

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: Hondo A. Airport Hondo State: TEXAS

ZIP: 78861 Country: US

Latitude: 29° 51' 762 (dd:mm:ss N/S) Longitude: 099° 10' 269 (ddd:mm:ss E/W)

Date/Time

Date: 12-17-13
mm/dd/yyyy

Local Time: 1130 AM

Time Zone: Central

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

ON GROUND ft MSL

AIRCRAFT INFORMATION

Manufacturer: Cessna 305 DLE Bird dog

Model: 305

Serial Number: 24703

Registration Number: N83CN

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2300 lbs

Weight at Time of Accident/Incident: 2100 lbs

Location of Center of Gravity at Time of Accident/Incident:

Within Limits inches from ☐ nose or ☐ datum
-or- 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** **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 2

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: 12-1-12

mm/dd/yyyy

Airframe Total Time: 4865 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 HALON

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: Ameri King

Model/Series: AK 450

Serial Number: _____

Battery Type: Good Deal

Battery Exp. Date: 1-1-14

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: McCaulley

Model: 1A200

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	<u>CONTINENTAL</u>	<u>O 470-11</u>			<u>213 HP</u>	<u>365</u>	<u>341</u>	<u>365</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Jon S McLINNEN</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>SPRINT</u> State: <u>LA</u> ZIP: <u>78213</u> Country: <u>US</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ 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 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	Type of Commercial Operating Certificate Held (Select 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	
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: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? <input 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.)			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 <u>To Be Rebuilt</u>	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)

Right Wing and Landing gear prop. strike
NO Damage to property

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

Airport Identifier: HDD Distance From Airport Center: 500 ft SM
 Airport Name: Hondo Direction From Airport: 170 degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 921 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 ☐ Sideslip ☐ 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: 170 (D/R/C) Length: 4500 ft Width: 60 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>HDD</u> City: <u>Hondo</u> State: <u>TEXAS</u> Country: _____	Time of Departure Time: <u>11:30am</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>LOCAL FOR B.F.R.</u> City: _____ 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
☒ Passenger ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary) <u>40</u> Gallons	Fuel Type <input checked="" type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input 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

NONE

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

opened Door AND CLIMBED OUT

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: *KHDD*

Observation Time: *11 30 AM*

Time Zone: *Central*

Distance from Accident Site: *150 feet*

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 (DUATS)

Method of Briefing

(Check all that apply)

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

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

CLEAR ft AGL

Ceiling Height

Clear ft AGL

Wind Direction

☒ Indicated:
190 degrees MAG

☒ Variable

Wind Speed

Velocity: *405* 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/incident

NONE

Temperature: *75* (C)
 or _____ (F)

