

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Rockwall State: TX  
 ZIP: 75087 Country: USA  
 Latitude: \_\_\_\_\_ (dd:mm:ss N/S) Longitude: \_\_\_\_\_ (ddd:mm:ss E/W)

### Date/Time

Date: 06/16/2014 Local Time: 1503  
 mm/dd/yyyy Time Zone: CDT

### Phase of Operation

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

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☒ None

### Altitude of In-Flight Occurrence

570 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: Knauf

Model: RV-7

Serial Number: 71887

Registration Number: N707HK

Amateur-built: ☒ Yes ☐ No

Max Gross Weight: 1,800 lbs

Weight at Time of Accident/Incident: 1,326 lbs

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

86.8 inches from ☐ nose or ☒ datum  
 -or- \_\_\_\_\_ Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

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

### Type of Airworthiness Certificate (Check all that apply)

#### Standard

☐ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport

#### Special

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

Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☐ Tricycle ☒ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

### Type of Maintenance Program

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

### Last Inspection Type

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

Date Last Inspection: 11/17/2013

mm/dd/yyyy

Airframe Total Time: 82 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

### IFR Equipped

☒ Yes ☐ No ☐ Unknown

### Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

### Type of Fire Extinguishing System

☒ None  
☐ Specify \_\_\_\_\_

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☐ Yes ☒ No

ELT Manufacturer: Ameri-King

Model/Series: AK-450

### ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: \_\_\_\_\_

Battery Type: D-Cell

Battery Exp. Date: 12/2014

### Engine Type

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

### Reciprocating Fuel System Type

☐ Carburetor  
☒ Fuel Injected

### Propeller

☐ Fixed Pitch  
☒ Controllable Pitch

Manufacturer: Hartzell

Model: C2YK-1BF

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <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	<u>Superior</u>	<u>XP-10-360-B1FD2</u>	<u>36F071226</u>	<u>07/11/2007</u>	<u>180</u>	<u>82</u>	<u>6</u>	<u>82</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
<b>Registered Aircraft Owner</b> Name: <u>Christopher W. Knauf</u>  Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>Memphis</u> State: <u>TN</u> ZIP: <u>38112</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner  Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner  City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one)  <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one)  <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International	<b>Type of Commercial Operating Certificate Held</b> (Select all that apply)  <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127)  <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137)  <input type="checkbox"/> Other Operator of Large Aircraft	
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____		<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b>  First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>Pilot of Other Aircraft</b>  First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)  <div style="height: 100px;"></div>			<b>Total Time/Cycles On Part</b>  _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b>  _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
<b>Aircraft Damage</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground		<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

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

Both main landing gear legs bent, right upper wing skin wrinkled, both propeller blades bent/gouged,

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: \_\_\_\_\_

Distance From Airport Center: \_\_\_\_\_ SM

Airport Name: \_\_\_\_\_

Direction From Airport: \_\_\_\_\_ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: \_\_\_\_\_ ft. MSL

**Approach Segment** (Select one)☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around  
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)**IFR Approach** (Check all that apply)☐ None ☐ PAR ☐ MLS ☐ Practice  
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown  
☐ VOR/DME ☐ LOC-back course ☐ Contact  
☐ TACAN ☐ RNAV ☐ Circling**VFR Approach** (Check all that apply)☐ None ☐ Stop and Go  
☐ Traffic Pattern ☐ Touch and Go  
☐ Straight-In ☐ Simulated Forced Landing  
☐ Valley/Terrain Following ☐ Forced Landing  
☐ Go Around ☐ Precautionary Landing  
☐ Full Stop ☐ Unknown**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**Runway/Landing Surface** (Check all that apply)☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown  
☐ Dirt ☐ Ice ☐ Snow**Condition of Runway/Landing Surface** (Check all that apply)☐ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☐ Soft ☐ Unknown  
☐ Slush Covered ☐ Vegetation**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: K2M8City: MemphisState: TNCountry: USA**Time of Departure**Time: 1240Time Zone: CDT**Destination**Airport ID: KF46City: RockwallState: TXCountry: USA**Type Flight Plan Filed**☒ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFRActivated? ☐ Yes ☐ No**Type of ATC Clearance/Service** (Check all that apply)☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise  
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA**Airspace where the accident/incident occurred** (Check all that apply)☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area**Aircraft Load Description** (Check all that apply)☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

\_\_\_\_\_ 21 Gallons**Fuel Type**☐ 80/87 ☐ 115/145 ☐ JP3 ☒ Other, specify 92UL  
☒ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5**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

Sole occupant opened canopy and exited normally

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: KDFWObservation Time: 1253Time Zone: CDTDistance from Accident Site: 30 NMDirection from Accident Site: 086 degrees MAG**Source of Weather Information**

(Check all that apply)

