

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: Bowling Green Airport (KBWG) State: KY

ZIP: 42101 Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 08/12/2017 Local Time: 11am

mm/dd/yyyy

Time Zone: CST

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

AIRCRAFT INFORMATION

Registration Number: NX8262

Manufacturer: Walker-Curtiss

Model: JN4D

Serial Number: WC001

Year of Manufacture: 2013

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

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

Maximum Gross Weight: 2600 lbs

Weight at Time of Accident/Incident: 2250 lbs

Number of Seats: 2 Flight Crew Seats: 2

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
☐ Certificate of Authorization or Waiver (COA)
☒ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☒ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear (Check all that apply)

- ☐ Retractable
☐ Tricycle
☒ Tail wheel
☐ Amphibian
☐ High Skid
☐ Emergency Float
☐ Skid
☐ Float
☐ Ski
☐ Hull
☐ Ski/V 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. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	General Motors	350 small block	NA	new 2013	150	330	25	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/01/2017

mm/dd/yyyy

Airframe Total Time: 330 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: Sensenich wood 101 inch

Model: Experimental S/N 1399

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACK Technologies

Model or Part No.: E-01-03 150-0918

TSO No.: ☒ OC91 (121.5 MHz) ☒ OC91a (121.5 MHz)

☐ OC126 (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: _____

OWNER INFORMATION		OPERATOR INFORMATION	
Registered Aircraft Owner Name: <u>Charles D. Walker</u>		City: <u>Bowling Green</u> State: <u>KY</u> ZIP: <u>42101</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No		Operator of Aircraft ☒ Same As Registered Owner ☐ Same Address as Registered Owner	
Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		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 (Select one) ☐ 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		Air Medical Flight ☐ Yes ☐ No	
AIRPORT INFORMATION		FLIGHT INFORMATION	
Airport Name: <u>Bowling Green/Warren County</u> Airport Identifier: <u>BWG</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>0.25</u> sm Direction From Airport: <u>290</u> degrees true Airport Elevation: <u>550</u> ft. msl	
Runway Information Runway ID: <u>3</u> (L/R/C) Length: <u>6500</u> ft Width: <u>150</u> ft Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		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	
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 ☐ Crosswind ☐ Aborted Landing (after touchdown) ☐ 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/DME ☐ Localizer Only ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling ☐ 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 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: TEARY

Middle Initial: A.

Last Name: RICHARDSON

City of Residence: FRANKLIN

State: KY

ZIP: 42134

Country: USA

Age at time of Accident/Incident: 75

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

05/02/2017

mm/dd/yyyy

Medical Certificate Limitations

BASIC MEDICAL

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

02/17/2017

mm/dd/yyyy

Flight Review Aircraft

Make: PIPER J35

Model: (FLOAT EQUIPPED)

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

C-560
TAJET
L-188
L-382
LAJET
N-265

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	10000 ⁺	60 ⁺	5000 ⁺	15000 ⁺	5000 ⁺	5000	500 ⁺			
Pilot in Command (PIC)	17000 ⁺	30	4700 ⁺	12000 ⁺	1000 ⁺	5000				
Time as Instructor	10000 ⁺		1000 ⁺	4000 ⁺	1000 ⁺	1000				
This Make/Model										
Last 90 Days	25	10	25	-						
Last 30 Days	15	0	15	-						
Last 24 Hours	5	0	5	-						

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
- ☒ Substantial
- ☐ Minor
- ☐ Destroyed
- ☐ Unknown

Aircraft Fire

- ☒ None
- ☐ In-Flight
- ☐ On-Ground
- ☐ Both Ground and In-Flight
- ☐ Fire at Unknown Time
- ☐ Unknown

Aircraft Explosion

- ☒ None
- ☐ In-Flight
- ☐ On-Ground
- ☐ Both Ground and In-Flight
- ☐ Explosion at Unknown Time
- ☐ Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

BOTH WINGS DESTROYED. SOME DAMAGE TO FUSELAGE.
AIRCRAFT IS REPAIRABLE.
ONE TREE TOP OF GOLF COURSE TREE BROKEN. NO
GROUND DAMAGE.

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.

AUGUST 15, 2017.

