

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

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

EVENT INFORMATION																																																		
Accident/Incident Location Nearest City/Place: <u>Palatka</u> State: <u>FL</u> ZIP: <u>32177</u> Country: <u>U.S.</u> Latitude: <u>29.6624 N</u> Longitude: <u>81.6888 W</u> (Enter in decimal degrees or degrees:minutes:seconds)					Accident/Incident Date/Time Date: <u>03/06/2018</u> Local Time: <u>2:30 PM</u> mm/dd/yyyy Time Zone: <u>Eastern</u>																																													
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None																																																		
AIRCRAFT INFORMATION																																																		
Registration Number: <u>N450C</u> Manufacturer: <u>Just Aircraft</u> Model: <u>Escapade</u> Serial Number: <u>JAE50116</u> Year of Manufacture: <u>2007</u> Amateur-Built: ☒ Yes ☐ No If Yes: ☒ Kit/Plans ☐ Original Design Make: <u>Just Aircraft</u>					☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>1430</u> lbs Weight at Time of Accident/Incident: <u>1352</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u> </u> Passenger Seats: <u>1</u> 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 ☒ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System ☐ None ☐ Unknown ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel		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																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Serial</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Rated Power ☒ Horsepower or ☐ lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>Rotax</u></td> <td><u>912 ULS</u></td> <td><u>5646532</u></td> <td><u>02/24/2007</u></td> <td><u>100</u></td> <td><u>249.9</u></td> <td><u>249.9</u></td> <td><u>249.9</u></td> </tr> <tr> <td>Eng. 2</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Eng. 3</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Eng. 4</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		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)	Time Since Overhaul (hours)	Eng. 1	<u>Rotax</u>	<u>912 ULS</u>	<u>5646532</u>	<u>02/24/2007</u>	<u>100</u>	<u>249.9</u>	<u>249.9</u>	<u>249.9</u>	Eng. 2									Eng. 3									Eng. 4									Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>08/12/2017</u> mm/dd/yyyy Airframe Total Time: <u>Task 1249.9</u> hrs hours measured at (Select one) <u>1066.5/358.5</u> ☒ Last Inspection ☐ Time of Accident/Incident		Propeller 1 ☐ Fixed Pitch ☐ Controllable Pitch ☒ Ground Adjustable Manufacturer: <u>Warp</u> Manufacturer: <u> </u> Model: <u>3 blade 65" Composite</u> Model: <u> </u>	
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)	Time Since Overhaul (hours)																																										
Eng. 1	<u>Rotax</u>	<u>912 ULS</u>	<u>5646532</u>	<u>02/24/2007</u>	<u>100</u>	<u>249.9</u>	<u>249.9</u>	<u>249.9</u>																																										
Eng. 2																																																		
Eng. 3																																																		
Eng. 4																																																		
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: <u> </u>		Description of Fire Extinguishing System ☐ None ☒ Specify: <u>Halogen 5 16</u>		ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u> </u> Model or Part No.: <u> </u> 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: <u> </u>																																												

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Larry F. Putt</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Augusta</u> State: <u>GA</u> ZIP: <u>30901</u> Country: <u>U.S.</u>	
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 <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 ☐ Non-Scheduled or Air Taxi ☐ Passenger ☐ Cargo ☐ Mail Contract Only ☐ Domestic ☐ International	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race/Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☐ Flight Test ☐ Glider Tow ☐ Instructional ☐ Other Work Use ☒ Personal ☐ Positioning ☐ Skydiving ☐ Unknown			
AIRPORT INFORMATION			
Airport Name: <u>Palatka Municipal Airport</u> Airport Identifier: <u>28J</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>.7</u> sm Direction From Airport: <u>90</u> degrees true Airport Elevation: <u>48'</u> ft. msl	
Runway Information Runway ID: <u>27</u> (L/R/C) Length: <u>6000</u> ft Width: <u>100</u> 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 ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☒ Landing ☐ Downwind ☒ Base ☒ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sideslip ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☒ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☒ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown	

