

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

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

Accident/Incident Location

Nearest City/Place: DILLINGHAM AIRFIELD State: HI
 ZIP: 96791 Country: USA
 Latitude: N 21° 34.77' Longitude: W 158° 11.84'
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 09/24/2014 Local Time: 11:20 AM
 mm/dd/yyyy Time Zone: HAST

Collision with Other Aircraft: Midair On-ground (None)

Registration Number: NB555L

Manufacturer: PIPER

Model: PA-25-260

Serial Number: 25-4976

Year of Manufacture: 1967

Amateur-Built: Yes (No) If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 2900 lbs

Weight at Time of Accident/Incident: 2057 lbs

Number of Seats: ONE Flight Crew Seats: ONE

Cabin Crew Seats: NONE Passenger Seats: NONE

Number of Engines: ONE

Category of Aircraft

(Airplane)
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate
 (Check all that apply)

Standard Special
 Normal Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport
 Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

Retractable (Tailwheel)
 Tricycle
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull 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. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>LYCOMING</u>	<u>O-540 EL4B5</u>	<u>L 8944-40</u>	<u>UNKNOWN</u>	<u>260 HP</u>	<u>UNKNOWN</u>	<u>350</u> <u>UNKNOWN</u>
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 09/11/2014
 mm/dd/yyyy

Airframe Total Time: UNKNOWN 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: MCCAULEY

Model: 1A 200

ELT Installed: Yes (No)

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

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

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____

Model: _____

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: HAND-HELD COM RADIO

Registered Aircraft Owner Name: <u>NORTH SHORE AIRCRAFT LEASING CO. LLC</u> Fractional Ownership Aircraft: Yes ☐ No ☒		City: <u>WAILUE</u> State: <u>HI</u> ZIP: <u>96791</u> Country: <u>USA</u>																																											
Operator of Aircraft <u>Same As Registered Owner</u> Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<u>Same Address as Registered Owner</u> 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 <table border="0" style="width: 100%;"> <tr> <td>☒ FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown		☒ FAR 91	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table border="0" style="width: 100%;"> <tr> <td>Scheduled or Commuter</td> <td>Domestic</td> </tr> <tr> <td>Non-Scheduled or Air Taxi</td> <td>International</td> </tr> </table> Passenger Cargo Mail Contract Only	Scheduled or Commuter	Domestic	Non-Scheduled or Air Taxi	International																										
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Revenue Sightseeing Flight Yes ☐ No ☒		Air Medical Flight Yes ☐ No ☒																																											
REPORT INFORMATION																																													
Airport Name: <u>DILLINGHAM AIRFIELD</u> Airport Identifier: <u>PHDH</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>1 1/2</u> sm Direction From Airport: <u>270</u> degrees true Airport Elevation: <u>14</u> ft. msl																																											
Runway Information Runway ID: <u>8</u> (L/R/C) Length: <u>9007</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <table border="0" style="width: 100%;"> <tr> <td>☒ Dry</td> <td>Snow-Compacted</td> <td>Water-Calm</td> </tr> <tr> <td>Holes</td> <td>Snow-Crusted</td> <td>Water-Choppy</td> </tr> <tr> <td>Ice Covered</td> <td>Snow-Dry</td> <td>Water-Glassy</td> </tr> <tr> <td>Rough</td> <td>Snow-Wet</td> <td>Wet</td> </tr> <tr> <td>Rubber Deposits</td> <td>Soft</td> <td></td> </tr> <tr> <td>Slush-Covered</td> <td>Vegetation</td> <td>Unknown</td> </tr> </table>		☒ 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																								
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"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>GREGORY</u>					City of Residence: <u>HONOLULU</u>						
Middle Initial: <u>R</u>					State: <u>HI</u> ZIP: <u>96815</u>						
Last Name: <u>HARDING</u>					Country: <u>USA</u>						
Age at time of Accident/Incident: <u>59</u>					Date of Birth: <u>09/10/1954</u> mm/dd/yyyy						
Certificate Number: <u>778-0000000</u>											
Degree of Injury		Seat Occupied			Restraint Type			Inflatable Restraints			
☒ None ☐ Minor ☐ Serious		☐ Fatal ☐ Unknown ☐ Left ☐ Right ☐ Center ☐ Front ☐ Rear ☒ Single ☐ 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
Pilot Certificate(s) (Check all that apply)					Medical Certificate			Medical Certificate Validity			
☐ None ☒ Private ☐ Student					☐ Flight Instructor ☐ Recreational ☐ Sport			☒ Commercial ☒ Airline Transport ☐ Flight Engineer			
☐ US Military ☐ Foreign					☐ Without limitations/waivers ☒ With limitations/waivers ☐ Special Issuance			☐ Unknown ☐ N/A			
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
☒ Pilot ☐ Other ☐ Unknown		☐ None ☐ Class 1 ☒ Class 2			☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown			☐ 09/08/2014 ☐ mm/dd/yyyy			
Medical Certificate Limitations											
<u>MUST WEAR CORRECTIVE LENSES</u>											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/11/2013</u> mm/dd/yyyy					Flight Review Aircraft						
					Make: <u>CESSNA</u>						
					Model: <u>208B</u>						
Airplane Rating(s) (Check all that apply)			Other Aircraft Rating(s) (Check all that apply)			Instrument Rating(s) (Check all that apply)			Instructor Rating(s) (Check all that apply)		
☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea			☐ None ☐ Airship ☐ Balloon ☒ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift			☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift		
									☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport		
Type Ratings						Student Endorsements (Include dates)					
<u>DC-3</u>											
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	17,759.2	5.7	16,426.1	1303.8	1176.1	917.2	79.1	0	21.8	7.5	
Pilot in Command (PIC)	17,551.6	5.7	16,250.7	1286.7	1170.1	917.2	34.2	0	13.5	0.7	
Time as Instructor	525.0	0	525.0	0	14.9	0	0	0	0	0	
This Make/Model					0	0	0				
Last 90 Days	7.4	5.7	6.6	0	0	0	0	0	0.8	0	
Last 30 Days	7.4	5.7	6.6	0	0	0	0	0	0.8	0	
Last 24 Hours	1.7	1.7	1.7	0	0	0	0	0	0	0	