Altimeter Setting: *3008* in. HG
 or _____ MB

Density Altitude: *Not Sure* ft

Dew Point: _____
 or _____

Icing Forecast

Amount

- ☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount

- ☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

- ☐ Rime
☐ Clear
☐ 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

PILOT "A" INFORMATION																																																																																																				
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>Jon J McLinden</u> City: <u>SAN ANTONIO</u> Middle Initial: <u>J</u> State: <u>TEXAS</u> ZIP: <u>78213</u> Last Name: <u>McLINDEN</u> Country: _____ Age at time of Accident/Incident: <u>70</u> Date of Birth: _____ Certificate Number: _____ <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																																				
Degree of Injury <input checked="" 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 checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness 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 type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>6 15 06</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>					Flight Review Aircraft Make: <u>Cessna</u> Model: <u>02A Military SkyMaster</u>																																																																																															
Airplane Rating(s) (Check all that apply) <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		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"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport																																																																																														
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<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>540.8</td> <td></td> <td>881</td> <td>54.8</td> <td>5</td> <td>—</td> <td>8</td> <td>—</td> <td>19.8</td> <td>—</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>869.8</td> <td></td> <td></td> <td>37.4</td> <td></td> <td></td> <td></td> <td></td> <td>5.9</td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td colspan="10">1 BFR FLIGHT REVIEW</td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	540.8		881	54.8	5	—	8	—	19.8	—	Pilot in Command (PIC)	869.8			37.4					5.9		Time as Instructor											This Make/Model											Last 90 Days	1 BFR FLIGHT REVIEW										Last 30 Days											Last 24 Hours										
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Pilot "B" Identification First Name: <u>Kenneth</u> City: <u>San Antonio</u> Middle Initial: <u>F</u> State: <u>TX</u> ZIP: <u>78245</u> Last Name: <u>Andrews</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>79</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																																				
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Medical Certificate Waivers <div style="height: 40px;"></div>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/20/2012</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>					Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA28-140</u>																																																																																															
Airplane Rating(s) (Check all that apply) <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		Other Aircraft Rating(s) (Check all that apply) <input checked="" 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 checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport																																																																																														
Type Ratings <div style="font-size: large; font-family: cursive;">N-B25, B-707, B-720</div>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="text-align: left;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>10220</td> <td>200</td> <td>5220</td> <td>5000</td> <td>2000</td> <td>1000</td> <td>1000</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>8560</td> <td>200</td> <td>5150</td> <td>3400</td> <td>1700</td> <td>900</td> <td>900</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td>4000</td> <td>150</td> <td>2500</td> <td>1500</td> <td>1000</td> <td>500</td> <td>800</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>10</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>9</td> <td>1.2</td> <td>9</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>											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	10220	200	5220	5000	2000	1000	1000	0	0	0	Pilot in Command (PIC)	8560	200	5150	3400	1700	900	900	0	0	0	Time as Instructor	4000	150	2500	1500	1000	500	800	0	0	0	This Make/Model					10	0	0				Last 90 Days	9	1.2	9	0	0	0	0	0	0	0	Last 30 Days	0	0	0	0	0	0	0	0	0	0	Last 24 Hours	0	0	0	0	0	0	0	0	0	0
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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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military									
								<input type="checkbox"/> Foreign									
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									
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								<input type="checkbox"/> Foreign									
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: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____ State: _____ ZIP: _____																	
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First Name: _____ City: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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First Name: _____ City: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.

As a CFI I was doing a Flight Review for Jon McLinden in his L-19 and had accomplished air work such as slow flight, stalls, steep turns and a simulated engine failure. We returned to the Hondo airport (HDO) for landing practice. The first two landings resulted in a left turning tendency when on the hard surface runway. The wind viz ASOS at the time was variable and 4 kts and was not considered a factor. As a result of the left turning tendency, I decided to do the next landing which was a 3 pointer with minimal directional control problems. Jon's next landings continued the left turn tendency which we aborted by going around followed by the final landing with an attempted go-around followed by a severe left turn and ground loop. We both exited the airplane without serious injuries.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

As a CFI I should have terminated the flight sooner so as to diagnose the left turning tendency.

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

1/22/14
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: JON J. KYLMANEN

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.

CON14LA089

Reviewed by NTSB Regional Office

CENTRAL REGION

Name of Investigator

T. SORONSON

Date Report Received

2/1/2014

Comments and Recommendations

The Cessna 305 better known as a Bird Dog was originally manufactured in 1950 as a L19A model and continually produced until 1962. The differences between models were increased gross weight from 2100 pounds to 2800 pounds.

Early models had a fixed pitch prop and later converted to constant speed props. Over 3500 Bird Dogs were produced and approximately 250 are flying throughout the world today, most of them in the United States. Most of the Bird Dogs flying today are L19A models making them 64 years old. My aircraft was a French E model manufactured in 1959, making it 55 years old. There have been numerous accidents from ground loops both in the military and civilian use. Because of the age of this aircraft and other factors including corrosion I feel that an AD or at least a service bulletin be instituted on the gear box, an attachment bolt and shims that hold the landing gear in place. This aircraft is prone to ground loops which can be attributed to improper wheel alignment as in the case of improper toe in and toe out factors as well as camber issues. In the case of a loose attachment bolt, the torque should be 45 LBS. If this is not to specification the slightest play at this point can cause movement at the wheel, causing it to move backwards or forwards.

The result of this accident caused no injuries to either the pilot or instructor. This accident caused the rupturing of the left overhead fuel line, which cause fuel to empty into the cockpit. Luckily all switches were turned off and no fire resulted.

This particular scenario has happened twice that I am aware of, once with me and once in Dallas 8 months ago. I realize that this type of accident, a simple ground loop, is looked upon as just that, especially when no one was injured. I hope that you will consider my comments in hopes that a more serious conclusion to a future accident of this nature is avoided.