

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: Pittsfield State: ME

ZIP: 04967 Country: USA

Latitude: 44.8098 Longitude: -69.4731

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 7/09/2016 Local Time: 250PM
mm/dd/yyyy

Time Zone: Eastern

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N932MC

Manufacturer: Aero Adventure

Model: Aventura II

Serial Number: AA2A0-138

Year of Manufacture: 9/1/2015

Amateur-Built: ☒ Yes If Yes: ☒ Kit/Plans Make: Aero Adventure
☐ No ☐ Original Design

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1425 lbs

Weight at Time of Accident/Incident: 1035 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

- ☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard

- ☐ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special

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

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

☒ Retractable

☐ Tricycle

☒ Tailwheel

☐ Amphibian

☐ High Skid

☐ Emergency Float

☐ Skid

☐ Float

☐ Ski

☒ Hull

☐ Ski/Wheel

☐ Other Launch/Recovery System

☐ None

☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating
☐ Turbo Shaft
☐ Turbo Prop
☐ Turbo Jet
☐ Turbo Fan
☐ Electric

- ☐ Liquid Rocket
☐ Solid Rocket
☐ Hybrid Rocket
☐ None
☐ Unknown

Fuel System Type (Reciprocating)

☒ Carburetor

☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Rotax	912ULS	5648772		100	35:14	3:15	NEVER
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 9/1/2015
mm/dd/yyyy

Airframe Total Time: 44 hrs

hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

- ☐ None
☒ Specify: AMEREX MODEL A344

Propeller 1

- ☐ Fixed Pitch
☐ Controllable Pitch
☒ Ground Adjustable

Manufacturer: IVO

Model: Warp Drive

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Ameri-King Corp

Model or Part No.: AK 451-2D

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☒ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason: ☐ Impact Damage
☐ Fire Damage
☐ Battery Expired/Damaged
☐ Unknown

Additional Equipment (Check all that apply)

- ☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Samuel Canders</u> Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		City: <u>Levant</u> State: <u>ME</u> ZIP: <u>04456</u> Country: <u>USA</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<input type="checkbox"/> Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only	
Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No		Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Grignons Field</u> Airport Identifier: <u>ME62</u> Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Distance From Airport Center: <u>.1</u> sm Direction From Airport: <u>340</u> degrees true Airport Elevation: <u>390</u> ft. msl	
Runway Information Runway ID: <u>35</u> (L/R/C) Length: <u>2500</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown			
Approach/Departure Segment <i>(Select one)</i> <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input checked="" type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> <input type="radio"/> <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> <input type="radio"/> <input type="radio"/> Crosswind <input type="radio"/> Unknown			
IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling <input type="checkbox"/> RNAV <input type="checkbox"/> <input type="checkbox"/> Unknown		VFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> <input type="checkbox"/> Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident <input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Samuel</u> City of Residence: <u>Levant</u> Middle Initial: <u>E</u> State: <u>ME</u> ZIP: <u>04456</u> Last Name: <u>Canders</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>39</u> Date of Birth: <u> </u> mm/dd/yyyy Certificate Number: <u> </u>																																																																																																				
Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input checked="" type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		Seat Occupied <input checked="" 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 <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input checked="" type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>			Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input checked="" type="radio"/> 4-point	<input checked="" type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<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																																																																															
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Medical Certificate Limitations NONE																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>12/5/2015</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Airbus</u> Model: <u>320</u>																																																																																																	
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" 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 checked="" type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" 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																																																																																											
Type Ratings A-320, B747-4, BBD-700, L-382J, LR-Jet, MU300						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>6,763</td> <td>44</td> <td>726</td> <td>4,377</td> <td>1,165</td> <td>430</td> <td>63</td> <td>1,477</td> <td>11</td> <td>172</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>2,836</td> <td>44</td> <td>631</td> <td>1,296</td> <td>420</td> <td></td> <td>0</td> <td>833</td> <td></td> <td>76</td> </tr> <tr> <td>Time as Instructor</td> <td>132</td> <td>0</td> <td>132</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>105</td> <td>20</td> <td>20</td> <td>85</td> <td>25</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>50</td> <td>10</td> <td>10</td> <td>40</td> <td>12</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>											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	6,763	44	726	4,377	1,165	430	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	0	This Make/Model					0	0	0				Last 90 Days	105	20	20	85	25	3	0	0	0	0	Last 30 Days	50	10	10	40	12	0	0	0	0	0	Last 24 Hours	0	0	0	0	0	0	0	0	0	0
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"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____																																																																																																				
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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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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
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"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <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) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div>				Restraint Type: <div style="display: flex;"> <div style="width: 50%;"> 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 </div> <div style="width: 50%;"> 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 </div> </div>		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"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <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	
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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: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div>		<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	<div style="display: flex;"> <div style="width: 50%;"> 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 </div> <div style="width: 50%;"> 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 </div> </div>		<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="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div>		<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	<div style="display: flex;"> <div style="width: 50%;"> 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 </div> <div style="width: 50%;"> 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 </div> </div>		<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="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage <input type="radio"/> None <input type="radio"/> Substantial <input type="radio"/> Minor <input type="radio"/> Destroyed <input type="radio"/> Unknown		Aircraft Fire <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown	
		Aircraft Explosion <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown	
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> 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 <i>(Please type or print in ink)</i>			
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.			
<p>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.</p> <p>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.</p> <p>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.</p> <p>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 though 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 departure to the north. Pilot conducted a run up to determine proper operation of the magnetos by isolating first the right, then 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 Ouellette 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 assist 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.</p>			

