

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>GRAND RAPIDS</u> State: <u>MN</u> ZIP: <u>55744</u> Country: <u>USA</u> Latitude: <u>43°18'07.78N</u> (dd:mm:ss N/S) Longitude: <u>83°34'03.02W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>06/25/2013</u> Local Time: <u>1645</u> mm/dd/yyyy Time Zone: <u>CDT</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>1320</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>AVERY, JACK H</u> Model: <u>GLASTAR GS-1</u> Serial Number: <u>5328</u> Registration Number: <u>N103A</u> Amateur-built: <input type="checkbox"/> Yes <input type="checkbox"/> No		Max Gross Weight: <u>2100</u> lbs ON FLOATS Weight at Time of Accident/Incident: <u>1975</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>103</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- Percent Mean Aerodynamic Cord (% MAC)	
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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) <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Experimental</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Light Sport</td> </tr> </table>	Standard	Special	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Utility	<input type="checkbox"/> Limited	<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional	<input type="checkbox"/> Transport	<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 checked="" type="checkbox"/> Float <input checked="" type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
Standard	Special																
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																
<input type="checkbox"/> Utility	<input type="checkbox"/> Limited																
<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional																
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental																
	<input type="checkbox"/> Special Flight																
	<input type="checkbox"/> Light Sport																

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>8-15-12</u> mm/dd/yyyy Airframe Total Time: <u>453</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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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>HAND HELD</u>
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ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: <u>AMERIKING</u> Model/Series: <u>AF-AP-AK-450</u> Serial Number: <u>456806</u> Battery Type: <u>"D"</u> Battery Exp. Date: <u>NEW 8-12</u>	
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Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>MCCAULEY</u> Model: <u>1A200/WFA 8242</u>
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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	O-360	0318	05/03/01	180	475	23	475
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>ENVIRO RESOURCES, LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address / RESIDENT AGENT City: <u>EASTBIZ.COM INC.</u> State: <u>NV</u> ZIP: <u>89108</u> Country: <u>USA</u>
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>GERARD PEARSON</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: <u>MN</u> ZIP: <u>55744</u> Country: <u>GRAND RAPIDS, MN</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	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) N/A		
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 checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) 		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> 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)

SEE ATTACHMENT

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 ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ VOR ☐ Moran
☐ 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

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: GPZ
 City: GRAND RAPIDS
 State: MN
 Country: USA

Time of Departure

Time: 1605
 Time Zone: CDT

Destination

Airport ID: SHOALLAKE
 City: NEAR GRAND RAPIDS
 State: MN
 Country: USA

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 & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

27 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 AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location <div style="font-size: 1.2em; font-family: cursive;">UNDERWATER (INVERTED) EXIT VIA THE PILOT SIDE DOOR.</div>			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input checked="" type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) </div> <div> <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Unknown </div> </div>	
Briefing Type/Completeness <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer </div> <div> <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Pertinent </div> </div>		Light Condition <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day </div> <div> <input type="checkbox"/> Dusk <input type="checkbox"/> Night </div> <div> <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported </div> </div>	
Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height <div style="font-size: 1.2em; font-family: cursive;">N/A</div> ft AGL		Ceiling Height <div style="font-size: 1.2em; font-family: cursive;">N/A</div> ft AGL	
Wind Direction <input type="checkbox"/> Indicated: <u>135</u> degrees MAG <input type="checkbox"/> Variable		Wind Speed Velocity: <u>5</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	
Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting		Restriction to Visibility <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Type of Turbulence <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe </div> <div> <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop </div> <div> <input type="checkbox"/> Light </div> </div>			
NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident <div style="font-size: 2em; font-family: cursive; text-align: center;">NONE</div>			
Temperature: _____ (C) or <u>85</u> (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: <u>EST 3000</u> ft Dew Point: _____ (C) or _____ (F)		Icing Forecast <div style="display: flex; justify-content: space-between;"> <div> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light </div> <div> Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed </div> </div>	
Icing Actual <div style="display: flex; justify-content: space-between;"> <div> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light </div> <div> Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed </div> </div>		Type of Precipitation <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle	
Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> 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" Identification

First Name: GERARD City: GRAND RAPIDS
 Middle Initial: D State: MN ZIP: 55744
 Last Name: PEARSON Country: USA
 Age at time of Accident/Incident: 71 Date of Birth: mm/dd/yyyy 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 (EXP)
 ☐ Sport
 ☒ Airline Transport
 ☒ U.S. Military

