

**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: <u>New Waverly</u> State: <u>TX</u> ZIP: <u>77358</u> Country: <u>USA</u> Latitude: <u>30:32:24N</u> (dd:mm:ss N/S) Longitude: <u>95:34:36W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>08/13/2011</u> Local Time: <u>11:30</u> <i>mm/dd/yyyy</i> Time Zone: <u>CENTRAL</u>	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input checked="" 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 type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input checked="" type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None	Altitude of In-Flight Occurrence <p align="center">2,500 ft MSL</p>

AIRCRAFT INFORMATION

Manufacturer: <u>DOUGLAS J. KNAB</u> Model: <u>RV-8</u> Serial Number: <u>82734</u> Registration Number: <u>N189DK</u> Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Max Gross Weight: <u>1,800</u> lbs Weight at Time of Accident/Incident: <u>1,475</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>80.17</u> inches from <input type="checkbox"/> nose or <input checked="" 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 (Check all that apply) Standard <input 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 checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>2</u> 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 type="checkbox"/> Annual <input checked="" 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 checked="" type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>11/12/2010</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>178</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>HALON</u>
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: <u>KANNAD</u> Model/Series: <u>406AF</u> Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: <u>HARTZELL</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>HC-C2YR-1BFP/F7497</u>
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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	LYCOMING	Y10 360 1B	L-34307-5E			178	82	
Eng. 2								
Eng. 3								
Eng. 4								

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

SUDDEN STOPPAGE OF ENGINE, PROP DESTROYED, GEAR LEGS BENT, GEAR TOWER FAILED, RGHT ELEVATOR DAMAGED, RIGH FUEL TANK PLUNCTURED, COWLING DAMAGED, WHEEL FAIRINGS DESTROYED, GEAR LEG FAIRINGS DESTROYED, LEFT TIRE CUT AND DESTROYED.

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

Airport Identifier: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)
 None PAR MLS Practice
 ADF/NDB Sidesstep 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: _____ (L/R/C) Length: _____ ft Width: _____ ft

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

Runway/Landing Surface (Check all that apply)
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KCXO</u> City: <u>CONROE</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>11:00 A.M.</u> Time Zone: <u>CENTRAL</u>	Destination Airport ID: <u>LOCAL FLYING</u> City: <u>WITH RETURN TO KCXO</u> State: _____ Country: _____	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
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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) _____ 34 Gallons	Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <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
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Other Services, if Any, Prior to Departure
 REGULAR PRE-FLIGHT CHECK

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>CXO</u> Observation Time: _____ Time Zone: <u>CENTRAL</u> Distance from Accident Site: <u>17</u> NM Direction from Accident Site: <u>325</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Unknown		Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Pertinent		Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		Visibility <u>10</u> miles
Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		Restriction to Visibility <i>(Check all that apply)</i> <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 <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
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL		
Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light	

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

NONE KNOWN

Temperature: _____ (C) or _____ 100 (F) Air Meter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation <i>(Check all that apply)</i> <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 <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
	Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

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: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ 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

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

Type Ratings

Student Endorsements *(Include dates)*

Flight Time <i>(enter appropriate number of hours in each box)</i>	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
		<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		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
		<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		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
		<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	

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 Injury	Serious Injury	Minor Injury	No Injury	Unknown
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.

SEE STATEMENT ATTACHED

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.

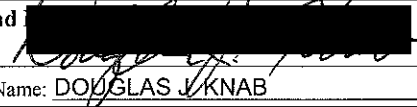
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

08/17/2011

mm/dd/yyyy

Signature and

Signature: 

Type or Print Name: DOUGLAS J. KNAB

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.

CEN111LA573 AB

Reviewed by NTSB Regional Office

CEN-Texas

Name of Investigator

Leah D. Yeager

Date Report Received

8/21/2011

Sat . August 13, 2011

NARRATIVE HISTORY OF FLIGHT:

I arrived at airport at 9:45 a.m. and went to my hangar to do a preflight check.

At 10 a.m. I went to Dick Kardell's hangar for a preflight briefing. Sam Ward conducted the briefing.

Briefing as follows:

The day was to be a practice run for the next weekend Hempstead freedom flight. We were given our positions and numbers. The formations were discussed & what we were going to do in the flight. We finished the briefing in about ½ hour.

Take off was at 11:00a.m.

The flight:

All 7 planes taxied out to runway 19 for run up and take off. Dennis & I were the last two planes to take off . Dennis was on the left side of the runway and I was on the right side of the runway. Immediately after take off, I looked up to see the planes ahead and noticed that we were catching up to them rapidly . Because we were too close to the planes ahead, Dennis veered left and I followed left. Then I went into my position in the formation. Dennis ended up way on the left side of the formation instead of the right side. Dennis finally got back into position. After reaching altitude, lead (Sam)spread us out for opts check. Lead took the formation back to a fingertip and a V formation. Now Dick Kardell, lead for the fingertip formation, told me to get into the slot position forming a diamond formation. The two formations separated and my formation turned to the southeast and leveled off. Lead called to go trail. I was already in position for trail and saw Chuck, #6, and Dennis, #7, drift back out of my eye sight. Chuck's assigned position was directly behind me and Dennis was to be behind Chuck. After about 5 seconds I heard a loud bang and immediately the engine stopped dead. Fire shot into the cockpit through the fresh air vent and burned my left arm and stomach area. I saw the orange flames on my left arm. The flame went out almost as fast as it came. Sam called "Doug, are you alright?" and I responded "Someone hit me". I never saw anyone or anything but instinctively felt like I had been hit.


I immediately began to look for a place to land and saw a short field to my right and headed for it. Altitude was only about 2500 feet. As I turned base to land I saw a pillar of smoke northeast of my position. As soon as I cleared the trees at the edge of the field I pushed the plane over, flared and hit on all three wheels and the plane stayed down. The plane rolled up a short hill. I saw a fence about 100 feet from the end of the field and decided to ground loop the plane. I immediately got out of the plane, saw the guys circling above me and waved to indicate that I was ok. The land owner, Jerry Hill, came down with his golf cart and picked me up and drove me to his house. I called Terry, my wife, at 11:51 a.m. Right away the sheriff, EMT, forest service, fire dept., etc. showed up and headed for the smoke.

I was driven by golf cart to the EMTs that had arrived. They treated the burns on my left arm.

I then gave a statement to state police at approximately 12:30. Law enforcement taped off the area around my plane right away

I waited at the field until approximately 4 p.m. when the FAA came to talk with me. The FAA copied my certificates and medical and got my contact information. Then some friends drove me back to Lone Star airport in Conroe to regroup and figure out how and when to retrieve my plane. Trailers and tools were lined up and the group decided to meet back up at the airport at 6:30 am. Sunday morning.

Terry arrived at the airport shortly after I did. She and some friends drove me to the ER at TOPPs on FM 1960 about 5:30 p.m. I was treated and examined and released about 7 p.m.


[Handwritten signature]