FILE

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: KUNIA State: HI
ZIP: 96797 Country: USA
Latitude: 21°27'13"N (dd:mm:ss N/S) Longitude: 158°03' (ddd:mm:ss E/W)

Date/Time
Date: 08/27/2013 (mm/dd/yyyy) Local Time: 1715
Time Zone: HST

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
→ _____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: AMERICAN CHAMPION AIRCRAFT
Model: 8KCAB
Serial Number: 1092-2009
Registration Number: N413JJ
Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 1950 lbs
Weight at Time of Accident/Incident: 1870 lbs
Location of Center of Gravity at Time of Accident/Incident:
1 inches from ☐ nose or ☒ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☒ Normal	☐ Restricted
☐ Utility	☐ Limited
☒ Acrobatic	☐ Provisional
☐ Transport	☐ Experimental
	☐ Special Flight
	☐ Light Sport

Number of Seats: 2
If Large Aircraft, how many seats for:
Flight Crew: _____
Cabin Crew: _____
Passengers: _____

Landing Gear ☐ Retractable
Check any additional landing gear configuration that applies:
☐ Tricycle ☒ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☒ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 09/14/2012 (mm/dd/yyyy)

Airframe Total Time: 840 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 Aided in Locating Accident/Incident
☐ Yes ☐ No

ELT Manufacturer: UNKNOWN
Model/Series: _____
Serial Number: _____
Battery Type: _____ **Battery Exp. Date:** 2014?

SEE (2) ON PAGE 11

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: MT-PROPELLER
Model: MTV-9-B-C

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. (mm dd yyyy)	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	LYCOMING	AEIO 360 H1B	L-24695-5IE	01/21/2009	180	840 (TACH)	62	N/K
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: JBENGINEERING LLC
Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address
City: HONOLULU
State: HI ZIP: 96826
Country: USA

Operator of Aircraft ☐ Same As Registered Owner
Name: JEFFREY M. SMITH
Doing Business As:
Air Carrier/Operator Designator (4 Character Code): —

Operator Address ☒ Same As Registered Owner
City:
State: ZIP:
Country:

Regulation Flight Conducted Under
☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ 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.)
ENGINE FAILURE DURING FLIGHT (SUDDEN). ADEQUATE FUEL ON-BOARD BUT ENGINE COMPLETELY STOPPED GENERATING POWER

Total Time/Cycles On Part
840 Hours
— Cycles

Time Since This Part Inspected/Overhauled
14 Hours
(PROP)

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)*

- FUSELAGE, WINGS DAMAGED
- TAIL SECTION BADLY DAMAGED
- PROPELLOR DESTROYED
- AIRFRAME STRUCTURAL DAMAGE (INTERNAL TO TUBING)

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

Airport Identifier: PHHI
Airport Name: WHEELER ARMY AIRFIELD
Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip
Distance From Airport Center: 1.5 ± SM
Direction From Airport: SW/210 degrees MAG
Airport Elevation: 843 ft. MSL

Approach Segment *(Select one)*

☐ On Instrument Approach ☐ Landing ☒ Base leg ATTEMPT ☐ 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: 8G (L/R/C) Length: 5,000 Width: 160 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: PHNL
City: HONOLULU
State: HI
Country: OAHU

Time of Departure
Time: 1650
Time Zone: HST

Destination
Airport ID: PHNL
City: HONOLULU
State: HI
Country: OAHU

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)*
15.0 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

THROUGH EXIT DOOR/WINDOW; 2. PILOT & 1 PAX EXITED.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID: PHJR
Observation Time: 1700
Time Zone: HST
Distance from Accident Site: 5± NM
Direction from Accident Site: 180 degrees MAG

Source of Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ Unknown
☒ Commercial Weather Service (DUATS) CE PHNL)

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype DUATS
☒ Telephone/Computer
☒ Aircraft Radio ATIS
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☒ Not Pertinent

Light Condition
☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility
10+ miles

Sky/Lowest Cloud Condition
☐ Clear ☒ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☒ Scattered

Ceiling
☐ None (clear) ☐ Obscured
☒ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Restriction to Visibility *(Check all that apply)*
☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height
5000 ft AGL

