

TM

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This Form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location				
Nearest City/Place, State, Zip Code <u>Wrightsville Georgia 31096</u>		Date of Accident <u>JAN 29, 1998</u>	Local Time (24 HOUR CLOCK) <u>0800</u>	Zone <u>EDT</u>
		Elevation At Accident Site <u>350</u> Feet MSL ____ Feet MSL		
If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information				
Proximity To Airport:				
1. <input type="checkbox"/> On Airport		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile
2. <input checked="" type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles
				7. <input type="checkbox"/> Within 3 Miles
				8. <input checked="" type="checkbox"/> Beyond 3 Miles
Airport Name <u>Private Airstrip Johnson City</u>		Airport Ident	Runway/Landing Surface And Conditions:	
			1. Direction: <u>E-W</u> 3. Width: <u>150</u>	
			2. Length: <u>2500</u> 4. Surface: <u>Soil</u> 5. Condition: <u>Excellent</u>	
Phase Of Operation:				
1. <input type="checkbox"/> Standing		3. <input checked="" type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent
				7. <input type="checkbox"/> Approach
				8. <input type="checkbox"/> Landing
				9. <input type="checkbox"/> Hover/Maneuver
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet M
Aircraft Information				
Registration Mark <u>N50929</u>	Aircraft Manufacturer <u>Air Tractor</u>	Aircraft Type/Model <u>AT 602</u>	Serial Number <u>602-0461</u>	Cert Max Gross <u>12,500</u>
Type Of Aircraft	Type Of Airworthiness Certificate		Amateur Built	
1. <input checked="" type="checkbox"/> Airplane	1. <input type="checkbox"/> Normal		1. <input type="checkbox"/> Yes	
2. <input type="checkbox"/> Helicopter	2. <input type="checkbox"/> Utility		2. <input checked="" type="checkbox"/> No	
3. <input type="checkbox"/> Glider	3. <input type="checkbox"/> Acrobatic			
4. <input type="checkbox"/> Balloon	4. <input type="checkbox"/> Transport			
5. <input type="checkbox"/> Blimp/Dirigible	5. <input checked="" type="checkbox"/> Restricted			
6. <input type="checkbox"/> Ultralight	6. <input type="checkbox"/> Limited			
7. <input type="checkbox"/> Gyroplane	7. <input type="checkbox"/> Experimental			
8. Specify _____	8. Specify _____			
Landing Gear				No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed				Flight/Cabin
2. <input type="checkbox"/> Tricycle—Retractable				Crew <u>1</u>
3. <input checked="" type="checkbox"/> Tailwheel—Fixed				Pax _____
4. <input type="checkbox"/> Tailwheel—Retractable				
5. <input type="checkbox"/> Tailwheel—Retractable Mains				
6. <input type="checkbox"/> Amphibian				
7. <input type="checkbox"/> Skid				
8. <input type="checkbox"/> Ski/Wheel				
9. Specify _____				
Stall Warning System		Engine Type		
Installed		1. <input type="checkbox"/> Reciprocating—Carburetor		
1. <input checked="" type="checkbox"/> Yes		2. <input checked="" type="checkbox"/> Turbo Prop		
2. <input type="checkbox"/> No		3. <input type="checkbox"/> Turbo Fan		
		4. <input type="checkbox"/> Turbo Jet		
		5. <input type="checkbox"/> Turbo Shaft		
		6. <input type="checkbox"/> Turbo Shaft		
Engine Manufacturer		Engine Model/Series		
<u>P+W</u>		<u>PT6A-60 AG</u>		
Engine Rated Power		Type Of Fire Extinguishing System Used		
1. <u>1050</u> Horsepower		1. <input type="checkbox"/> None		
2. _____ Lbs. Thrust		2. Specify _____		
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection
Engine No. 1	<u>Sept 97</u>	<u>PCE-RG 0021</u>	<u>54.4</u> Hours	<u>New</u> Hours
Engine No. 2			Hours	Hours
Engine No. 3			Hours	Hours
Engine No. 4			Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed
1. <input type="checkbox"/> Annual		1. <input type="checkbox"/> Annual		____ (M/D/Y)
2. <input type="checkbox"/> Manufacturer's Inspection Program		2. <input type="checkbox"/> 100 Hour		Time Since Last Inspection
3. <input type="checkbox"/> Other Approved Inspection Program (AAIP)		3. <input type="checkbox"/> AAIP		____ Hour
4. <input type="checkbox"/> Continuous Airworthiness		4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time
5. Specify <u>New</u>				<u>54.4</u> Hour
Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
<u>None</u>				
Switch		Operated		Aided In Accident Location
1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
Registered Aircraft Owner		Address		
<u>Everidge AERIAL Farming Inc</u>		<u>368 Everidge Drive</u>		
		<u>Pinehurst, Georgia 31070</u>		
Operator Of Aircraft		Address		
1. <input checked="" type="checkbox"/> Same As Registered Owner		1. <input checked="" type="checkbox"/> Same As Registered Owner		
2. Name		2. _____		
3. DBS:		_____		

