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

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

BASI	C INFORMA	TION	<u> </u>	<u> </u>			i jara						•	
	nt/Incident Loc	CARROLL TO A KIND					Acc	ident/Incid	lent Date/	lime				
Nearest	City/Place: Pitts	field			State: 1	ΜE		: 7/0			cal Time:	250	PM	
	1967 (A				2	mm/de						
Latitude	: 44.8098		Longitude: -69.	4731						Ti	me Zone: _	Eas	tern	
	(Enter in decima	l degrees or a	legrees:minutes:sec	conds)			Coll	lision with	Other Air	craft: C) Midair	0	On-ground	i None
AIRC	RAFT INFO	RMATIO	X									8 9		
Registi	ation Number:	N932MC] IFR-Equip						
Manufacturer: Aero Adventure						☐ Commercial Space Flight ☐ Unmanned Aircraft								
Model:	Aventura II						Ma	ximum Gr	oss Weigh	t: <u>1425</u>		11	os	
Serial l	Number: AA2A	0-138					We	ight at Tin	ne of Accid	lent/Inci	dent: <u>10</u>	35		lbs
Year o	f Manufacture:	9/1/2015					Nui	mber of Se	ats: _2		Flight Cre	ew S	eats: 1	
Amate	ur-Built: ⊙ Yes	-	Kit/Plans Mal	ke: Aero A	dventure)		in Crew Seat						
	O No	(Original Design				Nu	mber of Er	gines: 1					
♠ Airplane (Check all that apply) ♠ Balloon Standard Special ♠ Bilmp/Dirigible ☐ Normal ☐ Restricted ♠ Glider ☐ Aerobatic ☐ Limited ♠ Gyroplane ☐ Balloon ☐ Provisional ♠ Helicopter ☐ Commuter ☐ Special Flight ♠ Powered Lift ☐ Transport ☑ Experimental				☐Tricycle ☐Amphibiar ☐Emergency ☐Float	Gear that apply) □ Retractable le □ Tailwheel bian □ High Skid ency Float □ Skid □ Ski □					One) OLiquid OSolid I OHybrid ONone OUnkno	Rocket i Rocket			
ORock OUltra OUnkr	light	☐ Utility ☐ Special Light-Sport ☐ Hull ☐ Experimental Light-Sport ☐ Othe ☐ Certificate of Authorization or Waiver (COA)				□Ski/Wheel unch/Recovery System □Unknown □Fuel System Type (R			(Red	ciprocating OFuel-In	-			
	·····						Т	Date	Rated Pow		Total	Γ^{\dagger}	Time S	
Engine	Engine Manufa	cturer	Engine Model/Series			acturer's Number		of Mfg. mm/dd/yyyy	O Horsep		Time (hours)			Overhaul (hours)
Eng. 1	Rotax		912ULS		564877	2		100 35:14		_		NEVER		
Eng. 2							_							
Eng. 3 Eng. 4							+					\sqcup		
				Propelle	l	OFixed Pi	itch		Prope	llor 2		Five	d Pitch	
O100-H OAAIP OAnnu	⊙ Cond	inuous Airwo litional Inspec nown		Manufac	turer: <u>l</u> '	OControll OGround	lable !		Manu	facturer:	0	Cont Grov	rollable P md Adjust	
Date L	ast Inspection:	9/1/20	15	Model:						1:	ipment (
● Specify: AMEREX MODEL A344				er: Ameri-Kin :: AK 451-2D (121.5 MHz) O (406 MHz) unted in aircraf inected to anten ? Yes ON	ng Co Colar ft? (ina? No ft: C	a (121.5 MH:	Date Control of the c	S-B frame Para de of Atta opilot a Recorde stronic Fli stronic Pri dheld GP' ds Up Dis oard Wea ellite Track	chute ck Indicato r ght Bag or altifunction mary Fligh S play ther cing Device System ing Device	Hand Dist t Dis	iheld Dev			
						Unknown						_		

