

ORIGINAL  
(RETURN)

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

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

**Location**

Nearest City/Place, State, Zip Code 2115 NW  
Dick Fisher Airport  
Goodin Creek Rd. Gaston, Or. 97119  
Date of Accident 5/16/02 Local Time (24 HOUR CLOCK) 0730 Zone Pacific  
Elevation At Accident Site 200 Feet MSL  
Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

**Proximity To Airport**

1. ☐ On Approach 3. ☐ Within 1/2 Mile 5. ☐ Within 1 Mile 7. ☐ Within 3 Miles  
2. ☒ Within 1/4 Mile 4. ☐ Within 3/4 Mile 6. ☐ Within 2 Miles 8. ☐ Beyond 3 Miles

Airport Name \_\_\_\_\_ Airport Ident \_\_\_\_\_ Runway/Landing Surface Conditions:  
1. ☐ Direction: 3. ☐ Width: 5. ☐ Condition:  
2. ☐ Length: 4. ☐ Surface:

**Phase Of Operation:**

1. ☐ Standing 3. ☒ Takeoff 5. ☐ Cruise 7. ☐ Approach 9. ☐ Hover/Maneuver  
2. ☐ Taxi 4. ☐ Climb 6. ☐ Descent 8. ☐ Landing 10. ☐ Altitude Of In-Flight Occurrence \_\_\_\_\_ Feet MSL

**Aircraft Information**

Registration Mark N-43085 Aircraft Manufacturer Taylorcraft Aircraft Type/Model BC12D 1946 Serial Number 6744 Cert Max Gross WT 1200

Type Of Aircraft 1. ☒ Airplane 5. ☐ Blimp/Dirigible Type Of Airworthiness Certificate 1. ☒ Normal 5. ☐ Restricted Amateur Built 1. ☐ Yes  
2. ☐ Helicopter 6. ☐ Ultralight 2. ☐ Utility 6. ☐ Limited 2. ☒ No  
3. ☐ Glider 7. ☐ Gyroplane 7. ☐ Experimental  
4. ☐ Balloon 8. ☐ Specify 8. ☐ Specify

**Landing Gear**

1. ☐ Tricycle—Fixed 4. ☐ Tailwheel—Retractable 7. ☐ Skid No. Of Seats  
2. ☐ Tricycle—Retractable 5. ☐ Tailwheel—Retractable Mains 8. ☐ Limited Flight/Cabin  
3. ☒ Tailwheel—Fixed 6. ☐ Amphibian 9. ☐ Specify Crew  
Pax

**Stall Warning System Installed**

1. ☐ Yes IFR Equipped 1. ☐ Yes Engine Type 1. ☒ Reciprocating—Carburetor 3. ☐ Turbo Prop 5. ☐ Turbo Fan  
2. ☒ No 2. ☐ No 2. ☐ Reciprocating—Fuel Injected 4. ☐ Turbo Jet 6. ☐ Turbo Shaft

**Engine Manufacturer**

Continental Engine Model/Series 1946 A65 8 Engine Rated Power 1. 65 Horsepower Type Of Fire Extinguishing System Used Hand Held  
2. \_\_\_\_\_ Lbs Thrust 2. Specify \_\_\_\_\_

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	<u>1946</u>	<u>2518838</u>	<u>3871</u> Hours	Hours	<u>817 SHOH</u> Hours
Engine No. 2			Hours	Hours	<u>1852 SHOH</u> Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

**Type Of Maintenance Program**

1. ☒ Annual + Check continuous By Pilot Owner Type Of Last Inspection 1. ☒ Annual By Pilot Owner Make Ready 5/16/02 Date Last Inspection Performed (M/D/Y)  
2. ☐ Manufacturer's Inspection Program 2. ☐ 100 Hours For I.A. Time Since Last Inspection \_\_\_\_\_ Hours  
3. ☐ Other Approved Inspection Program(AAIP) 3. ☐ AAIP P.P.#1565767 Airframe Total Time 3871 Hours  
4. ☐ Continuous Airworthiness 4. ☐ Continuous Airworthiness  
5. ☐ Specify

**Emergency Locator Transmitter (ELT)**

ELT Manufacturer Beacon Model/Series EBC-67 Serial Number Worn Out Battery Date (M/D/Y) JUL 04  
Emergency Corp. EBC-102A  
Switch 1. ☐ On 2. ☒ Off 3. ☐ Armed Operated 1. ☐ Yes 2. ☒ No Aided In Accident Location 1. ☐ Yes 2. ☒ No

