

**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>HASTING, FL 32145</u>		Date of Accident <u>3-26-02</u>	Local Time (24 HOUR CLOCK) <u>1100</u>	Zone <u>Est</u>	Elevation At Accident Site Feet MSL <u>54</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. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
				7. <input type="checkbox"/> Within 3 Miles	
				8. <input checked="" type="checkbox"/> Beyond 3 Miles	
Airport Name <u>HASTING</u>		Airport Ident	Runway/Landing Surface Conditions:		
			1. <input type="checkbox"/> Direction: <u>N45</u> 3. <input type="checkbox"/> Width: <u>120</u> 5. <input type="checkbox"/> Condition: <u>Good</u>		
			2. <input type="checkbox"/> Length: <u>2000</u> 4. <input type="checkbox"/> Surface: <u>GRASS</u>		
Phase Of Operation					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input type="checkbox"/> Approach	
				8. <input type="checkbox"/> Landing	
				9. <input type="checkbox"/> Hover/Maneuver <u>SPRAYING</u>	
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence <u>60</u> Feet MSL	
Aircraft Information					
Registration Mark <u>N3139G</u>		Aircraft Manufacturer <u>AIR TRAC</u>		Aircraft Type/Model <u>ATHOWA</u>	
				Serial Number	
				Cert Max Gross WT	
Type Of Aircraft		Type Of Airworthiness Certificate			Amateur Built
1. <input checked="" type="checkbox"/> Airplane		5. <input type="checkbox"/> Blimp/Dirigible			1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Helicopter		6. <input type="checkbox"/> Ultralight			2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider		7. <input type="checkbox"/> Gyroplane			
4. <input type="checkbox"/> Balloon		8. <input type="checkbox"/> Specify			
		1. <input type="checkbox"/> Normal			5. <input checked="" type="checkbox"/> Restricted
		2. <input type="checkbox"/> Utility			6. <input type="checkbox"/> Limited
		3. <input type="checkbox"/> Acrobatic			7. <input type="checkbox"/> Experimental
		4. <input type="checkbox"/> Transport			8. <input type="checkbox"/> Specify
Landing Gear					No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed					Flight/Cabin
2. <input type="checkbox"/> Tricycle—Retractable					Crew <u>1</u>
3. <input checked="" type="checkbox"/> Tailwheel—Fixed					Pax
4. <input type="checkbox"/> Tailwheel—Retractable					
5. <input type="checkbox"/> Tailwheel—Retractable Mains					
6. <input type="checkbox"/> Amphibian					
7. <input type="checkbox"/> Skid					
8. <input type="checkbox"/> Limited					
9. <input type="checkbox"/> Specify					
Stall Warning System Installed		IFR Equipped		Engine Type	
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Reciprocating—Carburetor	
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected	
				3. <input checked="" type="checkbox"/> Turbo Prop	
				4. <input type="checkbox"/> Turbo Jet	
				5. <input type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer		Engine Model/Series		Engine Rated Power	
<u>Pratt & Whitney</u>		<u>P76-28</u>		1. <u>180</u> Horsepower	
				2. _____ Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. <input checked="" type="checkbox"/> None	
				2. Specify	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1			Hours	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		
1. <input checked="" type="checkbox"/> Annual			1. <input checked="" type="checkbox"/> Annual		
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hours		
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input type="checkbox"/> AAIP		
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		
5. <input type="checkbox"/> Specify					
			Date Last Inspection Performed		
			(M/D/Y)		
			Time Since Last Inspection		
			Hours		
			Airframe Total Time		
			Hours		
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series	
				Serial Number	
				Battery Date (M/D/Y)	
		Switch		Operated	
		1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
				Aided In Accident Location	
				1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Registered Aircraft Owner			Address		
<u>Lee INYON</u>			<u>Williston FL 32296</u>		
Operator Of Aircraft			Address		
1. <input checked="" type="checkbox"/> Same As Registered Owner			1. <input checked="" type="checkbox"/> Same As Registered Owner		
2. Name			2. _____		
3. DBS:					

