

FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
 This form To Be Used For Reporting Civil Aircraft Accidents
 Involving Commercial and General Aviation Aircraft

Location					
Nearest City/Place, State, Zip Code <u>Sylvester Ga</u>		Date of Accident <u>Oct 26 2004</u>	Local Time (24 HOUR CLOCK) <u>12:10 PM</u>	Zone	
		Elevation At Accident Site <u>403</u> Feet MSL			
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
Proximity To Airport					
1. ☒ On Approach	3. ☒ Within 1/2 Mile	5. ☒ Within 1 Mile	7. ☒ Within 3 Miles		
2. ☒ Within 1/4 Mile	4. ☒ Within 3/4 Mile	6. ☒ Within 2 Miles	8. ☐ Beyond 3 Miles		
Airport Name <u>Sylvester</u>		Airport Ident <u>8YV</u>	Runway/Landing Surface Conditions:		
		1. ☐ Direction: <u>06</u> 3. ☐ Width: <u>8</u>		5. ☐ Condition: <u>Dry</u>	
		2. ☐ Length: <u>3000</u> 4. ☐ Surface: <u>Paved</u>			
Phase Of Operation:					
1. ☐ Standing	3. ☐ Takeoff	5. ☐ Cruise	7. ☐ Approach	9. ☐ Hover/Maneuver	
2. ☒ Taxi	4. ☐ Climb	6. ☐ Descent	8. ☒ Landing	10. ☐ Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information					
Registration Mark <u>724 HP</u>	Aircraft Manufacturer <u>George Rogers</u>	Aircraft Type/Model <u>Lancair IV</u>	Serial Number <u>IV 27</u>	Cert Max Gross WT <u>3950</u>	
Type Of Aircraft		Type Of Airworthiness Certificate		Amateur Built	
1. ☒ Airplane	5. ☐ Blimp/Dirigible	1. ☐ Normal	5. ☐ Restricted	1. ☒ Yes	
2. ☐ Helicopter	6. ☐ Ultralight	2. ☐ Utility	6. ☐ Limited	2. ☐ No	
3. ☐ Glider	7. ☐ Gyroplane	3. ☐ Acrobatic	7. ☒ Experimental		
4. ☐ Balloon	8. ☐ Specify _____	4. ☐ Transport	8. ☐ Specify _____		
Landing Gear				No. Of Seats	
1. ☐ Tricycle—Fixed	4. ☐ Tailwheel—Retractable	7. ☐ Skid	Flight/Cabin		
2. ☒ Tricycle—Retractable	5. ☐ Tailwheel—Retractable Mains	8. ☐ Limited	Crew <u>1</u>		
3. ☐ Tailwheel—Fixed	6. ☐ Amphibian	9. ☐ Specify _____	Pax <u>3</u>		
Stall Warning System Installed		IFR Equipped		Engine Type	
1. ☒ Yes	1. ☐ Yes	1. ☐ Reciprocating—Carburetor		3. ☒ Turbo Prop	
2. ☐ No	2. ☐ No	2. ☐ Reciprocating—Fuel Injected		4. ☐ Turbo Jet	
				5. ☐ Turbo Fan	
				6. ☐ Turbo Shaft	
Engine Manufacturer <u>Walter</u>		Engine Model/Serial <u>601 D</u>		Engine Rated Power	
				1. <u>724</u> Horsepower	
				2. _____ Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. ☒ None	
				2. ☐ Specify _____	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	<u>1988</u>		<u>1647</u> Hours	<u>160</u> Hours	Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed	
1. ☒ Annual		1. ☒ Annual		<u>9 30 04</u> (M/D/Y)	
2. ☐ Manufacturer's Inspection Program		2. ☐ 100 Hours		Time Since Last Inspection	
3. ☐ Other Approved Inspection Program(AAIP)		3. ☐ AAIP		Hours	
4. ☐ Continuous Airworthiness		4. ☐ Continuous Airworthiness		Airframe Total Time	
5. ☐ Specify _____				<u>1466</u> Hours	
Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Serial	Serial Number	Battery Date (M/D/Y)	
	Switch	Operated	Aided In Accident Location		
	1. ☐ On 2. ☐ Off 3. ☐ Armed	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☒ No		
Registered Aircraft Owner <u>Georget Rogers</u>		Address <u>Seaboard Hill SC 29543</u>			
Operator Of Aircraft		Address			
1. ☒ Same As Registered Owner		1. ☒ Same As Registered Owner			
2. Name		2. _____			
3. DBS:					

