer
☐ Aircraft Radio
☒ TV/Radio
☐ Unknown

Briefing Type/Completeness

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

Light Condition

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

Visibilityunlimited miles**Sky/Lowest Cloud Condition**

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

Ceiling

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

Restriction to Visibility (Check all that apply)

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

Lowest Cloud Condition Heightnone ft AGL**Ceiling Height**none ft AGL**Wind Direction**

- ☐ Indicated: _____ degrees MAG
- ☒ Variable

Wind Speed

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

Wind Gusts

- Velocity: _____ KTS
- ☐ Gusting
☐ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

N/A

Temperature: _____ (C)
or _____ (F)Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Don't remember - WMA

maybe 60°F

Icing Forecast

- Amount
☒ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

- Amount
☒ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
- ☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets 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: Henrywood
 Middle Initial: K
 Last Name: Gay

 City: Atlanta
 State: GA ZIP: 30342
 Country: USA

 Age at time of Accident/Incident: 46 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
09/08/2012
 mm/dd/yyyy
Medical Certificate Limitations

P

Medical Certificate Waivers

P

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:
06/20/2012
 mm/dd/yyyy
Flight Review Aircraft
 Make: Piper (same aircraft as last)
 Model: PA32R
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	808	387	808							
Pilot in Command (PIC)	808	387	808							
Time as Instructor										
This Make/Model										
Last 90 Days	12	12	12		0	0	0			
Last 30 Days	3	3	3		0	0	0			
Last 24 Hours	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: _____
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

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)**

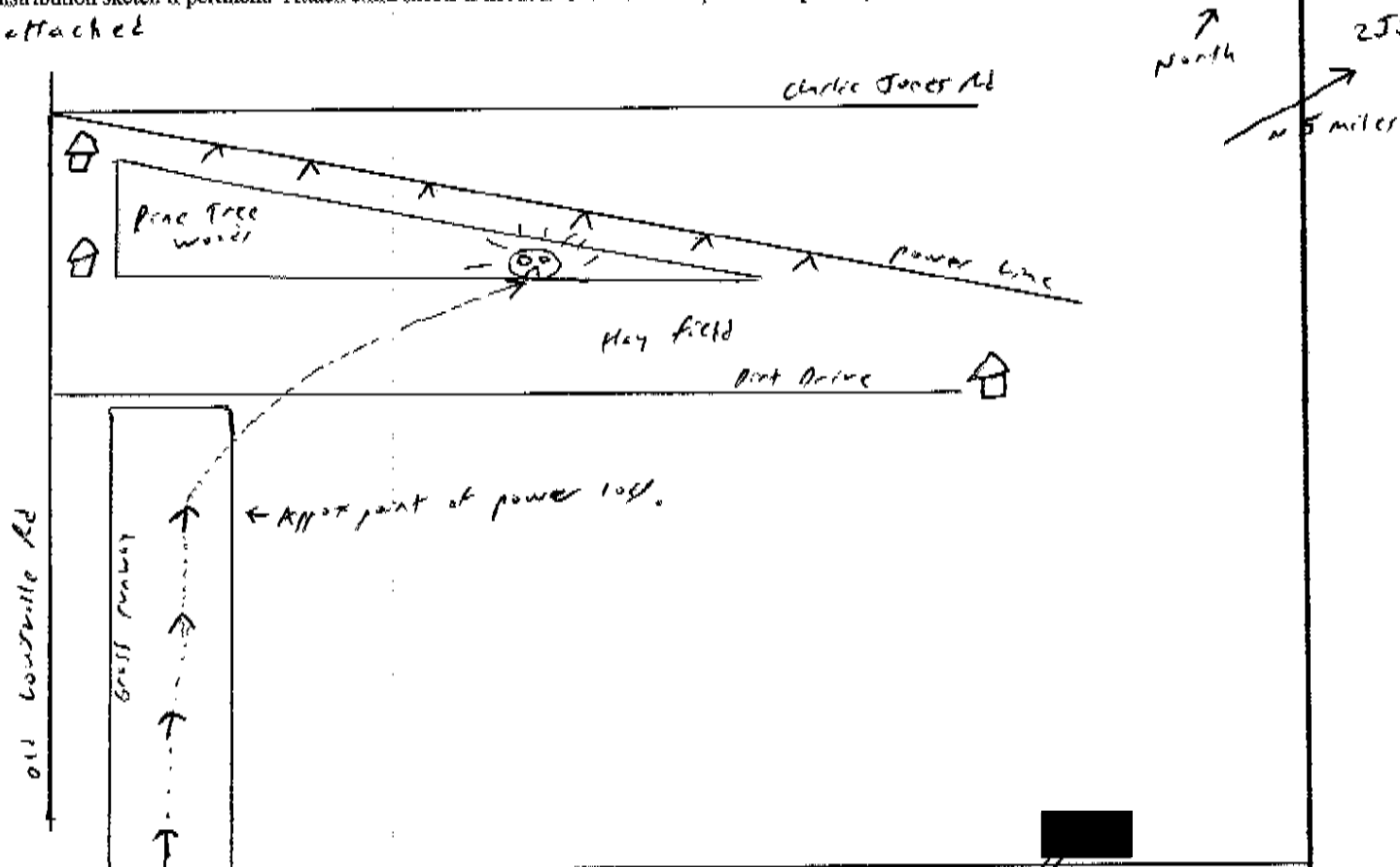
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

