

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: Brigham City Airport State: Ut
 ZIP: 84302 Country: US
 Latitude: 41-33-15.5 Longitude: 112-03-44.1
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 03/12/2016 Local Time: 02:30pm
mm/dd/yyyy Time Zone: Mt

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

AIRCRAFT INFORMATION

Registration Number: N5703L

Manufacturer: American

Model: AA-1

Serial Number: 0103

Year of Manufacture: 1969

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

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

Maximum Gross Weight: 1500 lbs

Weight at Time of Accident/Incident: 1230 lbs

Number of Seats: 1 Flight Crew Seats: 0

Cabin Crew Seats: 0 Passenger Seats: 1

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

- ☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull

☐ Tailwheel

- ☐ High Skid
☐ Skid
☐ Ski
☐ 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/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	0-235	L-10389-15	05/13/69	108	2118.02	9	587.57
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 06/17/2015

mm/dd/yyyy

Airframe Total Time: 3747.12 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: _____

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCaully

Model: 1A105/SCM 69.5 54

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: none

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: EBC

Model or Part No.: 102A

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: STC 3 point restraints

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Glade Eggett</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Brigham City</u> State: <u>UT</u> ZIP: <u>84302</u> Country: <u>US</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 103 ☐ FAR 121 ☐ FAR 125 ☐ FAR 129 ☐ FAR 133 ☐ FAR 135 ☐ FAR 137 ☐ FAR 415 ☐ FAR 431 ☐ FAR 435 ☐ 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 ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Brigham City</u> Airport Identifier: <u>BMC</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>0</u> sm Direction From Airport: <u>0</u> degrees true Airport Elevation: <u>4229</u> ft. msl	
Runway Information Runway ID: <u>17</u> (L/R/C) Length: <u>8900</u> ft Width: <u>100</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Concrete ☒ Dirt ☐ Grass/Turf ☒ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown		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 ☐ Sidestep ☐ 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	

"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>Glade</u> Middle Initial: <u>D</u> Last Name: <u>Eggett</u> City of Residence: <u>Brigham City</u> State: <u>Ut</u> ZIP: <u>84302</u> Country: _____ Age at time of Accident/Incident: <u>48</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																																																																																													
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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 Wear Corrective Lenses			Medical Certificate Special Issuance																																																																																													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/22/2015</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>1962</u>																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings						Student Endorsements <i>(Include dates)</i> Solo 5/21/02 5 sm visibility Elmonte, chino, Braket 12/01/03 Cross country 11/15/03 Ground 02/22/04 check off/ride 02/05																																																																																														
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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: <u>n/a</u> Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address			Seat Occupied		Injury	
First Name: <u>n/a</u> City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply)			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 ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ 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			
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 If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>BMC</u> City: <u>Brigham City</u> State: <u>Ut</u> Country: <u>US</u>	Time of Departure Time: <u>2:00pm</u> Time Zone: <u>Mt</u>	Destination Airport ID: <u>BMC (Pattern)</u> City: <u>Brigham city</u> State: <u>Ut</u> Country: <u>Us</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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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 B ☐ Class C ☐ Class D ☒ Class E	☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93	☐ Special ☐ Air Traffic Control Area ☐ Unknown	Altitude of In-Flight Occurrence: _____ ft msl
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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: unknown

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ nm

Direction from Accident Site: _____ degrees true

Basic Conditions

☐ VMC
☐ IMC
☐ Unknown

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

☐ Clear ☐ Thin Broken
☒ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Lowest Cloud Condition Height

8000 ft agl

Ceiling

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

Ceiling Height

8000 ft agl

Temperature: _____ (C) or 65 (F)

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

Altimeter Setting: unk in. Hg
or _____ MB

Wind Direction

☒ Variable

-or-
Direction: 35 degrees true

Wind Speed

☐ Calm
☐ Light and Variable

-or-
Speed: 15 kts

Wind Gusts

☐ Not Gusting

-or-
Speed: 10 kts

Visibility 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: unk 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:

n/a

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)*

Aircraft nose-wheel collapse on takeoff. Aircraft prop strike on landing, aircraft rolled on landing. Winds, vertical stabilizer, and canopy severely damaged.