OWNER/OPERATOR INFORMA	ATION		
Registered Aircraft Owner		City: Levant	
Name: Samuel Canders		State: ME ZIP: 0445	6
Fractional Ownership Aircraft: O Yes O	No	Country: USA	······
Operator of Aircraft	gistered Owner	☐ Same Address as Registered Owner	
Name:		City:	
Doing Business As:		State: ZIP:	
Air Carrier/Operator Designator (4 Characte	er Code):	· Country:	
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	<u> </u>	135
☑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)	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	431 Non-Scheduled or Air Taxi O Internat	
□ On-Demand Air Taxi (FAR 135) □ Commercial Air Tour (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation □ Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	OPublic Aircraft (Select one) OArmed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Instructional O Banner Tow O Business O Executive/Corporate O Positioning	O Unknown
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving	
OYes ⊙ No	OYes ⊙ No		
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 mile	s of an airport)
Airport Name: Grignons Field Airport Identifier: ME62 Proximity to Airport: OOff Airport/Airstri		Distance From Airport Center:1 Direction From Airport; 340 Airport Elevation: 390	sm degrees true ft. msl
Runway Information Runway ID: 35 (L/R/C) Length: 25 Runway/Landing Surface (Check all that all the control of	<i>upply)</i> adam □ Water I/Wood	☐ Holes ☐ Snow-Crusted ☐ W ☐ Ice Covered ☐ Snow-Dry ☐ W ☐ Rough ☐ Snow-Wet ☐ W ☐ Rubber Deposits ☐ Soft	/ater-Calm /ater-Choppy /ater-Glassy
Approach/Departure Segment (Select one)		
OTaxi OTakeoff OInitial Climb	edure/Clearance On Instrument App	oproach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (aft OCrosswind OUnknown	er touchdown)
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
✓None		☑None	
□ADF/NDB □PAR □SDF □Sidestep □VOR/TVOR □ILS □VOR/DME □Localizer Only □TACAN □LOC-back course □RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	☐ Traffic Pattern ☐ Stop and G☐ Straight-In ☐ Touch and ☐ Valley/Terrain Following ☐ Simulated ☐ Go Around ☐ Forced Lan☐ Full Stop ☐ Precautiona ☐ Unknown	Go Forced Landing ding

"FLIGHT CREWMEMBER 1" INFORMATION											
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew											
● Pilot O Co-Pilot "Flight Crewmember 1" was	- ,	_		Check Pilot .	O Flight	Engineer	O Other I	light Crew			
		☑Yes □1	NO	·. · · · · · · · · · · · · · · · · · ·	·						
"Flight Crewmember 1" Iden First Name: Samuel	itification				. cn						
						idence: <u>L</u> e					
Middle Initial: E	January Daniel Mc Zan Garage										
Last Name: Canders	County. OOA										
Age at time of A	Accident/Incide	ent: <u>39</u>	_ Date of B	irth:			n/dd/yyyy				
		C	ertificate Num	ber:							
Degree of Injury	Seat Occup				traint Typ	pe		1	nfl	atable R	estraints
O None O Fatal O Minor O Unknown	O Left O Right	O Front O Rear	O Unknov	vn /	Available		Used				
O Serious	O Center	O Single			O None	1	ONone OLap only	,		Not Inst Installed	
Pilot Certificate(s) (Check all t	hat apply)				O Lap on O 3-point		O2-point	'	8	Not Dep	loyed
☐ None ☐ Flight Ins		Commercial	☑ US Mi	litary	⊙ 4-point		⊙ 4-point			Deploye	
☐ Private ☐ Recreation		Airline Transp		n l	O 5-point O Unkno		O 5-point O Unknov	7n		Unknow	'n
☐ Student ☐ Sport	Ц	Flight Enginee	r		O CAMADO		O				
Principal Occupation M	edical Certific	cate		Med	lical Cert	ificate Va	lidity		Dat	e of Las	t Medical
⊙ Pilot ○		Class 3				itations/wair		nknown			
. •			ense (Sport Pilot		/ith limitati pecial Issua	ons/waivers	ON	/A .		1/20/201 mm/dd/yy	
O Unknown O Medical Certificate Limitatio		Unknown	*	03	peciai issua	ince		l		- Garyy	,,
	115										
NONE											
Medical Certificate Special Is	suance										
Date of Last Flight Review		Fligh	t Review Airc	raft							
or Equivalent, Including	40/5/0045	Make	Airbus								
FAR 121/135 Checks:	12/5/2015 mm/dd/yyyy		ı: 320								
Airplane Rating(s)	Other Aircra			ent Rating(s)	T	Instructo	r Rating(s)				
- I	(Check all that c	0.,		l that apply)		(Check all 1	Q 1 7				
	☐ None		☐ None			☐ None				trument A	
	☐ Airship ☑ Balloon		☑ Airpla ☑ Helico				e Single-Engi e Multi-Engir			trument I licopter	lelicopter
☑ Multiengine Land	Glider		Power		1	Gyropla			GL	der	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powered	l Lift		Sp	ort	
	Powered Lift	t									
Type Ratings		······································				Student E	ndorsemer	its (Include o	late.	5)	
A-320, B747-4, BBD-700, L-382	J, LR-Jet, MU3	00									
					-						
					1						
· · · · · · · · · · · · · · · · · · ·	1		Airplane	I	r	T					
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	ument Simulated	Rotorcraft		Glider	Lighter Than Air
Total Time	6,763	44	726	4,377	1,165	· 	63	1,477		11	172
Pilot in Command (PIC)	2,836	44	631	1,296	420	 	0	833	_		76
Time as Instructor	132	0	132	0	0	 	0:	0		0	0
This Make/Model	10-		22		0		0				
Last 90 Days	105	20	20	85	25	+	0	0		0	0
Last 30 Days Last 24 Hours	50 0	10	10	40	12	-}	0	0	Н	0	0