**Registered Aircraft Owner**

Richard A. Fisher Address Gaston, Or. 97119

**Operator Of Aircraft**

1. ☒ Same As Registered Owner Address 1. ☒ Same As Registered Owner  
2. Name 2. \_\_\_\_\_  
3. DBS: 3. \_\_\_\_\_

<b>Owner / Operator Information (cont.)</b>											
Operator (Certificate Number) <i>F.P.#</i>			Operator Designator (4 Letter Designator)								
<b>Purpose Of Flight And Type Of Operation</b>											
<b>Regulation Flight Conductor Under</b> 1. <input checked="" 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 type="checkbox"/> FAR 137				<b>Operator Authority</b> <b>FAR121</b> 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental  <b>FAR 133</b> 6. <input type="checkbox"/> Rotorcraft External Load  <b>FAR125</b> 7. <input type="checkbox"/> Large Aircraft  <b>FAR 129</b> 8. <input type="checkbox"/> Foreign			<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b> 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 _____				
<b>Purpose of Flight</b> <i>First Check For Annual</i> 1. <input checked="" 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 type="checkbox"/> Aerial Application    10. <input type="checkbox"/> Positioning											
<b>Pilot Information</b>											
Pilot Name <i>Richard A. Fisher</i>			Pilot Certificate No.		Address <i>Gaston, Oregon</i>			Nationality <i>USA</i>			
<b>Certificate (s)</b> 1. <input type="checkbox"/> Student    3. <input type="checkbox"/> Commercial    5. <input type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Private    4. <input type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____											
<b>Rating (s)</b> 1. <input type="checkbox"/> None    6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land    7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea    8. <input type="checkbox"/> Free Balloon 4. <input type="checkbox"/> Multiengine Land    9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea    10. <input type="checkbox"/> Gyroplane			<b>Instrument Rating (s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating (s)</b> 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						
<b>Type Ratings/Student Endorsements</b>			<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b> <i>4/11/95</i>		<b>BFR Aircraft</b> 1. Make <i>Taylorcraft</i> 2. Model <i>1941</i>						
<b>Medical Certificate</b> 1. <input type="checkbox"/> None    3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1    4. <input checked="" type="checkbox"/> Class 3		<b>Date Of Last Medical (M/D/Y)</b> <i>5/18/00</i>		<b>Limitations</b> <i>Must Wear Corrective Lenses</i> <b>Waivers</b> <i>Right Eye</i>			<b>Date Of Birth (M/D/Y)</b>				
<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input checked="" type="checkbox"/> Left    4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right    5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		<b>Person At Controls At Time Of Accident</b> 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				<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No			
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 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					
<b>Flight Time</b>		<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
Total Time		<i>4221</i>	<i>4050</i>	<i>4221</i>		<i>3</i>	<i>5</i>				
Pilot In Command (PIC)		<i>418410</i>				<i>2:30</i>					
Instructor											
This Make & Model											
Last 90 Days		<i>15</i>									
Last 30 Days		<i>9</i>									
Last 24 Hours		<i>00:01</i>									
<b>Second Pilot Information</b>											
<b>Second Pilot Responsibilities At The Time Of Accident</b> 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		
<b>Certificate (s)</b> 1. <input type="checkbox"/> Student    3. <input 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 _____											

