

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

Nearest City/Place: Vacaville State: CA
 ZIP: 95688 Country: Solano
 Latitude: 38-22-40.0 (dd:mm:ss N/S) Longitude: 121-57-41.7 (ddd:mm:ss E/W)

Date/Time

Date: 05/21/2014 Local Time: 0914
 mm/dd/yyyy Time Zone: pacific

Phase of Operation

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

150 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Cessna

Model: 140

Serial Number: 12492

Registration Number: N2256N

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 1,450 lbs

Weight at Time of Accident/Incident: 1,424 lbs

Location of Center of Gravity at Time of Accident/Incident:

 inches from ☐ nose or ☐ datum
 -or- 25% Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard

☒ Normal
☐ Utility
☐ Acrobatic
☐ Transport

Special

☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew:

Cabin Crew:

Passengers:

Landing Gear

☐ 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

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify:

Last Inspection Type

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

Date Last Inspection: 05/9/2014

mm/dd/yyyy

Airframe Total Time: 3,349 hrs

hours measured at (check one)

☐ Last Inspection ☐ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☐ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☒ None
☐ Specify

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: NARCO Avionics

Model/Series: ELT-10

ELT Aided in Locating Accident/Incident

☐ Yes ☐ No

Serial Number: 72846

Battery Type: 12 volts

Battery Exp. Date: March 2015

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☒ Carburetor
☐ Fuel Injected

Propeller

☒ Fixed Pitch
☐ Controllable Pitch

Manufacturer: McCaully TC 842 P.C3

Model: 1B90/CM7148

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Continental	C85-12 F	26617-6-12		85	3,349	1	1,066
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Kevin McDonald</u> Fractional Ownership Aircraft: ☒ Yes ☐ No		Owner Address City: <u>Vacaville</u> State: <u>CA</u> ZIP: <u>95687</u> Country: <u>Solano</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under ☒ 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		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☒ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International	Type of Commercial Operating Certificate Held (Select all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number <u>N/A</u>	Manufacturer: _____ Model: _____		Damage to Other Aircraft ☐ 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 (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
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground		Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

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

- 1) Right Wing Strut -bent
- 2) Propeller -bent
- 3) Engine Mount -bent
- 4) Windshield -broken
- 5) Left side Aft of Firewall to Left door forward wrinkled
- 6) Left wing tip area wrinkled
- 7) Vertical Stabilizer bent down 8 inches
- 8) Left and right door will not close

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: VCBDistance From Airport Center: 2 SMAirport Name: Nut Tree AirportDirection From Airport: 020 degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On AirstripAirport Elevation: 117 ft. MSL**Approach Segment** (Select one)

- | | | | | |
|---|---|---------------------------------------|--|------------------------------------|
| ☐ On Instrument Approach | ☒ Landing | ☐ Base leg | ☐ Final | ☐ Go Around |
| ☐ Crosswind | ☐ Downwind | ☐ Low Approach | ☐ Aborted Landing (after touchdown) | |

IFR Approach (Check all that apply)

- | | | | |
|--|--|-----------------------------------|-----------------------------------|
| ☒ None | ☐ PAR | ☐ MLS | ☐ Practice |
| ☐ ADF/NDB | ☐ Sidestep | ☐ LDA | ☐ GPS |
| ☐ SDF | ☐ ILS | ☐ ASR | ☐ Loran |
| ☐ VOR/TVOR | ☐ Localizer Only | ☐ Visual | ☐ Unknown |
| ☐ VOR/DME | ☐ LOC-back course | ☐ Contact | |
| ☐ TACAN | ☐ RNAV | ☐ Circling | |

VFR Approach (Check all that apply)

- | | |
|---|--|
| ☐ None | ☐ Stop and Go |
| ☐ Traffic Pattern | ☐ Touch and Go |
| ☐ Straight-In | ☐ Simulated Forced Landing |
| ☐ Valley/Terrain Following | ☒ Forced Landing |
| ☐ Go Around | ☐ Precautionary Landing |
| ☐ Full Stop | ☐ Unknown |

Runway InformationRunway ID: 02 (L/R/C) Length: 4,700 ft Width: 75 ft**Runway/Landing Surface** (Check all that apply)

- | | | | |
|---|-------------------------------------|-------------------------------------|----------------------------------|
| ☒ Asphalt | ☐ Grass/Turf | ☐ Macadam | ☐ Water |
| ☐ Concrete | ☐ Gravel | ☐ Metal/Wood | ☐ Unknown |
| ☐ Dirt | ☐ Ice | ☐ Snow | |

Condition of Runway/Landing Surface (Check all that apply)

