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: EAST TAUNTON State: MA
ZIP: 02718 Country: USA
Latitude: 41°52.46'N (dd:mm:ss N/S) Longitude: 71°01.00'W (ddd:mm:ss E/W)

Date/Time
Date: 3/19/2011 (mm/dd/yyyy) Local Time: 9 30/A
Time Zone: EDT

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 N/A ft MSL

AIRCRAFT INFORMATION

Manufacturer: Luscombe
Model: 8E
Serial Number: 5517
Registration Number: N2790K **Amateur-built:** ☐ Yes ☒ No

Max Gross Weight: 1400 lbs
Weight at Time of Accident/Incident: 1240 lbs
Location of Center of Gravity at Time of Accident/Incident:
15.65 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: 12/9/2010 (mm/dd/yyyy)

Airframe Total Time: 8010 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 Aided in Locating Accident/Incident ☐ Yes ☒ No

ELT Manufacturer: Ameri-King Corp
Model/Series: AK-450
Serial Number: 47021
Battery Type: 'D' ALKALine **Battery Exp. Date:** 03/15

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: McCauley Prop. Systems
Model: 1390 / CM 7150

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Continental	C-85-12F	29157-7-12	7/11/04	85	1906	5.5	33±
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: James W Thomson
Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address
City: N Attleboro
State: MA ZIP: 02763
Country: USA

Operator of Aircraft ☒ Same As Registered Owner
Name:
Doing Business As: N/A
Air Carrier/Operator Designator (4 Character Code): N/A

Operator Address ☒ Same As Registered Owner
City:
State: ZIP:
Country:

Regulation Flight Conducted Under
☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight
☐ Yes ☒ No

Air Medical Flight
☐ Yes ☒ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*
☒ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*
☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International
☐ Domestic ☐ International

Cargo Operation
☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)
☒ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

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

Aircraft Registration Number

Manufacturer: N/A
Model:

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☐ Substantial ☒ None

Registered Owner of Other Aircraft
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

Pilot of Other Aircraft
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

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

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

N/A

Total Time/Cycles On Part
_____ Hours
_____ Cycles

Time Since This Part Inspected/Overhauled
_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
☐ None ☒ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

Prop strike, windshield cracked, Right door damage, Fuselage cabin area damage, Right wing tip damage, vert. stab. & Rudder damage, carb air intake broken,

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: TAN
Airport Name: Taunton Municipal
Distance From Airport Center: 0 SM
Direction From Airport: N/A degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip
Airport Elevation: 43 ft. MSL

Approach Segment *(Select one)*

☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☒ [redacted] Landing (after touchdown)

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

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

Runway Information

Runway ID: 30 (L/R/C) Length: 3,500 ft Width: 75 ft

Runway/Landing Surface *(Check all that apply)*

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: 88R
City: West Kingston/Richmond
State: RI
Country: US

Time of Departure

Time: 9:05 +
Time Zone: EDT

Destination

Airport ID: TAN
City: Taunton
State: MA
Country: USA

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service *(Check all that apply)*

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description *(Check all that apply)*

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*

15 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure ASOS @ Westerly RI, Newport RI & TAUNTON, MA

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 exited passenger side door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: TAN ASOS

Observation Time: unk

Time Zone: EDT

Distance from Accident Site: ½ NM

Direction from Accident Site: 310 degrees MAG

Source of Weather Information *(Check all that apply)*

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing *(Check all that apply)*

☐ In Person
☐ Teletype
☐ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☒ Not Pertinent

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility

10 miles

Sky/Lowest Cloud Condition

☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☒ Scattered

Ceiling

☐ None (clear) ☐ Obscured
☒ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Restriction to Visibility *(Check all that apply)*

☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height

3000+ ft AGL

Ceiling Height

unk ft AGL

Wind Direction

☐ Indicated: [redacted] degrees MAG

☒ Variable 300°-030°

Wind Speed

Velocity: 12+ KTS

-or-

☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: 20+ KTS

☒ Gusting
☐ Not Gusting

Type of Turbulence *(Check all that apply)* N/A

☐ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence N/A

☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

NONE KNOWN

Temperature: _____ (C)
or 45 (F)

Altimeter Setting: 30.05+ in HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or 32 (F)

