

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Hemet State: CA
 ZIP: 92545 Country: USA
 Latitude: 33:44.04:N (dd:mm:ss N/S) Longitude: 117:01.35W (ddd:mm:ss E/W)

Date/Time

Date: 07/25/2009 Local Time: 0800
mm/dd/yyyy
 Time Zone: PDT

Phase of Operation

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

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

 ft MSL

AIRCRAFT INFORMATION

Manufacturer: American Legend Aircraft

Model: AL-3

Serial Number: AL-1058

Registration Number: N918ZZ Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 1,320 lbs

Weight at Time of Accident/Incident: 1,316 lbs

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

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

Category of Aircraft

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

Type of Airworthiness Certificate (Check all that apply)

Standard **Special**
☐ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight
☒ Light Sport

Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew:

Cabin Crew:

Passengers:

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

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

Type of Maintenance Program

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

Last Inspection Type

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

Date Last Inspection: 11/24/2008
mm/dd/yyyy

Airframe Total Time: 119 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

Type of Fire Extinguishing System

☒ None
☐ Specify

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: American King Corporation

Model/Series: AK-450

ELT Aided in Locating Accident/Incident

☐ Yes ☐ No

Serial Number: 482137

Battery Type: Unknown

Battery Exp. Date: 03/2012

Engine Type

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

Reciprocating Fuel System Type

☒ Carburetor
☐ Fuel Injected

Propeller

☒ Fixed Pitch
☐ Controllable Pitch

Manufacturer: Sensenich

Model: 69CK044L

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Continental	O200-A66B	256256	100		119	29	
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Denney R. Marsh</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>Perris</u> State: <u>CA</u> ZIP: <u>92570</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): _____		Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input checked="" type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Select all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number <u>None</u>	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> <div style="height: 100px; border: 1px solid black;"></div>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> Aircraft nosed over onto top during landing. Prop strike, damaged engine cowling, windshield broken, wing top antenna broken off, top wing surfaces damaged, wing struts bent, wing fuel tanks caps damaged, rudder portion of tail crushed on top, fuselage lower passenger side main tube bent, halfway between door and tail.			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>HMT</u>		Distance From Airport Center: <u>0</u> SM	
Airport Name: <u>Hemet Ryan</u>		Direction From Airport: _____ degrees MAG	
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: <u>1,512</u> ft. MSL	
Approach Segment <i>(Select one)</i> <input type="checkbox"/> On Instrument Approach <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sideslip <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling		VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
Runway Information Runway ID: <u>23</u> (L/R/C) Length: <u>4,314</u> ft Width: <u>100</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"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input 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"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>HMT</u> City: <u>Hemet</u> State: <u>CA</u> Country: <u>USA</u>		Time of Departure Time: <u>0750</u> Time Zone: <u>PDT</u>	
Destination Airport ID: <u>HMT</u> City: <u>Hemet</u> State: <u>CA</u> Country: <u>USA</u>		Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> <input type="checkbox"/> Class A <input type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special <input type="checkbox"/> Class B <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
Aircraft Load Description <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> <u>5</u> Gallons		Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 <input type="checkbox"/> Other, specify _____	
Other Services, if Any, Prior to Departure 			

