

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: FTG: Front Range Airport State: CO
ZIP: 80137 Country: USA

Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 10-15-2018 Local Time: 1345
mm/dd/yyyy

Time Zone: MT

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

AIRCRAFT INFORMATION

Registration Number: N76154

Manufacturer: Cessna

Model: C-140

Serial Number: 10551

Year of Manufacture: 1946

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

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

Maximum Gross Weight: 1450 lbs

Weight at Time of Accident/Incident: 1400 lbs

Number of Seats: 2 Flight Crew Seats: 1

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
☐ 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

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)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>O-200-A</u>	<u>69294-8-A</u>	<u>-</u>	<u>100</u>	<u>6666</u>	<u>44</u>	<u>657.8</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 11-01-2017
mm/dd/yyyy

Airframe Total Time: 1645.1 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: McCordley
Model: 1A100 MCM 6950

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Emergency Beacon
Model or Part No.: ERC 102 A
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/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Long, William D</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: [REDACTED] State: <u>Parker Co</u> ZIP: <u>80134</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Mark D. Long</u> Doing Business As: <u>N/A</u> Air Carrier/Operator Designator (4 Character Code): <u>N/A</u>		☒ Same As Registered Owner City: [REDACTED] State: <u>Parker Co</u> ZIP: <u>80134</u> Country: <u>USA</u>	
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only N/A	
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>Front Range</u> Airport Identifier: <u>KFTG</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>15</u> sm Direction From Airport: <u>N/A</u> degrees true Airport Elevation: <u>5512</u> ft. msl	
Runway Information Runway ID: <u>26</u> (L/R/C) Length: <u>8,000</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 ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☒ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Crosswind ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☒ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Mark D. Long</u> Middle Initial: <u>P</u> Last Name: <u>Long</u> City of Residence: <u>Parker, CO</u> State: <u>CO</u> ZIP: <u>80134</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>55</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																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☒ Flight Engineer						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 <u>05-02-2018</u> mm/dd/yyyy																																																																																										
Medical Certificate Limitations Must possess glasses for near/intermediate vision																																																																																																				
Medical C 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01-04-2018</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Boeing</u> Model: <u>737</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 B-737, B-747, B-757, B-767, B-777						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 style="text-align: center; padding: 5px;">20,087</td> <td style="text-align: center; padding: 5px;">300</td> <td style="text-align: center; padding: 5px;">1621</td> <td style="text-align: center; padding: 5px;">17,352</td> <td style="text-align: center; padding: 5px;">3100</td> <td style="text-align: center; padding: 5px;">1524</td> <td style="text-align: center; padding: 5px;">100</td> <td style="text-align: center; padding: 5px;">-</td> <td style="text-align: center; padding: 5px;">-</td> <td style="text-align: center; padding: 5px;">-</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="text-align: center; padding: 5px;">11,682</td> <td style="text-align: center; padding: 5px;">300</td> <td style="text-align: center; padding: 5px;">1621</td> <td style="text-align: center; padding: 5px;">10,061</td> <td style="text-align: center; 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padding: 5px;">Last 90 Days</td> <td style="text-align: center; padding: 5px;">178</td> <td style="text-align: center; padding: 5px;">6</td> <td style="text-align: center; padding: 5px;">10</td> <td style="text-align: center; padding: 5px;">178</td> <td style="text-align: center; padding: 5px;">30</td> <td style="text-align: center; padding: 5px;">3</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">-</td> <td style="text-align: center; padding: 5px;">-</td> <td style="text-align: center; padding: 5px;">-</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="text-align: center; padding: 5px;">60</td> <td style="text-align: center; padding: 5px;">3</td> <td style="text-align: center; padding: 5px;">5</td> <td style="text-align: center; padding: 5px;">60</td> <td style="text-align: center; padding: 5px;">15</td> <td style="text-align: center; padding: 5px;">1</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">-</td> <td style="text-align: center; padding: 5px;">-</td> <td style="text-align: center; padding: 5px;">-</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 style="text-align: center; padding: 5px;">1</td> <td style="text-align: center; padding: 5px;">8</td> <td style="text-align: center; padding: 5px;">-</td> <td style="text-align: center; padding: 5px;">-</td> <td style="text-align: center; padding: 5px;">-</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	20,087	300	1621	17,352	3100	1524	100	-	-	-	Pilot in Command (PIC)	11,682	300	1621	10,061	3100	1524	100	-	-	-	Time as Instructor	15		15		-	-	-	-	-	-	This Make/Model											Last 90 Days	178	6	10	178	30	3	0	-	-	-	Last 30 Days	60	3	5	60	15	1	0	-	-	-	Last 24 Hours						1	8	-	-	-
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Last 24 Hours						1	8	-	-	-																																																																																										