"FLIGHT CREWMEN	MBER 2" INFO	ORMATIC)N -								
"Flight Crewmember 2" R					_		_				
OPilot OCo-Pilot	O Student Pilot	OFlight In		Check Pilot	OFlig	tht Engineer	OOther F	light Crew			
"Flight Crewmember 2" w		Yes D	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											
		Cer	tificate Numb	er:							
Degree of Injury	Seat Occupi	_	_		raint T	'ype]]	nfl	table R	estraints
O None O Fatal O Minor O Unknown	OLeft ORight	OFront ORear	OUnknow	vn A	vailab	le	Used				
O Serious	OCenter	OSingle			O None O Lap		O None O Lap only			Not Inst	
Pilot Certificate(s) (Check	all that apply)				O 3-po:		O 3-point	'		Not Dep	
		Commercial	☐ US Mi	litary	Q 4-po		O 4-point	1		Deploye	d
☐ Private ☐ Recre		Airline Transpo Flight Engineer		1	O 5-po		O 5-point O Unknow	'n	L	Unknow	n
☐ Student ☐ Sport	U r	ugnt Engineer			•		•				
Principal Occupation	Medical Certifica	ate		Med	ical Ce	rtificate Va	lidity]	Dat	e of Las	Medical
O Pilot		Class 3				mitations/waiv		nknown			
O Other O Unknown		Driver's Licen Unknown	ase (Sport Pilot		ith limit pecial Is	ations/waivers	ON	/A		mm/dd/yy	vv
Medical Certificate Limits		, ommonia	· · · · · · · · · · · · · · · · · · ·	1 1	,						
Micurcan Cortinicate Limite	itions										
Medical Certificate Specia	l Issuance										
Date of Last Flight Review	1	Flight	Review Airc	raft							
or Equivalent, Including FAR 121/135 Checks:		Make:					,				
	mm/dd/yyyy	Model:									
Airplane Rating(s)	Other Aircraft		Instrum	ent Rating(s)		Instructor	Rating(s)				
(Check all that apply)	(Check all that ap	pply)	1 ' .	that apply)		(Check all th	at apply)				
☐ None ☐ Single-Engine Land	☐ None ☐ Airship		☐ None ☐ Airpla	ne		☐ None ☐ Airplane	Single-Fngir		Inst	rument A rument H	irplane
☐ Single-Engine Sea	☐ Balloon		☐ Helico	pter		Airplane	Multi-Engine	. \square	Hel	copter	encopter
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		Power	ed Lift		Gyroplan Gyroplan Powered			Glie		
Municingine Sea	Helicopter					□ Powered	Liit	u	Spe	rı İ	
	☐ Powered Lift										
Type Ratings						Student Ei	idorsement	s (Include d	ates		
Flight Time (Enter appropri	ate	777.2.2.2.3	Airplane		T	Inst	rument		Τ		
number of hours in each box)	ate All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Nigh		Simulated	Rotorcraft		Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model					ļ						
Last 90 Days								ļ	1		
Last 30 Days					ļ				┼		
Last 24 Hours	1			l			l	i	1		