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location Aircraft stopped upside down. Student and flight instructor opened windows and doors (Cub type) and crawled out.			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>HMT AWOS/Prescott FSS</u> Observation Time: <u>0700/0600</u> Time Zone: <u>PDT</u> Distance from Accident Site: <u>1</u> NM Direction from Accident Site: <u>225</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) </div> <div> <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown </div> </div>	
Briefing Type/Completeness <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer </div> <div> <input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent </div> </div>		Light Condition <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day </div> <div> <input type="checkbox"/> Dusk <input type="checkbox"/> Night </div> <div> <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported </div> </div>	
Sky/Lowest Cloud Condition <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered </div> <div> <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown </div> </div>		Ceiling <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast </div> <div> <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown </div> </div>	
Lowest Cloud Condition Height <u> </u> ft AGL		Ceiling Height <u> </u> ft AGL	
Wind Direction <input type="checkbox"/> Indicated: <u> </u> degrees MAG <input type="checkbox"/> Variable		Wind Speed Velocity: <u>0</u> KTS -or- <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	
Wind Gusts Velocity: <u>0</u> KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting		Restriction to Visibility <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust </div> <div> <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown </div> </div>	
Type of Turbulence <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air </div> <div> <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm </div> </div>		Severity of Turbulence <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe </div> <div> <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop </div> <div> <input type="checkbox"/> Light </div> </div>	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident None			
Temperature: <u> </u> (C) or <u>75</u> (F) Altimeter Setting: <u>29.93</u> in. HG or <u> </u> MB Density Altitude: <u>3,000</u> ft Dew Point: <u> </u> (C) or <u>20</u> (F)		Icing Forecast <div style="display: flex; justify-content: space-between;"> <div> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light </div> <div> Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed </div> </div> <hr/> Icing Actual <div style="display: flex; justify-content: space-between;"> <div> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light </div> <div> Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed </div> </div>	
Type of Precipitation <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower </div> <div> <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle </div> </div>		Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input checked="" type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>Denney</u> City: <u>Perris</u> Middle Initial: <u>R</u> State: <u>CA</u> ZIP: <u>92570</u> Last Name: <u>Marsh</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>66</u> Date of Birth: <u>mm/dd/yyyy</u> <u>1943</u> Certificate Number: <u>mm/dd/yyyy</u> <u>+</u>																																																																																																				
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input checked="" type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		Date of Last Medical <u>mm/dd/yyyy</u>																																																																																													
Medical Certificate Limitations California Drivers License: Corrective lens																																																																																																				
Medical Certificate Waivers None																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>mm/dd/yyyy</u>				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) (Check all that apply) <input checked="" 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 checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free 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 checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input checked="" 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																																																																																														
Type Ratings						Student Endorsements (Include dates) OK SOLO, Gobosh 700S LSA Expired 90 days from 03/10/2009																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td style="text-align: center; padding: 5px;">67</td> <td style="text-align: center; padding: 5px;">13</td> <td style="text-align: center; padding: 5px;">67</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td style="text-align: center; padding: 5px;">1</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td style="text-align: center; padding: 5px;">23</td> <td style="text-align: center; padding: 5px;">13</td> <td style="text-align: center; padding: 5px;">23</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td style="text-align: center; padding: 5px;">11</td> <td style="text-align: center; padding: 5px;">11</td> <td style="text-align: center; padding: 5px;">11</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</td> <td style="text-align: center; padding: 5px;">1</td> <td style="text-align: center; padding: 5px;">1</td> <td style="text-align: center; padding: 5px;">1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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	67	13	67	0	0	0	0	0	0	0	Pilot in Command (PIC)	1	0	1								Time as Instructor	0	0	0								This Make/Model											Last 90 Days	23	13	23								Last 30 Days	11	11	11								Last 24 Hours	1	1	1							
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																																																																																										
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Last 30 Days	11	11	11																																																																																																	
Last 24 Hours	1	1	1																																																																																																	

PILOT "B" INFORMATION

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

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

Pilot "B" Identification

First Name: Edwin City: Hemet
 Middle Initial: L State: CA ZIP: 92543
 Last Name: Matthews Country: USA

Age at time of Accident/Incident: 56 Date of Birth: mm/dd/yyyy 1952 Certificate Number: mm/dd/yyyy

Degree of Injury

☒ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

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

Seat Belt

Used ☒ Yes
 ☐ No
 Available ☐ Yes
 ☐ No

Shoulder Harness

Used ☒ Yes
 ☐ No
 Available ☐ Yes
 ☐ No

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

06/16/2008
mm/dd/yyyy

Medical Certificate Limitations

Must have corrective lens for near vision

Medical Certificate Waivers

None

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

06/05/2009
mm/dd/yyyy

Flight Review Aircraft

Make: Gobosh
 Model: 700S LSA

Airplane Rating(s) (Check all that apply)

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

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

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

Instrument Rating(s) (Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

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

Type Ratings

CE-500

Student Endorsements (Include dates)

N/A

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	18,724	14	15,835	2,877	1,375	485	97	0	12	0
Pilot in Command (PIC)	18,520	14	15,649	2,857	1,365	480	42		5	
Time as Instructor	12,036	13	10,720	500	59	21	322		0	
This Make/Model					0	0	0			
Last 90 Days	50	14	50	0	3	0	0		0	
Last 30 Days	37	12	37	0	1	0	0		0	
Last 24 Hours	6	1	6	0	0	0	0		0	

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

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

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

This was a training flight that departed HMT at approx. 0750 PDT. The purpose of the flight was to practice landing and to introduce wheel landings. I obtained an abbreviated briefing from Prescott flight service. There were no adverse conditions, no NOTAMS, winds were calm.

The first landing was a full stop wheel landing, demonstrated by the flight instructor.

The second wheel landing was a touch and go landing conducted by the student. The accident occurred on the third landing. On touchdown the aircraft was straight, no bounce. As the aircraft slowed tail up it veered slightly left. The student incorrectly applied left rudder which caused the aircraft to swerve sharply left. The student then applied full braking with the tail still up causing the tail to rise even further until the aircraft eventually flipped tail over its nose. The aircraft came to a stop inverted just off the left side of Runway 23. Departure was from Runway 23 approx. 10 minutes prior to the accident.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

The student needs a greater emphasis and constant reminder in flight and before touchdown, "do not use brakes for directional control" especially during tail up landings.

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

07/25/2009
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [Signature]
Type or Print Name: DEANEY R MARSH

STUDENT PILOT

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: [Signature]Type or Print Name: EDWIN JAMES MATTHEWSTitle: FLIGHT INSTRUCTOR - PILOT IN COMMAND**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

WPR09CA365

Reviewed by NTSB Regional Office

WPR - Seattle

Name of Investigator

Hogenson

Date Report Received

8/3/2009