- | | | |
|--|---|---------------------------------------|
| ☒ Dry | ☐ Snow-Compacted | ☐ Water-Calm |
| ☐ Holes | ☐ Snow-Crusted | ☐ Water-Choppy |
| ☐ Ice Covered | ☐ Snow-Dry | ☐ Water-Glassy |
| ☐ Rough | ☐ Snow-Wet | ☐ Wet |
| ☐ Rubber Deposits | ☐ Soft | ☐ Unknown |
| ☐ Slush Covered | ☐ Vegetation | |

FLIGHT ITINERARY INFORMATION**Last Departure Point**Airport ID: VCBCity: VacavilleState: CACountry: Solano**Time of Departure**Time: 0913Time Zone: Pacific**Destination**Airport ID: VCBCity: VacavilleState: CACountry: Solano**Type Flight Plan Filed**

- | | |
|--|----------------------------------|
| ☒ None | ☐ VFR/IFR |
| ☐ Company VFR | ☐ IFR |
| ☐ Military VFR | ☐ Unknown |
| ☐ 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 | ☐ Air Traffic Control Area |
| ☐ Class C | ☐ Demo Area | ☐ Military Operations Area (MOA) | ☐ FAR 93 | ☐ Unknown |
| ☐ Class D | ☐ Warning Area | ☐ Airport Advisory Area | | |

Aircraft Load Description (Check all that apply)

- | | | | |
|--|---|--|------------------------------------|
| ☒ None | ☐ Towing Glider | ☐ Parachutists | ☐ Livestock |
| ☐ Passengers | ☐ Towing Banner | ☐ Water | ☐ Unknown |
| ☐ Cargo | ☐ Other External | ☐ Chemical/Fertilizer/Seeds | |

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

14 Gallons**Fuel Type**

- | | | | |
|--|-------------------------------------|------------------------------|---|
| ☐ 80/87 | ☐ 115/145 | ☐ JP3 | ☐ Other, specify _____ |
| ☒ 100 Low Lead | ☐ Jet A | ☐ JP4 | |
| ☐ 100/130 | ☐ Automotive | ☐ JP5 | |

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

Remove shoulder harness and seat belts, exit aircraft, two occupants evacuated by left and right door

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: VCBObservation Time: 0900Time Zone: PacificDistance from Accident Site: 2 NMDirection from Accident Site: 020 degrees MAG**Source of Weather Information**

(Check all that apply)

☐ National Weather Service☐ Flight Service Station☐ TV/Radio☒ Automated Report☐ Commercial Weather Service (DUATS)☐ Company☐ Military☐ Internet☐ Unknown**Method of Briefing**

(Check all that apply)

☐ In Person☐ Teletype☐ Telephone/Computer☒ Aircraft Radio☐ TV/Radio☐ Unknown**Briefing Type/Completeness**☒ Full ☐ Abbreviated☐ Partial / Limited By Pilot ☐ Unknown☐ Partial / Limited By Briefer ☐ Not Pertinent**Light Condition**☐ Dawn☐ Dusk☐ Dark Night☒ Day☐ Night☐ Bright Night☐ Not Reported**Visibility**30 miles**Sky/Lowest Cloud Condition**☒ Clear☐ Thin Broken☐ Few☐ Thin Overcast☐ Partial Obscuration☐ Unknown☐ Scattered**Ceiling**☒ None (clear)☐ Obscured☐ Broken☐ Indefinite☐ Overcast☐ Unknown**Restriction to Visibility (Check all that apply)**☒ None☐ Blowing Dust☐ Blowing Sand☐ Blowing Snow☐ Blowing Spray☐ Dust☐ Fog☐ Ground Fog☐ Haze☐ Ice Fog☐ Smoke☐ Unknown**Lowest Cloud Condition Height**30,000 ft AGL**Ceiling Height**30,000 ft AGL**Wind Direction**☒ Indicated:
20 degrees MAG☐ Variable**Wind Speed**

Velocity: _____ KTS

-or-

☒ Calm☐ Light and Variable**Wind Gusts**

Velocity: _____ KTS

☐ Gusting☒ Not Gusting**Type of Turbulence (Check all that apply)**☒ None☐ Clear Air☐ In Clouds☐ Vicinity of Thunderstorm**Severity of Turbulence**☐ Extreme☐ Severe☐ Moderate☐ Moderate Chop☐ Light**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**

