

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents																																																					
BASIC INFORMATION																																																					
Accident/Incident Location Nearest City/Place: <u>Keene</u> State: <u>NH</u> ZIP: <u>03435</u> Country: <u>USA</u> Latitude: <u>42.926</u> Longitude: <u>-72.276</u> (Enter in decimal degrees or degrees:minutes:seconds)					Accident/Incident Date/Time Date: <u>04/30/2016</u> Local Time: <u>4:15 PM</u> mm/dd/yyyy Time Zone: <u>Eastern</u>																																																
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None																																																					
AIRCRAFT INFORMATION																																																					
Registration Number: <u>N85510</u> Manufacturer: <u>American Champion Aircraft</u> Model: <u>7AC</u> Serial Number: <u>7AC-4250</u> Year of Manufacture: <u>1946</u> Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design					☐ IFR-Equipped and Certified <u>NO</u> ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>1300</u> lbs Weight at Time of Accident/Incident: <u>1272</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>																																																
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown		Landing Gear (Check all that apply) ☐ Retractable ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Other Launch/Recovery System ☐ None ☐ Unknown		Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel-Injected																																															
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Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>09/19/2015</u> mm/dd/yyyy Airframe Total Time: <u>371.5</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident			Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Morgue</u> Model: <u>CM7148</u>			Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____																																															
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ACK-406</u> Model or Part No.: _____ TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☐ OC126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? ☐ Yes ☒ No If activated: Did ELT Aid in Locating Aircraft: ☐ Yes ☐ No If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown			Additional Equipment (Check all that apply) ☐ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☐ Autopilot ☐ Data Recorder ☒ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Other, Specify: _____																																															
Description of Fire Extinguishing System ☐ None ☐ Specify: _____																																																					

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>David P Donlon</u>		City: <u>Fitzwilliam</u> State: <u>NH</u> ZIP: <u>03447</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft		Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft (Select one) ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	
Revenue Sightseeing Flight ☐ Yes ☒ No		Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Air Medical Flight ☐ Yes ☒ No		Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Aerial Application ☐ Firefighting ☐ Unknown ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Race/Show ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☒ Personal ☐ Executive/Corporate ☐ Positioning ☐ External Load ☐ Skydiving ☐ Ferry	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>Dillant-Hopkins</u> Airport Identifier: <u>KEEN</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>Less than</u> sm Direction From Airport: <u>100</u> degrees true Airport Elevation: _____ ft. msl	
Runway Information Runway ID: <u>02</u> (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface (Check all that apply) ☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glossy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush-Covered ☐ Vegetation	
Runway/Landing Surface (Check all that apply) ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
Approach/Departure Segment (Select one) ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☒ Aborted Landing (after touchdown) ☐ Crosswind ☐ Unknown <u>on rollout</u>			
IFR Approach (Check all that apply) ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TWOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		VFR Approach (Check all that apply) ☐ None ☒ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☒ Full Stop ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																			
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Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td> ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>			Available	Used	☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																								
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Last 24 Hours																																																																																																				

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>JAMES</u> City: <u>Fitzwilliam</u> Middle Initial: _____ State: <u>MA</u> ZIP: <u>01347</u> Last Name: <u>Doris</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: <u>12A</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>Keen</u> City: <u>Keen</u> State: <u>NH</u> Country: <u>USA</u>		Time of Departure Time: <u>4:00</u> Time Zone: <u>Eastern</u>		Destination Airport ID: <u>Keen</u> City: <u>Keen</u> State: <u>NH</u> Country: <u>USA</u>	
Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown					
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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☒ Class E ☐ Restricted Area ☐ FAR 93 Altitude of In-Flight Occurrence: <u>488</u> ft msl <u>on ground</u>					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
Basic Conditions ☐ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night			
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Wind Direction ☐ Variable -or- Direction: <u>260</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>5</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☐ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		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	
Icing Forecast Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: NONE					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed ☐ Unknown	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Prop strike - Wing Damage Fuel/Engine Damage Hit two Prop lights		
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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible. See Attached		

