

AIRCRAFT INFORMATION									
Manufacturer: <u>AERO AT Sp. 2010</u> Model: <u>GOBOH G-700X AT4-LSA</u> Serial Number: <u>AT4-022</u> Registration Number: <u>N709PR</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: <u>1320</u> lbs Weight at Time of Accident: _____ lbs Location of Center of Gravity at Time of Accident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
<b>Category of Aircraft</b> <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		<b>Type of Airworthiness Certificate</b> (Check all that apply) <b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input checked="" type="checkbox"/> Light Sport		<b>Number of Seats:</b> <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <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"/> Ski/Wheel <input type="checkbox"/> Unknown			
<b>Type of Maintenance Program</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input checked="" type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			<b>Last Inspection Type</b> <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input checked="" type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		<b>Date Last Inspection:</b> <u>02-24-2011</u> mm/dd/yyyy			<b>Airframe Total Time:</b> <u>792.8</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident	
<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____				
<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>ELT Manufacturer:</b> <u>KANNAO</u> <u>RECORDS SHOW</u> <b>Model/Series:</b> <u>51840501-02</u> <b>Serial Number:</b> <u>2620287-6413</u> <b>Battery Type:</b> <u>AIRMANION</u> <b>Battery Exp. Date:</b> <u>06-30-2015</u>					
<b>Engine Type</b> <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		<b>Reciprocating Fuel System Type</b> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch		<b>Manufacturer:</b> <u>AERO AT Sp. 2010</u> <b>Model:</b> <u>ELPROP</u>			
<b>Engine</b> Engine Manufacturer: <u>BRP-ROTOR-66BHD</u> Engine Model/Series: <u>ROTOR-66BHD</u> Manufacturing Serial Number: <u>5652840</u> Date of Mfg. <u>mm/dd/yyyy</u>		<b>Engine Rated Power Measured as (check one)</b> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust <u>100</u>		<b>Total Time (hours)</b> <u>792.8</u>		<b>Time Since Inspection (hours)</b> <u>946</u>		<b>Time Since Overhaul (hours)</b> <u>792.8</u>	
<b>OWNER/OPERATOR INFORMATION</b>									
<b>Registered Aircraft Owner</b> Name: <u>SOUTHERN MAINE AVIATION LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Owner Address</b> City: <u>SANFORD</u> State: <u>ME</u> ZIP: <u>04073</u> Country: <u>USA</u>				
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner Name: <u>John O'Donnell</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: <u>WESTON</u> State: <u>MA</u> ZIP: <u>02493</u> Country: _____				
<b>Regulation Flight Conducted Under</b> <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					<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