PILOT CREWMEMBER 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>Larry E. Felt</u> Middle Initial: <u>F.</u> Last Name: <u>Felt</u> Age at time of Accident/Incident: <u>70</u> Date of Birth: <u>12/4/48</u> mm/dd/yyyy Certificate Number: <u> </u>					City of Residence: <u>Augusta</u> State: <u>Ga</u> ZIP: <u>30901</u> Country: <u>U.S.</u>																																																																																															
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 ☐ 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>11/30/2016</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations None																																																																																																				
Medical Certificate Special Issuance																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>6/8/2016</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Just amphibian</u> Model: <u>Escapade, Amphibian</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 <u>High performance</u>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th rowspan="2">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>435.05</td> <td>169.15</td> <td>435.05</td> <td>-</td> <td>8.8</td> <td>5.6</td> <td>32.6</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>337.8</td> <td>169.15</td> <td>337.8</td> <td>-</td> <td>8.2</td> <td>-</td> <td>-</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>-</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>15.2</td> <td>15.2</td> <td>15.2</td> <td>-</td> <td>1</td> <td>-</td> <td>-</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>6</td> <td>6.0</td> <td>6</td> <td>-</td> <td>1</td> <td>-</td> <td>-</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>1.1</td> <td>1.1</td> <td>1.1</td> <td>-</td> <td>0</td> <td>-</td> <td>-</td> <td>0</td> <td>0</td> <td>0</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	435.05	169.15	435.05	-	8.8	5.6	32.6	0	0	0	Pilot in Command (PIC)	337.8	169.15	337.8	-	8.2	-	-	0	0	0	Time as Instructor	0	0	0	-	0	0	0	0	0	0	This Make/Model					1	-	-				Last 90 Days	15.2	15.2	15.2	-	1	-	-	0	0	0	Last 30 Days	6	6.0	6	-	1	-	-	0	0	0	Last 24 Hours	1.1	1.1	1.1	-	0	-	-	0	0	0
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	435.05	169.15	435.05	-	8.8	5.6	32.6	0	0	0																																																																																										
Pilot in Command (PIC)	337.8	169.15	337.8	-	8.2	-	-	0	0	0																																																																																										
Time as Instructor	0	0	0	-	0	0	0	0	0	0																																																																																										
This Make/Model					1	-	-																																																																																													
Last 90 Days	15.2	15.2	15.2	-	1	-	-	0	0	0																																																																																										
Last 30 Days	6	6.0	6	-	1	-	-	0	0	0																																																																																										
Last 24 Hours	1.1	1.1	1.1	-	0	-	-	0	0	0																																																																																										

"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: _____			City of Residence: _____																																																																																																
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		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 ☐ 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 Makes: _____ 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 ☐ 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: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											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																																																																																																			
Pilot in Command (PIC)																																																																																																			
Time as Instructor																																																																																																			
This Make/Model																																																																																																			
Last 90 Days																																																																																																			
Last 30 Days																																																																																																			
Last 24 Hours																																																																																																			

