

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: Carbondale State: PA
 ZIP: _____ Country: USA
 Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)

Date/Time

Date: 06/18/2011 Local Time: 1400
mm/dd/yyyy 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

 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ NM
 Direction from Accident Site: _____ 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 (DUAIS)

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

3,000 ft AGL

Ceiling Height

4,000 ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG
☒ Variable

Wind Speed

Velocity: 5 KTS
 -or-
☐ Calm ☐ Light and Variable

Wind Gusts

Velocity: _____ KTS
☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

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

Severity of Turbulence

☐ Extreme ☐ Moderate ☒ Light
☐ Severe ☐ Moderate Chop

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

NONE

Temperature: _____ (C)
 or 80 (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

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

Icing Forecast

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

Icing Actual

Amount ☐ None ☐ Moderate ☐ Type
☐ Trace ☐ Severe ☐ Rime
☐ 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

☐ Light ☐ Moderate ☐ Heavy

AIRCRAFT INFORMATION									
Manufacturer: AERONCA Model: 7AC Serial Number: 6657 Registration Number: N3068E					Max Gross Weight: 1,220 lbs Weight at Time of Accident: 1,042 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)				
Category of Aircraft <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		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: 2 If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input checked="" 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			
Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: 05/18/2011 mm/dd/yyyy Airframe Total Time: 2,166 hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident				
IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify: _____				
ELT Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			ELT Activated <input type="checkbox"/> Yes <input type="checkbox"/> No			ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____			
ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input type="checkbox"/> No			Battery Exp. Date: _____						
Engine Type <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		Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: McCauley Model: 189GM7-43					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	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	CONT	C85-12			85	3,581	3	78	
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner Name: BJ AIR Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No					Owner Address City: HAWLEY State: PA ZIP: 18428-4653 Country: USA				
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: MATTHEW T KUBER Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					Operator Address <input type="checkbox"/> Same As Registered Owner City: HAWLEY State: PA ZIP: 18428 Country: USA				
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 93 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 checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input 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 (Check all that apply) <input checked="" 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 _____	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: _____		
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)		
Airport Identifier: 9PN8 Airport Name: MALANCHAK Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input checked="" type="checkbox"/> On Airstrip	Distance From Airport (enter): _____ SM Direction From Airport: _____ degrees MAG Airport Elevation: _____ ft. MSL	
Approach Segment (Select one) <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 checked="" type="checkbox"/> Aborted Landing (after touchdown)		
IFR Approach (Check all that apply) <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"/> Sidestep <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 (Check all that apply) <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 checked="" type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
Runway Information Runway ID: NORTH (L/R/C) Length: 2,000 ft Width: 200 ft		
Runway/Landing Surface (Check all that apply) <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow		
Condition of Runway/Landing Surface (Check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input checked="" 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 checked="" 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		
FLIGHT ITINERARY INFORMATION		
Last Departure Point Airport ID: N30 City: HONESDALE State: PA Country: USA	Time of Departure Time: 1400 Time Zone: DST	Destination Airport ID: 9PN8 City: CARBONDALE State: PA Country: USA
Type of ATC Clearance/Service (Check all that apply) <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		
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		

Airspace where the accident occurred (Check all that apply)			
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	<input type="checkbox"/> Class E <input checked="" type="checkbox"/> Class G <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
Aircraft Load Description (Check all that apply)			
<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
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (convert from pounds, as necessary) _____ 12 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 NONE			
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 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			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"/> In-Flight <input type="checkbox"/> On-Ground	<input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> Unknown Origin	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> In-Flight <input type="checkbox"/> On-Ground
Description of Damage to Aircraft and Other Property (use additional sheet if necessary)			
1) PROPELLER STRIKE 2) DAMAGE TO RIGHT ENGINE COWLING AND FUSELAGE WELDED AIRFRAME 3) DAMAGE TO RIGHT WING MAIN SPAR, LEADING EDGE, AND RIBS			
EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location PILOT EXITED VIA ONLY DOOR.			