"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: _____ 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 <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☐ 3-point	☐ 3-point																
☐ 4-point	☐ 4-point																
☐ 5-point	☐ 5-point																
☐ Unknown	☐ Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☐ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☐ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☐ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>		☐ 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			
☐ 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		Date of Last Medical _____ mm/dd/yyyy														

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy

Flight Review Aircraft

Make: _____

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
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Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

* THE "X" ON THE PAGE WAS INADVERTANT SO PLEASE DISREGARD

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Address First Name: <u>DAVID</u> City of Residence: <u>HIGHLANDS RANCH</u> Middle Initial: <u>R</u> State: <u>COLO</u> ZIP: <u>80129</u> Last Name: <u>TAYLOR</u> Country: <u>USA</u>				Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☒ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☒ Flight Engineer				Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☒ 4-point ☒ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☒ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: <u>17,815</u> hrs			
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ 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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ 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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ 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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KFTG</u>	Time: <u>1300</u>	Airport ID: <u>KFTG</u>	☒ None ☐ VFR/IFR
City: <u>Watkins</u>		City: <u>Watkins</u>	☐ Company VFR ☐ IFR
State: <u>CO</u>	Time Zone: <u>MNT</u>	State: <u>CO</u>	☐ Military VFR ☐ Unknown
Country: <u>USA</u>		Country: <u>USA</u>	☐ VFR
			Activated? ☐ Yes ☐ No ☐ Unknown

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A	☐ Class G	☐ Military Operations Area (MOA)	☐ Special
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown
☒ Class D	☐ Prohibited Area	☐ TRSA	
☐ Class E	☐ Restricted Area	☐ FAR 93	

Altitude of In-Flight Occurrence: _____ ft msl

Source of Pilot Weather Information <i>(Check all that apply)</i>	Weather Observation Facility										
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown										
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Facility ID:</td> <td><u>KFTG</u></td> </tr> <tr> <td>Observation Time:</td> <td><u>1253</u></td> </tr> <tr> <td>Time Zone:</td> <td><u>MT</u></td> </tr> <tr> <td>Distance from Accident Site:</td> <td><u>1.0</u> nm</td> </tr> <tr> <td>Direction from Accident Site:</td> <td><u>-</u> degrees true</td> </tr> </table>		Facility ID:	<u>KFTG</u>	Observation Time:	<u>1253</u>	Time Zone:	<u>MT</u>	Distance from Accident Site:	<u>1.0</u> nm	Direction from Accident Site:	<u>-</u> degrees true
Facility ID:	<u>KFTG</u>										
Observation Time:	<u>1253</u>										
Time Zone:	<u>MT</u>										
Distance from Accident Site:	<u>1.0</u> nm										
Direction from Accident Site:	<u>-</u> degrees true										

Basic Conditions	Light Condition
☒ VMC ☐ IMC ☐ Unknown	☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	Temperature: _____ (C) or <u>45?</u> (F) Dew Point: _____ (C) or <u>?</u> (F) Altimeter Setting: <u>P</u> in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction ☐ Variable <i>SW</i> -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <i>5 to 7</i> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <i>Clear</i> miles RVR: <i>Ø</i> feet RVV: <i>Ø</i> miles Density Altitude: _____ ft
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Intensity of Precipitation	Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ 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 <i>(Check all that apply)</i> ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence		Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
--	--	---	--	--	--	---	--	--	--	---	--

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)*

Bent Lt+Rt wings, Bent Vertical Stabs, Bent Rudder,
Several Bent sheet metal skins on Fuselage

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.

