

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

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

BASIC INFORMATION

Accident/Incident Location		Date/Time	
Nearest City/Place: Sanford State: ME		Date: 06/05/2021 Local Time: 16:00	
ZIP: 04073 Country: USA		Time Zone: EDT	
Latitude: 43-23-24 N (Add mm:ss N/S) Longitude: 70-42-40 W (Add mm:ss E/W)			
Phase of Operation		Collision with Other Aircraft	
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☒ Landing ☐ Approach ☐ Unknown		☐ Midair ☐ Altitude of In-Flight Occurrence ☒ On-ground ☐ None	

AIRCRAFT INFORMATION

Manufacturer: Schweizer		Max Gross Weight: 1,080 lbs	
Model: SGS 2-33		Weight at Time of Accident/Incident: 1,080 lbs	
Serial Number: 148		Location of Center of Gravity at Time of Accident/Incident:	
Registration Number: T776S		Amateur-built: ☐ Yes ☒ No	
Category of Aircraft	Type of Airworthiness Certificate	Number of Seats: 2	Landing Gear
☐ Airplane ☐ Balloon ☐ Blimp/D dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	(Check all that apply) Standard: ☒ Normal ☐ Restricted ☐ Utility ☐ Limited ☐ Aerobatic ☐ Provisional ☐ Transport ☐ Experimental ☐ Special Flight ☐ Light Sport	If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski Wheel ☐ Unknown

Type of Maintenance Program	Last Inspection Type	Date Last Inspection: 05/23/2021
☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	☐ 100 Hour ☐ AIP ☒ Annual ☐ Conditional Inspection ☐ Unknown	Airframe Total Time: 2,200 hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident

IFR Equipped	Stall Warning System Installed	Type of Fire Extinguishing System
☐ Yes ☒ No ☐ Unknown	☐ Yes ☒ No ☐ Unknown	☒ None ☐ Specify: _____

ELT Installed	ELT Activated	ELT Manufacturer:
☐ Yes ☒ No ☐ Yes ☐ No	☐ Yes ☐ No	Model/Serial: _____
ELT Added in Location of Accident/Incident		Battery Type: _____
☐ Yes ☐ No		Battery Exp. Date: _____

Engine Type	Reciprocating Fuel System Type	Propeller
☐ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	☐ Carburetor ☐ Fuel Injected	☐ Fixed Pitch ☐ Controllable Pitch Manufacturer: _____ Model: _____

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Engine Rated Power Measured as (check one)	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1					☐ Horsepower or ☐ lbs of Thrust			
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner	Owner Address
Name: Sanford Soaring Club	City: 2 Kimball Ln. Kennebunk
Fractional Ownership Aircraft: ☐ Yes ☐ No	State: ME ZIP: 04043
	Country: USA
Operator of Aircraft ☒ Same As Registered Owner	Operator Address ☒ Same As Registered Owner
Name: Susan Tholen	City: _____
Doing Business As: _____	State: _____ ZIP: _____
Air Carrier/Operator Designator (4 Character Code): _____	Country: _____

Regulation Flight Conducted Under	Revenue Flightseeing Flight
☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces	☐ Yes ☒ No
	Air Medical Flight
	☐ Yes ☒ No

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Operating Certificate Held (Check all that apply)
☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International	☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carrier (129) ☐ Commuter Air Carrier (125) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (137) ☐ Rotorcraft External Load (137) ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
Cargo Operation		
☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail ☐ Unknown		

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number	Manufacturer:	Damage to Other Aircraft
	Model: _____	☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft		
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot of Other Aircraft		
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown	Total Time/Cycles On Part
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	_____ Hours _____ Cycles
	Time Since This Part Inspected/Overhauled
	_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage	Aircraft Fire	Aircraft Explosion
☐ None ☒ Substantial ☐ Destroyed	☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

description of Damage to Aircraft and Other Property (See additional sheet if necessary)
 member of the steel tubing fuselage frame bent, one section of wing skin also bent/crumpled with possible rib involvement.

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

Airport Identifier: KSMF Distance From Airport Center: 0 SM
 Airport Name: Sanford Regional Airport Direction From Airport: _____ degrees MAG
 Proximity to Airport: ☐ Off Airport/Neighboring ☒ On Airport ☐ On Airway Airport Elevation: 244 ft. MSL

Approach Segment: (Check all that apply)
☒ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Visual ☐ Low Approach ☐ Short Landing (after touchdown) ☐ Go Around

VFR Approach (Check all that apply)
 Name: ☐ TRK ☐ NELS ☐ Practice ☐ None ☐ Stop and Go
☒ NDB ☐ LNA ☐ GPS ☐ Traffic Pattern ☐ Touch and Go
☐ SDF ☐ ELS ☐ VSR ☐ Loran ☐ Straight-In ☐ Simulated Forced Landing
☐ VOR/TVMR ☐ Localizer Only ☐ Visual ☐ Valley Terrain Following ☐ Forced Landing
☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ Go Around ☐ Precautious Landing
☐ TUGAN ☐ RNAV ☐ Circling ☐ Full Stop ☐ Unknown

Runway Information
 Runway ID: 25 (L/R/C) Length: 5,000 ft. Width: _____ ft.