PILOT "A" INFORMATION**Pilot "A" Responsibilities at the Time of Accident**

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

Pilot "A" Identification

First Name: MATTHEW

Middle Initial: T

Last Name: KUBER

City: HAWLEY

State: PA ZIP: 18428

Country: USA

Age at time of Accident: 59

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

06/22/2011

mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES.
 NOT VALID FOR ANY CLASS AFTER 06/30/2012.

Medical Certificate Waivers

NONE

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

08/15/2011

mm/dd/yyyy

Flight Review Aircraft

Make: BEECHCRAFT

Model: 35C33A

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

Type Ratings**Student Endorsements (Include dates)**

COMPLEX: 07/17/2003
 TAILWHEEL: 10/02/2005

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	1,500	100	1,500	0	125	130	100	0	2	0
Pilot in Command (PIC)	1,400	80	1,400	0	125	130	100	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	0	0	30	0	5	3	0	0	0	0
Last 30 Days	5	0	5	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident**

☐ 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: _____ Date of Birth: _____ mm/dd/yyyy 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
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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 <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 _____ mm/dd/yyyy
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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) <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
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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			Degree of Injury
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
Pilot Certificate(s) (Check all that apply)			Seat Occupied
<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"/> Left <input type="checkbox"/> Front
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military			<input type="checkbox"/> Right <input type="checkbox"/> Rear
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Center <input type="checkbox"/> Single
Total Flight Time at the Time of this Accident/Incident: _____ hrs			<input type="checkbox"/> Unknown
Pilot Name and Address			Degree of Injury
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
Pilot Certificate(s) (Check all that apply)			Seat Occupied
<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"/> Left <input type="checkbox"/> Front
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military			<input type="checkbox"/> Right <input type="checkbox"/> Rear
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Center <input type="checkbox"/> Single
Total Flight Time at the Time of this Accident/Incident: _____ hrs			<input type="checkbox"/> Unknown
Pilot Name and Address			Degree of Injury
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
Pilot Certificate(s) (Check all that apply)			Seat Occupied
<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"/> Left <input type="checkbox"/> Front
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military			<input type="checkbox"/> Right <input type="checkbox"/> Rear
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Center <input type="checkbox"/> Single
Total Flight Time at the Time of this Accident/Incident: _____ hrs			<input type="checkbox"/> Unknown
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)			
Name and Address	Seat	Crew Non-Revenue	Other Occupant
First Name: _____		<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____		<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____		<input type="checkbox"/>	<input type="checkbox"/>
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Country: _____		<input type="checkbox"/>	<input type="checkbox"/>

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

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

Aircraft not flown for 3 years. Recently inspected in preparation for sale. Pilot had only 0.3 hrs. in past 3 years in make and model (tail wheel), at a paved, public use airport, and was repositioning aircraft for tailwheel instruction at a grass strip, surrounded by trees, with an inclined landing surface. Aircraft was landing into the wind but downhill. Aircraft floated 50% down the runway in a 3 point attitude. Rather than go around, it was pitched down and bounced 3 times. A brief burst of power was applied in an attempted aborted landing, but the throttle was pulled to idle cutoff at the recommendation of nearby experienced tailwheel pilots, who felt that an aborted landing, that far down the runway, was ill-advised due to trees at the departure end of the runway. The additional power added during the aborted aborted landing caused the aircraft to be unable to stop by the end of the runway. It hit a ditch, and structure at the departure end.

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

1. Recurrent tailwheel instruction at home base airport before attempting to solo, after a 3 year hiatus to a remote grass strip, surrounded by trees, and angled downhill.
2. Initiating a go-around earlier in the landing attempt, before 50% of the 2000 ft strip had been consumed.

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**

07/30/2011

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: Matthew T Kuber

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.**

ERA11CA372

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Alleyne

Date Report Received

8/6/2011