

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: Suffolk State: Va
ZIP: 23434 Country: USA
Latitude: 36°40'50"N (dd:mm:ss N/S) Longitude: 76°36'09"W (dd:mm:ss E/W)

Date/Time

Date: 05/31/2014 Local Time: 9:20
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

2000 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Vans Aircraft

Model: RV6

Serial Number: 23075

Registration Number: N6RP Amateur-built: ☒ Yes ☐ No

Max Gross Weight: 1700 lbs

Weight at Time of Accident/Incident: 1310 lbs

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

72.2 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: 2

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

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: 07/29/2013

mm/dd/yyyy

Airframe Total Time: 247.1 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 _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: ACK Technologies Inc

Model/Series: E-01 ELT

Serial Number: Unknown

Battery Type: R D Cell

Battery Exp. Date: 08/30/2014

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: Pitch Control Systems LLC
Model: VPrep

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	<u>Subaru</u>	<u>EJ 25</u>	<u>338272340265</u>	<u>2000</u>	<u>165</u>	<u>247.1</u>	<u>38.4</u>	<u>NA</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Kelly T. Landrum

Fractional Ownership Aircraft: ☒ Yes ☐ No

Operator of Aircraft

☒ Same As Registered Owner

Name: _____

Registration No: _____

Air Carrier/Operator Designator (4 Character Code): _____

Owner Address

City: _____
State: Virginia ZIP: 24558
Country: USA

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
☐ Instructional
☐ 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 Mail

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
☐ Full Commercial 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)

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

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Pending examination, suspect prop hub failure;

Var - Prop Manufacturer - Pitch Control Systems LLC

MD # VP1

No Serial #

Suspected Hydraulic failure with sudden oil on windscreen and instant Engine RPM Redline - Unable to produce Thrust

Total Time/Cycles On Part

88.1 Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

26 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)

Substantial No Destroyed;
No property Damage

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

Airport Identifier: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ 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: _____ (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: <u>W78</u> City: <u>South Boston</u> State: <u>Va</u> Country: <u>USA</u>	Time of Departure Time: <u>8:30 AM</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>SFQ</u> City: <u>Suffolk</u> State: <u>Va</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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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) <u>23</u> Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☐ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5 ☒ Other, specify <u>93 Octane</u> <u>Non Ethanol Automotive</u>
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Other Services, if Any, Prior to Departure

NA

EVACUATION OF AIRCRAFT

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

I ~~PILOT~~ exited destroyed Plexiglass Bubble Canopy
after coming to stop & releasing 5 pt. Harness.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>SFO AWOS 3</u> Observation Time: <u>8:45 A.M. EST</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>5-10</u> NM Direction from Accident Site: <u>310</u> 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
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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	Visibility <u>10</u> miles
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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
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WIND DIRECTION ☐ Indicated: _____ degrees MAG ☒ Variable	WIND SPEED Velocity: _____ KTS -or- ☐ 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
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NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

L NOTAM Flyin arrival - initial entry 2000' MSL @ 100 KTS on 100 MH To Water
Town 3 miles E of Suffolk; Turn R. Follow Dismal Swamp Border;
45 degree Pattern Entry

L NOTAM - Runway 7-25 closed for Flyin

Temperature: _____ (C) or <u>70</u> (F) Altimeter Setting: <u>30.10</u> in HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast 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 Showers ☐ Freezing Drizzle
	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	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: Kelly
Middle Initial: T.
Last Name: Landrum

City: Halifax
State: Va. ZIP: 24558
Country: USA

Age at time of Accident/Incident: 60 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
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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 *must have glasses*

Date of Last Medical

09/03/2013
 mm/dd/yyyy

Medical Certificate Limitations

Must have glasses for near vision. Must wear corrective lenses

Medical Certificate Waivers

NONE

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

03/27/2014
 mm/dd/yyyy

Flight Review Aircraft

Make: Vana Aircraft
 Model: RV6

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	1418.3	242.2	1418.2	0	62		2.5			
Pilot in Command (PIC)	1418.3	242.2	1418.2	0	62		2.5			
Time as Instructor										
This Make/Model										
Last 90 Days	21.7	21.7	21.7	0	.7	0	0			
Last 30 Days	9.6	9.6	9.6	0	0	0	0			
Last 24 Hours	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
☐ 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

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Flight Time	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
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	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ 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	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ 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	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ Unknown

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants, continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	☐	☐	☐	☐	☐	☐	☐	☐

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.

5-31-14 Briefed on Duats for Full Briefing 1 hr or so before departing W7B direct to SFQ Festival of Flight Flyin @ approx 8:30 A.M.

Clean skys, no turbulence, cruised @ 3700 MSL, monitored ADSB winds aloft, TAF. METours, graphical Radar imagery. Decended To 2000MSL for Notamed initial point arrival near Warehouse @ Windsor, Va., R Turn to 1400M toward #2 waypoint, abrupt RPM Redline/hydraulic fluid on windscreens, slightly pitched up & pulled Throttle simultaneously Turned left into wind for best glide, Trimmed for best glide, while decending chose best field for ditching. On decend added power 2 more times yielding no Thrust, Realizing unable to make field by about 100 yds, slowed aircraft to minimal speed above trees, shut off fuel selector, Tightened shoulder harness killed master. Nearing Tree Tops, seeing airspeed bled through 55-MPH pulled stick aft abruptly to lay aircraft into Tree Tops wings level @ a full started minimal forward airspeed. Plowed down thru full thick forest canopy, came to rest with airplane standing on props hub. Not injured, unlatched harness, stepped out thru busted canopy, Turned off ELT. Said out Loud 'Son of a bitch', Thanked God! Walked To neighbors House To call 911

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

Operator/Owner Safety Recommendation

The Vari Prop Co. is out of business I believe. Best To stick to a certificated prop. Having diligently maintained This aircraft & The prop, I know nothing else I could have done differently.

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

06/04/2014
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Kelly T. Landrum

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLYNTSB Accident/Incident No.
ERA14LA272Reviewed by NTSB Regional Office
ERA - AshburnName of Investigator
S. SteinDate Report Received
February 25, 2015