

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: Middle Grove State: NY
 ZIP: _____ Country: USA
 Latitude: 73°54.7 (dd:mm:ss N/S) Longitude: 43°05.4 (ddd:mm:ss E/W)

Date/Time

Date: 08/27/13 Local Time: 3:20
 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

2,200 ft MSL

AIRCRAFT INFORMATION

Manufacturer: LAKE
 Model: LA-6 RENEGADE
 Serial Number: 56
 Registration Number: N522WB Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3140 lbs
 Weight at Time of Accident/Incident: 2734 lbs
 Location of Center of Gravity at Time of Accident/Incident:
157 inches from ☐ nose or ☒ datum
 Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)

Standard ☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Aerobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 4

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☒ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel
☒ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type

☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 06/21/2013
 mm/dd/yyyy

Airframe Total Time: 2838.5 hrs
 hours measured at (check one)
☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify Cabin Mounted

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: ASK

Model/Series: E-04 ECT

Serial Number: 07426

Battery Type: LITHIUM

Battery Exp. Date: 04/12/2018

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☒ Fuel Injected

Propeller

☐ Fixed Pitch
☒ Controllable Pitch

Manufacturer: Hartzel

Model: HC-E3YR-1RLF

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's 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	LYCOMING	T-540C485	L-23517-48A		250		26.9	168.2
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Terrell Enterprises LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>Deland</u> State: <u>FL</u> ZIP: <u>32724</u> Country: <u>US</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>William R Booth</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Deland</u> State: <u>FL</u> ZIP: <u>32724</u> Country: <u>US</u>	
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 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	
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)		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	
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: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		ENGINE OUT <u>LYCOMING IO 540-C4B5 L-23517-48A</u> <u>"Threw A Rod" - Hole in crank case - TOTAL OIL LOSS</u>	
		Total Time/Cycles On Part <u>168</u> Hours <u>2838.5</u>	
		Time Since This Part Inspected/Overhauled <u>168</u> 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"/> 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)

Engine + Pylo w Fell onto Left wing
 Left wing FLOAT Fell off
 Skin Damage to HOLL
 Left Rear window Fell out
 - NO Ground property Damaged -

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

Airport Identifier: 5BZ Distance From Airport Center: 3 SM
 Airport Name: Saratoga Springs Direction From Airport: 320 degrees MAG
 Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 434 ft. MSL
 Approach Segment (Select one) - 3 minutes After departure -
☐ 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
☐ 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 Take-off

Runway ID: 5 (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>5BZ</u> City: <u>Saratoga Springs</u> State: <u>NY</u> Country: <u>US</u>	Time of Departure Time: <u>3:15 PM</u> Time Zone: <u>EDT</u>	Destination Airport ID: <u>Water</u> City: <u>Blue Mt Lake</u> State: <u>NY</u> Country: <u>US</u>	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 checked="" 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 Pilot ☐ 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)
40 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

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

opened Canopy - stood up - stepped out

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: 532Observation Time: 3:10Time Zone: EDTDistance from Accident Site: 3 NMDirection from Accident Site: 140 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

Visibility10 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 Height4,500 ft AGL**Ceiling Height**NOT KNOWN ft AGL**Wind Direction**
☐ Indicated:
 _____ degrees MAG
☒ Variable**Wind Speed**

Velocity: _____ 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

NOT KNOWN - VFR IN LOCAL AREA

I had just flown this route in reverse one half hour before

Temperature: _____ (C)
or 85 (F)Altimeter Setting: 29.84 in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or 68 (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" INFORMATION**Pilot "A" Responsibilities at the Time of Accident/Incident**
☒ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew
Pilot "A" IdentificationFirst Name: WilliamMiddle Initial: RLast Name: BOOTHCity: DELANDState: FLZIP: 32724Country: US