Runway/Landing Surface (Check all that apply)
☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water ☐ Unknown
☐ Concrete ☐ Gravel ☐ Metal Wood ☐ Snow ☐ Ice ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point: KSMF Time of Departure: 16:00 Destination: KSMF Type Flight Plan Filed: ☒ None ☐ VFR/IFR
 City: Sanford Time Zone: EDT City: Sanford ☐ Company VFR ☐ IFR
 State: ME Country: USA State: ME ☐ Military VFR ☐ Unknown
 Country: USA Country: USA ☐ VFR ☐ Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)
☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown/NA

Airspace where the accident/incident occurred (Check all that apply)
☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Unknown
☐ Class C ☐ Class D ☐ Temporary Area ☐ Military Operations Area (MOA) ☐ FAR 95
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)
☒ None ☐ Towing Glider ☐ Parachutes ☐ Livestock ☐ Unknown
☐ Passenger ☐ Towing Boat ☐ Water ☐ Unknown
☐ Cargo ☐ Other Item(s) ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff: _____ Gallons Fuel Type: ☐ 40/67 ☐ 100 Low Lead ☐ 100/130 ☐ 100/140 ☐ Jet A ☐ Automotive ☐ JP3 ☐ JP4 ☐ JP5 ☐ Other, specify _____

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
 Facility ID: KSMF Source of Weather Information (Check all that apply)
 Observation Time: 1956Z ☒ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ Unknown
☐ Commercial Weather Service (DCA/KTS)
 Distance from Accident Site: 0 NM
 Direction from Accident Site: 0 degrees MAG

Briefing Type/Completeness
☒ Full ☐ Abbreviated ☐ Dark Night
☐ Partial / Limited By Pilot ☐ Unknown ☐ Bright Night
☐ Partial / Limited By Briefer ☐ Not Reported
 Light Condition
☒ Day ☐ Dusk ☐ Night ☐ Not Reported
 Visibility
10 miles

Sky/Lowest Cloud Condition
☐ Clear ☐ Thin Broken ☐ Overcast
☒ Few ☐ Thin Overcast ☐ Unknown
☐ Partial Obscuration ☐ Unknown
☐ Scattered
 Ceiling
☐ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☒ Overcast ☐ Unknown
 Restriction to Visibility (Check all that apply)
☒ None ☐ Fog ☐ Ground Fog
☐ Blowing Dust ☐ Haze ☐ Ice Fog
☐ Blowing Sand ☐ Snow ☐ Smoke
☐ Blowing Snow ☐ Unknown
☐ Blowing Spray ☐ Unknown
☐ Dust

Lowest Cloud Condition Height: 7,000 ft. AGL
 Ceiling Height: 10,000 ft. AGL

Wind Direction
☒ Indicated: 278 degrees MAG
☐ Variable
 Wind Speed
 Velocity: 12 KTS
☐ Calm ☐ Light and Variable
 Wind Gasts
 Velocity: 17 KTS
☒ Gusting ☐ Not Gusting
 Type of Turbulence (Check all that apply)
☒ None ☐ In Clouds ☐ Light
☐ Clear Air ☐ Proximity of Thunderstorm
 Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

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

Temperature: 32 (C) 90 (F)
 or _____ (F)
 Altitude Setting: 29.74 in. HG
 or _____ MB
 Density Altitude: 2,700 ft.
 Dew Point: 53 (C) 128 (F)
 or _____ (F)
 Icing Forecast
 Amount: ☐ None ☐ Moderate ☐ Severe
☐ Trace ☐ Light
 Type: ☐ Rime ☐ Clear ☐ Mixed
 Icing Actual
 Amount: ☒ None ☐ Moderate ☐ Severe
☐ Trace ☐ Light
 Type: ☐ Rime ☐ Clear ☐ Mixed
 Type of Precipitation (Check all that apply)
☒ None ☐ Drizzle ☐ Ice Pellets
☐ Rain ☐ Snow ☐ Snow Pellets
☐ Snow ☐ Snow Grains ☐ Ice Crystals
☐ Sleet ☐ Freezing Rain ☐ Ice Pellets Shower
☐ Rain Shower ☐ Snow Shower ☐ Freezing Drizzle
 Intensity of Precipitation
☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION																																																																																																			
Pilot "A" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☒ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
Pilot "A" Identification First Name: Susan City: Kennebunk Middle Initial: M State: ME ZIP: 04043 Last Name: Tholen Country: USA Age at time of Accident/Incident: 56 Date of Birth: mm/dd/yyyy																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☒ Rear ☐ Center ☐ Single		Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No		Shoulder Harness Used ☒ Yes ☐ No Available ☒ Yes ☐ No																																																																																													
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☒ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military																																																																																																			
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown		Date of Last Medical 07/18/2019 mm/dd/yyyy																																																																																													
Medical Certificate Limitations Must wear corrective lenses/ possess glasses for near/intermediate vision																																																																																																			
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 05/27/2021 mm/dd/yyyy				Flight Review Aircraft Make: Bellanca Model: 8GCBC																																																																																															
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Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: mm/dd/yyyy Certificate Number: _____																																																																																																			
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No		Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No																																																																																													
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Bruce</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Graybeard</u> Country: _____	rear	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

A new prospective member of our glider club wanted to check out our operation and we offered him a flight as part of this. The flight proceeded normally until on final for landing. Being somewhat high, a slip was performed to lose altitude, and the slip was discontinued at roughly 150ft AGL. Shortly after a gust of wind caught the raised right wing and quickly displaced the glider laterally about 150-200ft. The terrain in that area was very scrubby brush and uneven so not suitable for landing. An attempt was made to get back to the grass area normally used for landing but the glider was too low to maneuver around a parked glider and aligned with the desired direction. With little altitude remaining the choice was made to land at an angle on the turf runway but with level wings to avoid a cartwheel. A groundloop resulted, which imposed enough side load to bend the fuselage slightly behind the main wheel. Both occupants were unharmed.

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

Operator/Owner Safety Recommendation

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**

06/06/2021

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Susan Tholen

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

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA21LA244

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Brazy

Date Report Received

6/6/21