

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 checked="" type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 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 type="checkbox"/> FAR 137				Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign			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 _____		
Purpose of Flight 1. <input checked="" 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"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning									
Pilot Information									
Pilot Name <u>Donald L. Weiss</u>			Pilot Certificate No.		Address <u>Colorado Springs, CO 80920</u>			Nationality <u>U.S.</u>	
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 checked="" type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____									
Rating (s)				Instrument Rating (s)		Instructor Rating (s)			
1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane				1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		1. <input checked="" type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider			
Type Ratings/Student Endorsements <u>Private Pilot</u>				Date Of Biennial Flight Review or Equivalent (M/D/Y) <u>11/07/2001</u>		BFR Aircraft 1. Make <u>Stinson</u> 2. Model <u>108-3</u>			
Medical Certificate			Date Of Last Medical (M/D/Y) <u>11/22/2000</u>		Limitations <u>Glasses for Near Vision</u>			Date Of Birth (M/D/Y)	
1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input checked="" type="checkbox"/> Class 3					Waivers				
Degree Of Injury		Seat Occupied		Person At Controls At Time Of Accident				Seat Belt Available	
1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		1. <input checked="" type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots				1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		Source Of Pilot Flight Time Information			
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records			
Flight Time		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night	
Total Time		<u>141</u>		<u>120</u>		<u>141</u>		<u>4</u>	
Pilot In Command (PIC)		<u>62</u>		<u>62</u>		<u>62</u>			
Instructor									
This Make & Model								<u>4</u>	
Last 90 Days		<u>36.5</u>		<u>15.1</u>		<u>36.5</u>		<u>3</u>	
Last 30 Days		<u>30.1</u>		<u>9.7</u>		<u>30.1</u>			
Last 24 Hours		<u>1.5</u>		<u>1.5</u>		<u>1.5</u>			
Second Pilot Information <u>N.A.</u>									
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. <input type="checkbox"/> Specify _____									

Second Pilot Information (cont.)															
Rating (s)				Instrument Rating (s)				Instructor 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				1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter				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			
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 (M/D/Y)			
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		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records		4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____							
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air					
Total Time															
Pilot in Command (PIC)															
Instructor															
This Make & Model															
Last 90 Days															
Last 30 Days															
Last 24 Hours															
Other Personnel <i>N-A</i>															
Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None				
1.															
2.															
3.															
4.															
5.															
6.															
Flight Itinerary Information															
Last Departure Point			Time Of Departure			Destination			Flight Plan Filed						
1. Airport ID <i>DDV</i>			1. Time <i>15:45</i>			1. Airport ID <i>SV4</i>			1. <input checked="" type="checkbox"/> None						
2. City/Place <i>Falcon</i>						2. City/Place <i>Calhan</i>			2. <input type="checkbox"/> VFR						
3. State <i>CO</i>			2. Time Zone <i>MDST</i>			3. State <i>Colorado</i>			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															
Fuel On Board At Last Takeoff <i>33</i> Gallons or Pounds						Fuel Type 1. <input type="checkbox"/> 80/87 2. <input checked="" 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 _____						
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 <i>20+</i> Miles		Temp (°F) <i>85°</i>					
<i>AWOS, Pilot Observation</i>															

Weather Information At The Accident Site (cont.)

Dew Point (°F) <u>30.18</u> "Hg	Altimeter Setting	Sky/Lowest Cloud Condition			
		1. <input checked="" type="checkbox"/> Clear	4. <input type="checkbox"/> Overcast _____ Feet AGL		
		2. <input type="checkbox"/> Scattered _____ Feet AGL	5. <input type="checkbox"/> Partial Obscuration		
		3. <input type="checkbox"/> Broken _____ Feet AGL	6. <input type="checkbox"/> Obscured		
Wind Information		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation	
1. Direction <u>90</u>		<u>None, Clear</u>	<u>None</u>	1. <input type="checkbox"/> Light	
2. Velocity <u>9</u> Kts				3. <input type="checkbox"/> Heavy	
3. Gusts <u>12</u> Kts				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"/> Clean Air 7. <input type="checkbox"/> In Clouds					

Damage To Aircraft And Other Property

Degree Of Aircraft Damage				Fire	
1. <input type="checkbox"/> None	2. <input type="checkbox"/> Minor	3. <input checked="" type="checkbox"/> Substantial	4. <input type="checkbox"/> Destroyed	1. <input type="checkbox"/> Yes	3. <input type="checkbox"/> In-Flight
				2. <input checked="" type="checkbox"/> No	4. <input type="checkbox"/> On Ground

Description Of Damage To Aircraft And Other Property

Engine, Propeller, Spinner, Wings, Verticle Stabilizer,

Mechanical Malfunction Failure

1. <input type="checkbox"/> No	List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure	Total Time	
2. <input type="checkbox"/> Yes		On Part	At Overhaul
		_____ Hours	_____ Hours

Collision Accident N-A

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 N-A

Assistance Received					
1. <input 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 _____ 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members *N/A*

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 Accident

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 Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

06/30/2002 - 15:45 - Meadow Lake Airport - Falcon, CO - Stinson N6968N

Pilot prepared for 15 mile flight from Meadow Lake Airport (00V) to the home field for the aircraft, Calhan Airport (5V4). Pilot visually checked current weather conditions, which were; clear, unrestricted visibility, temperature 85 F, winds from east (varying between 080 and 090*) at approximately 10 to 12 mph, visually checked sky conditions in the area of destination airport (15 miles to the east northeast) which were clear, no clouds and similar conditions as at the departure airport.

Pilot conducted thorough aircraft preflight inspection.

Pilot then listened to the AWOS at 00V for the current weather, winds, altimeter setting, and airport information.

Pilot taxied to the runway 15 run-up area and conducted pre-take off engine run-up, with engine performance normal. Pilot then listed to airport radio frequency to determine that 1 aircraft was in the landing pattern and 1 aircraft was holding for takeoff, with both aircraft using runway 15. After both aircraft had cleared the runway and area, pilot made appropriate radio calls, taxied onto runway 15, setting controls for crosswind takeoff. The crosswinds did not exceed aircraft limitation and the pilot had experience in conditions of stronger crosswind takeoffs and landings.

Pilot applied power, aircraft accelerated normally on runway centerline, when the airspeed was at indicated 40 mph pilot raised the tail. Shortly thereafter aircraft started moving to the left of center of the runway, pilot applied appropriate right rudder, aircraft continued moving left, as if left brake was dragging. Aircraft continued going left, so the pilot reduced power attempting to slow the aircraft for an aborted takeoff, but the aircraft continued moving left of runway centerline, going off the runway into the grass, the propeller struck the ground, and the aircraft went up on its nose, continuing over on its back.

An observer, Jack Doughty at Classic Air, told the pilot after that it resembled another Stinson accident he witnessed several years before, where a brake grabbed, aircraft veered left and nosed over onto its back.

Pilot with the assistant of several individuals, righted the aircraft to its wheels and removed it from the runway area to an aircraft parking area, and tied it down securely.

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

Date Of This Report

7-10-2002

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.

DEN024A062

Reviewed By NTSB Office Located At

SCFA

Name Of Investigator

DAVID C. Bowling

Date Report Received

JUL 11 2002

NTSB - DEN