

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: HOLLISTER State: CA
 ZIP: _____ Country: SAN BENITO
 Latitude: 37° N Longitude: 122 W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 6-21-19 Local Time: NOON
mm/dd/yyyy
6-21-19 Time Zone: PST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N28CU
 Manufacturer: NORTH AMERICAN
 Model: T28B
 Serial Number: 200302
 Year of Manufacture: 1955
 Amateur-Built: Yes No
 If Yes: Kit/Plans Original Design Make: _____

- IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 14,000 lbs
 Weight at Time of Accident/Incident: 7,500 lbs

Number of Seats: 2 Flight Crew Seats: 2
 Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

- | Standard | Special |
|------------------------------------|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Restricted |
| <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight |
| <input type="checkbox"/> Transport | <input checked="" type="checkbox"/> Experimental |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |
| | <input type="checkbox"/> Experimental Light-Sport |
- Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

- Retractable
- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> Tricycle | <input type="checkbox"/> Tailwheel |
| <input type="checkbox"/> Amphibian | <input type="checkbox"/> High Skid |
| <input type="checkbox"/> Emergency Float | <input type="checkbox"/> Skid |
| <input type="checkbox"/> Float | <input type="checkbox"/> Ski |
| <input type="checkbox"/> Hull | <input type="checkbox"/> Skid/Wheel |
- Other Launch/Recovery System
 None Unknown

Engine Type (Select one)

- | | |
|--|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft | <input type="radio"/> Solid Rocket |
| <input type="radio"/> Turbo Prop | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet | <input type="radio"/> None |
| <input type="radio"/> Turbo Fan | <input type="radio"/> Unknown |
| <input type="radio"/> Electric | |

Fuel System Type (Reciprocating)

- Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	WRIGHT	R1820-86B	BL511359		1425	122	10	122
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 9-10-2018
mm/dd/yyyy

Airframe Total Time: 15673.9 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: CONDITIONAL-EXP

Description of Fire Extinguishing System

None
 Specify: FIRE BOTTLE

Propeller 1

- Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: HAMILCO STD

Model: 43 D 50

Propeller 2

- Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: AIRTECH

Model or Part No.: 406

TSO No.: OC91 (121.5 MHz) OC91a (121.5 MHz)
 OC126 (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: JOSEPH F KEENAN

City: PLEASANTON

State: CA ZIP: 94588

Fractional Ownership Aircraft: Yes No

Country: ALAMEDA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: NA

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 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

Regulation Flight Conducted Under

- FAR 91
- FAR 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 415
- FAR 431
- FAR 435
- FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft (Select one)
 - Armed Forces
 - Federal
 - State
 - Local
- Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- Scheduled or Commuter
- Non-Scheduled or Air Taxi
- Domestic
- International
- Passenger
- Cargo
- Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- Aerial Application
- Aerial Observation
- Air Drop
- Air Race/Show
- Banner Tow
- Business
- Executive/Corporate
- External Load
- Ferry
- Firefighting
- Flight Test
- Glider Tow
- Instructional
- Other Work Use
- Personal
- Positioning
- Skydiving
- Unknown

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: HOLLISTER

Distance From Airport Center: 0.5 sm

Airport Identifier: KCVH

Direction From Airport: 160 degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: 31 (L/R/C) Length: _____ ft Width: _____ ft

Condition of Runway/Landing Surface (Check all that apply)

Runway/Landing Surface (Check all that apply)

- Asphalt
- Concrete
- Dirt
- Grass/Turf
- Gravel
- Ice
- Macadam
- Metal/Wood
- Snow
- Water
- Unknown

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush-Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

Approach/Departure Segment (Select one)

- Taxi
- Takeoff
- Initial Climb
- VFR Departure
- IFR Departure Procedure/Clearance
- On Instrument Approach
- Landing
- Downwind
- Base
- Final
- Crosswind
- Low Approach
- Go Around
- Aborted Landing (after touchdown)
- Unknown

IFR Approach (Check all that apply)

- None
- ADF/NDB
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- LOC-back course
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice
- GPS
- Unknown

VFR Approach (Check all that apply)

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary Landing
- Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: JOSEPH City of Residence: PLEASANTON
 Middle Initial: F State: CA ZIP: 94588
 Last Name: KEENAN Country: USA
 Age at time of Accident/Incident: 78 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury

None Fatal
 Minor Unknown
 Serious

Seat Occupied

Left Front Unknown
 Right Rear
 Center Single

Restraint Type

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

Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

Pilot Certificate(s) (Check all that apply)

None Flight Instructor Commercial US Military
 Private Recreational Airline Transport Foreign
 Student Sport Flight Engineer

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 Unknown
 With limitations/waivers N/A
 Special Issuance

Date of Last Medical

5-17-17
 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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

07/14/1918
 mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
 Model: 172

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
 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
 Airplane Single-Engine Instrument Airplane
 Airplane Multi-Engine Instrument Helicopter
 Gyroplane Helicopter
 Powered Lift Glider
 Sport

Type Ratings

T-28

Student Endorsements (Include dates)

LOGGED EST.

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	1653	1000	500	153	10	30			5	
Pilot in Command (PIC)	1610	1000	450	20	10	30			2	
Time as Instructor										
This Make/Model										
Last 90 Days	4	4	4							
Last 30 Days	7	7	7							
Last 24 Hours	16	16	16							

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

Operator/Owner Safety Recommendation

ALWAYS TOP OFF FUEL. I FUELED AND TOPPED UP AT CHICO, CA BEFORE FLIGHT TO HOLLISTER. ON MORNING OF FLIGHT TANKS INDICATED 1/2 BUT 2 DAYS AFTER CRASH TANKS APPEARED DRY WHEN TANKS ARE INDICATING 1/2 THEY CANNOT BE VISUALLY INSPECTED BECAUSE OF WING DIHEDRAL

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

UNKNOWN CAUSE POSSIBLE FUEL STARVATION

Total Time/Cycles On Part
____ Hours
____ Cycles
Time Since This Part Inspected/Overhauled
____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (Convert from pounds, as necessary) _____ Gallons
Fuel Type
 80/87 115/145 Jet B Other, specify _____
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

Other Services, if Any, Prior to Departure
LAST FUELED AT CHICO ON 5/17. STOPPED AT TRACY, CA ON 5/19 NO FUEL ADDED 5/20 FLEW TO KCMH ACCIDENT 5/21

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
PILOT CLIMBED OUT ON GROUND

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

Aircraft Registration Number _____ Manufacturer: _____ Model: _____ Damage to Other Aircraft
 Destroyed Minor
 Substantial None
Registered Owner of Other Aircraft Pilot of Other Aircraft
Name: _____ Name: _____
City: _____ City: _____
State: _____ State: _____
Country: _____ ZIP: _____
Country: _____ ZIP: _____