

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

Accident/Incident Location Nearest City/Place: <u>Indianapolis</u> State: <u>IN</u> ZIP: <u>46254</u> Country: <u>U.S.A.</u> Latitude: <u>39.50 N</u> (dd:mm:ss N/S) Longitude: <u>86.18 W</u> (ddd:mm:ss E/W)				Date/Time Date: <u>02-21-2013</u> Local Time: <u>0930</u> <small>mm/dd/yyyy</small> Time Zone: <u>EASTERN</u>				
Phase of Operation <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 type="checkbox"/> Approach <input type="checkbox"/> Unknown				Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None		Altitude of In-Flight Occurrence <u>823</u> ft MSL		
Manufacturer: <u>LANCAIR</u> Model: <u>EVOLUTION</u> Serial Number: <u>039</u> Registration Number: <u>N613TX</u> Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Max Gross Weight: <u>4300</u> lbs Weight at Time of Accident/Incident: <u>3650</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>123.6</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum <small>-or- Percent Mean Aerodynamic Cord (% MAC)</small>				
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 <small>(Check all that apply)</small> Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <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>04</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input checked="" 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		
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 type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> <u>CERTIFICATION</u>		Date Last Inspection: <u>06-12-12</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>46.2</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident				
IFR Equipped <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Bottle - Cockpit</u>				
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>Kennad</u> Model/Series: <u>406AP</u> Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____						
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No		Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input checked="" type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown						
Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: <u>HARTZELL</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>HC-E4N-3 NX</u>						
Engine Engine Manufacturer Engine Model/Series Manufacturer's Serial Number Date of Mfg. Engine Rated Power Measured as (check one) Total Time (hours) Time Since Inspection (hours) Time Since Overhaul (hours)		<input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust						
Eng. 1	<u>Pratt & Whitney</u>	<u>PT6-435</u>	<u>PC-92132</u>	<u>mm dd yyyy</u>	<u>750</u>	<u>46.2</u>	<u>46.2</u>	<u>46.2</u>
Eng. 2								
Eng. 3								
Eng. 4								

Registered Aircraft Owner Name: <u>TTX AIR LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>STURGEON BAY</u> State: <u>WI</u> ZIP: <u>54235</u> Country: <u>USA</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Thema TRON-X, INC.</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input checked="" type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft			
Aircraft Registration Number _____		Manufacturer: _____ Model: _____	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours	
Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed		Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	
Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground			

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

- Propeller Blades Bent
- Engine Sudden Stoppage
- Lower Cowling - Belly - Rudder Composite Cracks & Scrapes
- 1 Lower inboard skin bottom wing skin/composite 'hole' - non structural
- 1 wing fairing 'dent' - non structural
- Two Airport Runway Lights Broken

Airport Identifier: KEYEDistance From Airport Center: 0 SMAirport Name: Eagle Creek AirportDirection From Airport: 0 degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 823 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 ☐ Sidestep ☐ LDA ☐ GPS
☐ SIDP ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TWOR ☐ 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: 03 (L/R/C) Length: 4200 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

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

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

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

Last Departure Point

Airport ID: KEYE

City: _____

State: _____

Country: _____

Time of Departure

Time: 0910Time Zone: Eastern

Destination

Airport ID: KEYE

City: _____

State: _____

Country: _____

Type Flight Plan Filed

- ☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR

Activated? ☐ Yes ☐ No

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

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

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

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

Aircraft Load Description (Check all that apply)

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

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

Approx 90 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

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

2 pilots exited from the normal/main door on left of aircraft

Weather Observation Facility

Facility ID: KFYE

Observation Time: 0900

Time Zone: EASTERN

Distance from Accident Site: 0 NM

Direction from Accident Site: 0 degrees MAG

Source of Weather Information

(Check all that apply)

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

Method of Briefing

(Check all that apply)

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

Briefing Type/Completeness

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

Light Condition

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

Visibility

7 miles

Sky/Lowest Cloud Condition

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

Ceiling

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

Restriction to Visibility (Check all that apply)

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

Lowest Cloud Condition Height

0 ft AGL

Ceiling Height

1900 ft AGL

Wind Direction

- ☒ Indicated:
055 degrees MAG
☐ Variable

Wind Speed

- Velocity: 9 KTS
 -or-
☐ Calm
☐ Light and Variable

Wind Gusts

- Velocity: KTS
☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

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

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

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

no pertinent

Temperature: (C)
 or (F)

Altimeter Setting: in. HG
 or MB

Density Altitude: ft

Dew Point: (C)
 or (F)

