

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: Westminster State: MD
 ZIP: 21157 Country: USA
 Latitude: N 39° 36.50' Longitude: W 77° 00.46'
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 12-27-2014 Local Time: 4:00 PM
mm/dd/yyyy Time Zone: Eastern
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N49294
 Manufacturer: Pitts
 Model: S-15
 Serial Number: 1-0060
 Year of Manufacture: 1978
 Amateur-Built: Yes No If Yes: Kit/Plans Original Design Make: _____

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
 Maximum Gross Weight: 1150 lbs
 Weight at Time of Accident/Incident: 1082 lbs
 Number of Seats: 1 Flight Crew Seats: 1
 Cabin Crew Seats: 0 Passenger Seats: 0
 Number of Engines: 1

Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Rocket <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input checked="" type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input checked="" type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Whcel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Liquid Rocket <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Solid Rocket <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Hybrid Rocket <input type="checkbox"/> Turbo Jet <input type="checkbox"/> None <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Unknown <input type="checkbox"/> Electric Fuel System Type (Reciprocating) <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel-Injected
Standard	Special																		
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input checked="" type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	AVCO LYCOMING	E0-360-B4A	L-15711-51A	04-21-1976	180	~454	22.6	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input type="checkbox"/> 100-Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown Date Last Inspection: <u>04-18-2014</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>431.8</u> hrs hours measured at (Select one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident	Propeller 1 <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable Manufacturer: <u>Seasonich</u> Model: <u>76 EM 8-0-56/61</u> Propeller 2 <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="checkbox"/> C91 (121.5 MHz) <input type="checkbox"/> C91a (121.5 MHz) <input type="checkbox"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No Was ELT still connected to antenna? <input type="checkbox"/> Yes <input type="checkbox"/> No Did ELT Activate? <input type="checkbox"/> Yes <input type="checkbox"/> No If activated: Did ELT Aid in Locating Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
Type of Maintenance Program (Select one) <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Additional Equipment (Check all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input checked="" type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____	
Description of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Bob Gillespie
 Fractional Ownership Aircraft: Yes No

City: Bethesda
 State: MD ZIP: 20814
 Country: USA

Operator of Aircraft Same As Registered Owner
 Name: _____
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

Same Address as Registered Owner
 City: _____
 State: _____ ZIP: _____
 Country: _____

- 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 135)
 - 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: Carroll County
 Airport Identifier: DMW
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: 0.5 sm
 Direction From Airport: 340° degrees true
 Airport Elevation: 789 ft. msl

Runway Information
 Runway ID: DMW (L/R/C) Length: 5100 ft Width: 100 ft

- 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

- Runway/Landing Surface** *(Check all that apply)*
- Asphalt Grass/Turf Macadam Water
 - Concrete Gravel Metal/Wood Unknown
 - Dirt Ice Snow

- 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 Crosswind Aborted Landing (after touchdown)
 - Unknown

- IFR Approach** *(Check all that apply)* N/A
- 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: Bob City of Residence: Bethesda
 Middle Initial: G. State: MD ZIP: 20814
 Last Name: Gillespie Country: USA
 Age at time of Accident/Incident: 53 Date of Birth: 1961 mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input checked="" type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input checked="" type="radio"/> Single	Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input checked="" type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical <u>12-19-2014</u> mm/dd/yyyy
Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown		

Medical Certificate Limitations

corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 07-19-2013
mm/dd/yyyy

Flight Review Aircraft

Make: American Champion
 Model: 7GCBC

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> 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	1068.5	59.5	1068.5	0	4.9	0	2.1	0	0	0
Pilot in Command (PIC)	985	59.5	985	0	0	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	8.0	8.0	8.0	0	0	0	0	0	0	0
Last 30 Days	2.9	2.9	2.9	0	0	0	0	0	0	0
Last 24 Hours	0.4	0.4	0.4	0	0	0	0	0	0	0

N/A

"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 <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Restraint Type		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
		Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer				

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical _____ mm/dd/yyyy
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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: _____
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings _____	Student Endorsements (Include dates) _____
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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										

N/A

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

Crew Name and Address			Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer			Restraint Type: Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>DMW</u> City: <u>Westminster</u> State: <u>MD</u> Country: <u>USA</u>	Time of Departure Time: <u>3:35 PM</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>DMW</u> City: <u>Westminster</u> State: <u>MD</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

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

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: <u>900</u> ft msl?
<input type="checkbox"/> Class B	<input type="checkbox"/> Domo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input checked="" type="checkbox"/> DV/ Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Thin Broken <input checked="" type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB I do not recall
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Wind Direction <input checked="" type="checkbox"/> Variable <i>light southerly</i> -or- Direction: _____ degrees true	Wind Speed <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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Icing Forecast Amount Type <input type="radio"/> Trace <input type="radio"/> N/A <input type="radio"/> Light <input type="radio"/> Rime <input type="radio"/> Moderate <input type="radio"/> Clear <input type="radio"/> Severe <input type="radio"/> Mixed <input checked="" type="radio"/> Unknown <input type="radio"/> Unknown	Icing Actual Amount Type <input checked="" type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Trace <input type="radio"/> Rime <input type="radio"/> Light <input type="radio"/> Clear <input type="radio"/> Moderate <input type="radio"/> Mixed <input type="radio"/> Severe <input type="radio"/> Unknown <input type="radio"/> Unknown	Turbulence Type (Check all that apply) Severity <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe <input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme
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NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

none known

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
 None
 Minor
 Substantial
 Destroyed
 Unknown

Aircraft Fire
 None
 In-Flight
 On-Ground
 Both Ground and In-Flight
 Fire at Unknown Time
 Unknown

Aircraft Explosion
 None
 In-Flight
 On-Ground
 Both Ground and In-Flight
 Explosion at Unknown Time
 Unknown

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

unknown

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.

12-27-2014 I departed DMU at approximately 3:35 PM, runway 16, flew to west, climbed to 5000 ft, performed several turns, descended to DMU, entered pattern on upwind, for runway 16, flew crosswind, downwind, base, turned final + on short final approach to runway 16, I experienced a sudden loss of control + subsequent ground impact, coming to rest short of the runway. Apparently, a midair collision occurred ~ 4:00 PM.

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

Operator/Owner Safety Recommendation

better application of
"see and avoid" by
parties involved.

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)

~ 12 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

slid back canopy
unfastened restraints, stepped out
of aircraft

OTHER AIRCRAFT - COLLISION (if air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number:

N 95297

Manufacturer:

7

Model:

Damage to Other Aircraft ?

- Destroyed
- Substantial
- Minor
- None

Registered Owner of Other Aircraft

Name: Robert Graham

City: 2

State: ZIP:

Country:

Pilot of Other Aircraft

Name: Robert Graham

City: 2

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 <u>12-31-2014</u> mm/dd/yyyy	Name of Pilot/Operator: <u>A. Boba Gillespie</u> Signature: _____ -- or -- <input type="checkbox"/> Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: _____ Signature: _____ -- or -- <input type="checkbox"/> Check here to electronically sign this document	Title: _____
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FOR NTSB USE ONLY			
NTSB Accident/Incident No. ERA15LA084	Reviewed by NTSB Regional Office ERA - Ashburn	Name of Investigator S. Stein	Date Report Received December 31, 2014



01-14-15

To: Stephen Stein
From: Bob Gillespie

- entered upwind
for RV 16
@ 1600' + 100 mph,
flow crosswind
& downwind @
1600' + 100 mph,
flow descending
base + final
@ 90 mph

2/31/2018 01:01 FAX

001/001