## Second Pilot Information (cont.)

<b>Rating (s)</b>		<b>Instrument Rating (s)</b>		<b>Instructor Rating (s)</b>	
1. <input type="checkbox"/> None	6. <input type="checkbox"/> Helicopter	1. <input type="checkbox"/> None	1. <input type="checkbox"/> None	6. <input type="checkbox"/> Instrument Airplane	
2. <input type="checkbox"/> Single Engine Land	7. <input type="checkbox"/> Glider	2. <input type="checkbox"/> Airplane	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"/> Helicopter	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		
<b>Type Ratings/Student Endorsements</b>		<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b>		<b>BFR Aircraft</b>	
				1. Make _____ 2. Model _____	
<b>Medical Certificate</b>		<b>Date Of Last Medical (M/D/Y)</b>		<b>Limitations</b>	
1. <input type="checkbox"/> None      3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1    4. <input type="checkbox"/> Class 3				<b>Waivers</b>	
				<b>Date Of Birth (M/D/Y)</b>	
<b>Degree Of Injury</b>		<b>Seat Occupied</b>		<b>Seat Belt Available</b>	
1. <input type="checkbox"/> None      3. <input type="checkbox"/> Serious 2. <input type="checkbox"/> Minor     4. <input type="checkbox"/> Fatal		1. <input type="checkbox"/> Left      3. <input type="checkbox"/> Center      5. <input type="checkbox"/> Rear 2. <input type="checkbox"/> Right     4. <input type="checkbox"/> Front		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
<b>Seat Belt Used</b>		<b>Shoulder Harness Available</b>		<b>Shoulder Harness Used</b>	
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
				1. <input 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	
<b>Flight Time</b>	<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>
<b>Total Time</b>					
<b>Pilot In Command (PIC)</b>					
<b>Instructor</b>					
<b>This Make &amp; Model</b>					
<b>Last 90 Days</b>					
<b>Last 30 Days</b>					
<b>Last 24 Hours</b>					
<b>Other Personnel / PASSENGERS</b>					
<b>Name</b>	<b>Seat</b>	<b>Address (City &amp; State)</b>	<b>Crew</b>	<b>Non-Revenue</b>	<b>Revenue</b>
<b>Flight Itinerary Information</b>					
<b>Last Departure Point</b>		<b>Time Of Departure</b>		<b>Destination</b>	
1. Airport ID <u>Dick Fisher</u>		1. Time <u>07:30</u>		1. Airport ID <u>Dick Fisher</u>	
2. City/Place <u>Gaston</u>		2. Time Zone <u>Pacific</u>		2. City/Place <u>Gaston</u>	
3. State <u>Oregon</u>				3. State <u>Oregon</u>	
				<b>Flight Plan Filed</b>	
				1. <input checked="" type="checkbox"/> None      4. <input type="checkbox"/> VFR/IFR 2. <input type="checkbox"/> VFR      5. <input type="checkbox"/> Company (VFR) 3. <input type="checkbox"/> IFR      6. <input type="checkbox"/> Military (VFR)	
<b>If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished</b>					
<u>Calm/Clear</u>					
<b>Fuel On Board At Last Takeoff</b>		<b>Fuel Type</b>			
<u>18</u> Gallons		1. <input type="checkbox"/> 80/87      4. <input type="checkbox"/> 115/145			
or		2. <input type="checkbox"/> 100 Low Lead    5. <input type="checkbox"/> Jet A			
Pounds		3. <input type="checkbox"/> 100/130      6. <input checked="" type="checkbox"/> Automotive			
<b>Other Services, If Any, Prior to Departure</b>					
<b>Weather Information At The Accident Site</b>					
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b>		<b>Light Condition</b>		<b>Visibility</b>	<b>Temp (°F)</b>
<u>Pilot</u>		1. <input type="checkbox"/> Dawn      3. <input type="checkbox"/> Dusk      5. <input type="checkbox"/> Dark Night 2. <input checked="" type="checkbox"/> Daylight    4. <input type="checkbox"/> Bright Night		<u>50</u> Miles	<u>40</u>

Weather Information At The Accident Site (cont.)					
Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition			
(°F) <u>300</u>	"Hg <u>300</u>	<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	Type Precipitation	Intensity Of Precipitation	
1. Direction <u>Calm</u> 2. Velocity _____ Kts 3. Gusts _____ Kts				<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy 4. Specify _____	
Turbulence (Multiple Entry)					
<input 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				Fire	
<input type="checkbox"/> None <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Destroyed				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In-Flight <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property					
<u>Destroyed Left Wing &amp; Left Landing Gear / Knock Down Power Lines / Mad Pole Loose At Base</u>					
Mechanical Malfunction Failure					
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes    List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure			Total Time		
<u>Known Unknown At This Time / think Maybe Mag. Switch, Logs show Trouble At 1662 hrs About 4/6/59</u>			On Part		At Overhaul
			<u>3871</u> Hours		<u>1662</u> Hours
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage		
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None		
Registered Aircraft Owner			Address		
Pilot Name			Address		Pilot Certificate No.
Evacuation Of Aircraft					
Assistance Received					
<input type="checkbox"/> Outside Person (s) <input type="checkbox"/> Auxiliary Lighting		<input type="checkbox"/> Slide <input type="checkbox"/> Rope		<input type="checkbox"/> Ladder <input type="checkbox"/> Specify _____	
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)					
1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry)					
<u>Engine stopped at about 30'/40' Above Ground &amp; Had About 250' Runway left &amp; it is dropping away at about 10%+ / should have slip stalled into ground / Had About 800' of Ditches &amp; XMax Trees</u>					