Ceiling Height
5600 BKN ft AGL

Wind Direction
☐ Indicated: 040 degrees MAG REPORTED
☐ Variable

Wind Speed
Velocity: 10 KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts
Velocity: 0 KTS
☐ Gusting
☐ Not Gusting

Type of Turbulence *(Check all that apply)*
☒ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident
NONE IN VICINITY OF OPERATIONS

Temperature: ___ (C) or 35 (F)
Altimeter Setting: 30.07 in. HG or ___ MB
Density Altitude: 1400 ft
Dew Point: ___ (C) or ___ (F) UNK

Icing Forecast

Amount		Type
☒ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ Mixed

Icing Actual

Amount		Type
☒ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ Mixed

Type of Precipitation *(Check all that apply)*
☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation
☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: JEFFREY
Middle Initial: M.
Last Name: SMITH

City: HONOLULU
State: HI ZIP: 96821
Country: OAHU

Age at time of Accident/Incident: _____ Date of Birth: _____ *mm/dd/yyyy*

Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious	☐ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Used ☒ Yes ☐ No Available ☐ Yes ☐ No	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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☒ Other ☐ Unknown	☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown	☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown	02/12/2013 *mm/dd/yyyy*

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES, POSSESS GLASSES FOR NEAR / INTERMEDIATE VISION

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/14/2012 *mm/dd/yyyy*

Flight Review Aircraft
Make: BEECH
Model: BE35

Airplane Rating(s) *(Check all that apply)*	Other Aircraft Rating(s) *(Check all that apply)*	Instrument Rating(s) *(Check all that apply)*	Instructor Rating(s) *(Check all that apply)*
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	☐ None ☒ Airplane Single-Engine ☒ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings NONE

Student Endorsements *(Include dates)*
N/A

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2160.6	157.3	1276.5	884.0	134	29	191	ϕ	3.6	ϕ
Pilot in Command (PIC)	1946.1	144.3	1256	812	134	29	—		ϕ	
Time as Instructor	626.6	48.1	419	219	—	—	—			
This Make/Model					2	N/A	N/A			
Last 90 Days	63	13.8	63	ϕ	2.8	ϕ				
Last 30 Days	9	7.1	9	ϕ	ϕ	ϕ				
Last 24 Hours	0.7	0.7	0.7	ϕ	ϕ	ϕ				

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

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
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ 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
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☒ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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)

PASSENGER * NOTE: MR CROUSE HOLDS ASEL & AMEL CERTIFICATES

Name and Address		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: RICHARD Middle Initial: I Last Name: CROUSE *	City: PEARL CITY State: HI ZIP: 96819 Country: OAHU	R	☐	☒	☐	☐	☐	☐	☒	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: 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.

(1) SEE ATTACHED STATEMENT

(2) ELT: UNIT IN AIRCRAFT WHICH IS NOT ACCESSIBLE; ELT BATTERY CHECKED DURING 2/13/12 ANNUAL INSPECTION. ELT DID ACTIVATE.

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

Operator/Owner Safety Recommendation

—

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	Signature
09/23/2013 *mm/dd/yyyy*	Type or Print Name: JEFFREY M. SMITH

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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR13LA389	AS-WPR	Nixon	09/23/13

Statement regarding 08-27-2013 Aircraft N413JJ Emergency Landing:

On the above date at approximately 1600 HST, I met a fellow pilot, Richard "Todd" Crousore, at Moore Air Flight School. Todd holds ASEL and AMEL ATP ratings and had previously asked to fly with me in my plane, 8KCAB Super Decathlon N413JJ, to do stalls, spins and other maneuvers.
We agreed to fly that afternoon.

We went to my hanger, Bldg. 420 Hanger 115, and I briefed him on the plane, its rear controls, egress procedures and fitted him in the rear seat with the parachute, Hooker Harness system and headset. I had pre-flighted the plane earlier in the day since I planned to fly that afternoon. My records and the MVP 50 engine monitoring system showed I had 13.8 gallons of fuel; weight and balance were within limits. I checked my lap board for engine fuel, tach and time out information (copy attached), confirmed the Sectional Chart and airplane checklists were on board, put on my prescription sunglasses, headset and started the engine.

