

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 _____ State: TX
 Nearest City/Place: Sandia
 ZIP: 78383 Country: Jim Wells
 Latitude: 27.5941 N Longitude: 97.4917 W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/02/2020 Local Time: 9:14 a.m.
 mm/dd/yyyy Time Zone: CST

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

AIRCRAFT INFORMATION

Registration Number: N3107R
 Manufacturer: Cessna
 Model: 182 R
 Serial Number: 18258507
 Year of Manufacture: 1968
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

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

Maximum Gross Weight: 2800 lbs
 Weight at Time of Accident/Incident: 2100 lbs

Number of Seats: 4 Flight Crew Seats: _____
 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 | Special |
|--|---|
| ☒ Normal | ☐ Restricted |
| ☐ Acrobatic | ☐ 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
- | | |
|---|------------------------------------|
| ☒ Tricycle | ☐ Tailwheel |
| ☐ Amphibian | ☐ High Skid |
| ☐ Emergency Float | ☐ Skid |
| ☐ Float | ☐ Ski |
| ☐ Hull | ☐ Ski/Wheel |
| ☐ Other Launch/Recovery System | ☐ Unknown |
| ☐ None | |

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/Serial	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	Continental	O-470-R	202-543-9-R		230	2400	152	2400
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 05/31/2019
 mm/dd/yyyy

Airframe Total Time: 5941 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: 2A 34C 66 N-O

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: M/N CCK F-01

Model or Part No.: 048737

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: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: H. Pearson Knolle, Joseph D. Sullivan, Matthew KnolleCity: SandiaState: TXZIP: 78383Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: U.S.A.**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: Ken TheisCity: Sandia

Doing Business As: _____

State: TXZIP: 78383

Air Carrier/Operator Designator (4 Character Code): _____

Country: U.S.A.**Operating Certificates Held**

(Check all that apply)

- ☒ 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**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International

☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
☐ Aerial Observation ☐ Flight Test
☐ Air Drop ☐ Glider Tow
☐ Air Race/Show ☐ Instructional
☐ Banner Tow ☐ Other Work Use
☐ Business ☒ Personal
☐ Executive/Corporate ☐ Positioning
☐ External Load ☐ Skydiving
☐ Ferry

Revenue Sightseeing Flight☐ Yes ☐ No**Air Medical Flight**☐ Yes ☐ No**AIRPORT INFORMATION**

(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: J.A. Knolle FieldDistance From Airport Center: 1/8 mile smAirport Identifier: 8X53Direction From Airport: SE degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 50 ft ft. msl**Runway Information**Runway ID: 13-31 (L/R/C) Length: 2700 ft Width: 60 ft**Runway/Landing Surface** (Check all that apply)

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

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
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☒ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown)
☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

- ☒ 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>KENNETH</u> Middle Initial: <u>R</u> Last Name: <u>THOMAS</u>					City of Residence: <u>SPADIA</u> State: <u>TX</u> ZIP: <u>75353</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>81</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: <u>177822</u>						
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 Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>01-21-2020</u> mm/dd/yyyy						
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Limitations <u>MUST WEAR CORRECTIVE LENSES</u>						
Medical Certificate Special Issuance <u>N/A</u>											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01-23-2020</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>182</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 <u>NONE</u>				Student Endorsements (Include dates) <u>STUDENT ENDORSEMENT FROM 2015 TO 2020</u>							
Flight Time (Enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time		413.9	76.4	436.9	279	413	92	179	-	-	-
Pilot in Command (PIC)		443.3	76.4	443.3	279	375	52	179	-	-	-
Time as Instructor		353.2	31	353.2	125	413	37	410	-	-	-
This Make/Model		76.4	76.4	76.4	76.4	1.3	1.3	0	-	-	-
Last 90 Days		6.3	2.1	6.3	0	0	0	0	-	-	-
Last 30 Days		6.3	2.1	6.3	0	0	0	0	-	-	-
Last 24 Hours		0	0	0	0	0	0	0	-	-	-