NTSB Form 5120.1/2 (11/87) This Form replaces NTSB Forms 5120.1 (Rev. 10/77) and 5120.2 (Rev. 10/77)

Owner / Operator Information (cont.)											
Operator (Certificate Number)			Operator Designator (4 Letter Designator)								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under 1. ☒ FAR 91 (only) 4. ☐ FAR 121 7. ☐ FAR 133 2. ☐ FAR 91D 5. ☐ FAR 125 8. ☐ FAR 135 3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137					Operator Authority FAR 121 1. ☒ Domestic 2. ☐ Flag 3. ☐ Supplemental FAR 133 6. ☐ Rotorcraft External Load FAR 125 7. ☐ Large Aircraft FAR 135 4. ☐ On Demand 5. ☐ Commuter FAR 129 8. ☐ Foreign			FAR 121, 125, 127, 128, 135 Revenue Operations 1. ☐ Scheduled 2. ☐ Non Scheduled 3. ☐ Domestic 4. ☐ International 5. ☐ Passenger 6. ☐ Cargo 7. Specify _____			
Purpose of Flight 1. ☒ Personal 6. ☐ Aerial Observation 2. ☐ Business 7. ☐ Other Work Use 3. ☐ Educational 8. ☐ Public Use 4. ☐ Executive/Corporate 9. ☐ Ferry 5. ☐ Aerial Application 10. ☐ Positioning											
Pilot Information											
Pilot Name <u>George T. Rogers</u>			Pilot Certificate No. _____		Address <u>Sacramento, CA 95811-5123</u>		Nationality <u>USA</u>				
Certificate (s) 1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None 2. ☒ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____											
Rating (s) 1. ☐ None 5. ☐ Helicopter 2. ☒ Single Engine Land 7. ☐ Glider 3. ☐ Single Engine Sea 8. ☐ Free Balloon 4. ☐ Multiengine Land 9. ☐ Airship 5. ☐ Multiengine Sea 10. ☐ Gyroplane			Instrument Rating (s) 1. ☒ None 2. ☐ Airplane 3. ☐ Helicopter			Instructor Rating (s) 1. ☒ None 6. ☐ Instrument Airplane 2. ☐ Airplane S.E. 7. ☐ Instrument Helicopter 3. ☐ Airplane M.E. 8. ☐ Ground Instructor 4. ☐ Helicopter 9. ☐ Specify _____ 5. ☐ Glider					
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y) <u>9/25/05</u>		BFR Aircraft 1. Make <u>Cessna 182P</u> 2. Model <u>Cessna 182P</u>						
Medical Certificate 1. ☐ None 3. ☐ Class 2 2. ☒ Class 1 4. ☐ Class 3			Date Of Last Medical (M/D/Y) <u>7/1/03</u>		Limitations <u>Reading Glasses</u>			Date Of Birth (M/D/Y) <u>52</u>			
Degree Of Injury 1. ☒ None 2. ☐ Minor 3. ☐ Serious 4. ☐ Fatal		Seat Occupied 1. ☒ Left 4. ☐ Front 2. ☐ Right 5. ☐ Rear 3. ☐ Center		Person At Controls At Time Of Accident 1. ☒ Pilot In Control 4. ☐ Non-Pilot 2. ☐ Second Pilot 5. ☐ No One 3. ☐ Both Pilots				Seat Belt Available 1. ☒ Yes 2. ☐ No			
Seat Belt Used 1. ☒ Yes 2. ☐ No		Shoulder Harness Available 1. ☒ Yes 2. ☐ No		Shoulder Harness Used 1. ☒ Yes 2. ☐ No		Source Of Pilot Flight Time Information 1. ☐ Pilot Logbook 4. ☐ Company 2. ☒ Operators Estimate 5. ☒ Specify <u>Track</u> 3. ☐ FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time		1400	146	1000		100					
Pilot In Command (PIC)		1400	146	1000		100					
Instructor											
This Make & Model											
Last 90 Days		30	25	20							
Last 30 Days		10	10	10							
Last 24 Hours		0	0	0							
Second Pilot Information											
Second Pilot Responsibilities At The Time Of Accident											
1. ☐ Co-Pilot 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☐ None (Pilot-Rated Passenger)											
Pilot Name			Pilot Certificate No.		Address				Nationality		
Certificate (s) 1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None 2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____											