Age at time of Accident/Incident: _____

Date of Birth: _____

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
06/17/2013
 mm/dd/yyyy
Medical Certificate LimitationsGlasses for near vision**Medical Certificate Waivers**
SPECIAL ISSUANCE for Heart Condition
PI # 1028612
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:
03/20/2012
 mm/dd/yyyy
Flight Review Aircraft
 Make: LAKE
 Model: LA-6
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 RatingsNONE**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	3685	585	3525	60	10	30	10	—	—	—
Pilot in Command (PIC)	3500	585	3475	35	9	10	—	—	—	—
Time as Instructor	—	—	—	—	—	—	—	—	—	—
This Make/Model										
Last 90 Days	27.7	27.7	27.7	—	0	0	0	—	—	—
Last 30 Days	14.9	14.9	14.9	—	0	0	0	—	—	—
Last 24 Hours	0.6	0.6	0.6	—	0	0	0	—	—	—

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" IdentificationFirst Name: Does NOT Apply

Middle Initial: _____

Last Name: _____

City: _____

State: _____

ZIP: _____

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 (enter appropriate
number of hours in each box)**

All
AircraftThis Make
& ModelAirplane
Single
EngineAirplane
Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter
Than Air

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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<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	
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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<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	
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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<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	
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	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: _____											
First Name: _____ City: _____											
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											

NTSB REPORT – Page 10 – Narrative History of Flight – N522WB

On August 27, 2013, I flew VFR from Blue Mt Lake, NY (water take off) to 5B2 (Saratoga Springs, NY) for a Stormscope check. A "full" preflight was performed before departure, including an oil check showing just over 9 ½ quarts. The trip took about 30 minutes and the engine performed smoothly. While at 5B2 I filled the main tank with 40 gallons of 100LL. Before departing, I checked the fuel for water and did a walk around the AC. No oil leak was noted. At the end of runway 5, I did a standard run-up, and everything was normal. The winds at the time were light and variable, and visibility was unrestricted.

After take off, I made a left turn out to a 320 heading back to Blue Mt. Lake, and proceeded to climb toward 4,500 feet. After a normal climb (full throttle, mixture full rich) at 700 fpm to around 2,000 feet I noticed a slight rise in rpm, perhaps 50, then a return to redline. I started staring at the tach, and it did it again in about 5 seconds, this time up 100 rpm, before the fall back. At this point, I made a left turn back toward 5B2. I did not alter the power settings, and continued to climb to about 2,200 MSL.

Then, 10 seconds later, with no other warning, there was a loud bang. The engine began to shake violently. I immediately lowered the nose, pulled back the throttle, and then the prop. Neither had any effect.

I establish a glide toward the airport at 75 knots and tried different throttle and prop settings to try to get a little power out of the engine. Nothing had any effect, and my rate of descent settled in at about 1,200 FPM. After about 30 seconds, it became obvious that I was not going to be able to make it back to the airport. So I, made a sweeping right turn to final toward the largest field in range, and lowered the flaps. I estimated the field was around 1,000 feet long.

I came in over tall trees and leveled off over the field at about 10 feet. What I didn't know at the time was that the field sloped downhill, so I was eating up ground at an alarming rate. At about 300 feet from the end of the field (which meant a road with cars on it, power lines, and trees) I pushed the AC into the ground at about 70 knots. As soon as I was in the dirt, because I needed to stop "right now", I executed a

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“hockey stop”, which is normally a water maneuver used for the same purpose. It involved full right rudder with full left aileron to keep the wings level, basically a semi-controlled ground loop. It apparently worked, and I stopped in about 60 feet, about 80 feet from the road.

The force of the side slide in the dirt caused the engine to fall over on the left wing, and the left wing float to detach. Other than that, and some bent and torn metal, the AC stayed in one piece. There was no noticeable fuel leak, and no smoke or fire.

I stood up and exited the AC with no assistance, with some scrapes and bruises and a broken fingernail, walked to a nearby farmhouse, and called 911. Post flight inspection revealed a “thrown rod” in cylinder #6. There was a hole in the crankcase and oil all over the place.

Because I don’t know yet what caused the rod to break or detach, I don’t know what, if anything, if I could have done differently.

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

09/03/2013
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

WILLIAM R BOOTH

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

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLYNTSB Accident/Incident No.
ERA13LA382Reviewed by NTSB Regional Office
Ashburn, VirginiaName of Investigator
MonvilleDate Report Received
09/4/2013