

# 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: San Angelo State: TX  
 ZIP: 76904 Country: USA  
 Latitude: 31:21 N (dd:mm:ss N/S) Longitude: 100:37 W (ddd:mm:ss E/W)

### Date/Time

Date: 04/17/2012 Local Time: 1600  
*mm/dd/yyyy*  
 Time Zone: CDT

### 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

50' AGL  
2025 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: Heiser "Aero Designs Kit"

Model: Pulsar XP

Serial Number: 394

Registration Number: N912RV

Amateur-built: ☒ Yes ☐ No

Max Gross Weight: 1100 lbs

Weight at Time of Accident/Incident: 822 lbs

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

34.46 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

☐ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport

#### Special

☐ Restricted  
☐ Limited  
☐ Provisional  
☒ 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: 06/01/2011

*mm/dd/yyyy*

Airframe Total Time: 331 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         

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☒ Yes ☐ No

ELT Manufacturer: Ameri-King Corp.

Model/Series: AK-450

Serial Number: 454118

### ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Battery Type: Duracell "D" cells

Battery Exp. Date: 12/2018

### 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: Precision Propeller

Model: 60' RH QP 007 F

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	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	Rotax	912XP	4425368	1999	100	331		
Eng. 2								
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Robert C. Heiser Jr.Fractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: San AngeloState: TX ZIP: 76904Country: USA**Operator of Aircraft**☒ Same As Registered Owner

Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

**Operator Address**☒ 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**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**Purpose of Flight**

for FAR 91, 103, 133, 137 (Select one)

- ☒ Personal  
☐ Business  
☐ Executive/Corporate  
☐ Other Work Use  
☐ Instructional  
☐ Ferry  
☐ Positioning  
☐ Aerial Application  
☐ Aerial Observation  
☐ Air Drop  
☐ Air Race / Show  
☐ Flight Test  
☐ Public Use  
☐ Unknown

**Revenue Operation**

for FAR 121, 125, 129, 135 (Select one)

- ☐ Scheduled or Commuter  
☐ Non-Scheduled or Air Taxi

**Domestic or International**☐ Domestic ☐ International**Cargo Operation**

- ☐ Passenger/Cargo  
☐ Passenger \_\_\_\_\_ How many?  
☐ Cargo \_\_\_\_\_ lbs  
☐ Mail

**Type of Commercial Operating Certificate Held**

(Check all that apply)

- ☐ None  
☐ Flag Carrier Operating Certificate (121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (129)  
☐ Commuter Air Carrier (135)  
☐ On-Demand Air Taxi (135)  
☐ Large Helicopter (127)  
☐ Rotorcraft External Load (133)  
- or -  
☐ Agricultural Aircraft (137)  
☐ 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**

☐ Destroyed ☐ Minor  
☐ Substantial ☐ None

**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No ☐ Unknown

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Flow of fuel from wing tanks to engine blocked by Facet 574A 12v. fuel pump.

Note route of fuel:

Fuel tank, fuel selector, Facet 12v fuel pump, fuel filter, mechanical pump, carburetors.

Found blocked fuel vent for right tank. Possibly could have stopped fuel flow.

I estimate 4oz of fuel burned in the 4 minutes before takeoff.

4oz out of a 9.5 gallon tank does not sound like enough to create a vacuum to stop fuel flow.

**Total Time/Cycles  
On Part**331 Hours

\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_ Hours

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

☐ None ☒ Substantial  
☐ Minor ☐ Destroyed

**Aircraft Fire**

☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground

**Aircraft Explosion**

☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground

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

Rear Wing spars severed by landing gear folding back, Main spars bent, wing skins separated, long aileron pushrods bent.  
Fuselage engine bed mount broke on left side and twisted left, lower cowl wrinkled, battery out of tray.  
Extensive damage to lower firewall and nose gear mounts. Nose wheel and fork assembly folded under plane.  
Main landing gear twisted under fuselage and right tire assembly missing in wheat field.  
Hard point mounts in fuselage for landing gear, and right rear wing spar torn loose, boarding step torn from mountings.  
Tap tests indicate areas of possible damage on fuselage.

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

**Airport Identifier:** TS65 **Distance From Airport Center:** .5 SM  
**Airport Name:** Ducote Air Park **Direction From Airport:** 230 degrees MAG  
**Proximity to Airport** ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip **Airport Elevation:** 1974 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 ☐ 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:** 17 (L/R/C) **Length:** 3700 ft **Width:** 35 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:** TS65  
**City:** San Angelo  
**State:** TX  
**Country:** USA

**Time of Departure**

**Time:** 1600  
**Time Zone:** CDT

**Destination**

**Airport ID:** TS65  
**City:** San Angelo  
**State:** TX  
**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)

10 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? ☐ Yes ☐ No

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

I exited the plane in the normal manner after the accident

**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**

(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> National Weather Service           | <input type="checkbox"/> Company             |
| <input type="checkbox"/> Flight Service Station             | <input type="checkbox"/> Military            |
| <input type="checkbox"/> TV/Radio                           | <input checked="" type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report                   | <input type="checkbox"/> Unknown             |
| <input type="checkbox"/> Commercial Weather Service (DUATS) |  |

**Method of Briefing**

(Check all that apply)

- |  |
|--|
| <input type="checkbox"/> In Person           |
| <input type="checkbox"/> Teletype            |
| <input type="checkbox"/> Telephone/Computer  |
| <input type="checkbox"/> Aircraft Radio      |
| <input checked="" type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Unknown             |