Owner/Operator Information (cont.)									
Operator (Certificate Number) <div style="background-color: black; width: 100px; height: 20px;"></div>			Operator Designator (4 Letter Designator)						
Purpose Of Flight And Type Of Operation									
Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR 91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR 91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input checked="" type="checkbox"/> FAR 137						Operator Authority FAR 121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter		FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR 125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign	
Purpose Of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Instructional 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input checked="" type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning						FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____			
Pilot Information									
Pilot Name <u>RONNIE J. EVERIDGE JR</u>			Pilot Certificate No. <div style="background-color: black; width: 100px; height: 20px;"></div>		Address <u>Pinehurst, Georgia 31070</u>			Nationality <u>USA</u>	
Certificate(s) 1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____									
Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input checked="" type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea			6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane		Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____		
Type Ratings/Student Endorsements			Date Of Biennial Flight Review Or Equivalent (M/D/Y) <u>JAN 5, 1998</u>		BFR Aircraft 1. Make <u>CESSNA</u> 2. Model <u>172</u>				
Medical Certificate 1. <input type="checkbox"/> None 3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y) <u>JAN 6, 1998</u>		Limitations <u>NONE</u>			Date Of Birth (M/D/Y) <div style="background-color: black; width: 100px; height: 20px;"></div> <u>1967</u>		
Waivers <u>NONE</u>		Degree Of Injury 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			Seat Occupied 1. <input type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input checked="" type="checkbox"/> Center		Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Command 3. <input type="checkbox"/> Both Pilots 5. <input type="checkbox"/> No One 2. <input type="checkbox"/> Second Pilot 4. <input type="checkbox"/> Non-Pilot		
Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No									
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. Specify _____ 3. <input type="checkbox"/> FAA Records			
Flight Time		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night	
Total Time		6098		35		5698		400	
Pilot In Command (PIC)		5993		35				97	
Instructor									
This Make/Model									
Last 90 Days		150							
Last 30 Days		80							
Last 24 Hours		10		10					
Second Pilot Information									
Second Pilot Responsibilities At The Time Of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)									
Pilot Name			Pilot Certificate No.		Address			Nationality	
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____									

SECOND PILOT INFORMATION (cont.)

Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____				
Type Ratings/Student Endorsements				Date Of Biennial Flight Review Or Equivalent (M/D/Y)		BFR Aircraft 1. Make _____ 2. Model _____				
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y)		Limitations Waivers			Date Of Birth			
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear					Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____				
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time						Actual	Simulated			
Pilot In Command (PIC)										
Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										
Other Personnel										
Name	Seat	Address (City & State)	Crew	Passenger		Non-Occupant	FAA	Degree Of Injury Fatal Serious Minor None		
				Non-Revenue	Revenue					
1.										
2.										
3.										
4.										
5.										
6.										
Flight Itinerary Information										
Last Departure Point		Time Of Departure		Destination		Flight Plan Filed				
1. Airport ID <u>Johnson City</u>		1. Time <u>0800</u>		1. Airport ID _____		1. <input checked="" type="checkbox"/> None				
2. City/Place <u>Wrightsville</u>		2. Time Zone <u>EDT</u>		2. City/Place _____		2. <input type="checkbox"/> VFR				
3. State <u>Georgia</u>				3. State _____		3. <input type="checkbox"/> IFR				
						4. <input type="checkbox"/> VFR/IFR				
						5. <input type="checkbox"/> Company (VFR)				
						6. <input type="checkbox"/> Military (VFR)				
If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished <u>NONE</u>										
Fuel On Board At Last Takeoff <u>160</u> Gallons or _____ Pounds				Fuel Type 1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive				7. Specify <u>Kerosene (w) Prisk</u>		
Other Services, If Any, Prior To Departure										
Weather Information At The Accident Site										
Source Of Weather Information (Pilot/Operator, Weather Observation)				Light Condition 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night				Visibility <u>unlimited</u> Miles		Temp (°F) <u>37</u>

