

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

PLANE INFORMATION

Accident/Incident Location

Nearest City/Place: Houlton International Airport State: ME

ZIP: 04730 Country: U.S.

Latitude: N46° 22.22' Longitude: W67° 50.02'

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/8/16 Local Time: 16:14

mm/dd/yyyy

Time Zone: Eastern

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N7682P

Manufacturer: Piper

Model: Pa24-250

Serial Number: 24-2891

Year of Manufacture: 1961

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 4 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1

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

Engine	Engine Manufacturer	Engine Model/Serial	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-540-A105</u>	<u>L-554-40</u>		<u>250</u>	<u>6274</u>		<u>6274</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 6/17/16

mm/dd/yyyy

Airframe Total Time: 5617.4 hrs

hours measured at (Select one)

- ☒ Last Inspection ☐ Time of Accident/Incident

Type of Maintenance Program (Select one)

- ☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Description of Fire Extinguishing System

- ☐ None
☒ Specify: Canister

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCaulley

Model: B3D32C412-C

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

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

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: _____

Registered Aircraft Owner Name: <u>Wesley Todd</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Houlton</u> State: <u>Maine</u> ZIP: <u>04730</u> Country: <u>U.S.A.</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>Wesley Todd</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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 <i>(Print name, address, telephone, fax, email, website, and other information on separate sheet, if applicable)</i>			
Airport Name: <u>Houlton International airport</u> Airport Identifier: <u>KHUL</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>0.8</u> sm Direction From Airport: _____ degrees true Airport Elevation: <u>489'</u> ft. msl	
Runway Information Runway ID: <u>025</u> (L/R/C) Length: <u>5000</u> ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DMB ☐ Localizer Only ☐ Visual ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ 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>Wesley</u> City of Residence: <u>Houlton</u> Middle Initial: <u>P</u> State: <u>Maine</u> ZIP: <u>04730</u> Last Name: <u>TIDD</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>57</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 <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>			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																																																																															
Available	Used																																																																																																			
☐ None	☐ None																																																																																																			
☐ Lap only	☐ Lap only																																																																																																			
☒ 3-point	☒ 3-point																																																																																																			
☐ 4-point	☐ 4-point																																																																																																			
☐ 5-point	☐ 5-point																																																																																																			
☐ Unknown	☐ Unknown																																																																																																			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>9/28/15</u> mm/dd/yyyy																																																																																													
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Limitations must have available glasses for near vision.			Medical Certificate Special Issuance																																																																																													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>8/16/16</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper</u> Model: <u>Cherokee 140</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; text-align: center;"> <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" style="text-align: center; padding: 2px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 2px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 2px;">Night</th> <th colspan="2" style="text-align: center; padding: 2px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 2px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 2px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 2px;">Actual</th> <th style="text-align: center; padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Time</td> <td style="text-align: center; padding: 2px;">312</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">312</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">7.1</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">4.0</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Pilot in Command (PIC)</td> <td style="text-align: center; padding: 2px;">265</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">265</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">7.1</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Time as Instructor</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">This Make/Model</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 90 Days</td> <td style="text-align: center; padding: 2px;">9.8</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">9.8</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 30 Days</td> <td style="text-align: center; padding: 2px;">4.3</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">4.3</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 24 Hours</td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></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	312	0	312	0	7.1		4.0				Pilot in Command (PIC)	265	0	265	0	7.1						Time as Instructor											This Make/Model											Last 90 Days	9.8		9.8								Last 30 Days	4.3		4.3								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																																																																																										
						Actual	Simulated																																																																																													
Total Time	312	0	312	0	7.1		4.0																																																																																													
Pilot in Command (PIC)	265	0	265	0	7.1																																																																																															
Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days	9.8		9.8																																																																																																	
Last 30 Days	4.3		4.3																																																																																																	
Last 24 Hours																																																																																																				