After startup and receiving the ATIS information (Tango) and a Red Hill 3 clearance from ATC (Squawk 0210) at 1650 HST, I did an engine and propeller run up check (all normal) and obtained taxi and take off clearance to Honolulu R/W 4R. I was at the controls during the taxi and takeoff. I requested and was granted a clearance to 3000 AGL from Departure. At 1000 AGL I reduced the manifold pressure and engine tachometer to 25/25, switched the auxiliary fuel pump off and leaned fuel flow to 7.5 gallons per hour as usual. I also allowed Todd to share the controls with me during the climb out. After clearance from the Class Bravo airspace by ATC, we continued the climb to 4000 ft. AGL and contacted the Wheeler AAF CT and advised them we were entering the South practice area and would be doing maneuvers at 3000 to 4000 AGL west of Kunia Road. They acknowledged our presence and advised there was no other traffic area in the area.

With both of us on the controls, we then did 360^0 steep turns left and right to clear the area and give Todd the feel of the plane. Next, with me solo on the controls, we did a series of power on and off stalls, followed by another series of Primary Aileron rolls left and right. Todd participated in the control inputs during the rolls. Following that we did a loop and an Immelman to change direction; I was solo on the controls during both. We rolled out of the Immelman and did a 180^0 turn to the north. The engine suddenly and unexpectedly coughed one time and then lost all power. I went thru the engine restart procedures (mags and master checked on, throttle full forward, mixture full rich, auxiliary fuel pump on, prop full and hit the start button but there was no power). Todd and I agreed we needed to declare an emergency and that he would handle the radio. We were on the Wheeler frequency so we declared an emergency and our intention to land there which Wheeler CT acknowledged. We were at approximately 3500AGL and I set up a heading for a right base to Wheeler R/W 6 and trimmed for best glide speed (approximately 65 mph) which enabled a minimum descent rate of 400 fpm. I noted the MVP 50 fuel totalizer showed 10.5 gallons of fuel remaining.

When about a mile to 1.5 mi from Wheeler, I decided that with only 400 feet remaining to field elevation, we would not make the field and decided to turn south to find a suitable off airport landing area. There was a plowed field ahead and we agreed it was our best option. We announced our intentions to Wheeler ATC as I set up the landing and carefully pitched and trimmed to reduce speed to allow landing at the slowest possible speed. At the last minute I noticed a cane field road running east to west just ahead of our intended landing point but decided that making a right turn at low altitude and

airspeed was a bad decision and continued straight ahead to the touch down point. We landed tail wheel low and parallel to the plowed furrows. The tail wheel touched down first but as the mains touched down, they hit the soft dirt and a clump of plowed grass and the plane immediately flipped over one time on its back and stopped.

We had considerable trouble getting out of the plane because we were hanging upside down in the straps. Todd said he smelled fuel and began working frantically to extricate himself from the harness and parachute. I was twisted sideways, was unable to get loose because either the shoulder harness or the parachute strap had crossed my throat and was strangling me; I simply could not breathe and could not find the release clips for the lap belts or the parachute. I gasped to Todd that I could not breathe. Somehow, he kicked out the window (I believe on the left side where the door is) and got out. By then I had found the lap belt latch and released it which enabled me to get some air. As soon as he was out, Todd immediately pulled me out through the window by my back pant belt and loops.

A few minutes later (I am not sure how long but it seemed like a long time) an air rescue helicopter circled around us, landed and several EMTs came to us. I noted the time was 1715 HST. Shortly later numerous other rescue personnel arrived including police, fire & ambulance. They said they wanted both of us to go by ambulance to the nearest hospital. Prior to departing, I crawled inside the plane and switched off all electrical switches, closed the fuel selector handle and took my two headsets and kneeboard which contained flight information and my certificates. We were then transported to Tripler AMC where we were both examined and x-rayed by the EM staff; I was released at about 2100 HST and Todd was send home not long after.

[redacted]

Jeffrey M. Smith
Commercial Pilot and CFI, [redacted]