Icing Forecast

Amount

- ☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount

- ☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

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

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

Pilot "A" Responsibilities at the Time of Accident/Incident											
<input checked="" 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 "A" Identification											
First Name: <u>Douglas</u>				City: <u>[REDACTED] Fish Creek</u>							
Middle Initial: <u>R</u>				State: <u>WI.</u> ZIP: <u>54212</u>							
Last Name: <u>McGinn</u>				Country: <u>USA</u>							
Age at time of Accident/Incident: _____				Date of Birth: _____		Certificate Number: <u>[REDACTED]</u>					
		<small>mm/dd/yyyy</small>									
Degree of Injury			Seat Occupied			Seat Belt		Shoulder Harness			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<input checked="" 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			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pilot Certificate(s) (Check all that apply)											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>06/04/12</u> <small>mm/dd/yyyy</small>			
Medical Certificate Limitations											
<u>corrective lenses</u>											
Medical Certificate Waivers											
<u>none</u>											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft							
<u>11/13/12</u> <small>mm/dd/yyyy</small>				Make: <u>PILATUS</u> Model: <u>PC-12</u>							
Airplane Rating(s) <small>(Check all that apply)</small>		Other Aircraft Rating(s) <small>(Check all that apply)</small>		Instrument Rating(s) <small>(Check all that apply)</small>		Instructor Rating(s) <small>(Check all that apply)</small>					
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<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		<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" 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)					
<u>C-500</u>											
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		12,833	2.0	5544	7289	1067	1555	-	0	0	0
Pilot in Command (PIC)		11,828									
Time as Instructor		1500	0	1500	0	20	100				
This Make/Model						0	.4	0			
Last 90 Days		90									
Last 30 Days		40									
Last 24 Hours		3									

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: Scott
 Middle Initial: E.
 Last Name: Forsham

City: Bend
 State: OR ZIP: 97702
 Country: USA

Age at time of Accident/Incident: 43

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

07/29/2011
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Waivers

None

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

01/10/2013
mm/dd/yyyy

Flight Review Aircraft

Make: Cirrus
 Model: SR-20

Airplane Rating(s) (Check all that apply)

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

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

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

Instrument Rating(s) (Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

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

Type Ratings

IA-JET

Student Endorsements (Include dates)

None in last 3 years

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	3200	50	1917	656	150	227	175	0	0	0
Pilot In Command (PIC)	2850	50	2100	400	125	200	195	0	0	0
Time as Instructor	1600	7	1570	30	30	15	50	0	0	0
This Make/Model					2	1	0			
Last 90 Days	90	45	85	5	3	4	0	0	0	0
Last 30 Days	30	14	30	5	3	1	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

Describe what occurred
wreckage distribution

The following written statement chronicles to the best of my memory the events that led to the gear up landing in a Lancair Evolution N613TX on February 21, 2013. The aircraft was delivered to its home base of Sturgeon Bay Cherryland airport (KSUE) on Tuesday, February 19th. Initial training began the next day with me, Brad Andraee, and the instructor Scott Fordham. Scott is a pilot for RDD Enterprises, a Lancair build assist shop, and an approved instructor for the Lancair Owners and Builders Association training program. It was agreed that we would continue training the next day in Indianapolis so that Brad could attend a previously scheduled meeting near Eagle Creek Airport. The three of us uneventfully flew the aircraft to EYE with me in the left seat and Scott in the right seat. After dropping Brad off at the ramp, Scott and I headed out for more training, beginning with work in the landing pattern.


Our first two landings were normal full flap touch and go's. On our third takeoff we noticed that after gear retraction the gear position indicator still showed three green, down and locked. To fix the incongruity we cycled the switch back down and noted no sound, which confirmed the gear was already down. We next cycled the gear up and it came up normally. Having extended the pattern slightly, we then cycled the gear down, and it came down normally with three green indicated. We attributed the incident as a one-time anomaly and decided to continue. The next landing was a flaps 25 landing to be followed by a no flap landing to a full stop. The gear operated normally on the flaps 25 pattern. Scott briefed me on the no flap landing to follow which included a greater than normal power reduction to achieve 95 knots, and a higher deck angle in the flare. On downwind I remember lowering the gear handle abeam the numbers, which was an exception from the previous patterns where I had lowered it midfield, and I then (too) briefly consulted the landing checklist. It's hard to imagine that I did not verify three green, as I always do, but I apparently did not. By base leg and final I was (perhaps excessively) concentrating on airspeed, and once again failed to confirm three green, as is my habit. I heard no aural gear warning until flaring the airplane with power off at nearly the same time as I heard the aircraft scraping the runway. My first instinct was to apply power for a go around, but quickly determined that could lead to a real catastrophe, and so realized the only thing we could do was ride it out. The airplane quickly veered off the right side of the runway clipping a taxiway and a runway light. The landing was traumatic, but smooth and neither of us suffered any injuries, other than to our damaged egos. We quickly exited the airplane and awaited help which we could see was on its way.

Operator/Owner Statement

Obviously There was a Breakdown in CRM and checklist usage. In the last phase of flight - the final approach - I became fixated on the requirements of the No Flap landing and did not verify 3 green. For some reason the instructor failed to do so as well. If the gear warning system included a ~~the~~ power lever position / airspeed sensor it might have woken us from our complacency.

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

Date of this Report <u>03/06/2013</u> <small>mm/dd/yyyy</small>		Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>Douglas R. McCain</u>	
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____			
NTSB Accident/Incident No. CEN13LA177	Reviewed by NTSB Regional Office -- CEN --	Name of Investigator T. Sorensen	Date Report Received 7 March 2013