"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: Gerry

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: Drake

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

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: Piper
 Model: PA 24-250

**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)**

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 the crew, complete the following information)							
Crew Name and Address			Seat Occupied		Injury		
First Name: _____ City of Residence: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Middle Initial: _____ State: _____ ZIP: _____							
Last Name: _____ Country: _____							
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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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: _____			☐ Left ☐ Front ☐ Center ☐ Rear		☐ None ☐ Minor ☐ Unknown		
Last Name: _____ Country: _____							
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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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					
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____				☐ None	☐ None		
Last Name: _____ Country: _____				☐ Lap Only	☐ Lap Only		
☐ Crew ☐ Passenger ☐ Other				☐ 3-point	☐ 3-point		
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____				☐ None	☐ None		
Last Name: _____ Country: _____				☐ Lap Only	☐ Lap Only		
☐ Crew ☐ Passenger ☐ Other				☐ 3-point	☐ 3-point		
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____				☐ None	☐ None		
Last Name: _____ Country: _____				☐ Lap Only	☐ Lap Only		
☐ Crew ☐ Passenger ☐ Other				☐ 3-point	☐ 3-point		
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____				☐ None	☐ None		
Last Name: _____ Country: _____				☐ Lap Only	☐ Lap Only		
☐ Crew ☐ Passenger ☐ Other				☐ 3-point	☐ 3-point		

FLIGHT INFORMATION			
Last Departure Point Airport ID: <u>KHUL</u> City: <u>Houlton</u> State: <u>Maine</u> Country: <u>USA</u>		Time of Departure Time: <u>1445</u> Time Zone: <u>PasPw</u>	
Destination Airport ID: <u>KHUL</u> City: <u>Houlton</u> State: <u>Maine</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 ☐ FAR 93 ☒ Class E ☐ Restricted Area			
Altitude of In-Flight Occurrence: _____ ft msl			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown		Weather Observation Facility Facility ID: <u>132.025</u> Observation Time: <u>1430</u> Time Zone: <u>eastern</u> 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	
Wind Direction ☐ Variable -or- Direction: <u>200</u> degrees true		Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	
Wind Gusts ☒ Not Gusting -or- Speed: _____ kts		Visibility <u>unlimited</u> 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 Type ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown		Icing Actual Amount Type ☒ None ☐ 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: 			

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)		
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) Both wings prop prop, prop gov. Fuselage Belly, Landing gear. windshield, Elevator.		
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.		

1. Did any of the following items or components have any damage?

Operator/Owner Safety Recommendation

switched to the other fuel TANK

2. Was there any mechanical malfunction or failure? (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

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

3. Fuel and Engine Information

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

_____ 78 Gallons

Fuel Type

☐ 80/87

☒ 100 Low Lead

☐ 100/130

☐ 115/145

☐ Jet A

☐ Jet A-1

☐ Jet B

☐ JP8

☐ Automotive

☐ Other, specify _____

Other Services, if Any, Prior to Departure

4. 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

Both exited through the passenger side door.

5. OTHER AIRCRAFT - COLLISION (If an on-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: _____

Wesley Tidd
4 Hartford Street
Houlton, ME, 04730
[REDACTED]

Incident Report

Reporting Wesley Tidd:

Date and Time of Incident: 11/08/16 app. 16:30

Date and Time of Report: 11/11/16 07:19

Location of Incident: Houlton International Airport

At app. 1430-14:45 after fueling {30 gal in each main tank and 8 gal. in each out board tank,}and pre-fighting N7682P, My CFI and I took off on my first flight in N7682P to start being signed off in type, make and model.. We flew for about an hour doing steep turns, stalls and did three take offs. During down wind of my 3rd attempted landing, started going through the checklist of the landing procedure and my engine lost power. I checked that my fuel pump was on and Gerry Drake, my CFI started checking things to try to find out what happened to the engine. We were at about 1000 ft indicated and he took control of the airplane and headed to the runway falling short of it by about 500 ft. We clipped a few trees and finally landed in the brush where the airplane started sliding and bouncing through the grass and brush. After checking that we were both ok I turned off the fuel selector switch and all the electrical switches, got out of the airplane and walked out to the runway where terry Beals picked us up.

End of report.

Respectfully submitted,
Wesley Tidd
[REDACTED]

ADDITIONAL INFORMATION (Please attach print to this)

Use this space if additional space is needed for any answers.

DECLARATION OF TRUTH (I declare the above information is true and accurate to the best of my knowledge)

Date of this Report

11/20/16
mm/dd/yyyy

Name of Pilot/Operator:

Wesley TIDD

Signature:

[Redacted Signature]

-- 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.

ERA17CA039

Reviewed by NTSB Regional Office

ERA-VA

Name of Investigator

A. McCarter

Date Report Received

11/21/2016