AUDITION L	IGHT CREWME	<u> MBERS (</u>	(Exclusive	e of cabin cre	w, complete	the followin	g information)		
Crew Name and Ad	dress						Seat Occupie	d	Injury
First Name:	****	City	of Residen	nce:			O Left	OFront	O None
Middle Initial:		State	e:	Z	ZIP:	- Va. 19.	O Center O Right	ORear OSingle	O Minor O Serious
		Cou	intry:				Ckight	OUnknown	O Fatal
			-			-			O Unknown
Pilot Certificate(s)	(Check all that apply)						Restraint Typ		Inflatable
□None	☐ Flight Instructor	Con	mmercial	□us	Military		Available O None	Used O None	Restraints
☐ Private	Recreational	☐ Airl	line Transp	oort			O Lap Only	O Lap Only	☐ Not Installed
☐ Student	□ Sport	☐ Flig	ght Enginee	er			O3-point	O 3-point	☐ Installed☐ Not Deployed
Type Deting/Ender	soment for		Total Fl	light Time of	the Time		O4-point O5-point	O 4-point O 5-point	□ Deployed
Type Rating/Endorsement for Accident/Incident Aircraft?					hrs	OUnknown	O Unknown	☐ Unknown	
Accidentification A	uiciait. 🗀 ies	110	of this A	ACCIDENT/INC	dent.				
Crew Name and Ad	Crew Name and Address								Injury
First Name:		City	of Residen	nce:			O Left	OFront	ONone
Middle Initial:				2			OCenter ORight	ORear OSingle	O Minor O Serious
		Cou	intry:				Okighi	OUnknown	O Fatal
									O Unknown
Pilot Certificate(s)	(Check all that apply)						Restraint Typ		Inflatable
☐ None	Flight Instructor		mmercial		Military		O None	Used O None	Restraints
☐ Private☐ Student	☐ Recreational ☐ Sport		line Transp ght Enginee		eign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed
Li Student	Li Sport	Lu§	gm Enginee	C1			O3-point O4-point	O 3-point O 4-point	☐ Not Deployed
Type Rating/Endor	sement for		Total Fl	light Time at	the Time		O 5-point	O 5-point	☐ Deployed ☐ Unknown
Accident/Incident A		and the second second		Accident/Inci	dent:	hrs	OUnknown	O Unknown	Unknown
DACCENCED(C)	CATHED BEDS								
PASSENGER(S)	/UTHER PERS	ONNEL ((Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)		
Name and Address	/OTHER PERS	ONNEL ((Include c	Seat	ontinue on se Injury	Restraint T		Inflatable Restraints	Age
Name and Address						Restraint T	ype Used		Age
Name and Address First Name:	City :			Seat OLeft	Injury ONone	Restraint T Available ONone	ype Used O None	Restraints Not Installed	
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat	Injury	Restraint T Available O None O Lap Only O 3-point	Used O None O Lap Only O 3-point	Restraints Not Installed Installed Not Deployee	☐ Under 5 years
Name and Address First Name:	City : State:	ZIP:		Seat OLeft OCenter	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point	Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available O None O Lap Only O 3-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployee	Under 5 years d If Under 5, O Child Restraint O Lap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP:	ther	Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint
Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City :	ZIP:	ther	Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years d If Under 5, O Child Restraint O Lap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: O Passenger City :	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints Not Installed Installed Not Deployee Deployed Unknown Not Installed	Under 5 years If Under 5, Ohild Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City :	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point	Restraints Not Installed Installed Other Deployee Deployed Unknown Not Installed Installed Not Deployee	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City:State:OPassenger City:State:State:State:	ZIP:	ither	Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point	Restraints Not Installed Installed Other Deployed Unknown Not Installed Installed Not Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point OUnknown Available	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point OUnknown Used	Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Dot Deployed Unknown Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point OUnknown	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point OUnknown Used ONone OLap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: State: State:	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown O4-point OLap Only O3-point OUnknown	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point	Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Installed Unknown Not Deployed Unknown Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5 years
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Last Name: Last Name: Last Name: Middle Initial: Last Name:	City:	ZIP: OO: ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown OLeft OUnknown OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point OUnknown Used ONone OLap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Unknown Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint
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FLIGHT ITINERARY	INFORMATIO	N						
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City: Pittsfield		: 246pm	City: Pitts			O Company		O IFR
State: ME		Zone: Eastern	State: ME			O Military V O VFR	VFK	O Unknown
Country: USA			Country: U			Activated?	OYes	ONo OUnknown
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Basic Conditions		Light Conditi	on					
OVMC OIMC OUnknown		ODawn ODay	ODusk ONight		k Night OUr tht Night	known		
Sky/Lowest Cloud Conditi	on	Ceiling			Temperature:	60	(C) or	15 (F)
O Clear O Few	O Thin Broken O Thin Overcast	O None (Clear) O Broken		Obscured Indefinite	Dew Point: _5	55 (C) or	12.8 (F)
O Partial Obscuration O Scattered	OUnknown	O Overcast		Unknown	Altimeter Sett	ing: 29.92	in.	Hg
Lowest Cloud Condition I 1700	_	Ceiling Heigh		ft agl		or	1VI	
Wind Direction	Wind Speed		Wind Gusts		Visibility	10+	miles	
☐ Variable	☐ Calm		✓ Not Gustin	ng ·	1			
_	☑ Light and Vari	able						
-or-	-or- e Speed:	1.4.	-or-	1_4_	1	:	miles	1
Direction:degrees true			Speed:	kts	Density Altitu			ft
Intensity of Precipitation OLight OModerate OHeavy ON/A OUnknown	Type of Precipit None Rain Snow Hail Rain Showers	Drizzle Ice Pellets Snow Pellet Snow Grain Ice Crystals	Freezin Snow S Ice Pell Freezin	hower ets Shower	Restriction to None Blowing Dt Blowing Sa Blowing Sn Blowing Sp Dust	ist Grant Gr		og
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O Trace O Rime		O Trace	O Rime		☐Clear Air			Moderate
O Light O Clear O Moderate O Mixed O Severe O Unknown		O Light O Moderate O Severe O Unknown	O Clear O Mixe O Unkr	ed	☐ Terrain-Indi			Severe Extreme
NOTAMs (D and FDC),	AIRMETs, SIGN	METs, PIREP	s in effect at	the time of t	he accident/inci	dent:		