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> National Weather Service           | <input type="checkbox"/> Company  |
| <input type="checkbox"/> Flight Service Station             | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio                           | <input type="checkbox"/> Internet |
| <input checked="" type="checkbox"/> Automated Report        | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Commercial Weather Service (DUATS) |                                   |

**Method of Briefing**

(Check all that apply)

- |  |
|--|
| <input type="checkbox"/> In Person                     |
| <input type="checkbox"/> Teletype                      |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio                |
| <input type="checkbox"/> TV/Radio                      |
| <input type="checkbox"/> Unknown                       |

**Briefing Type/Completeness**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Full              | <input type="checkbox"/> Abbreviated   |
| <input type="checkbox"/> Partial / Limited By Pilot   | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

**Light Condition**

- |   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn           | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Dark Night   |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| <input type="checkbox"/> Not Reported   |                                |                                       |

**Visibility**10 miles**Sky/Lowest Cloud Condition**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Thin Broken   |
| <input type="checkbox"/> Few                 | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Scattered           |  |

**Ceiling**

- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken                  | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast                | <input type="checkbox"/> Unknown    |

**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    |

**Lowest Cloud Condition Height**                     ft AGL**Ceiling Height**                     ft AGL**Wind Direction**☒ Indicated:  
170 degrees MAG☐ Variable**Wind Speed**Velocity: 18 KTS

-or-

- |   |
|---|
| <input type="checkbox"/> Calm               |
| <input type="checkbox"/> Light and Variable |

**Wind Gusts**Velocity: 27 KTS

- |   |
|---|
| <input checked="" type="checkbox"/> Gusting |
| <input type="checkbox"/> Not Gusting        |

**Type of Turbulence** (Check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air       | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |  |                                |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**Temperature: 34 (C)  
or            (F)Altimeter Setting: 29.96 in. HG  
or            MBDensity Altitude:            ftDew Point: 21 (C)  
or            (F)**Icing Forecast****Amount**

- |  |                                   |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Icing Actual****Amount**

- |  |                                   |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Type of Precipitation** (Check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle            |
| <input type="checkbox"/> Rain            | <input type="checkbox"/> Ice Pellets        |
| <input type="checkbox"/> Snow            | <input type="checkbox"/> Snow Pellets       |
| <input type="checkbox"/> Hail            | <input type="checkbox"/> Snow Grains        |
| <input type="checkbox"/> Rain Showers    | <input type="checkbox"/> Ice Crystals       |
| <input type="checkbox"/> Freezing Rain   | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower     | <input type="checkbox"/> Freezing Drizzle   |

**Intensity of Precipitation**


- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

## PILOT "A" INFORMATION

### Pilot "A" Responsibilities at the Time of Accident/Incident

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

### Pilot "A" Identification

First Name: Christopher City: Memphis  
 Middle Initial: W State: TN ZIP: 38112  
 Last Name: Knauf Country: USA  
 Age at time of Accident/Incident: 41 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy 

### Degree of Injury

☒ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

### Seat Occupied

☒ Left ☐ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

### Seat Belt

Used ☒ Yes ☐ No  
 Available ☒ Yes ☐ No

### Shoulder Harness

Used ☒ Yes ☐ No  
 Available ☒ Yes ☐ No

### Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☒ Commercial ☒ Flight Engineer ☐ Foreign  
☒ Private ☐ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military

### Principal Occupation

☒ Pilot  
☐ Other  
☐ Unknown

### Medical Certificate

☐ None ☐ Class 3  
☒ Class 1 ☐ Driver's License (Sport Pilot only)  
☐ Class 2 ☐ Unknown

### Medical Certificate Validity

☒ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

### Date of Last Medical

01/09/2014  
 mm/dd/yyyy

### Medical Certificate Limitations

None

### Medical Certificate Waivers

None

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

08/19/2014  
 mm/dd/yyyy

### Flight Review Aircraft

Make: Boeing  
 Model: 777F

### Airplane Rating(s) (Check all that apply)

☐ None  
☒ Single-Engine Land  
☐ Single-Engine Sea  
☒ Multiengine Land  
☐ Multiengine Sea

### Other Aircraft Rating(s) (Check all that apply)

☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

### Instrument Rating(s) (Check all that apply)

☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

### Instructor Rating(s) (Check all that apply)

☒ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

### Type Ratings

A-320; B-707; B-720; B-727; B-737; B-777; BE-400; MU-300

### 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	4,575	80	862	3,577	1,022	1,652	451			
Pilot in Command (PIC)	2,293	80	739		540	688	115			
Time as Instructor										
This Make/Model					21	3				
Last 90 Days	82	6	6	76	38	68	4			
Last 30 Days	46	4	4	42	21					
Last 24 Hours	2	2	2							