RECOMMENDATION (How could this accident/incident have been prevented?)																
Operator/Owner Safety Recommendation If tire/wheel stayed locked This accident would not have happened																
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)																
Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) Maule-TW 102 - Came unlocked on roll out causing inability to steer Aircraft	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Total Time/Cycles On Part</td> </tr> <tr> <td style="padding: 5px;">_____ Hours</td> </tr> <tr> <td style="padding: 5px;">_____ Cycles</td> </tr> <tr> <td style="padding: 5px;">Time Since This Part Inspected/Overhauled</td> </tr> <tr> <td style="padding: 5px;">_____ Hours</td> </tr> </table>	Total Time/Cycles On Part	_____ Hours	_____ Cycles	Time Since This Part Inspected/Overhauled	_____ Hours										
Total Time/Cycles On Part																
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_____ Cycles																
Time Since This Part Inspected/Overhauled																
_____ Hours																
FUEL & SERVICES INFORMATION																
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) _____ Gallons	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Fuel Type</td> <td style="padding: 5px;">☐ 80/87</td> <td style="padding: 5px;">☐ 115/145</td> <td style="padding: 5px;">☐ Jet B</td> <td style="padding: 5px;">☐ Other, specify _____</td> </tr> <tr> <td style="padding: 5px;">☒ 100 Low Lead</td> <td style="padding: 5px;">☐ Jet A</td> <td style="padding: 5px;">☐ JP8</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">☐ 100/130</td> <td style="padding: 5px;">☐ Jet A-1</td> <td style="padding: 5px;">☐ Automotive</td> <td colspan="2" style="padding: 5px;"></td> </tr> </table>	Fuel Type	☐ 80/87	☐ 115/145	☐ Jet B	☐ Other, specify _____	☒ 100 Low Lead	☐ Jet A	☐ JP8			☐ 100/130	☐ Jet A-1	☐ Automotive		
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☒ 100 Low Lead	☐ Jet A	☐ JP8														
☐ 100/130	☐ Jet A-1	☐ Automotive														
Other Services, if Any, Prior to Departure																
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																
OTHER AIRCRAFT -- COLLISION (If air or ground collision occurred, complete this section for other aircraft)																
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Damage to Other Aircraft</td> </tr> <tr> <td style="padding: 5px;">☐ Destroyed</td> <td style="padding: 5px;">☐ Minor</td> </tr> <tr> <td style="padding: 5px;">☐ Substantial</td> <td style="padding: 5px;">☐ None</td> </tr> </table>	Damage to Other Aircraft		☐ Destroyed	☐ Minor	☐ Substantial	☐ None								
Damage to Other Aircraft																
☐ Destroyed	☐ Minor															
☐ Substantial	☐ None															
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____															

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

05/12/2016
mm/dd/yyyy

Name of Pilot/Operator:

Signature:

Douglas P. Donlon

- or -

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

- or -

☐ Check here to electronically sign this document**FOR NTSB USE ONLY**NTSB Accident/Incident No.
ERA16LA174Reviewed by NTSB Regional Office
ERAName of Investigator
GretzDate Report Received
5/12/16

Overview of accident

On 4/30/16 I was at the Keene airport to practice some pattern work. I preflighted the airplane checked the weather, Notams and TFR's and nothing to prevent the flight. I warmed up the airplane and taxied towards runway 02 for a run up. I performed my run up and everything was normal. I then made a call announcing taking runway 02 for take off. The first take off was uneventful just a normal take off. I flew the pattern all was normal. I made my radio calls and I approached runway 02 with a nice stable approach everything was looking good then did a three point touch and go. I applied full power turned off the carb heat and trimmed for climbout. At this time everything was normal. Climbed to pattern altitude flew the pattern. I was then going to do a full stop landing on runway 02. I made my calls and proceeded with my approach. Everything was normal at this point. The approach looked beautiful and everything was normal. As I touched down the stick was fully back and was dancing on the rudder pedals, to keep the airplane heading straight down the runway. Almost immediately after touch down the airplane veered sharply to the left. I immediately applied full right rudder to try and regain directional control and the airplane just kept turning left. As the airplane left the pavement into the grass I got it straightened out on the grass. I saw the vasi lights ahead and I could not have turned the airplane to miss them safely so I applied full power to get the airplane back in the air and get over them and did not have enough distance to clear them. That's when I collided with the vasi lights. After the airplane came to a stop I immediately turned off power and fuel. Then exited the airplane. There where no fuel, oil, or fluids leaking. I spoke with Mr Edwards from Portland very shortly after the accident he asked me what happened and I spoke prematurely telling him I thought a gust had taken the plane. Upon careful reflection and chair flying this event over and over again after I got home I believe that I had a loss of steering control possibly due to my tailwheel unlocking upon landing

My experience with the Aeronca 7AC is as follows I have approximately 85 hours and approximately 340 take offs and landings in the Aeronca 7AC and I have never experienced the loss of steering that took place during this event. I firmly believe that there was some sort of mechanical steering failure.

Amendment Due to pictures received of scene specifically runway and grass

I have received and after review of the picture of the tailwheel marks on the runway leading to where the airplane left the runway displays the marks of the tailwheel increasing castering left and right from the centerline of runway to where the airplane the airplane left the runway into the grass.

Due to this new information received I now fully believe that the tailwheel became unlocked upon landing or shortly thereafter causing the loss of mechanical ability to steer the airplane. This was not caused by a gust of wind.

Contact information

David Donlon
[REDACTED]