<b>NATIONAL TRANSPORTATION SAFETY BOARD</b> <b>PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT</b> This form to be used for reporting civil and public use aircraft accidents and incidents			
<b>BASIC INFORMATION</b>			
<b>Accident/Incident Location</b> Nearest City/Place: <u>Concord / Concord Main Airport</u> State: <u>NH</u> ZIP: <u>03301</u> Country: <u>USA</u> Latitude: <u>43:12:09</u> (00:00:00 N/S) Longitude: <u>71:30:02</u> (000:00:00 E/W)		<b>Date/Time</b> Date: <u>05/31/2011</u> Local Time: <u>1835</u> <small>mm/dd/yyyy</small> Time Zone: <u>Eastern</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input checked="" type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None <b>Altitude of In-Flight Occurrence</b> _____ ft MSL	
<b>WEATHER INFORMATION AT THE ACCIDENT SITE</b>			
<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		<b>Source of Weather Information</b> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	
<b>Briefing Type/Completeness</b> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	
<b>Lowest Cloud Condition Height</b> _____ ft AGL		<b>Ceiling Height</b> _____ ft AGL	
<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable		<b>Wind Speed</b> Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	
<b>Wind Gusts</b> Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting		<b>Type of Turbulence</b> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	
<b>NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident</b>			
<b>Temperature:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. HG or _____ MB <b>Density Altitude:</b> _____ ft <b>Dew Point:</b> _____ (C) or _____ (F)		<b>Icing Forecast</b> Amount    Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed <b>Icing Actual</b> Amount    Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	
<b>Type of Precipitation</b> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle		<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Personal</li> <li><input type="checkbox"/> Business</li> <li><input type="checkbox"/> Executive/Corporate</li> <li><input type="checkbox"/> Other Work Use</li> <li><input type="checkbox"/> Instructional</li> <li><input type="checkbox"/> Ferry</li> <li><input type="checkbox"/> Positioning</li> <li><input type="checkbox"/> Aerial Application</li> <li><input type="checkbox"/> Aerial Observation</li> <li><input type="checkbox"/> Air Drop</li> <li><input type="checkbox"/> Air Race / Show</li> <li><input type="checkbox"/> Flight Test</li> <li><input type="checkbox"/> Public Use</li> <li><input type="checkbox"/> Unknown</li> </ul>	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Scheduled or Commuter</li> <li><input type="checkbox"/> Non-Scheduled or Air Taxi</li> </ul> <b>Domestic or International</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Domestic <input type="checkbox"/> International</li> </ul> <b>Cargo Operation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Passenger/Cargo</li> <li><input type="checkbox"/> Passenger _____ How many?</li> <li><input type="checkbox"/> Cargo _____ lbs</li> <li><input type="checkbox"/> Mail</li> </ul>	<b>Type of Commercial Operating Certificate Held</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Flag Carrier Operating Certificate (121)</li> <li><input type="checkbox"/> Supplemental</li> <li><input type="checkbox"/> Air Cargo</li> <li><input type="checkbox"/> Foreign Air Carriers (129)</li> <li><input type="checkbox"/> Commuter Air Carrier (135)</li> <li><input type="checkbox"/> On-Demand Air Taxi (135)</li> <li><input type="checkbox"/> Large Helicopter (127)</li> <li><input type="checkbox"/> Rotorcraft External Load (133)</li> <li><input type="checkbox"/> Agricultural Aircraft (137)</li> <li><input type="checkbox"/> Other Operator of Large Aircraft</li> </ul>
<b>OTHER AIRCRAFT COLLISION</b> (If an aircraft ground collision occurred, complete this section for other aircraft)		
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>AIRPORT INFORMATION</b> (If the accident occurred on approach, takeoff or within 5 miles of an airport, complete this section)		
<b>Airport Identifier:</b> <u>KCON</u> <b>Airport Name:</b> <u>Concord Municipal Airport</u> <b>Proximity to Airport</b> <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip	<b>Distance From Airport Center:</b> _____ SM <b>Direction From Airport:</b> _____ degrees MAG <b>Airport Elevation:</b> <u>342</u> ft. MSL	
<b>Approach Segment (Select one)</b> <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input checked="" type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)		
<b>IFR Approach (Check all that apply)</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> ADF/NDB</li> <li><input type="checkbox"/> SDF</li> <li><input type="checkbox"/> VOR/TWOR</li> <li><input type="checkbox"/> VOR/DME</li> <li><input type="checkbox"/> TACAN</li> <li><input type="checkbox"/> PAR</li> <li><input type="checkbox"/> Sidestep</li> <li><input type="checkbox"/> ILS</li> <li><input type="checkbox"/> Localizer Only</li> <li><input type="checkbox"/> LOC-back course</li> <li><input type="checkbox"/> RNAV</li> <li><input type="checkbox"/> MLS</li> <li><input type="checkbox"/> LDA</li> <li><input type="checkbox"/> ASR</li> <li><input type="checkbox"/> Visual</li> <li><input type="checkbox"/> Contact</li> <li><input type="checkbox"/> Circling</li> <li><input type="checkbox"/> Practice</li> <li><input type="checkbox"/> GPS</li> <li><input type="checkbox"/> Loran</li> <li><input type="checkbox"/> Unknown</li> </ul>	<b>VFR Approach (Check all that apply)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Traffic Pattern</li> <li><input type="checkbox"/> Straight-In</li> <li><input type="checkbox"/> Valley/Terrain Following</li> <li><input checked="" type="checkbox"/> Go Around</li> <li><input type="checkbox"/> Full Stop</li> <li><input type="checkbox"/> Stop and Go</li> <li><input type="checkbox"/> Touch and Go</li> <li><input type="checkbox"/> Simulated Forced Landing</li> <li><input type="checkbox"/> Forced Landing</li> <li><input type="checkbox"/> Precautionary Landing</li> <li><input type="checkbox"/> Unknown</li> </ul>	
<b>Runway Information</b> Runway ID: <u>17</u> (L/R/C) Length: <u>6005</u> ft Width: <u>100</u> ft		
<b>Runway/Landing Surface (Check all that apply)</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Asphalt</li> <li><input type="checkbox"/> Concrete</li> <li><input type="checkbox"/> Dirt</li> <li><input type="checkbox"/> Grass/Turf</li> <li><input type="checkbox"/> Gravel</li> <li><input type="checkbox"/> Ice</li> <li><input type="checkbox"/> Macadam</li> <li><input type="checkbox"/> Metal/Wood</li> <li><input type="checkbox"/> Snow</li> <li><input type="checkbox"/> Water</li> <li><input type="checkbox"/> Unknown</li> </ul>		
<b>Condition of Runway/Landing Surface (Check all that apply)</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Dry</li> <li><input type="checkbox"/> Holes</li> <li><input type="checkbox"/> Ice Covered</li> <li><input type="checkbox"/> Rough</li> <li><input type="checkbox"/> Rubber Deposits</li> <li><input type="checkbox"/> Slush Covered</li> <li><input type="checkbox"/> Snow-Compacted</li> <li><input type="checkbox"/> Snow-Crusted</li> <li><input type="checkbox"/> Snow-Dry</li> <li><input type="checkbox"/> Snow-Wet</li> <li><input type="checkbox"/> Soft</li> <li><input type="checkbox"/> Vegetation</li> <li><input type="checkbox"/> Water-Calm</li> <li><input type="checkbox"/> Water-Choppy</li> <li><input type="checkbox"/> Water-Glassy</li> <li><input type="checkbox"/> Wet</li> <li><input type="checkbox"/> Unknown</li> </ul>		
<b>FLIGHT ITINERARY INFORMATION</b>		
<b>Last Departure Point</b> Airport ID: <u>KEEN</u> City: <u>Keene</u> State: <u>NH</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1800</u> Time Zone: <u>EST</u>	<b>Destination</b> Airport ID: <u>KCON</u> City: <u>Concord</u> State: <u>NH</u> Country: <u>USA</u>
<b>Type of ATC Clearance/Service (Check all that apply)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> VFR</li> <li><input type="checkbox"/> Special VFR</li> <li><input type="checkbox"/> IFR</li> <li><input type="checkbox"/> Special IFR</li> <li><input type="checkbox"/> VFR On Top</li> <li><input type="checkbox"/> VFR Flight Following</li> <li><input type="checkbox"/> Traffic Advisory</li> <li><input type="checkbox"/> Cruise</li> <li><input checked="" type="checkbox"/> Unknown / NA</li> </ul>		
<b>Type Flight Plan Filed</b> <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		