All estimated

Icing Forecast

Amount		Type
☒ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ Mixed

Icing Actual

Amount		Type
☒ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ Mixed

Type of Precipitation *(Check all that apply)*

☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation N/A

☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

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

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

Pilot "A" Identification

First Name: JAMES
Middle Initial: W
Last Name: THOMSON

City: NARRAGANSETT
State: RI ZIP: 02882
Country: USA

Age at time of Accident/Incident: 65 Date of Birth: [redacted] *mm/dd/yyyy*

Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☒ None ☐ Fatal	☒ Left ☒ Front ☐ Unknown	Used ☒ Yes ☐ No	Used ☐ Yes ☒ No
☐ Minor ☐ Unknown	☐ Right ☐ Rear	Available ☒ Yes ☐ No	Available ☐ Yes ☒ No
☐ Serious	☐ Center ☐ Single		

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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot	☐ None ☒ Class 3	☐ Without limitations/waivers	10/01/2008 2010
☒ Other	☐ Class 1 ☐ Driver's License (Sport Pilot only)	☒ With limitations/waivers	*mm/dd/yyyy*
☐ Unknown	☐ Class 2 ☐ Unknown	☐ Unknown	

Medical Certificate Limitations Must wear lenses for distance, have glasses for near vision
NOT valid for any class after 10/31/2011

Medical Certificate Waivers 6-year Authorization for special Issuance of A Medical certification

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 03/22/2008 *mm/dd/yyyy*

Flight Review Aircraft
Make: C-FABRIA
Model: 7GCAA

Airplane Rating(s) *(Check all that apply)*	Other Aircraft Rating(s) *(Check all that apply)*	Instrument Rating(s) *(Check all that apply)*	Instructor Rating(s) *(Check all that apply)*
☐ None	☒ None	☒ None	☒ None
☒ Single-Engine Land	☐ Airship	☐ Airplane	☐ Airplane Single-Engine
☐ Single-Engine Sea	☐ Free Balloon	☐ Helicopter	☐ Airplane Multi-Engine
☐ Multiengine Land	☐ Glider	☐ Powered Lift	☐ Gyroplane
☐ Multiengine Sea	☐ Gyroplane		☐ Powered Lift
	☐ Helicopter		☐ Instrument Airplane
	☐ Powered Lift		☐ Instrument Helicopter
			☐ Helicopter
			☐ Glider
			☐ Sport

Type Ratings CESSNA 150, CESSNA 172, Luscombe 8E
PA28-151, PA28-200, P-140, C177, C182,
C-FABRIA 7GCAA

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 Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	381	100	381	-0-	10.8		-0-	-0-	-0-	-0-
Pilot in Command (PIC)	302	100	302±	-0-	8.0		-0-	-0-	-0-	-0-
Time as Instructor	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
This Make/Model					-0-	-0-	-0-			
Last 90 Days	7.5	7.5	7.5	-0-	-0-	-0-	-0-	-0-	-0-	-0-
Last 30 Days	~~5~~ 2.0	2.0	2.0	-0-	-0-	-0-	-0-	-0-	-0-	-0-
Last 24 Hours	~~0~~ .5	~~0~~ .5	~~0~~ .5	0	-0-	-0-	-0-	-0-	-0-	-0-

PILOT "B" INFORMATION

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

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

Pilot "B" Identification

First Name: _____ City: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ (*mm/dd/yyyy*) Certificate Number: _____

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
_____ (*mm/dd/yyyy*)

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ (*mm/dd/yyyy*)

Flight Review Aircraft
Make: _____
Model: _____

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

Type Ratings

Student Endorsements *(Include dates)*

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address NONE

First Name: ____ City: ____
Middle Initial: ____ State: ____ ZIP: ____
Last Name: ____ Country: ____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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)

NONE

Name and Address		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ 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.

3/19/11 Before departing Richmond, RI (Ø8R), I called Westerly ASOS, Newport ASOS and Taunton ASOS to get most current local wx in proximity to point of departure (Ø8R) and destination (KTAN). Departed Ø8R at approx. 9^{00}A, Route was easterly crossing Narragansett Bay at Jamestown and Newport Bridges, passed just west of Newport RI (UUU), Aquidneck Island and Fall River, MA North to Taunton (TAN). At approx. 9^{40}A contacted TAN ASOS for current wx @ TAN. Descended to pattern altitude (1,000 ft) Announced on unicom (122.7) pattern position on entry, downwind, base, and final. Visually checked windsock on downwind leg. Landed on Runway 30 and rolled out to taxi speed. A strong crosswind gust exceeded rudder control capacity which induced start of ground loop. Brakes were applied to compensate. Braking resulted in A/C overturning near edge of runway.

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

Operator/Owner Safety Recommendation

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	Signature and Name of Pilot/Operator
03/27/2010 (*mm/dd/yyyy*)	Signature: [redacted]
	Type or Print Name: JAMES W. THOMSON

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

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA11CA199.	Miami, FL.	Jose Borgoa	3/30/11