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 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				
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 _____ 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				
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		
Total Time							Actual	Simulated					
Pilot in Command (PIC)													
Time as Instructor													
This Make/Model													
Last 90 Days													
Last 30 Days													
Last 24 Hours													

Crew Name and Address				Seat Occupied		Injury	
First Name: _____		City of Residence: _____		Left	Front	None	
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor	
Last Name: _____		Country: _____		Right	Single	Serious	
					Unknown	Fatal	
						Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
None		Flight Instructor		Available		Used	
Private		Recreational		None		None	
Student		Sport		Lap Only		Lap Only	
		Commercial		3-point		3-point	
		Airline Transport		4-point		4-point	
		Flight Engineer		5-point		5-point	
		US Military		Unknown		Unknown	
		Foreign					
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Yes No							
						Not Installed	
						Installed	
						Not Deployed	
						Deployed	
						Unknown	

Crew Name and Address				Seat Occupied		Injury	
First Name: _____		City of Residence: _____		Left	Front	None	
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor	
Last Name: _____		Country: _____		Right	Single	Serious	
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		US Military		Unknown		Unknown	
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Yes No							
						Not Installed	
						Installed	
						Not Deployed	
						Deployed	
						Unknown	

Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: _____		City: _____		Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____		State: _____ ZIP: _____				None	None		
Last Name: _____		Country: _____				Lap Only	Lap Only		
						3-point	3-point		
Crew		Passenger		4-point	4-point	5-point	5-point		
		Other		5-point	5-point	Unknown	Unknown		
				Unknown	Unknown				
First Name: _____		City: _____		Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____		State: _____ ZIP: _____				None	None		
Last Name: _____		Country: _____				Lap Only	Lap Only		
						3-point	3-point		
Crew		Passenger		4-point	4-point	5-point	5-point		
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First Name: _____		City: _____		Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
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Last Name: _____		Country: _____				Lap Only	Lap Only		
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		Other		5-point	5-point	Unknown	Unknown		
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First Name: _____		City: _____		Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____		State: _____ ZIP: _____				None	None		
Last Name: _____		Country: _____				Lap Only	Lap Only		
						3-point	3-point		
Crew		Passenger		4-point	4-point	5-point	5-point		
		Other		5-point	5-point	Unknown	Unknown		
				Unknown	Unknown				

