

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>Hedgesville</u> State: <u>WV</u> ZIP: <u>25427</u> Country: <u>United States</u> Latitude: <u>39.57°N</u> Longitude: <u>77.97°W</u> (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>05/14/2016</u> Local Time: <u>1310</u> mm/dd/yyyy Time Zone: <u>Eastern</u> Collision with Other Aircraft: Midair On-ground <u>None</u>
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AIRCRAFT INFORMATION

Registration Number: <u>78193</u> Manufacturer: <u>Globe/Temco</u> Model: <u>Swift GC1B</u> Serial Number: <u>2193</u> Year of Manufacture: <u>1947</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design	IFR-Equipped and Certified Commercial Space Flight _____ Unmanned Aircraft _____ Maximum Gross Weight: <u>1970</u> lbs Weight at Time of Accident/Incident: <u>1900</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u>
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Category of Aircraft - Airplane - Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td> ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility </td> <td> ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport </td> </tr> </table> Certificate of Authorization or Waiver (COA) None _____ Unknown _____	Standard	Special	☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport	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) <table style="width: 100%;"> <tr> <td>☒ Reciprocating</td> <td>☐ Liquid Rocket</td> </tr> <tr> <td>☐ Turbo Shaft</td> <td>☐ Solid Rocket</td> </tr> <tr> <td>☐ Turbo Prop</td> <td>☐ Hybrid Rocket</td> </tr> <tr> <td>☐ Turbo Jet</td> <td>☐ None</td> </tr> <tr> <td>☐ Turbo Fan</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Electric</td> <td></td> </tr> </table> Fuel System Type (Reciprocating) - Carburetor - ☒ Fuel-Injected ☐	☒ Reciprocating	☐ Liquid Rocket	☐ Turbo Shaft	☐ Solid Rocket	☐ Turbo Prop	☐ Hybrid Rocket	☐ Turbo Jet	☐ None	☐ Turbo Fan	☐ Unknown	☐ Electric	
Standard	Special																		
☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport																		
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☐ Turbo Fan	☐ Unknown																		
☐ Electric																			

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O-320-B3B</u>	<u>183-39</u>		<u>160</u>	<u>1783.3</u>		<u>344.6</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour _____ Continuous Airworthiness AAIP _____ Conditional Inspection - Annual - _____ Unknown Date Last Inspection: <u>09/02/2015</u> mm/dd/yyyy Airframe Total Time: <u>2162.2</u> hrs hours measured at (Select one) - Last Inspection - Time of Accident/Incident	Propeller 1 Fixed Pitch _____ - Controllable Pitch - Ground Adjustable _____ Manufacturer: <u>Hartzell</u> Model: <u>HC-C2Y</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: _____ Model or Part No.: _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (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 -	
Description of Fire Extinguishing System None _____ Specify: <u>Fire Ext. Inside Cockpit</u>	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: _____	

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Jason P StricklerCity: Ormond BeachFractional Ownership Aircraft: Yes ☐ No ☒State: FL ZIP: 32176Country: United States**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

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 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

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

Revenue Sightseeing FlightYes ☐ No ☒**Air Medical Flight**Yes ☐ No ☒**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Greens LandingDistance From Airport Center: .1 smAirport Identifier: WY22Direction From Airport: 010 degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 490 ft. msl**Runway Information**Runway ID: 0503 (L/R/C) Length: 2700 ft Width: 100 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-Glassy
☐ Rough ☐ Snow-Wet ☒ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Runway/Landing Surface (Check all that apply)

- ☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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

IFR Approach (Check all that apply)☒ None

- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ 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																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying Yes No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Jason P Stickler</u> Middle Initial: <u>P</u> Last Name: <u>Stickler</u> City of Residence: <u>Ormond Beach</u> State: <u>FL</u> ZIP: <u>32176</u> Country: <u>United States</u> Age at time of Accident/Incident: <u>39</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury None Fatal Minor Unknown ☒ Serious		Seat Occupied ☒ Left Front Unknown Right Rear Center Single		Restraint Type Available None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																													
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☒ Flight Instructor ☐ Recreational ☐ Sport ☒ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign																																																																																																				
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 Unknown With limitations/waivers N/A Special Issuance			Date of Last Medical <u>10/22/2015</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations N/A																																																																																																				
Medical Certificate Special Issuance N/A																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/20/15</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA 28-180</u>																																																																																																
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 ☐ 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)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>980</td> <td>3</td> <td>871</td> <td>120</td> <td>34</td> <td>19</td> <td>78</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>760</td> <td>1.5</td> <td>760</td> <td>110</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>300</td> <td>-</td> <td>300</td> <td>.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>100</td> <td>-</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	980	3	871	120	34	19	78	-	-	-	Pilot in Command (PIC)	760	1.5	760	110							Time as Instructor											This Make/Model											Last 90 Days	300	-	300	.5							Last 30 Days	100	-	100								Last 24 Hours	-	-	-	-						
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																																																																																										
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"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot ☒ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew ☐