<b>Airspace where the accident occurred (Check all that apply)</b>			
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Class E <input type="checkbox"/> Demo Area <input type="checkbox"/> Warning Area	<input type="checkbox"/> Prohibited Area <input type="checkbox"/> Restricted Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 93 <input type="checkbox"/> Special <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Unknown
<b>Aircraft Load Description (Check all that apply)</b>			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Passengers <input type="checkbox"/> Cargo	<input type="checkbox"/> Towing Glider <input type="checkbox"/> Towing Banner <input type="checkbox"/> Other External	<input type="checkbox"/> Parachutists <input type="checkbox"/> Water <input type="checkbox"/> Chemical/Fertilizer/Seeds	<input type="checkbox"/> Livestock <input type="checkbox"/> Unknown
<b>FUEL &amp; SERVICES INFORMATION</b>			
<b>Fuel on Board at Last Takeoff</b> (convert from pounds, as necessary) <u>12.2</u> Gallons		<b>Fuel Type</b> <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 _____	
<b>Other Services, if Any, Prior to Departure</b>			
<b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>			
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>			
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed		<b>Aircraft Fire</b> <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	
<b>Aircraft Explosion</b> <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			
<b>Description of Damage to Aircraft and Other Property (use additional sheet if necessary)</b> <div style="font-size: 1.2em; font-family: cursive;">           All parts of the airplane including the power plant were substantially damaged.         </div>			
<b>EVAUATION OF AIRCRAFT</b>			
<b>Was an emergency evacuation of the aircraft performed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Method of Exit - Describe how the occupants exited and how many occupants evacuated each location</b>			

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PILOT INFORMATION											
Pilot "B" Responsibilities at the Time of Accident <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input 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 "B" Identification											
First Name: _____					City: _____						
Middle Initial: _____					State: _____			ZIP: _____			
Last Name: _____					Country: _____						
Age at time of Accident: _____			Date of Birth: _____ <i>mm/dd/yyyy</i>			Certificate Number: _____					
Degree of Injury <input 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 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 type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input 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 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 type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input 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 type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			Date of Last Medical _____ <i>mm/dd/yyyy</i>			
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____							
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"/> 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 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					
Type Ratings				Student Endorsements (include dates) <del>8/26/10 student pilot certificate solo endorsement make and model</del> <del>4/29/11 student pilot certificate solo x-country endorsement</del> <del>4/19/11 last 90 day solo endorsement</del>							
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)																
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal								
Middle Initial: _____			State: _____ ZIP: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown								
Last Name: _____			Country: _____			<input type="checkbox"/> Serious										
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>										
<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								
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs										
						<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										
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal								
Middle Initial: _____			State: _____ ZIP: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown								
Last Name: _____			Country: _____			<input type="checkbox"/> Serious										
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>										
<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								
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs										
						<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										
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal								
Middle Initial: _____			State: _____ ZIP: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown								
Last Name: _____			Country: _____			<input type="checkbox"/> Serious										
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>										
<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								
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs										
						<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										
PASSENGERS/OTHER PERSONNEL (Include flight attendants, continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address																
First Name: _____			City: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													
First Name: _____ City: _____																
Middle Initial: _____ State: _____ ZIP: _____																
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Last Name: _____ Country: _____																
First Name: _____ City: _____																
Middle Initial: _____ State: _____ ZIP: _____																
Last Name: _____ Country: _____																