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

The nose-wheel on these aircraft are a known problem. They should be inspected every 100hrs
As these aircraft age structural integrity is going to fail

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.)

Nose wheel failure. bent up and to right. It should have been able to take more of a load than was applied.

Nose gear was serviced for corrosion at last annual.

Total Time/Cycles
On Part

n/a _____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

9 _____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

10 _____ 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

exited though broken canopy.

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

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

see attached annual inspection

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

Name of Pilot/Operator: _____

Signature: _____

mm/dd/yyyy

-- 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.
GAA16CA149

Reviewed by NTSB Regional Office
GAA (AS-20)

Name of Investigator
Michael J. Hodges

Date Report Received
03/16/2016

Around 1:30, local time at Brigham city I airport began a preflight for a simple pattern take off and landings.

Because the Aircraft has been sitting during the winter months I did a thorough preflight. I was about a quart low on oil, so I added oil. I checked tire pressure and all other steps that are included in the preflight checklist. I was under the plane drawing fuel for a check for contamination. No abnormal features were noted.

I checked automated weather information.

I started the engine per procedure and taxied to the runway. I had to use runway 17 due to the wind direction. Winds were blowing At a seemingly constant 15+ knot wind speed. There was a slight crosswind.

Uneventful run up was done.

I took the runway as I made the announcement on local traffic. (aprox, 2:10 local time)

At approximately 60 knots I felt an abrupt turn to the right. I heard a huge steady scrape and noted vibration. Micro seconds later, at 65 I took flight at the same time strong gust of wind from the left side/back of the aircraft. It felt like I left quartering tailwind. It did not feel as if I touched back down, but it is a possibility due to the wind direction.

When I heard that scrape. I did not know if that was the nosewheel, structure or the prop. I suspected nosewheel due to the feel.

At this time I try to gain as much altitude is possible to avoid a ground loop. A local pilot, who I do not know, saw it from a good distance the take off. He asked if I was all right over the radio. I responded something to the effect that it felt odd and I wondered if my nose wheel was intact.

Seconds later, my engine cowl opened on the passenger side of the aircraft. It was lifting up. I reported that over local traffic. As I entered a right turn for crosswind, I noted that the engine was running fine and have good fuel, oil pressure, fuel pressure, oil temperature, and suction. Engine was running good.

At the suggestion of the local pilot, I flew overhead so we could get a better look what happened on takeoff. He reported that the nose wheel was bent. Another pilot was on the ground looking as well. It was some discussion on how much it was bent into which direction.

I made the decision was call emergency services and that I would circle the airport waiting for them to arrive.

Several passes were made over the airport at pattern altitude, more observation were done on the nosewheel. The engine was running fine and I had positive control the aircraft.

Upon the emergency services arrival I begin a downward descent preparing for a nose up landing. I was going to attempt to do a soft field type of landing keeping the nose wheel up the best I could.

On touchdown I was at approximately 65 kn with full flaps. Power was cut, and fuel was leaned out entirely. I made decision to unlock the canopy and slide it back about 6 inches. I attempted to keep the nosewheel up as much as possible. Landing on the mains. Due to the stall factors of this aircraft, this is difficult.

The mains touchdown first. At some point the nose dropped and I had no control over the aircraft. I applied full left rudder/brake. This had some effect of slowing me down but no directional control. Was pulling to the right about 15° off centerline. It should be noted that this is the same direction that I felt just before takeoff.

For a moment I thought it was going to be alright, but I saw that I was heading for the sand off the right of the runway. I heard scraping as I went along the runway, the same steady noise as when I took off.

When I hit the sand, the airplane seemingly went end over end. In any case, I end up inverted with the canopy facing down. The canopy broke into pieces.