ADDITIONAL FLIGHT CREWMEMBERS (Provide as many as applicable. Complete the following information.)											
Crew Name and Address					Seat Occupied		Injury				
First Name: _____		City of Residence: _____			☐ Left		☐ Front		☐ None		
Middle Initial: _____		State: _____ ZIP: _____			☐ Center		☐ Rear		☐ Minor		
Last Name: _____		Country: _____			☐ Right		☐ Single		☐ Serious		
					☐ Unknown		☐ Unknown		☐ Fatal		
									☐ Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints				
☐ None					Available		Used		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
☐ Flight Instructor					☐ None		☐ None				
☐ Commercial					☐ Lap Only		☐ Lap Only				
☐ US Military					☐ 3-point		☐ 3-point				
☐ Private					☐ 4-point		☐ 4-point				
☐ Recreational					☐ 5-point		☐ 5-point				
☐ Sport					☐ Unknown		☐ Unknown				
☐ Airline Transport											
☐ Foreign											
☐ Flight Engineer											
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		☐ None		
Middle Initial: _____		State: _____ ZIP: _____			☐ Center		☐ Rear		☐ Minor		
Last Name: _____		Country: _____			☐ Right		☐ Single		☐ Serious		
					☐ Unknown		☐ Unknown		☐ Fatal		
									☐ Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints				
☐ None					Available		Used		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
☐ Flight Instructor					☐ None		☐ None				
☐ Commercial					☐ Lap Only		☐ Lap Only				
☐ US Military					☐ 3-point		☐ 3-point				
☐ Private					☐ 4-point		☐ 4-point				
☐ Recreational					☐ 5-point		☐ 5-point				
☐ Sport					☐ Unknown		☐ Unknown				
☐ Airline Transport											
☐ Foreign											
☐ Flight Engineer											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGERS/OTHER PERSONNEL (Provide as many as applicable. Complete the following information.)											
Name and Address				Seat	Injury	Restraint Type		Inflatable Restraints	Age		
First Name: <u>Jan</u>		City: <u>St Augustine Beach</u>		☐ 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
Middle Initial: <u>Hall</u>		State: <u>FL</u> ZIP: <u>32080</u>									
Last Name: <u>Edwards</u>		Country: <u>U.S.</u>									
☐ Crew ☐ Passenger ☐ Other											
First Name: _____		City: _____		☐ 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
Middle Initial: _____		State: _____ ZIP: _____									
Last Name: _____		Country: _____									
☐ Crew ☐ Passenger ☐ Other											
First Name: _____		City: _____		☐ 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
Middle Initial: _____		State: _____ ZIP: _____									
Last Name: _____		Country: _____									
☐ Crew ☐ Passenger ☐ Other											
First Name: _____		City: _____		☐ 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
Middle Initial: _____		State: _____ ZIP: _____									
Last Name: _____		Country: _____									
☐ Crew ☐ Passenger ☐ Other											

FLIGHT INFORMATION			
Last Departure Point Airport ID: <u>KSGT</u> City: <u>St Augustine</u> State: <u>FL</u> Country: <u>US</u>		Time of Departure Time: _____ Time Zone: _____	
Destination Airport ID: <u>28-J</u> City: <u>Palatka</u> State: <u>FL</u> Country: <u>US</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 ☐ Altitude of In-Flight Occurrence: _____ 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: <u>28-J AWOS</u> Observation Time: <u>2:20 PM</u> Time Zone: <u>Eastern</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> 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 <u>22,000</u> ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl	
Wind Direction ☐ Variable -or- Direction: <u>230</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>7</u> kts	
Wind Gusts ☐ Not Gusting -or- Speed: <u>9</u> kts		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>1100</u> 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:			

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)

Aircraft fuselage and floats were destroyed. Engine & panel had minor damage. The aircraft hit a power wire going to a house which bent the power mast on the house.

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.

We left SGT, St. Augustine, FL airport at about 1:30 PM EST after doing a through pre flight and proper run-up of the engine and topping off the fuel and sumping it. We flew west and north up the saint Johns River ~~where~~^{then} we turned around and went south west from Green Cove Springs toward Palatka FL (J-28) where we announced our intentions to cross mid field and enter a ^{left} down wind for Rwy 27. we completed a slightly long down wind and turn to base & final because of other traffic in the pattern that did not announce their intentions. While on final the engine which had been running completely normal just quit. I checked the fuel selector which is either on or off it was on. I pulled the choke and it ~~restarted~~ but immediately quit which got us over a house, where ~~I~~ I stalled it into some small trees. It was a sparsely populated

residential area about a quarter of a mile from the end of Rwy 27. The wreckage did not break apart.

Operator/Owner Safety Recommendation

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

The engine quit running

This info
is not available
since NTSB
or FAA
removed the
instrument
for evaluation
during

Total Time/Cycles
On Part

____ Hours
 ____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

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

18 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

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

The 2 occupants kicked the plastic skylight out and both exited through the roof.

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 (SEE PAGE 7 OF 7)

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

HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>03/08/2018</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Larry E. Turt</u>
Signature: <u>[REDACTED]</u>	
- 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. ERA18LA098	Reviewed by NTSB Regional Office ERA	Name of Investigator ADAM GERHARDT	Date Report Received 3/12/2018
--	---	---------------------------------------	-----------------------------------