**NARRATIVE HISTORY OF FLIGHT (Pilot's Report)**

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.

*see attached*

**RECOMMENDATION (Operator/Owner/Investigator/Manufacturer)**

Operator/Owner Safety Recommendation

To: Mr. David Roakes  
Federal Aviation Administration  
[REDACTED]

From: John M. O'Donnell, M.D.  
[REDACTED]  
Weston, MA 02493

Dear Mr. Roakes,

☐ At your request I will attempt to recreate the events that occurred on the evening of May 31, 2011.

☐ After preparing a flight plan, obtaining weather information, pre-flighting N709PR and having a detailed discussion with my instructor, I took off from Sanford Airport (KSFM) on my solo cross country flight. The plan was to fly to Concord Airport (KCON) for a stop and go, continue on to Dillant Hopkins (KEEN) for a second stop and go and then return to Sanford Airport. The estimated time in route was one hour, fifty-two minutes, the airplane was full of fuel (17.2 gallons usable) and my endurance was 3.5 hours. I listened to Concord ASOS for weather and altimeter information and then switched to KCON CTAF. As I approached KCON, I became concerned about the amount of traffic and decided not to land but instead, to go on to KEEN. After an uneventful landing at KEEN, I began the third leg of my flight back to Sanford. While passing Mt. Monadnock, it occurred to me that if I failed to make three landings, the flight might not qualify as a cross-country solo. I decided to fly back to KCON to land and then go on home to Sanford. As I flew to KCON I listened to the AWOS and based on the wind, I decided to do a midfield cross wind approach for runway 17. I announced my intentions twice as I approached the airfield and on the crosswind leg at 1300 feet. I turned onto a left downwind, announced my

position and when I passed the runway numbers, I turned on my full pump and carburetor heat, cut my engine speed and added 15 degrees of flaps. I turned on base, announced my position and then announced my position as I turned on final. I checked my approach speed, confirmed a proper glide path with the PAPI, lined up my approach with the centerline of the runway and chose an aim point. During the descent I felt that there was a right quartering headwind, which required me to crab the plane slightly in order to keep it on the runway centerline.

When I was approximately 30 yards from my aim point, I checked my airspeed, leveled the plane and shortly thereafter, I began the flare. At this point, my recall is poor. I am not sure if the plane began to drift to the left or if I touch down first, rose from the runway and then began to drift. I do know that I felt that I could make a more controlled landing if I went around so I gave the plane full throttle expecting it to fly straight with a plan to retract the flaps after gaining speed and establishing a climb attitude. Instead of flying straight, the plane did not seem to have the power I expected and began to turn to the left. Despite what I thought to be the proper corrections, the plane continued to turn steep left. I remember feeling a tremendous force on my chest and the next thing I remember was my inability to see and hearing what I thought was the fuel pump. I tried to find the switch but was unable. I did not smell gas but I decided to try and exit the plane. I found the seat/shoulder belt release and eventually got it to open. I fell to the ground on my back and then realized that I had been upside down. I used my legs to push myself in a direction that I thought was away from the plane while remaining on my back. When I heard people yelling, I stopped moving. I remember being placed in a collar, put on a hard board and being transported.

I feel that I followed a very standard landing procedure and so I really do not know why this accident occurred. I feel that I am a competent student pilot and that based on my discussions with and

observations of other pilots, I believe that I have received an excellent general aviation education and piloting instruction from Southern Maine Aviation.

If any further information is necessary regarding this incident, please do not hesitate to contact me.

With warmest regards,

John M. O'Donnell, M.D.

**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

06/10/2011

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

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

Signature:

Type or Print Name: Lee P Faulkner

Title: Flight Instructor

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA11CA319

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

T. GUNTHER

Date Report Received

6/10/11