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>8XS3</u>	Time: <u>9:14</u>	Airport ID: <u>KIKG</u>	☒ None ☐ VFR/IFR
City: <u>Sandia</u>		City: <u>Kingsville</u>	☐ Company VFR ☐ IFR
State: <u>TX</u>	Time Zone: <u>CST</u>	State: <u>TX</u>	☐ Military VFR ☐ Unknown
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	☐ VFR
			Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)				
☒ None ☐ VFR	☐ Special VFR ☐ IFR	☐ Special IFR ☐ VFR On Top	☐ VFR Flight Following ☐ Traffic Advisory	☐ Cruise ☐ Unknown / NA
Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence: 20 ft msl
☐ Class A ☐ Class B ☐ Class C ☐ Class D ☒ Class E	☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93	☐ Special ☐ Air Traffic Control Area ☐ Unknown	

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☒ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUALS) ☐ On-Board Weather ☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	Weather Observation Facility Facility ID: <u>KAL</u> Observation Time: <u>9:00 am</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>20 miles</u> nm Direction from Accident Site: <u>270</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☐ Clear ☒ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height 1000 ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☒ Unknown Ceiling Height _____ ft agl	
Temperature: _____ (C) or <u>79</u> (F) Dew Point: _____ (C) or <u>75</u> (F) Altimeter Setting: _____ in. Hg or _____ MB			

Wind Direction ☐ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>8</u> miles RVR: _____ feet RVV: _____ 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	☒ None	☒ None
☐ Moderate	☐ Rain	☐ Blowing Dust
☐ Heavy	☐ Snow	☐ Blowing Sand
☒ N/A	☐ Hail	☐ Blowing Snow
☐ Unknown	☐ Rain Showers	☐ Blowing Spray
	☐ Drizzle	☐ Dust
	☐ Ice Pellets	☐ Fog
	☐ Snow Pellets	☐ Ground Fog
	☐ Snow Grains	☐ Haze
	☐ Ice Crystals	☐ Ice Fog
	☐ Freezing Rain	☐ Smoke
	☐ Snow Shower	☐ Unknown
	☐ Ice Pellets Shower	
	☐ Freezing Drizzle	

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 (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
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[illegible]

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 wing tips
Nose gear broken off
Motor mounts broken
Broken windshield
Doors off

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

I had tried to take N3107R for its annual for the past 8 days but the weather and time interfered. We had .02 inch of rain the afternoon of June 2. I walked the runway at 7:00 am on June 3 to be sure it was ok to fly off of. It was a little soft but 07R would be very light and the 130 runway is sloped down and it has a 3% crown. It is 80 feet between the boundary fences.

The pilot arrived at 8:45 am. He preflighted and checked weather at KALI and KIKG. He ran up and set 20 degree flaps as per Cessna POM, and ran up to 2500 RPMs for a short field takeoff. There was no wind. He released the brakes and gained ground speed as normal. The nose came up about 300 feet down the runway and it drifted to the left of centerline. Wings were level as it climbed to 20 feet continuing to drift with wings level. About 1/8 of a mile his left wing came in contact with a 20 foot tree located on the neighbor's side of the airport boundary. This caused 07R to dip its left wing impacting the ground. The forward speed was enough to cause the plane to continue its roll over (cartwheel) damaging the right wing. Somewhere along the route it knocked off the nose wheel and broke the motor mounts. It landed right side up facing 310 degrees.

I jumped into my truck and drove near the area about 100 feet inside the neighbors property in a plowed wheat field. I called 911 and all the emergency crews arrived. We kept the pilot seated in the plane until EMS arrived and he was able to walk 200 feet to the ambulance. He was taken to a hospital 45 minutes away. He has injuries but will survive.

There was no fire. The ground trail is about 60 feet from start to finish and only the nose gear was not intact.

RECOMMENDATION (How could this accident/incident have been prevented?)	
Operator/Owner Safety Recommendation	I should have gotten a ferry permit. In retrospect we were overly concerned with the condition of the runway. I believe a 10% flap and a normal takeoff would have been successful. The morning was unusually warm and the humidity was higher than normal. Perhaps the 20% flap setting caused it to fly before it was able to sustain its airspeed. It is always possible to abort the take off early in the ground run.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		Total Time/Cycles On Part _____ Hours _____ Cycles
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Time Since This Part Inspected/Overhauled _____ Hours	

FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 25 _____ 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 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	

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

June 10, 2020
mm/dd/yyyyName of Pilot/Operator: Pearson KnolleSignature: 

-- 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.
WPR20CA164Reviewed by NTSB Regional Office
WPRName of Investigator
Eleazar NepomucenoDate Report Received
6/15/2020