Owner / Operator Information (cont.)																																																																																																			
Operator (Certificate Number) [REDACTED]			Operator Designator (4 Letter Designator)																																																																																																
Purpose Of Flight And Type Of Operation																																																																																																			
Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input checked="" type="checkbox"/> FAR 137				Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify <u>Agri-ske</u>																																																																																										
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input checked="" type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning																																																																																																			
Pilot Information																																																																																																			
Pilot Name <u>LEON CRADOCK INMON</u>			Pilot Certificate No. [REDACTED]		Address <u>Williston, VT 05496</u>			Nationality <u>AMER</u>																																																																																											
Certificate (s) 1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____																																																																																																			
Rating (s) 1. <input type="checkbox"/> None 6. <input checked="" type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input checked="" type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane				Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider																																																																																													
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y) _____		BFR Aircraft 1. Make _____ 2. Model _____																																																																																													
Medical Certificate 1. <input type="checkbox"/> None 3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y) _____		Limitations _____ Waivers _____			Date Of Birth (M/D/Y) [REDACTED] <u>4/1</u>																																																																																											
Degree Of Injury 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input checked="" type="checkbox"/> Center		Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots				Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No																																																																																											
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time</th> <th rowspan="2">All A/C</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></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>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>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></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot In Command (PIC)											Instructor											This Make & Model											Last 90 Days											Last 30 Days											Last 24 Hours										
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider							Lighter Than Air																																																																																			
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Last 24 Hours																																																																																																			
Second Pilot Information																																																																																																			
Second Pilot Responsibilities At The Time Of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)																																																																																																			
Pilot Name			Pilot Certificate No.		Address			Nationality																																																																																											
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____																																																																																																			

Second Pilot Information (cont.)											
Rating (s)				Instrument Rating (s)				Instructor Rating (s)			
1. <input type="checkbox"/> None		6. <input type="checkbox"/> Helicopter		1. <input type="checkbox"/> None		2. <input type="checkbox"/> Airplane		1. <input type="checkbox"/> None		6. <input type="checkbox"/> Instrument Airplane	
2. <input type="checkbox"/> Single Engine Land		7. <input type="checkbox"/> Glider		3. <input type="checkbox"/> Helicopter				2. <input type="checkbox"/> Airplane S.E.		7. <input type="checkbox"/> Instrument Helicopter	
3. <input type="checkbox"/> Single Engine Sea		8. <input type="checkbox"/> Free Balloon						3. <input type="checkbox"/> Airplane M.E.		8. <input type="checkbox"/> Ground Instructor	
4. <input type="checkbox"/> Multiengine Land		9. <input type="checkbox"/> Airship						4. <input type="checkbox"/> Helicopter		9. <input type="checkbox"/> Specify _____	
5. <input type="checkbox"/> Multiengine Sea		10. <input type="checkbox"/> Gyroplane						5. <input type="checkbox"/> Glider			
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft			
								1. Make _____			
								2. Model _____			
Medical Certificate			Date Of Last Medical (M/D/Y)		Limitations				Date Of Birth (M/D/Y)		
1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2					Waivers						
2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3											
Degree Of Injury			Seat Occupied			Seat Belt Available					
1. <input type="checkbox"/> None 3. <input type="checkbox"/> Serious			1. <input type="checkbox"/> Left 3. <input type="checkbox"/> Center 5. <input type="checkbox"/> Rear			1. <input type="checkbox"/> Yes					
2. <input type="checkbox"/> Minor 4. <input type="checkbox"/> Fatal			2. <input type="checkbox"/> Right 4. <input type="checkbox"/> Front			2. <input type="checkbox"/> No					
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		1. <input type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company					
1. <input type="checkbox"/> Yes		1. <input type="checkbox"/> Yes		1. <input type="checkbox"/> Yes		2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____					
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		3. <input type="checkbox"/> FAA Records					
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
						Actual	Simulated				
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	None
1.											
2.											
3.											
4.											
5.											
6.											
Flight Itinerary Information											
Last Departure Point			Time Of Departure		Destination		Flight Plan Filed				
1. Airport ID <u>Hastings FL</u>			1. Time <u>1050</u>		1. Airport ID _____		1. <input type="checkbox"/> None 4. <input type="checkbox"/> VFR/IFR				
2. City/Place <u>Hastings</u>			2. Time Zone <u>Est</u>		2. City/Place _____		2. <input type="checkbox"/> VFR 5. <input type="checkbox"/> Company (VFR)				
3. State <u>FL</u>					3. State _____		3. <input type="checkbox"/> IFR 6. <input type="checkbox"/> 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				Fuel Type							
Gallons _____				1. <input type="checkbox"/> 80/87 4. <input type="checkbox"/> 115/145 7. Specify _____							
or _____				2. <input type="checkbox"/> 100 Low Lead 5. <input type="checkbox"/> Jet A							
Pounds _____				3. <input type="checkbox"/> 100/130 6. <input type="checkbox"/> Automotive							
Other Services, If Any, Prior to Departure											
Weather Information At The Accident Site											
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition				Visibility		Temp (°F)		
			1. <input type="checkbox"/> Dawn 3. <input type="checkbox"/> Dusk 5. <input type="checkbox"/> Dark Night				_____ Miles				
			2. <input type="checkbox"/> Daylight 4. <input type="checkbox"/> Bright Night								