## PILOT "B" INFORMATION

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

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

### Pilot "B" Identification

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
mm/dd/yyyy

#### Degree of Injury

☐ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

#### Seat Occupied

☐ Left
 ☐ Front
 ☐ Unknown  
☐ Right
 ☐ Rear  
☐ Center
 ☐ Single

#### Seat Belt

Used ☐ Yes ☐ No  
 Available ☐ Yes ☐ No

#### Shoulder Harness

Used ☐ Yes ☐ No  
 Available ☐ Yes ☐ No

### Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign  
☐ Private
 ☐ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

#### Principal Occupation

☐ Pilot  
☐ Other  
☐ Unknown

#### Medical Certificate

☐ None
 ☐ Class 3  
☐ Class 1
 ☐ Driver's License (Sport Pilot only)  
☐ Class 2
 ☐ Unknown

#### Medical Certificate Validity

☐ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

#### Date of Last Medical

\_\_\_\_\_ mm/dd/yyyy

### Medical Certificate Limitations

### Medical Certificate Waivers

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

\_\_\_\_\_ mm/dd/yyyy

### Flight Review Aircraft

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_

#### Airplane Rating(s) (Check all that apply)

☐ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

#### Other Aircraft Rating(s) (Check all that apply)

☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

#### Instrument Rating(s) (Check all that apply)

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

#### Instructor Rating(s) (Check all that apply)

☐ None
 ☐ Instrument Airplane  
☐ Airplane Single-Engine
 ☐ Instrument Helicopter  
☐ Airplane Multi-Engine
 ☐ Helicopter  
☐ Gyroplane
 ☐ Glider  
☐ Powered Lift
 ☐ Sport

### Type Ratings

### Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)														
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>								
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal						
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown						
Last Name: _____		Country: _____				<input type="checkbox"/> Serious								
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>								
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer						
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military						
								<input type="checkbox"/> Foreign						
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs										
						<input type="checkbox"/> Left		<input type="checkbox"/> Front						
						<input type="checkbox"/> Right		<input type="checkbox"/> Rear						
						<input type="checkbox"/> Center		<input type="checkbox"/> Single						
								<input type="checkbox"/> Unknown						
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>								
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal						
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown						
Last Name: _____		Country: _____				<input type="checkbox"/> Serious								
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>								
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer						
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military						
								<input type="checkbox"/> Foreign						
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs										
						<input type="checkbox"/> Left		<input type="checkbox"/> Front						
						<input type="checkbox"/> Right		<input type="checkbox"/> Rear						
						<input type="checkbox"/> Center		<input type="checkbox"/> Single						
								<input type="checkbox"/> Unknown						
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>								
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal						
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown						
Last Name: _____		Country: _____				<input type="checkbox"/> Serious								
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>								
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer						
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military						
								<input type="checkbox"/> Foreign						
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs										
						<input type="checkbox"/> Left		<input type="checkbox"/> Front						
						<input type="checkbox"/> Right		<input type="checkbox"/> Rear						
						<input type="checkbox"/> Center		<input type="checkbox"/> Single						
								<input type="checkbox"/> Unknown						
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)														
Name and Address				Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														

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

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

The day prior to departure, I fueled the right tank with 14 gallons of 92UL, almost filling it. According to my notes the left tank had plenty of 100LL to takeoff, climb, and land on. The capacitive fuel sending units in both fuel tanks have been unreliable since installation, so I'd been relying on historical fuel consumption data. Less than an hour prior to departure, the winded flight plan indicated I would need 21.6 gallons at a planned burn of 6.7gph. At approximately 1240 CST I departed K2M8, turned to a westbound GPS direct course for KF46 and climbed to 10,500'MSL. Before level-off, I switched to the right tank and used that fuel until it ran dry near Hot Springs, AR, when I switched to the left tank. Approximately 32nm from KF46, I began descending. At around 4000'MSL and 10 miles from KF46, the engine began to sputter. I immediately checked the DIRECT-TO function of my GPS and KF46 was indeed the nearest airport. I had the airport in sight and as the engine died, I initially tried to extend my glide by slowing to 90mph and feathering the prop. As I continued toward the airport I began looking for alternate landing sites. The terrain was irregular and hilly but there were a few roads that appeared feasible. Car traffic, power lines and other obstacles, and the prevailing winds narrowed my options, so I turned south and committed to land on a clear piece of curvy road. While attempting to clear a row of trees on the approach to the road I had to slow below approach speed and subsequently touched down hard on the right side of the road in a slight right bank while attempting to follow the road around. The airplane bounced nose forward, the windmilling propeller struck the road, and the plane came to rest on its gear in the ditch on the right side of the road.

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

Operator/Owner Safety Recommendation

Replace capacitive fuel senders with float-type; check and/or top off fuel in all tanks prior to departure.



**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**06/18/2014*mm/dd/yyyy***Signature and Name of Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: Christopher W. Knauf**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

CEN14LA293

**Reviewed by NTSB Regional Office**

NTSB, Central Region

**Name of Investigator**

Andrew Todd Fox

**Date Report Received**

18 June 2014