Principal Occupation

☒ Pilot RETIRED
☐ 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

7-6-11
 mm/dd/yyyy

Medical Certificate Limitations

NEAR CORRECTIVE LENSES FOR READING

Medical Certificate Waivers

NONE

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

8-15-12
mm/dd/yyyy

Flight Review Aircraft

Make: GLASTAR
 Model: GS-1

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

INSTR EXPIRED

Type Ratings

CE-500
N-265

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	<u>10,000+</u>	<u>40</u>	<u>5,000+</u>	<u>4,500</u>	<u>2000</u>	<u>1500</u>			<u>100</u>	
Pilot in Command (PIC)	<u>9,800</u>	<u>40</u>								
Time as Instructor	<u>50</u>									
This Make/Model										
Last 90 Days	<u>18</u>	<u>18</u>	<u>18</u>							
Last 30 Days	<u>18</u>	<u>18</u>	<u>18</u>							
Last 24 Hours	<u>0</u>	<u>0</u>	<u>0</u>							

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: _____ 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

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

N/A

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 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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
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 type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
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 type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <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										
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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: _____						_____	□	□	□	□	□	□	□	□	□	□
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 ATTACHMENT

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


Operator/Owner Safety Recommendation

SEE ATTACHMENT

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 <u>7-3-13</u> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>GERARD D. PEARSON</u>		
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. <u>CEN13 LA376</u>	Reviewed by NTSB Regional Office <u>Central Region</u>	Name of Investigator <u>Aaron Sauer</u>	Date Report Received <u>7/9/13</u>

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Description of Damage to Aircraft

I am not the builder of the aircraft, nor am I a professional A/P mechanic, so what I say stems from my observations, along with the unofficial opinion of others who have assisted in the recovery of the airplane from the lake.

1. Some additional damages to the aircraft may have occurred during the removal of the aircraft from the lake, however that cannot be confirmed by anyone at this point.
2. The bottom and some parts of upper engine cowling were damaged, estimated to be rebuildable, or possibly, more economically, be replaced.
3. The Lycoming O-360 engine, propellor, and firewall appear to be intact, and did not incur virtually any damage. The engine was started and ran for approximately 10-15 minutes, five days after the accident, with no apparent problems, and according to a certified mechanic__"sounded good." The engine will be torn down for further inspection in the near future.
4. Left wing outer leading edge was damaged, possibly due to dragging in the water, prior to the upset and subsequent inversion.
5. Right wing seems fairly intact, with no visible major damages. The wings are foldable, and have been folded (for transport from the lake to the FBO.) Some damages may have occurred to the wingfold hinge brackets. Note__as the aircraft was dragged slowly (inverted through the mud toward shore) it is possible that some of the wing damages may have occurred in that recovery process.
6. The upper structural metal tubing in the cabin area above the cockpit, appears to have sheared off (and broke) in some areas. It should be noted that after the aircraft was on shore, and then lifted and brought back upright, some of that structural damage may have occurred at that point. Some wrinkles in the carbon fiber fuselage surrounding the internal metal tubing structure are visible.
7. The tail section (rudder and horizontal stabilizer) are intact and virtually undamaged.
8. Virtually all of the new avionics (Dynon Skyview EFIS system, Garmin 430W, IFLy 720, ICOM radio, Garmin Transponder, and all back-up instruments are at this time, non functional. An avionics preservation process is being attempted, however estimates from others (at least at this point) to successfully recover the avionics to a workable condition is not good.
9. The windshield was broken on impact after the upset and subsequent inversion. The doors appear to be intact and functional.
10. All internal and in depth inspections of the wings, fuselage, tail sections, propellor, and engine have not been attempted at this time, so no reports, either positive or negative, other than what I have stated is known.
11. The Aerocet straight carbon fiber floats are totally undamaged.

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Narrative history of the Flight
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I was moving the airplane (on floats) Tuesday afternoon, June 25th from the Grand Rapids airport pond (GPZ) out to our house on Shoal Lake. After thoroughly testing the floats, doing some high speed taxiing, and on-the-step maneuvering at the GPZ pond, I took off heading for Shoal Lake. Conditions were absolutely ideal__clear sky, 5 knots of steady wind__exceptionally benign and ideal flying conditions. After flying around for about 15-20 minutes, I initiated my first approach to Shoal Lake with the intention of touching down, for a "touch and go" on the lake. I initiated and flew an ultra stable long approach directly into the wind, to the relatively calm lake, and nearing touchdown, reduced to a minimal rate of descent (approximately) 50 fpm rate of descent, approach speed was ideal at 55-58 knots for the anticipated touch and go off the water. Angle of attack indicator was also exceptionally stable and in the optimum zone for a normal approach and landing at the current temperature and current gross weight.