See Attached copy

On 10-15-2018 David Taylor and I were doing touch and goes in N76154, a 1946 C-140. Dave was thinking of purchasing a C-140 that was located in the Seattle area. This was a demonstration type of flight so Dave could be familiar with the performance capability of a 140 at the elevations of Denver. I was PIC and in the left seat with Dave in the right seat. We alternate touch and goes in the traffic pattern for runway 26 at KFTG. During our pre flight briefing we talked about the nose-over tendencies of the early 140's and the need to stay off the brakes, and the fact that Cessna even designed wheel extensions and reengineered the landing gear in mid 1947 to help with this problem. We had thoroughly brief this including on the downwind prior to the event. On our approximately 4th T&G Dave was flying, and planning a wheel landing. Touch down was normal, followed by a slight drift to the right. I came on the rudders to help correct to parallel the center line. As we were slowing (aprox 35-40mph), I reached for the yoke to ease back and help lower the tail, but before I could make a control in put, the aircraft suddenly and with out warning pitch nose down and flipped on its back.

I asked Dave if he was ok, I think he said yes, and I told him we needed to get out, because I smelled fuel. We exited the aircraft, airport operation showed up, and I secured the aircraft.

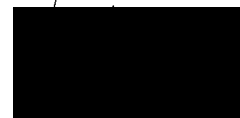
I think I am responsible for the accident. One of us must have inadvertently applied the brakes. I probably missed judged Dave's level of experience with tail wheel aircraft as light and as sensitive as the 140, and should not have let him fly the touch and Go portion of the flight.

10-23-2018

DEAR SIR,

I WAS FLYING WITH MY FRIEND AND AIRCRAFT OWNER MARK LONG, AT KFTB ON 10/15/2018 IN HIS CESSNA 140 WITH REGISTRATION N76154. I WAS CONTEMPLATING THE PURCHASE OF A DIFFERENT CESSNA 140 AND MARK WAS PROVIDING THE OPPORTUNITY TO EXPERIENCE THE AIRCRAFT AT THIS ALTITUDE. I AM CURRENTLY RATED AS A TAILWHEEL PILOT AND HAD MET THE REGENCY OF EXPERIENCE REQUIREMENTS FOR AIRPLANE, SINGLE ENGINE LAND, TAILWHEEL. WE WERE USING RUNWAY 26 AT KFTB PERFORMING TOUCH & GO'S AT APPROXIMATELY 1345 LOCAL TIME AFTER ACCOMPLISHING SUCCESSFUL "3 POINTERS" WHILE FLYING IN THE PATTERN, WE DECIDED TO PERFORM POMB WHEEL LANDINGS. WHILE ON DOWNWIND, WE SPECIFICALLY BRIEFED THE IMPORTANCE OF HAVING OUR HEELS ON THE FLOOR AND ONLY THE BALLS OF OUR FEET ON THE LOWER PORTION OF THE RUDDER PEDALS. THE APPROACH WAS SMOOTH AND STABLE AND THE TOUCH DOWN WAS SMOOTH. WE WERE TRACKING THE CENTERLINE WHILE CORRECTING WITH RUDDER AND ALERON FOR WIND. THE AIRCRAFT SUDDENLY AND UNEXPECTEDLY CAME UP ON ITS NOSE AND CONTINUED TO ROLL ON ITS BACK. THERE WERE NO INJURIES AND WE BOTH EXITED THE AIRCRAFT EXPEDITIOUSLY. AS A RESULT OF CONTINUOUS DEBRIEFINGS, WE BOTH FELT WE REMAINED OFF THE BRAKES AND AS IT HAPPENED VERY QUICKLY, WE ARE STILL TRYING TO ARRIVE AT CONCLUSIONS.

DAVID R TAYLOR



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

Operator/Owner Safety Recommendation

Don't touch Brakes

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)

8

Gallons

Fuel Type

☐ 80/87

☒ 100 Low Lead

☐ 100/130

☐ 115/145

☐ Jet A

☐ Jet A-1

☐ Jet B

☐ JP8

☐ Automotive

☐ Other, specify _____

Other Services, if Any, Prior to Departure

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

Deplane thru Lt + Right Doors

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

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

10-23-18
mm/dd/yyyy

Name of Pilot/Operator:

Signature:

-- or --

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or --

☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

GAA19CA026

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kathryn Benhoff

Date Report Received

10/26/2018