RECOMMENDATION (How could this accident/incident have been prevented?)													
<p>Operator/Owner Safety Recommendation</p> <p>Operator is unsure of exact failure, but it appears as though there was a partial to total loss of thrust. Pilot's initial reaction to maintain aircraft control was correct, but due to the low altitude regime of flight, there was not sufficient time to correctly analyze the situation to determine an appropriate course of action.</p> <p>Operator highly recommends the use of multi-point restraint systems, with a 4 point restraint at a minimum.</p> <p>Operator highly recommends the use of a helmet to protect the operator.</p> <p>Operator highly recommends the practice of "blind" cockpit drills so operators are familiar with the operation of restraint systems, door operations, and location of mixture control (if installed), magnetos, or other switches that can be used to properly secure the engine after a post crash scenario.</p> <p>Operator highly recommends you notify someone of your intended route of flight and time of return at a minimum. Search and rescue will not begin until you are known to be missing.</p>													
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)													
<p>Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i></p> <p>Pilot suspects loss of power from the Rotax 912ULS motor.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total Time/Cycles On Part</th> </tr> <tr> <td>35:14 Hours</td> </tr> <tr> <td> Cycles</td> </tr> <tr> <th style="background-color: #cccccc;">Time Since This Part Inspected/Overhauled</th> </tr> <tr> <td>3.15 Hours</td> </tr> </table>	Total Time/Cycles On Part	35:14 Hours	Cycles	Time Since This Part Inspected/Overhauled	3.15 Hours							
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FUEL & SERVICES INFORMATION													
<p>Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i></p> <p>15 Gallons</p>	<p>Fuel Type</p> <table style="width: 100%;"> <tr> <td><input type="radio"/> 80/87</td> <td><input type="radio"/> 115/145</td> <td><input type="radio"/> Jet B</td> <td><input type="radio"/> Other, specify <u>91</u></td> </tr> <tr> <td><input type="radio"/> 100 Low Lead</td> <td><input type="radio"/> Jet A</td> <td><input type="radio"/> JP8</td> <td></td> </tr> <tr> <td><input type="radio"/> 100/130</td> <td><input type="radio"/> Jet A-1</td> <td><input type="radio"/> Automotive</td> <td></td> </tr> </table>	<input type="radio"/> 80/87	<input type="radio"/> 115/145	<input type="radio"/> Jet B	<input type="radio"/> Other, specify <u>91</u>	<input type="radio"/> 100 Low Lead	<input type="radio"/> Jet A	<input type="radio"/> JP8		<input type="radio"/> 100/130	<input type="radio"/> Jet A-1	<input type="radio"/> Automotive	
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<p>Other Services, if Any, Prior to Departure</p> <p>See Narrative in "Narrative History of Flight"</p>													
EVACUATION OF AIRCRAFT													
<p>Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>Method of Exit – Describe how the occupants exited and how many occupants evacuated each location</p> <p>Pilot egressed out of the pilot side door opening. Aircraft had no doors installed. See narrative in "Narrative History of Flight" above.</p>													
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)													
<p>Aircraft Registration Number</p> <p>_____</p>	<p>Manufacturer: _____</p> <p>Model: _____</p>	<p>Damage to Other Aircraft</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Destroyed</td> <td><input type="checkbox"/> Minor</td> </tr> <tr> <td><input type="checkbox"/> Substantial</td> <td><input type="checkbox"/> None</td> </tr> </table>	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Minor	<input type="checkbox"/> Substantial	<input type="checkbox"/> None							
<input type="checkbox"/> Destroyed	<input type="checkbox"/> Minor												
<input type="checkbox"/> Substantial	<input type="checkbox"/> None												
<p>Registered Owner of Other Aircraft</p> <p>Name: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Country: _____</p>	<p>Pilot of Other Aircraft</p> <p>Name: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Country: _____</p>												

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**07/13/2016

mm/dd/yyyy

Name of Pilot/Operator: Samuel E Canders**Signature:** _____

-- or --

☒ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report****Name:** _____**Title:** _____**Signature:** _____

-- or --

☐ Check here to electronically sign this document**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

ERA16LA247

Reviewed by NTSB Regional Office

ERA

Name of Investigator

L. Read

Date Report Received

7/13/2016