Second Pilot Information (cont.)												
Rating (s)				Instrument Rating (s)			Instructor Rating (s)					
1. ☐ None 2. ☐ Single Engine Land 3. ☐ Single Engine Sea 4. ☐ Multiengine Land 5. ☐ Multiengine Sea				6. ☐ Helicopter 7. ☐ Glider 8. ☐ Free Balloon 9. ☐ Airship 10. ☐ Gyroplane			1. ☐ None 2. ☐ Airplane 3. ☐ Helicopter			1. ☐ None 2. ☐ Airplane S.E. 3. ☐ Airplane M.E. 4. ☐ Helicopter 5. ☐ Glider		
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft 1. Make _____ 2. Model _____					
Medical Certificate 1. ☐ None 2. ☐ Class 1 3. ☐ Class 2 4. ☐ Class 3		Date Of Last Medical (M/D/Y)		Limitations Waivers				Date Of Birth (M/D/Y)				
Degree Of Injury 1. ☐ None 2. ☐ Minor 3. ☐ Serious 4. ☐ Fatal		Seat Occupied 1. ☐ Left 2. ☐ Right 3. ☐ Center 4. ☐ Front 5. ☐ Rear				Seat Belt Available 1. ☐ Yes 2. ☐ No						
Seat Belt Used 1. ☐ Yes 2. ☐ No		Shoulder Harness Available 1. ☐ Yes 2. ☐ No		Shoulder Harness Used 1. ☐ Yes 2. ☐ No		1. ☐ Pilot Logbook 2. ☐ Operators Estimate 3. ☐ FAA Records 4. ☐ Company 5. ☐ Specify _____						
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air		
Total Time												
Pilot In Command (PIC)												
Instructor												
This Make & Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												
Other Personnel												
Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor		
1. <i>Gill Ryan</i>	<i>AT</i>	<i>Hicksville SC</i>		☒						<i>None</i>		
2.												
3.												
4.												
5.												
6.												
Flight Itinerary Information												
Last Departure Point		Time Of Departure		Destination		Flight Plan Filed						
1. Airport ID <i>4013</i>		1. Time <i>11:00</i>		1. Airport ID <i>Sylva</i>		1. ☒ None						
2. City/Place <i>Laurens</i>		2. Time Zone <i>Eastern</i>		2. City/Place <i>Sylva</i>		2. ☐ VFR						
3. State <i>SC</i>				3. State <i>NC</i>		3. ☐ IFR						
						4. ☐ VFR/IFR						
						5. ☐ Company (VFR)						
						6. ☐ Military (VFR)						
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished												
Fuel On Board At Last Takeoff <i>117</i> Gallons or Pounds			Fuel Type 1. ☐ 80/87 2. ☐ 100 Low Lead 3. ☐ 100/130 4. ☐ 115/145 5. ☒ Jet A 6. ☐ Automotive			7. Specify _____						
Other Services, If Any, Prior to Departure <i>Weather Briefing</i>												
Weather Information At The Accident Site												
Source Of Weather Information (Pilot/Operator, Weather Observation) <i>Pilot</i>			Light Condition 1. ☐ Dawn 2. ☒ Daylight 3. ☐ Dusk 4. ☐ Bright Night 5. ☐ Dark Night			Visibility <i>10</i> Miles			Temp (°F) <i>85-90</i>			

