

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>LINE OAK</u> State: <u>FL</u> ZIP: <u>32060</u> Country: <u>USA</u> Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)		Date/Time Date: <u>03/09/2014</u> Local Time: <u>14:30 EST</u> <i>mm/dd/yyyy</i> Time Zone: _____	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input checked="" type="checkbox"/> On-ground <input type="checkbox"/> None	Altitude of In-Flight Occurrence <u>N/A</u> ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> <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 type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)		Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input checked="" 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 <u>10+</u> miles	
Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown		Restriction to Visibility <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL		Type of Turbulence <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	
Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable		Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable			

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

Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ 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		Type of Precipitation <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle	
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		Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy			

Manufacturer: <u>Van's Aircraft (Exp)</u> Model: <u>RV-9a</u> Serial Number: <u>90345</u> Registration Number: <u>N125TK</u>		Max Gross Weight: <u>1750</u> lbs Weight at Time of Accident: _____ lbs Location of Center of Gravity at Time of Accident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)																																														
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate (Check all that apply) Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport																																														
Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown																																														
Type of Maintenance Program <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____		Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input checked="" type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown																																														
IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Date Last Inspection: <u>08/30/13</u> mm/dd/yyyy Airframe Total Time: <u>1079.7</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident																																														
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____																																														
ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ELT Manufacturer: <u>America-King</u> Model/Series: <u>AK450</u> Serial Number: <u>461832</u> Battery Type: <u>Type D Duracell</u> Battery Exp. Date: <u>3/19</u>																																														
Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected																																														
Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch		Manufacturer: <u>Sensenich</u> Model: <u>70C M459-0-78</u>																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturing Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>Lycoming</u></td> <td><u>O320 E30</u></td> <td><u>L-333497-27A</u></td> <td><u>02-05-89</u></td> <td><u>160</u></td> <td><u>1079.7</u></td> <td><u>49.7</u></td> <td><u>270.7</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	<u>Lycoming</u>	<u>O320 E30</u>	<u>L-333497-27A</u>	<u>02-05-89</u>	<u>160</u>	<u>1079.7</u>	<u>49.7</u>	<u>270.7</u>	Eng. 2									Eng. 3									Eng. 4										
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Eng. 3																																																
Eng. 4																																																
Registered Aircraft Owner Name: <u>Cecil Vincent Jones</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address _____ City: <u>Live Oak, FL</u> State: <u>FL</u> ZIP: <u>32060</u> Country: <u>USA</u>																																														
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: <u>Cecil V. Jones</u> Doing Business As: <u>Personal Entertainment</u> Air Carrier/Operator Designator (4 Charac(α) Code): _____		Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: <u>Live Oak, FL</u> State: <u>FL</u> ZIP: <u>32060</u> Country: <u>USA</u>																																														
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																														

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International	Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail		

OTHER AIRCRAFT - GOLDSTON (Use this section for other aircraft)

Aircraft Registration Number NIP	Manufacturer <u>N/A</u> Model _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> None
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Registered Owner of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: <u>N/A</u>		City: _____ State: <u>N/A</u> Country: _____
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Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: <u>N/A</u>		City: _____ State: <u>N/A</u> Country: _____
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AIRPORT INFORMATION (In the accident occurred on approach, enroute or within 5 miles of an airport)

Airport Identifier: _____ Airport Name: <u>N/A</u>	Distance From Airport Center: _____ SM Direction From Airport: _____ degrees MAG
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip	Airport Elevation: _____ ft. MSL
Approach Segment (Select one) <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input checked="" type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown) <input type="checkbox"/> Go Around	

IFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Loran <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> Unknown <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling	VFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown
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Runway Information Runway ID: <u>NA</u> (L/R/C) Length: <u>2500</u> ft Width: <u>175</u> ft	Condition of Runway/Landing Surface (Check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation
Runway/Landing Surface (Check all that apply) <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>F10 Suzanne Belle</u> City: <u>LIVE OAK</u> State: <u>FLA</u> Country: <u>USA</u>	Time of Departure Time: <u>14:10</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>Tomb Field</u> City: <u>LIVE OAK</u> State: <u>FLA</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
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Airspace where the accident occurred (Check all that apply)