9

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.

see attached

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

Operator/Owner Safety Recommendation



optimmedical center
OPTIM PRIMARY CARE
H. KYLE GAY MD

MILLEN, GA 30442

phone

fax

January 26, 2014

On the afternoon on 1/26/14 at approximately 2:00 pm local time I was departing from my private strip at [REDACTED] Millen, GA for a VFR trip to Birmingham, Alabama. I was planning to fly to Milledgeville GA for fuel and at that point file a flight plan for the remaining leg into Birmingham. The purpose of the trip was for to attend a medical training program for the following week. I was travelling alone. The weather was clear.

The previous day I had concerns that the cold weather had killed my battery and uncovered the plane and cranked it without incident. I let it run for about five minutes as I checked the GPS for some flight information. On the morning of the incident I had an unremarkable inspection include clear intakes and fuel sumps. The cowling cover and pitot tube cover were on until just before the flight. Taxiing into position was uneventful. In fact, I taxied back to the 'ramp' to get at item from my truck I had forgotten. Once again I taxied back into position noting no engine disturbances. The run-up was unremarkable. Power seemed appropriate and the mag check showed a normal and symmetrical drop. Prop pitch worked normally, I had good fuel pressure, and all controls felt and appeared free.

As I had always done previously on this strip, I was using a soft-field departure toward the north. I had two notches of flaps and slowly applied full power. The power felt and sounded normal. I didn't notice anything on the ground roll. As I left the ground and held the plane in ground effect until speed was built and then began my climb. In retrospect I remember seeing a small bird in front of me and was concerned I was going to strike it with my propeller but he moved off to my left just in time. I didn't notice any other birds and did not feel or hear anything to make me believe there was a bird strike. As I was climbing, I moved the switch to lift the gear and grabbed the handle to slowly retract flaps. That's when I noticed the engine was running roughly and I had stopped climbing and, in fact, slowly descending. It was obvious I didn't have power to continue the climb and was aware of the trees and power lines ahead. I knew I was going down. There was insufficient time to troubleshoot and perform emergency procedures. I felt my best option was to maintain control and try to bank right and make the best possible landing in my hay field. I lowered the gear and noticed all three lights quickly turned green. I used rudder to make a coordinated turn to the right but it was immediately apparent that my forward momentum was not going to allow me to make the turn sharply enough. I was nearing the ground and didn't want to hit my right wing on the ground and start flipping. I was headed for a row of large hay bales in front of a wooded area and didn't want to hit these head on with the nose, so I lifted and

banked just enough to impact them with the bottom of the plane. I'm uncertain of the dynamics of the plane from that point but came to rest on the other side of the hay bales, upside down, and against a tree.

Of course the engine was dead at that point from the prop in the ground. Fuel was leaking into the cockpit. I was suspended by my seatbelt and removed this and fell to the ground. I located and killed the master-switch. Since the front door was unusable I crawled into the rear cabin and out the back door. At that point I began making calls to have the incident reported.

My injuries were minor- Minor scalp lacerations, left arm bruising and abrasions, and some left chest strain and contusions.

The event was witnessed by my wife, Anita Williams. She saw me take off and decent toward the trees but lost sight of me. She says she didn't hear, see, or notice anything abnormal. She arrived at the scene within a couple of minutes as I was extricating myself.

Frank Joyner lives across the street and also witnessed it. He says he heard the engine sound change and then saw me descending. He arrived within five minutes and had already called 911.

I took the liberty of asking both of these individuals to provide a witness account and have it available if necessary. I later learned that another neighbor, Carol Jean Cates, witnessed the event. I have not been in contact with her.

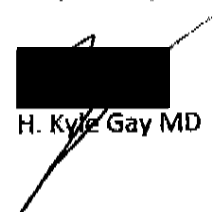
GSP, county law enforcement, and EMS personnel were all there shortly. The scene was secured and because of the fuel leakage the fire department was notified and arrived a short time later.

My information was given to Deputy Aaron of the Jenkins County Sheriff's Department and one of the GSP officers. I soon received a conference call with representatives of the FAA and NTSB. The event was discussed and requested information given. I was notified that I would receive an email of a report to complete and asked to write this narrative. I offered to do an alcohol and drug screen and it was agreed that may be a good idea. I went to the local ER and had these performed (results negative), as well as a chest X-ray (normal) and evaluation by the ER physician.

I had not previously noted any problems with the engine or ignition system. My last flight was 12-31-13 with two friends and fellow pilots. We flew for about an hour and made several landings/take-offs without incident.

Please feel free to call for more specifics or for details and concerns I may have omitted.

Respectfully submitted,


H. Kyle Gay MD

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

02/11/14
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

H Kyle Gay

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.

ERA14LA105

Reviewed by NTSB Regional Office

Ashburn, VA

Name of Investigator

Rayner

Date Report Received

2/14/2014