None

Temperature: _____ (C)
or 61 (F)Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or 50 (F)**Icing Forecast****Amount**☒ None☐ Trace☐ Light☐ Moderate☐ Severe**Type**☐ Rime☐ Clear☐ Mixed**Icing Actual****Amount**☒ None☐ Trace☐ Light☐ Moderate☐ Severe**Type**☐ Rime☐ Clear☐ Mixed**Type of Precipitation (Check all that apply)**☒ None☐ Rain☐ Snow☐ Hail☐ Rain Showers☐ Freezing Rain☐ Snow Shower☐ Drizzle☐ Ice Pellets☐ Snow Pellets☐ Snow Grains☐ Ice Crystals☐ Ice Pellets 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: Kevin City: Vacaville
 Middle Initial: _____ State: CA ZIP: 95687
 Last Name: McDonald Country: Solano
 Age at time of Accident/Incident: 60 Date of Birth: _____ Certificate Number: _____
 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

06/20/2013
 mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Waivers

None

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

09/30/2013
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: 140

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
☐ Free 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

NA

Student Endorsements (Include dates)

NA

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	460	56	460	0	12	0	68			
Pilot in Command (PIC)	351	56	351	0	0	0	0			
Time as Instructor				0	1					
This Make/Model										
Last 90 Days	4	4	4	0	0	0	0			
Last 30 Days	1	1	1	0	0	0	0			
Last 24 Hours	0	0	0	0	0	0	0			

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

Pilot "B" Identification

First Name: N/A City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
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

_____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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
☐ Free 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
 ☐ Instrument Airplane
☐ Airplane Single-Engine
 ☐ Instrument Helicopter
☐ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ Sport

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										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: <u>N/A</u>	City: _____	☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ 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		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ 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		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ 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: _____ 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: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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.

Aircraft Accident Narrative

Name: Kevin McDonald

Date: 21 May 2014

Time: 0914 (PST)

Aircraft: Cessna 140 N2256N

Location: Nut Tree Airport (VCB), Runway 02, Vacaville, CA 95688

Winds: Calm

Prior to aircraft incident I replace #1 and #4 cylinders due to low compression for the annual inspection due on May 09, 2014.

In the days leading up to the aircraft incident of May 17-20, I had been running the engine daily to facilitate new cylinder break-in in accordance with service bulletin M89-7R1 for Teledyne Continental Aircraft Engines. Engine operation was consistently satisfactory with RPM, magneto check, oil pressure, carburetor heat, and temperature all being within limits.

On May 21, 2014, I asked experienced pilot and friend, Jim Edwards, to accompany me on the first flight following the annual inspection and to help oversee cylinder break-in procedures during flight. Mr. Edwards as countless hours of experience flying the Cessna 140.

I accomplished my pre-flight, flight control check, sumped fuel from both wings and engine, and inspected aircraft for flight.

As I initiated the engine start, I observed good oil pressure, good temperature, and good RPM. We then taxied out to the run up area for Runway 02 and proceeded to run a "Verbal Challenge and Response" Cessna 140 checklist. We had selected this particular runway because the overrun area beyond the runway has clear spaces for emergency landing should there be an incident. Mr. Edwards then made an aircraft call out and not traffic was noted. I then lined up on Runway 02, throttled full forward and received good RPM at 2,150. We then accelerated down the runway with RPM still within limits and airspeed indication showing 45-50 mph. Then, we rotated to a climb of 79-80 mph to maintain sufficient cooling on the engine. We climbed to approximately 150 ft. Approximately within 3 seconds, the engine RPM fell off for no apparent reason. I cycled the throttle twice and received partial engine response, but I felt it wasn't enough to warrant continued safe flight. Since we were still over the runway, I elected to land the aircraft rather than accept unknown flight risk for an unknown engine condition. Therefore, I made a full stall emergency 3-point landing on the last 1,000 feet of runway. I saw the end of the runway approaching quickly and I over corrected and applied too much brake application. The aircraft quickly went over upside down and stopped 500 feet from the end of the runway and on the centerline. I released myself from the shoulder harness seat belt and checked on Mr. Edwards as he was exiting the aircraft as well. I then shut off the fuel valve master switch and the engine ignition switch and departed the aircraft to assist Mr. Edwards and assess him for injury. Mr. Edwards reported a bum on the front of his head and subsequently went to the hospital to be examined. The doctors determined it was an abrasion and he was okay.

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

Operator/Owner Safety Recommendation

- 1) Gear extenders, when airplane was purchased
- 2) Used brake application moderately as taught during initial tail wheel qualification and bi-annual review

ADDITIONAL INFORMATION *(Please type or print in ink)*

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

NONE

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report**05/23/2014*mm/dd/yyyy***Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: Kevin McDonald**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.**WPR14CA197**Reviewed by NTSB Regional Office**Seattle**Name of Investigator**Lewis**Date Report Received**5/27/2014