During the previous 10-15 minutes of flying prior to the actual initial approach for the actual landing on the water, I had two or three somewhat surprising uninitiated "*autopilot disconnect*" aural voice warnings which emitted from the EFIS system and related autopilot. I had never turned the autopilot ON, so therefore the "autopilot" was announcing it was now "disconnecting" was odd, however, at the time was not terribly disconcerting. To summarize, the autopilot would disconnect, then "reconnect" *without* a pilot initiated command to do so.

At the instant of my first actual float contact with the water__what followed was a a probable autopilot input of a hard turn at the instant of the initial touchdown__the right wing came up, naturally forcing the left wing down (and probably making water contact) which in turn, dug the outer left wingtip and leading edge into the water, which then__in turn__dug the left float nose down into the water, and__in LESS THAN a second, flipped the airplane nose over, inverted__and sank. I am also positive that I instinctively tried to counter the wing movement with a full right stick input, which was literally ineffective due to a now diminishing airspeed and resulting diminished aileron authority, all of which did absolutely nothing to restore stability.

Unfortunately, there is no other explanation for a NON-pilot initiated or actuated hard turn *particularly* under the calm and ideal conditions that existed__other than that of an autopilot induced signal for a turn following an electronic or autopilot command to execute a "turn" in some direction other than the direction I was going at the time of touching down on the water.

Narrative history of the Flight
Page 2 of 2

In the severe and initial sudden stop of ALL forward motion, followed by the tail over inversion, I was struck on my forehead and probably cut by a piece of windscreen plexiglass or some other foreign object.

Then inverted, with the windscreen nearly half gone, the entire cockpit flooded, and the aircraft sank in less than 2-3 seconds. Then, following my long trained for, Navy Underwater Egress Procedures, and I "*think*" in relatively calm sort of way__I tried to find the knob to OPEN the door__three times__and couldn't find the door release knob in the now pitch black and muddy water. Next plan was to kick the door open__and during that preparatory move, I accidentally bumped the door, and found that it had somehow "unlocked" itself (much to my delight). Underwater time was now about 20-25 seconds. I then extracted myself from the cockpit and egressed from the airplane__swam out and up to the surface, actuated my CO2 inflatable vest, and swam around the airplane, climbed up on the now inverted airplane floats, and sat there in the sunshine__waiting patiently to be rescued.

Depth of the lake at that particular point was only about 6-8 feet of water over three feet of mud and silt. I sat there about 20+ minutes till somehow the word got out that there had been a crash__and another 20+ minutes later the Sheriff's Rescue motorboat made it out to me, and I climbed aboard.

Once onshore, an ambulance took me directly to the Grand Rapids hospital__where they examined, x-rayed and cat-scanned me, and then sutured up the laceration. After a short period of time, the initial cat scan results (surprisingly) revealed that I also had a minor fracture on the C-4 vertebrae. After consultation with the Duluth St. Mary's hospital neurological surgeon, and as a precaution, I was then transferred (by ambulance) to Duluth to that hospital for observation and possible additional treatment for a slight fracture of the C-4 vertebrae, and possible other related problems that might follow that type of injury. I spent the night at the Duluth hospital (brain and trauma) center.

The good news is, after I passed multiple tests for that type of injury, and had no associated aches or pain whatsoever, I was subsequently released early Wednesday afternoon, June 26th to return back home here to Grand Rapids. My stitches were removed on July 1st, and very thankfully, everything is back to normal.

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Recommendation

The simple explanation is that if *ANY* autopilot abnormality should ever occur, with any part of the autopilot system, the *ONLY* way to ensure that the autopilot will not remain even partially functional, is to pull the autopilot circuit breaker. In this case, the “abnormality” seemed minor, (or at least I thought it was), and did not take the only absolute known action to disconnect the autopilot completely from the aircraft control systems.

As a retired Navy pilot, and retired airline pilot, and having flown Navy fighters for 25 years, airliners for 22 years, and have owned several general aviation aircraft with autopilots installed, I cannot *EVER* recall having had this exact same problem occur. All of which proves nothing, other than a strong recommendation that even if the slightest suspicion of an abnormal, electronic, non-pilot-initiated autopilot engagement ever occurs__pull the circuit breaker, and investigate the problem later.

In spite of an accident-free 57 YEARS of flying, and 150+ combat missions into North Vietnam, and a few thousand additional hours of back country flying in general aviation__something, someday may still jump out and bite you where it *really* hurts.