FLIGHT INFORMATION					
Last Departure Point Airport ID: <u>PHDH</u> City: <u>WAILUA</u> State: <u>HI</u> Country: <u>USA</u>		Time of Departure Time: <u>11:10 AM</u> Time Zone: <u>HAST</u>		Destination Airport ID: <u>PHDH</u> City: <u>WAILUA</u> State: <u>HI</u> Country: <u>USA</u>	
Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? Yes No Unknown					
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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Altitude of In-Flight Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Occurrence: Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ 2000 ft msl Class D ☐ Prohibited Area ☐ TRSA ☒ Class E ☐ Restricted Area ☐ FAR 93					
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: <u>PHH1</u> Observation Time: <u>2158Z</u> Time Zone: <u>HAST</u> Distance from Accident Site: <u>12</u> nm Direction from Accident Site: <u>299</u> 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 ☐ Obscured ☐ Few ☐ Thin Overcast ☐ Indefinite ☐ Partial Obscuration ☐ Unknown ☐ Unknown ☐ Scattered		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast		Temperature: <u>28</u> (C) or _____ (F) Dew Point: <u>20</u> (C) or _____ (F) Altimeter Setting: <u>30.06</u> in. Hg or _____ MB	
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl			
Wind Direction Variable -or- Direction: <u>040</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>10</u> kts	Wind Gusts Not Gusting -or- Speed: <u>15</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>1000</u> 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: NOTE: PILOT OBSERVATIONS WERE ALSO USED IN CONCERT WITH REPORTED WEATHER.					

Aircraft Damage None Minor <u>Substantial</u> Destroyed Unknown	Aircraft Fire <u>None</u> In-Flight On-Ground Both Ground and In-Flight Fire at Unknown Time Unknown	Aircraft Explosion <u>None</u> In-Flight On-Ground Both Ground and In-Flight Explosion at Unknown Time Unknown
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Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

DAMAGE FROM IMPACT WAS LIMITED TO THE LOWER ENGINE COWLING.

DAMAGE FROM WAVE ACTION AND RECOVERY OPERATIONS WAS TO LEFT WING AND AFT FUSELAGE WITH SALT WATER DAMAGE TO ENGINE.

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.

Departure time from Dillingham airfield was 11:10am and fuel was showing 1/4 tank or 9 gallons giving about 45 minutes flight time under conditions of towing gliders. I anticipated the duration of the flight to be about 12 minutes.

The tow was to 3000 feet with the glider released in the aerobatic box just off shore. After release, I made a left descending turn to the west to lose altitude before entering the traffic pattern.

At about 2000 feet, the engine lost power. I immediately turned directly toward the runway. As it became apparent that I would not reach the runway, I decided my best option was to land on the beach. However, as I approached the beach, I could see numerous people on the sand though no one actually in the water. I therefore took what at the time seemed the only viable option and landed in the surf just off shore about a half mile west of the approach end of runway 8. Time of impact was 11:20am.

I was uninjured and exited the plane normally. Damage to the airplane from the impact was minimal and confined to the lower engine cowl. However, the airplane sustained considerable more damage during the recovery process.

Operator/Owner Safety Recommendation

NONE

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 on Board at Last Takeoff
(Convert from pounds, as necessary)

9

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

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

PILOT EXITED NORMALLY THROUGH RIGHT SIDE DOOR

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
Substantial

Minor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

Date of this Report <u>10/02/2014</u> mm/dd/yyyy	Name of Pilot/Operator <u>GREGORY R HARDING</u> Signature: <u>[Redacted]</u> — 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			
NTSB Accident/Incident No. <u>WPR1404389</u>	Reviewed by NTSB Regional Office <u>WPR/Federal 644, 642</u>	Name of Investigator <u>Tom Little</u>	Date Report Received <u>10-2-14</u>