DAMAGE	TO AIRCRAFT A	ND OTHER PRO	PERTY			
Aircraft Dam	age	Aircraft Fire		Aircraft Explosion		
O None O Minor	O Substantial O Destroyed O Unknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	On-Ground	O Both Groun O Explosion a O Unknown	d and In-Flight t Unknown Time

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

Left and right wing struts separated from aircraft, wings still attached to fuselage at wing root. Damage to aircraft hull; complete fracture of the composite hull. Aircraft windscreen damaged beyond repair. Aircraft wing covering damaged on left and right wings. Fabric torn on left horizontal tail.

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 and location, services obtained, and intended destination. Provide as much detail as possible.

Aircraft had been parked in hangar on 6/26/16 with the tail placed on a small stand forward of the tail wheel in order to inspect the tail wheel assembly. Pilot had noticed on previous flight that the tail wheel was responsive to control inputs but seemed very stiff on the ground. Rudder control inputs were normal in flight and in water operations. Aircraft had been filled with 91 octane fuel at KOWK prior to landing at ME62.

On 7/9/2016, the tail wheel was serviced with a marine grade, water resistant grease on the upper and lower washer assembly of the Matco Tail wheel. "Before" photos of the tail wheel assembly were taken prior to removal of the cotter pin and castle nut. Service was conducted by removing a single cotter pin and a castle nut on the bottom of the tail wheel assembly. Grease was applied on the upper and lower washers of the tail wheel assembly. The tail wheel was reassembled by installing the castle nut and cotter pin. During this same inspection of the tail wheel, simulated retractions of the tail wheel were conducted. There is a small flap forward of the tail wheel used for water operations. It had been noticed on a prior flight that the tail wheel was pushing onto the flap during retraction, instead of clearing the flap, and tail wheel retraction had previously been disabled by removing a bolt in the main gear retraction system. Minor adjustments were made to that flap and the aircraft was pushed out of the hangar for a further inspection of the assembly and service before starting the aircraft to conduct a ground taxi test. A preflight was conducted on the aircraft beyond just the tail wheel, to include but not limited to general condition and security of control surfaces, visual inspection of fuel quantity in fuel tank, main fuel valve shutoff position, engine oil quantity, general condition and security of the engine, inspection of ignition leads to the spark plugs, etc. The aircraft was started and ran for about 10 minutes while the pilot conducted ground checks of the tail wheel by taxiing around the airstrip, conducting multiple turns to the left and right to include left and right 360 degree turns. Pilot concluded the service had corrected the problem and the aircraft was taxied back in front of the hangar and a normal shut down was conducted by shutting off the magnetos. After re-installing the tail wheel retraction bolt with a single bolt and nut, the pilot decided to conduct an airborne test of the tail wheel retraction in order to determine if the tail wheel would clear the flap forward of the tail wheel. Coordination was made with an individual on the ground to observe the gear retraction from the ground and signal with a thumbs up or thumbs down if it appeared as thought the tail gear was clearing the flap. Pilot reviewed reported weather and forecasts from KBGR, KWVL and KAUG and determined the local wind to be light and out of the northwest. The pilot put on his PFD and military grade flight helmet and taxied south for a departule to the north. Pilot conducted a run up to determine proper operation of the magnetos by isolating first the right, than the left magneto and determined operation was normal and set flaps to the take off position. After inspection, engine indications were normal, the pilot advanced the throttle for take off, confirmed normal take off RPM was achieved and conducted a normal takeoff at approximately 1446L. Once airborne and above surrounding obstacles, the pilot accelerated to 75 miles an hour while retracting the flaps and adjusted the power from take off setting to into the green. Gear retraction was not made at this time. Once clear of the house owned by Jim Quellette midfield on the right when departing to the north, the pilot executed a right turn at about 20-30 degrees of bank until 45 degrees off the runway heading before rolling wings level. Control inputs were noted to be normal. Climb was continued until about 200' AGL and the pilot executed a level turn to the left at about 20-30 degrees of bank. Pilot referenced airspeed again throughout the turn and determined the airspeed to be at 75 miles per hour. Pilot observed his position relative to the runway and determined even with undershooting winds from the northwest, he would not roll out on runway heading and decided to continue the same bank angle to enter a 45 degree intercept with the runway for his low approach. Upon reaching the 45 degree intercept, the pilot attempted to roll right from the 20-30 degree left bank and noticed control forces seemed heavier than normal. The pilot removed his left hand from the throttle and attempted to assistant the right hand with the right roll while simultaneously applying right rudder, after initially thinking there was some type of control failure in the roll axis. Pilot referenced the horizon and terrain and noticed the roll to the right was not normal for the amount of control force being applied, noticed the aircraft sink rate and knew he was going into the trees. Pilot was alert throughout the crash sequence, noticed the aircraft entering the trees at about a 15-20 degree bank to the left, and remembered the aircraft being pushed to the downward vertical attitude and impacting the ground nose first. The pilot immediately noticed the engine was not running, wiped the blood from his eyes, and felt, heard and smelled fuel running onto him from the tank behind him. Through muscle memory, he removed his 4 point restraint and attempted to egress but was restrained by his PFD. The PFD was unfastened and a successful egress was made. The pilot took out his cell phone and immediately contacted his brother saying that he was ok, and met him on the approach end of the runway when landing to the south. Impact location was about 100 yards north and west from the approach end of the south runway.

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I HEREBY CERTIF	Y THAT TH	IE ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF M	Y KNOWLEDGE
Date of this Report	Name of 1	Pilot/Operator: Samuel E Canders		
07/13/2016	Signature	÷		
mm/dd/yyyy	or	✓ Check here to electronically sign this of		
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