**Additional Flight Crew Members****For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information**

<b>Name</b>	<b>FAA Certificate No.</b>	<b>Address</b> _____ _____	<b>Title</b>
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<b>Certificate(s)</b>			
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 _____

<b>Ratings/Endorsements</b>	<b>Total Flight Time</b>	<b>Flight Time This Accident</b>

<b>Name</b>	<b>FAA Certificate No.</b>	<b>Address</b> _____ _____	<b>Title</b>
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<b>Certificate(s)</b>			
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 _____

<b>Ratings/Endorsements</b>	<b>Total Flight Time</b>	<b>Flight Time This Accident</b>

<b>Name</b>	<b>FAA Certificate No.</b>	<b>Address</b> _____ _____	<b>Title</b>
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<b>Certificate(s)</b>			
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 _____

<b>Ratings/Endorsements</b>	<b>Total Flight Time</b>	<b>Flight Time This Accident</b>

# 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.

Put Aircraft Into Storage 3/14/01 Took Out Of Storage 5/9/02 / Drained Gas Tanks & Fuel Lines, Put In More Gas Drain ~~the~~ Tanks & Lines Again, Cleaned Carb. & Screens, Settling Bowl, Remove Spark Plug & cleaned them / washed Old Storage Oil Out Of Cylinders / Timed Mags. Engine Starts First Pull Thru / Oiled checked All Control Cables, Pulleys, Hinges, All ~~the~~ Points ~~of~~ Of Gear Hinge & Control Hinges, Drained & Replaced Oil 50 W checked All Hoses, Gas, Oil, Carb. Heat, Cabin Heat, Cleaned Air Filter, checked For Exhaust Leaks, Check Compression Of Cylinders, Greased Wheel Bearings Started Aircraft Took Down To Pump House Washed It, Let Run A Good 45 Min After Dried Off Took Back To Hanger, Filled Tanks Complete Gas, Put Back In Hanger

5/16/02 About 6:45 Took Plane Out Of Hanger, Drained Gas Sumps check Oil, started Engine Let Run Awhile Till Oil Temp. Was 100° Got Into Plane Checked Controls stop To stop, Also checked control By Hand Outside Plane, check Instruments, Can See Gas Gage On Wire & Cork, Set Trim, then Run up To 2300 Less Then 25 RPM, Drop And Carb. Heat 100 + Drop, check Mags 3 Times Because Of First Take Off, started Roll And Held On A Little Longer Then Normal, Had Indication Airspeed About 65 And At About 30 To 40 Off Ground Very Little Run way Left, Motor quit Dead, Got Carb Heat, started Working Primer, Had My Head Inside For Couple Seconds & Must Of Had Some Weight On Left Rudder Which Brought Aircraft Over Telephone Pole Area And Hit Pole Just Under Wires & Right Wing Caught

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

Date Of This Report

5/28/02

Signature Of Pilot/Operator

*[Signature]*

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.

SEA02LA082

Reviewed By NTSB Office Located At

Seattle, Washington

Name Of Investigator

Steven A. McCreary

Date Report Received

06/05/02

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Wires, Burned Holes In Leading Edge, Bent Pole Over  
10°/15° Plane Turned Hard Left And Wanted To ~~Roll~~ Roll  
To Left Side, Held Controls Hard Right ~~Which~~ Which Made  
Plane Come Down Almost Flat, Took Out Left  
Landing Gear, Didn't Seem To Bend Any Thing Else  
Hit Ground About 40' Past Pole Above A Ditch Then  
Slid Down Into 4' or Deep Ditch, Got Out On My Own.

Fractured A Vertibrea Where The Spur Hooks Onto  
It, & Shortened 3<sup>rd</sup> Vertibrea Up Some,

I Had To Do Over Would Slip Stall Down Into  
Xmas Trees & Ditches

~~Richard A. Fisher~~

5/31/02