Weather Information At The Accident Site (cont.)					
Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition			
		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL		<input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured	
Wind Information		Restriction To Visibility <i>NONE</i>	Type Precipitation <i>NONE</i>	Intensity Of Precipitation	
1. Direction <i>SW</i> 2. Velocity _____ Kts 3. Gusts _____ Kts				<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy 4. Specify _____	
Turbulence (Multiple Entry)					
<input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> Clean Air <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage					
<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Destroyed					
Fire					
<input type="checkbox"/> Yes <input type="checkbox"/> In-Flight <input checked="" type="checkbox"/> No <input type="checkbox"/> On Ground					
Description Of Damage To Aircraft And Other Property					
<i>AIRCRAFT Total Damaged Due to MAIN SPAR Failure in Wing</i>					
Mechanical Malfunction Failure					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure					
				Total Time	
				On Part _____ Hours	At Overhaul _____ Hours
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark		Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage	
<i>N31396</i>		<i>DAVID TRACTOR</i>	<i>AT400A</i>	<input checked="" type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
Registered Aircraft Owner		Address			
<i>LEON CARROLL INMAN</i>					
Pilot Name		Address		Pilot Certificate No.	
<i>SAUNE</i>		<i>WILKINSON FL. 32696</i>			
Evacuation Of Aircraft					
Assistance Received					
<input checked="" type="checkbox"/> Outside Person (s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder <input type="checkbox"/> Auxiliary Lighting <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)					
1. Main Door <input checked="" type="checkbox"/> 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry)					
<i>A TRUE Investigation why these SPARRS ARE Breaking, before bending</i>					

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. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 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 WAS SPRAYING Fungicide to Potatoe Field
AND WITH NO INDICATION OF ANYTHING BEING WRONG
AT A HEIGHT APPROXIMATELY 60 FT. ON ENTRY TO THE
FIELD, A LOUD EXPLOSION IN VICINITY OF THE WING
CENTER SECTION OCCURED, I DIDN'T HAVE TIME
TO DO ANYTHING EXCEPT CORRECT SUBCONSCIOUSLY.

My Log Books, Pilot & AIRCRAFT & Medical
Were taken to Boanell Airport, were
THE FAA SAFETY BOARD & AIR TRACTOR DID THE INVESTIGATION

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

Date Of This Report

4-6-02

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.

ATL-02-LA-066

Reviewed By NTSB Office Located At

SEP. A

Name Of Investigator

[Signature]

Date Report Received

APR 26 2002