"Flight Crewmember 2" was pilot flying Yes ☐ No ☒

"Flight Crewmember 2" Identification

First Name: John City of Residence: Ormond Beach
 Middle Initial: _____ State: FL ZIP: 32174
 Last Name: Broderick Country: United States
 Age at time of Accident/Incident: 32 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 ☐

Restraint Type

Available	Used
None ☐	None ☐
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 ☐

Pilot Certificate(s) (Check all that apply)

None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐
☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐
 Student ☐ Sport ☐ Flight Engineer ☐

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 ☐ Unknown ☐
 With limitations/waivers ☐ N/A ☐
 Special Issuance ☐

Date of Last Medical

____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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 ☐
 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 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 Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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	
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 Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
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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: _____ 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 <i>If Under 5,</i> 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 <i>If Under 5,</i> Child Restraint Lap-Held Unknown
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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 <i>If Under 5,</i> Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: WY22
City: Hedgesville
State: West Virginia
Country: United States

Time of Departure

Time: 1310
Time Zone: Eastern

Destination

Airport ID: KOMIA
City: Ormond Beach
State: Florida
Country: United States

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 ☐ Altitude of In-Flight Occurrence: 590 ft msl
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

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

Ceiling

☐ None (Clear) ☐ Obscured
☒ Broken ☐ Indefinite
☐ Overcast ☒ Unknown

Temperature: _____ (C) or _____ (F)

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

Altimeter Setting: _____ in. Hg
or _____ MB

Lowest Cloud Condition Height

4500 ft agl

Ceiling Height

4500 ft agl

Wind Direction

Variable
-or-
Direction: 030 degrees true

Wind Speed

Calm
Light and Variable
-or-
Speed: 6 kts

Wind Gusts

☒ Not Gusting
-or-
Speed: _____ kts

Visibility 10 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 ☐ N/A
Type ☒ N/A
Trace ☐ Rime
Light ☐ Clear
Moderate ☐ Mixed
Severe ☐ Unknown
Unknown

Icing Actual

Amount ☒ None ☐ N/A
Type ☒ N/A
Trace ☐ Rime
Light ☐ Clear
Moderate ☐ Mixed
Severe ☐ Unknown
Unknown

Turbulence

Type (Check all that apply) Severity
☒ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective Turbulence ☐ Extreme

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

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)

Forced landing the wings were separated from fuselage. Prop strike.
Elevators were shaved off. The aircraft took 2 small trees.

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 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

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.)

**Total Time/Cycles
On Part**

_____ Hours

_____ Cycles

**Time Since This Part
Inspected/Overhauled**

_____ Hours

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**
(Convert from pounds, as necessary)**30**

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

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:** _____**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

06/01/2016

mm/dd/yyyy

Name of Pilot/Operator: Jason P StricklerSignature: 

-- 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 ONLYNTSB Accident/Incident No.
ERA16LA184Reviewed by NTSB Regional Office
ERAName of Investigator
AlleyneDate Report Received
6/15/2016

N78193

05/15/2016

This is my Jason Stickler account of the accident on 05/14/2016. The events prior to our flight. Jason Stickler and John Broderick flew from Ormond Beach Florida to purchase the aircraft in question N78193 1947 Globe Swift. John (AMT/IA)inspected the plane Friday and Saturday morning. We found only normal items for repair. The plane checked out in airworthy condition. After we agreed to purchase the plane me and the previous owner took the plane up for a few laps. Richard King and I flew the plane with no noticeable problems. However on our flight we never retracted the gear for the laps per the current owner. After we landed we added a few gallons of fuel about 3 gallons. After the top off of fuel John and I prepared for departure. We fasten our seat belts. And began our taxi to the run up area. Our first stop which was going to KCHO and the final destination of KOMN. We proceeded to taxi to the end of 03. We followed the checklist and did our run up after the engine came to temp. Everything appeared normal. Mag drops were less the 125 carb heat and throttle checks were normal. After the run up before for departure we made our departure call. I applied full power and started our takeoff. All appeared normal. We reached rotate speed and started our climb out. At 80 with positive rate of climb I retracted the gear. Climbing out at 90. Approximately 2 seconds after the gear came up the plane yawed to the left. I applied right pressure and the controls were non responsive. I applied forward and aft pressure. The controls were inoperative. And the engine was still making power. The yaw directed us in to the direction of a house at the end of the runway. I tried repeatedly to bank right with the stick. Still unresponsive. I applied full right rudder to recover from hard bank to the left. I had enough rudder authority to break the yaw but we still were unable to pull up. Just prior I pulled the throttle approx 10 feet off the ground. Immediately after impact we shut off the fuel and exited the plane. John suffered only minor cuts. Jason suffered from 2 broken vertebrae. The aircraft suffered substantial damage. The plane impacted the ground with slight nose down attitude. Which caused the propeller to strike the ground first. We impacted some small trees which caused severe damage to the wings. The elevators were separated from the fuselage from the impact. The cockpit remained intact. This concludes my accounts on 05/14/2016.

Jason Stickler