PREFLIGHTED AIRCRAFT AT HANGAR IN PREPARATION FOR
LOCAL PROFICIENCY FLIGHT AT KBWG IN ANTICIPATION OF UPCOMING
AIRSHOW AT SELFRIDGE AFB, MI. PLAN WAS A BRIEF LOCAL
FLIGHT, RETURN FOR FULL STOP LANDING AT KBWG.

WEATHER WAS HIGH OVERCAST, LIGHT, VARIABLE WINDS FAVORING
RWY 3, NORTHWESTLY WINDS. COMMENCED TAKEOFF ON RWY 3
WITH NORMAL CLIMBOUT. AT APPROXIMATELY 100' AGL THE AIRCRAFT
STARTED AN UNCOMMANDED TURN TO THE LEFT, FOLLOWED
SHORTLY WITH AN UNCOMMANDED DESCENT. I COUNTERED WITH RIGHT
AILERON AND MORE RIGHT RUDDER, AT ONE TIME WITH BOTH FEET ON
THE RIGHT RUDDER BAR, BUT THE AIRCRAFT CONTINUED A DESCENDING
LEFT TURN.

AT THIS POINT IT BECAME APPARENT THAT MY FLIGHT PATH
WAS INTO THE TREELINE ON A GOLF COURSE WHICH PARALLELS
RWY 3. I ATTEMPTED TO CLIMB TO POSSIBLY MAINTAIN AT LEAST
AN ALTITUDE TO CLEAR THE TREES, BUT TO NO AVAIL, NEARLY
STALLING. MY OPTIONS VERY LIMITED, I DECIDED TO ATTEMPT TO
IMPACT WINGS LEVEL AS POSSIBLE INTO THE TREELINE AT THE TOPS
BETWEEN TREES. AIRCRAFT ^{WAS} ~~WAS~~ PRIOR TO IMPACT I TURNED
THE IGNITION/MASTER OFF. AIRCRAFT IMPACTED TOP OF TREES,
STOPPED RAPIDLY, THEN FELL @ 30' TO THE GROUND. WITH AID OF
GOLFERS, I EXITED THE AIRCRAFT.

RECOMMENDATION How could this accident/incident have been prevented?

Operator/Owner Safety Recommendation

UNKNOWN AT THIS TIME.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

26

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

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete the 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: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

COMMENTS ON EVENT:

- ITEMS FOUND ON FLOOR BEHIND PILOT'S SEAT
 - 1 EMPTY MARKER MYSTERY OIL CAN (PLASTIC)
 - 1 GAS MEASURE FOLDED YARD STICK
 - 1 WOOL NECK THICKENED PIECE OF CLOTHING

FLYING CHARACTERISTICS OF JN-4

THE JN-4 (AS OF THAT ERA AIRCRAFT) IS NOT VERY STABLE. ONLY IN A FLYING CONFIGURATION, ANY AIR MASS (GUSTS) CHANGE CAN ^{DISRUPT} THE BALANCE AND RESULT IN SEVERE INADVERT TURN, CLIMBS, DESCENES. THESE MOVEMENTS HAVE TO BE COUNTERED IMMEDIATELY BECAUSE OF THE RELATIVE SIZE (SMALL) OF CONTROL SURFACES (RUDDER, AILERONS). AND CORRECTIONS ARE SLOW, POSSIBLY RESULTING IN LOSS OF ALTITUDE. PILOTS EXPECT THESE UPSETS AND BECOME ALERT FOR THEM.

WINDS ON TAKEOFF WERE LESS THAN 5 KNOTS, WIND, WIND FLOW OVER THE TREES ALIGNING THE RWY. 3 AT 100' (JUST ABOVE THE TREE TOPS). A POSSIBLE BURBLE OR SLIGHT WINDSUCKER IS POSSIBLE JUST ABOVE THE TREELINE, WHICH COULD HAVE DISTURBED THE CLIMBING CONDITION OF THE AIRCRAFT.

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

Date of this Report 08/21/2017 Name of Pilot/Operator: TERESA A. RICHARDSON

Signature: [REDACTED]
 -- 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.
GAA17CA488

Reviewed by NTSB Regional Office
GAA

Name of Investigator
Eric Swenson

Date Report Received
08/23/2017