It should be noted, had that sand area been flat and paved I would not have rolled aircraft.(It felt as if the nose was grabbing.) Instead it was like a little ditch.

Coming to a stop, inverted. I tried to secure the aircraft as much as possible and got myself freely out of my three point seatbelt restraint system. This in all likelihood save me.

I exited the aircraft after removing the plastic shards from the canopy. I quickly exited. Firemen were on the scene and help me stand up and then placed me on a gurney. I was taken to the hospital.

At the hospital I was checked out thoroughly and was found to be in good health and released.

Upon getting back to the aircraft, I did observe the nose wheel structure bent an abnormal way, back and to the right. It looked as though the tubing had given way and the bottom structure had been rubbing.

In all likelihood, this aircraft will never fly again. I hope this helps in your investigation. If I could be of further help please let me know.

Respectfully Submitted,

A black rectangular redaction box covering the signature of Glade Douglas Eggett. A small, faint, handwritten mark is visible above the box.

Glade Douglas Eggett

Fuller Aircraft Services

Santa Paula, CA. 93060

AIRFRAME LOGBOOK ENTRY

REG. #: N5703L

American Aviation Corp.: AA-1 S/N: 0103

Tach Time: 3747.12 Total Time: 3747.12

Completed Annual Inspection, service and repairs as follows: Tightened alternator field post & replaced broken ring terminal on wire to F2 post. Sealed holes in firewall with RTV silicone. Installed fuel tank capacity placards. Replaced R/H fuel cap gasket P/N F2085. Tightened L/H VOR antenna. Replaced mixture cable clamps P/N'S AN742-D4 & MS21919WDG-11 & safetied carb heat cable. Removed, cleaned & inspected all wheel assemblies, replaced nose wheel bearings P/N 08125, races P/N 08231 & felt seals P/N 154-00600, repacked bearings & reinstalled wheel assemblies. Performed annual nose gear inspection & retorqued all torque tube mounting bracket hardware A/R, removed corrosion from nose gear strut, blended corroded areas & painted strut with zinc chromate, drilled & reamed strut mounting bolt holes for NAS6207-29 bolts due to excessive play & reinstalled strut with new NAS6207-29 bolts, AN364-720A nuts & AN960-716 washers & reset nose gear fork drag tension. Replaced L/H & R/H inner & outer aileron bearings P/N 902013-1. Trouble shot in-op flap system & found poor contact in one flap motor brush, system checked satisfactory. Refastened carb heat cable to prevent interference with Y-control. Replaced ring terminal on R/H magneto P-Lead wire. Repaired broken R/H fuel filler drain line fitting & replaced drain hose. Replaced vacuum relief valve filter P/N ARB3-5-1. Replaced Bracket air filter element P/N BA4108. Complied with recurring FAR.91.207 (c) by replacement of the ELT battery P/N BP-1045 & (d) by test & inspection of the ELT Per. Para. (d) (1) thru (4), battery expires August 2017. Complied with broken rudder, aileron & elevator control cable AD 72-06-02 by inspection Per Para. a., Due next at Tach 3847.12. Complied with shear link rivet inspection & wear on the elevator bungee housing assembly AD 72-07-10 by inspection Per Para. a. 1 & 2, Due next at Tach 3847.12. Complied with mixture control wire failure AD 75-09-07 Para. C. by inspection IAW Gulfstream service bulletin No. 144A, Para. B. (cable replacement) due next at Tach 4205.4, Para. D. (inspection) Due next at Tach 3847.12. Checked Airworthiness Directive Bi-weeklies through 2015-13. Post inspection ground run & operational check satisfactory. For further details see Grumman American Inspection Report. All work completed IAW appropriate maintenance & service manuals.

I certify this Aircraft has been inspected in accordance with an Annual Inspection and was determined to be in an airworthy condition.

Glenn Fuller

A&P IA

June 17, 2015

END