Weather Information At The Accident Site (cont.)					
Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition 1. ☐ Clear 2. ☒ Scattered <u>4000</u> Feet AGL 3. ☐ Broken _____ Feet AGL 4. ☐ Overcast _____ Feet AGL 5. ☐ Partial Obscuration 6. ☐ Obscured			
Wind Information 1. Direction _____ 2. Velocity _____ Kts 3. Gusts _____ Kts		Restriction To Visibility <u>None</u>	Type Precipitation <u>None</u>	Intensity Of Precipitation 1. ☐ Light 2. ☐ Moderate 3. ☐ Heavy 4. Specify _____	
Turbulence (Multiple Entry) 1. ☒ None 2. ☐ Light 3. ☐ Moderate 4. ☐ Severe 5. ☐ Extreme 6. ☒ Clean Air 7. ☐ In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage 1. ☐ None 2. ☒ Minor 3. ☒ Substantial 4. ☐ Destroyed				Fire 1. ☒ Yes 2. ☐ No 3. ☐ In-Flight 4. ☐ On Ground	
Description Of Damage To Aircraft And Other Property <u>Landing gear damage due to partial deployment</u> <u>Prop strikes and Cowel Damage due to impact with</u> <u>Parked Aircraft</u>					
Mechanical Malfunction Failure					
1. ☐ No 2. ☒ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure <u>Engin Governor Failed to respond</u> <u>to power increase</u>				Total Time On Part <u>1647</u> Hours At Overhaul _____ Hours	
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark <u>N 30197</u>	Aircraft Manufacturer <u>Piper</u>	Aircraft Type/Model <u>34-200T</u> <u>Seneca II</u>	Degree Of Aircraft Damage 1. ☒ Destroyed 2. ☐ Substantial 3. ☐ Minor 4. ☐ None		
Registered Aircraft Owner <u>Steve Everett + Jeff Thorne</u>		Address <u>Syracuse Ga</u>			
Pilot Name		Address		Pilot Certificate No.	
Evacuation Of Aircraft					
Assistance Received 1. ☐ Outside Person (s) 2. ☐ Auxiliary Lighting 3. ☐ Slide 4. ☐ Rope 5. ☐ Ladder 6. ☐ Specify _____					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door <u>✓</u> 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented) Operator/Owner Safety Recommendation (Optional Entry) <u>Has not been determined</u>					

Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. ☐ Student 2. ☐ Private 3. ☐ Commercial 4. ☐ Airline Transport 5. ☐ Flight Instructor 6. ☐ Flight Engineer 7. ☐ Foreign 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. ☐ Student 2. ☐ Private 3. ☐ Commercial 4. ☐ Airline Transport 5. ☐ Flight Instructor 6. ☐ Flight Engineer 7. ☐ Foreign 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. ☐ Student 2. ☐ Private 3. ☐ Commercial 4. ☐ Airline Transport 5. ☐ Flight Instructor 6. ☐ Flight Engineer 7. ☐ Foreign 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed, State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

Reviewed By NTSB Office Located At

Name Of Investigator

Date Report Received

Chain Of Events

- Departed UDG approximately 11 O'clock local time
- Picked up flight following VFR with Florence on 118.6.
- Climbed to 16,500 feet was passed over to "Center "
- 39 nautical miles out of SYV, started VFR descent at 1000 feet/minute.
- Arrived at SYV with power reduced to 80%,
- went to 1200 on transponder and Unicom frequency
- Passenger requested higher due to ear equalization problems.
- Passed airport headed south
- Advanced power

Engine did not respond.

- Activated emergency booster fuel pumps noted positive 80 psi to engine governor

Engine did not respond.

- Turned back to the airport from 3 miles out lined up on runway 01.
- Went to emergency power by throttling back to flight idle
- Switch emergency by pass on,
- advance condition lever forward,

Power did not increase.

- Switched emergency power off
- Advance throttle engine remained at flight idle 62%.

Concentrated on landing plane.

Estimated we would make runway 01 under present conditions.

Cleared trees at the end of runway 01

- o Activated gear down.

Aircraft landed approximately 30 yards short of runway with right main partially down left, main down and nose gear down.

Aircraft bounced to runway, and coasted approximately 2000 feet.

Aircraft rolled to right into parking lot, and impacted a parked aircraft, Seneca II N30197.

Upon investigation, the right main spindle broke on landing. The strut broke loose from its mount and tore out the brake lines to both wheels.

I was able to maintain direction control with rudder to approximately 40 knots. The aircraft drifted right off the runway through a drainage dip, which sheared the nose gear fork, prop impacted the ground, and aircraft collided with the parked aircraft on tarmac Seneca II N30197.

Upon impact with the Seneca the lancair prop was in Beta or reverse thrust, engine running at 62%, right gear strut clasped, and nose gear broke at wheel fork. I estimate we were traveling 20 mph.

There were no injuries to passengers or personnel on ground

George T. Rogers

Pilot in comand