Weather Information At The Accident Site (cont.)									
Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured							
Wind Information 1. Direction <u>Calm</u> 2. Velocity _____ KTS 3. Gusts _____ KTS		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____					
Turbulence (Multiple entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clear Air 7. <input type="checkbox"/> In Clouds									
Damage To Aircraft And Other Property									
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input checked="" type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input type="checkbox"/> No 4. <input type="checkbox"/> On Ground					
Description Of Damage To Aircraft And Other Property <div style="font-family: cursive; font-size: 1.2em;">Engine Broke into, Prop destroyed, Right wing severely damaged & fuselage, behind cockpit, Broke off</div>									
Mechanical Malfunction Failure									
1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure <div style="font-family: cursive; font-size: 1.2em;">UNKNOWN</div>			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Total Time</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; text-align: center; padding: 2px;">On Part _____ Hours</td> <td style="width: 50%; text-align: center; padding: 2px;">At Overhaul _____ Hours</td> </tr> </tbody> </table>			Total Time		On Part _____ Hours	At Overhaul _____ Hours
Total Time									
On Part _____ Hours	At Overhaul _____ Hours								
Collision Accident									
If Collision Accident Occurred, Complete The Information For Other Aircraft									
Registration mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None						
Registered Aircraft Owner			Address						
Pilot Name		Address		Pilot Certificate No.					
Evacuation Of Aircraft									
Assistance Received									
1. <input checked="" type="checkbox"/> Outside Person(s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify _____									
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door <u>4</u> 2. Auxiliary Door _____ 3. Emergency Exit _____									
Recommendation (How Could This Accident Have Been Prevented)									
Operator/Owner Safety Recommendation (Optional Entry) <div style="font-family: cursive; font-size: 1.2em;">UNKNOWN</div>									

Additional Flight Crew Members

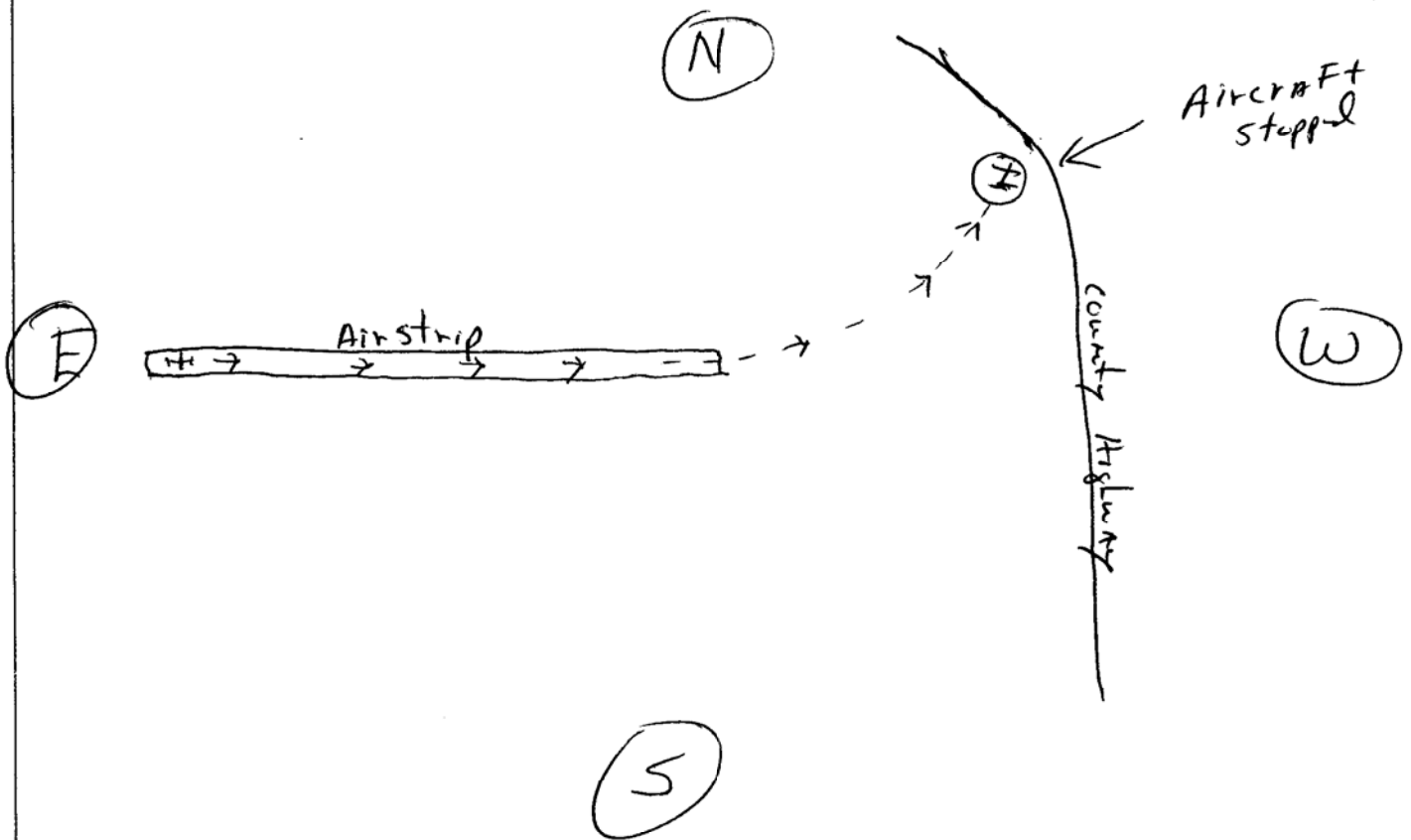
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information:

Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Aircraft

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If More Space Is Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

Refer to statement of witness AND
OF the Pilot



I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

Feb. 3, 1998

Signature Of Pilot/Operator

[Signature]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____

2. Type Or Print Name _____

3. Title _____

For NTSB Use Only

NTSB Accident No.

mIA98LA061

Reviewed By NTSB Office Located At

MIAMI, FL

Name Of Investigator

MONVILLE

RECEIVED

Date Report Received

FEB 9 1998

NTSB - MIA

T111

NATIONAL TRANSPORTATION SAFETY BOARD

WASHINGTON, D.C. 20594

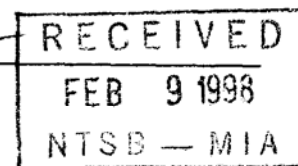
STATEMENT OF WITNESS

The purpose of this statement is intended solely for use in determining the facts, conditions and circumstances, and the probable cause of the subject accident.

- Date 2/3/98
 Date 01/29/98 Hour 8:00 AM
- Place of accident Johnson Co. GA.
 - Type of vehicle AT 602
 - Identification of vehicle N50929
 - What is your name Ron J Everidge Age 30
 - Address [REDACTED] Pinhurst GA 31070
 - Occupation Aerial Applicator & Farmer By whom employed SELF
 - Where were you at the time of the accident IN The Pilot Seat
 - Tell in your own words what you saw or heard before and at the time the accident occurred.

WE Arrived AT The Airstrip Around 7:00 AM. I Checked The oil & Drained The Fuel Sumps. I Then did A preFlight OF The Aircraft. After preFlight David Removed The Prop Tie & Exhaust Covers. For start up. I started The Aircraft so it could be warming up & Programmed my SATLOC system with ALL The Job DATA For This Job. Then I give The OK TO Load The Aircraft with Fertilizer. I Then got out OF The plane & SAT in The Truck TO look over some MAPS. After sitting in The Truck For Around 45min I decided it WAS Time TO get started. I got BACK INTO The plane AT Around 8:00 AM Straped myself in Did AN Engine warmup & cycled The prop Three Times & Then I started my TAKE OFF Run. About HALF way down The Runway I noticed The Aircraft WAS

over [Signature] (Signature)



NOT ACCELERATING AS IT HAD THE DAY BEFORE ALONG THIS SAME SPOT
ON THE RUNWAY. BY THIS TIME I WAS TOO FAR DOWN THE RUNWAY TO
ABORT THE TAKEOFF.

THE DAY BEFORE I WAS ONLY USING ABOUT $\frac{2}{3}$ OF THE AVAILABLE
RUNWAY SO I DECIDED SINCE I HAD ANOTHER $\frac{1}{3}$ OF RUNWAY AVAILABLE
THE DAY BEFORE I WOULD CONTINUE TO THE END & TRY TO GET ALL
THE SPEED I COULD BEFORE LIFT OFF. AT LIFT OFF I WAS STILL
SLOWER THAN I WANTED TO BE & THE AIRCRAFT STARTED FALLING
IN A SLOW LEFT TURN & SEEMED LIKE IT WAS GETTING SLOWER.
THE AIRCRAFT THEN HIT THE GROUND & ALL I REMEMBER
AFTER THAT IS CRAWLING OUT OF THE AIRCRAFT.

FOLD HERE THEN STAPLE BEFORE MAILING

NATIONAL TRANSPORTATION SAFETY BOARD
WASHINGTON, D.C. 20594

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

POSTAGE AND FEES PAID
NATIONAL TRANSPORTATION
SAFETY BOARD



~~NATIONAL TRANSPORTATION SAFETY BOARD~~

~~BUREAU OF ACCIDENT INVESTIGATION~~

~~WASHINGTON, D.C. 20594~~

NATIONAL TRANSPORTATION SAFETY BOARD
SOUTHEAST REGIONAL OFFICE
8405 N.W. 53 ST., SUITE B-103
MIAMI, FLORIDA 33166

(FOLD AND STAPLE BEFORE MAILING)