- | | | | | |
|----------------------------------|---|---|--|---|
| <input type="checkbox"/> Class A | <input checked="" type="checkbox"/> Class E | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> Jet Training Area | <input type="checkbox"/> Special |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Class G | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> TRSA | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Demo Area | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> FAR 93 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Warning Area | <input type="checkbox"/> Airport Advisory Area | | |

Aircraft Load Description (Check all that apply)

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Towing Glider | <input type="checkbox"/> Parachutists | <input type="checkbox"/> Livestock |
| <input checked="" type="checkbox"/> Passengers | <input type="checkbox"/> Towing Banner | <input type="checkbox"/> Water | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Cargo | <input type="checkbox"/> Other External | <input type="checkbox"/> Chemical/Fertilizer/Seeds | |

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type		
30 Gallons	<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145	<input type="checkbox"/> JP3
	<input checked="" type="checkbox"/> 100 Low Lead	<input type="checkbox"/> Jet A	<input type="checkbox"/> JP4
	<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive	<input type="checkbox"/> JP5
			<input type="checkbox"/> Other, specify _____

Other Services, if Any, Prior to Departure

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Total Time/Cycles On Part ____ Hours ____ Cycles
	Time Since This Part Inspected/Overhauled ____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Fuselage - structural
Vertical & horizontal stabilizer
Landing gear
main mount
propeller
nose wheel assembly
wing tips

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
Occupants/Passenger - Removed by EMS
Pilot - Removed self with aid of ground team. Survival kit lifting up left side wing.

PILOT "B" IDENTIFICATION

Pilot "B" Responsibilities at the Time of Accident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "B" Identification *N/A*

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Age at time of Accident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury *N/A*
 None Fatal Minor Unknown Serious

Seat Occupied *N/A*
 Left Front Unknown Right Rear Center Single

Seat Belt *N/A*
 Used Available: Yes No
 Available: Yes No

Shoulder Harness *N/A*
 Used 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 *N/A*
 Pilot Other Unknown

Medical Certificate *N/A*
 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 *N/A*

Medical Certificate Waivers *N/A*

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

mm/dd/yyyy

Flight Review Aircraft *N/A*
 Make: _____
 Model: _____

Airplane Rating(s) (Check all that apply) *N/A*
 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) *N/A*
 None Airplane Helicopter Powered Lift

Instructor Rating(s) (Check all that apply) *N/A*
 None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift
 Instrument Airplane Instrument Helicopter Helicopter Glider Sport

Type Ratings *N/A*

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		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 PILOTS) (If more than one, complete this form for each.)

Pilot Name and Address		Degree of Injury	
First Name: <u>NIA</u>	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
			<input type="checkbox"/> Flight Engineer
			<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
			<input type="checkbox"/> Flight Engineer
			<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
			<input type="checkbox"/> Flight Engineer
			<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGERS / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary.)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Don</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: <u>Collins</u>											
City: <u>St. Charles, Illinois</u>											
State: <u>Ill</u>											
ZIP: <u>60175</u>											
Country: <u>USA</u>											
First Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____											
ZIP: _____											
Country: _____											
First Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____											
ZIP: _____											
Country: _____											
First Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____											
ZIP: _____											
Country: _____											

NARRATIVE

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

While landing RV-9A at grass field Runway at my home the main gear was put on and pilot felt nosewheel shake. Pilot pulled back on stick to release nose wheel pressure. nose wheel failed & folded up under engine mount causing aircraft to dig into ground while moving forward. Aircraft flipped over nose on its back.

RECOMMENDATION (How could this accident have been prevented?)


Operator/Owner Safety Recommendation

Keep nosewheel off ground while landing until forward speed is such as to not hold nosewheel off. All Van's aircraft with a nosewheel should only be operated on pavement.

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 04/10/2014 <small>mm/dd/yyyy</small>	Signature Pilot/Operator Signature:  Type or Print Name: Cecil V. Jones
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. LRA14LA152	Reviewed by NTSB Regional Office LRA	Name of Investigator COX	Date Report Received 4-25-14