**Briefing Type/Completeness**

- |   |  |
|---|--|
| <input type="checkbox"/> Full                         | <input type="checkbox"/> Abbreviated   |
| <input type="checkbox"/> Partial / Limited By Pilot   | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

**Light Condition**

- |   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn           | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Dark Night   |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
|   |                                | <input type="checkbox"/> Not Reported |

**Visibility**

10+ miles

**Sky/Lowest Cloud Condition**

- |  |  |
|--|--|
| <input type="checkbox"/> Clear               | <input type="checkbox"/> Thin Broken   |
| <input checked="" type="checkbox"/> Few      | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Scattered           |  |

**Ceiling**

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken       | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast     | <input type="checkbox"/> Unknown    |

**Restriction to Visibility (Check all that apply)**

- |  |                                     |
|--|-------------------------------------|
| <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    |

**Lowest Cloud Condition Height**

5000 ft AGL

**Ceiling Height**

ft AGL

**Wind Direction**☒ Indicated:  
90 degrees MAG☐ Variable**Wind Speed**

Velocity: 5 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 |

**Type of Turbulence (Check all that apply)**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air       | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |  |                                |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

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

Temperature: \_\_\_\_\_ (C)  
or 80 (F)Altimeter Setting: 30.12 in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)**Icing Forecast**

Amount

- |  |                                   |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

Type

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Icing Actual**

Amount

- |  |                                   |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

Type

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Type of Precipitation (Check all that apply)**

- |  |   |
|--|---|
| <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: Robert  
 Middle Initial: C.  
 Last Name: Heiser Jr.

City: San Angelo  
 State: TX ZIP: 76904  
 Country: USA

Age at time of Accident/Incident: 73 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
 ☐ 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**

N/A  
mm/dd/yyyy

## **Medical Certificate Limitations**

Light Sport

## **Medical Certificate Waivers**

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

6/1/2011  
mm/dd/yyyy

## **Flight Review Aircraft**

Make: Heiser "Aero Designs Kit"  
 Model: Pulsar XP

## **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	2262.9	331	2216.2	15	42.1		48.6	31.7		
Pilot in Command (PIC)	1995.8	331	1989.4							
Time as Instructor	420.9		420.9							
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

PILOT "B" INFORMATION																																																																																																				
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input 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																																																																																																				
<b>Pilot "B" Identification</b> <div style="display: flex; justify-content: space-between;"> <div>           First Name: _____            Middle Initial: _____            Last Name: _____         </div> <div>           City: _____            State: _____ ZIP: _____            Country: _____         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: _____    Date of Birth: _____  <span style="margin-left: 300px;"><i>mm/dd/yyyy</i></span>           Certificate Number: _____         </div>																																																																																																				
<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Student  <input type="checkbox"/> Private    <input type="checkbox"/> Flight Instructor         </div> <div> <input type="checkbox"/> Recreational    <input type="checkbox"/> Commercial  <input type="checkbox"/> Sport    <input type="checkbox"/> Airline Transport         </div> <div> <input type="checkbox"/> Flight Engineer    <input type="checkbox"/> Foreign  <input type="checkbox"/> U.S. Military         </div> </div>																																																																																																				
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<b>Date of Last Medical</b> <div style="text-align: center; border-bottom: 1px solid black; width: 100px; margin: 0 auto;"><i>mm/dd/yyyy</i></div>																																																																																												
<b>Medical Certificate Limitations</b>																																																																																																				
<b>Medical Certificate Waivers</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <div style="text-align: center; border-bottom: 1px solid black; width: 100px; margin: 0 auto;"><i>mm/dd/yyyy</i></div>				<b>Flight Review Aircraft</b> Make: _____ Model: _____																																																																																																
<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <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		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None  <input type="checkbox"/> Airplane Single-Engine  <input type="checkbox"/> Airplane Multi-Engine  <input type="checkbox"/> Gyroplane  <input type="checkbox"/> Powered Lift           </div> <div> <input type="checkbox"/> Instrument Airplane  <input type="checkbox"/> Instrument Helicopter  <input type="checkbox"/> Helicopter  <input type="checkbox"/> Glider  <input type="checkbox"/> Sport           </div> </div>																																																																																														
<b>Type Ratings</b>						<b>Student Endorsements</b> <i>(Include dates)</i>																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> <tr> <td style="padding: 2px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">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 style="padding: 2px;">This Make/Model</td> <td colspan="5"></td> <td></td><td></td> <td colspan="3"></td> </tr> <tr> <td style="padding: 2px;">Last 90 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 style="padding: 2px;">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 style="padding: 2px;">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> </table>											Flight Time <i>(enter appropriate number of hours in each box)</i>	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										
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<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)																
<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
<b>Pilot Certificate(s)</b> (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						<b>Seat Occupied</b> <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										
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs													
<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
<b>Pilot Certificate(s)</b> (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						<b>Seat Occupied</b> <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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<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs													
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address 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.

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

Operator/Owner Safety Recommendation

1. Do not use Automotive parts in the fuel system of experimental aircraft.
2. Pilot reviewing before each Take Off what to do if the engine quits. This is emphasized more to Multi Engine pilots.
  - a. I was not mentally ready for an engine failure, I could responded 1 or 2 seconds quicker.



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

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

Unable to find the date of manufacture of the Rotax Engine, some time in 1999 is my best estimate.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

04/23/2012

*mm/dd/yyyy*

Signature and Name of Pilot/Operator

Signature: Robert C. Heiser Jr.

Type or Print Name: Robert C. Heiser Jr.

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.

CEN12LA249

Reviewed by NTSB Regional Office

WEST CHICAGO, IL

Name of Investigator

SILLIMAN

Date Report Received

4/23/12