

Commonwealth of Virginia

Department of Aviation
5702 Gulfstream Road
Richmond, Virginia 23250-2422



Aircraft Accident Report

I. Location and Time of Accident:

1. City or Place Carroll County Date 09/10/14 Hour 1311hrs
 2. If on an airport, name same N/A
 3. If off airport, give detailed location Interstate 77 at 5.8 mm in the median (N36.635640 W80.719801)

II. Operator:

1. Full Name Bernard Frank Heimos Date of Birth ██████████ Sex male
 2. Address ██████████ Laguna Niguel California 92677
 3. Injuries lacerations,abrasions, possible rib fracture
 4. FAA Certification, Kind and Number Pilot LICENSE ██████████
 5. Ratings Private Pilot Medical date and class 08/20/2004 3RD CLASS
ASEL/INSTA

III. Personnel

NAME OF PERSONNEL	ADDRESS AND SEAT OCCUPIED	NON-OCCUPANT	DEGREE OF INJURY			
			Fatal	Serious	Minor	None
PILOT <u>Bernard F Heimos</u>	<u>██████████ Laguna CA 92677</u>			X		
OCCUPATION	<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					
PILOT <u>N/A</u>						
OCCUPATION	<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					
(LIST ALL ON BOARD, ALSO PERSONS INJURED ON GROUND)						
<u>N/A</u>						
NUMBER OF PERSONS ABOARD AIRCRAFT		NUMBER OF NON-OCCUPANTS INJURED	TOTAL			
1		0	1			

IV. Injury to Ground Crew, Spectators, etc.:

Names, addresses, injuries N/A

V. Property Damage (structures, power lines, crops, livestock, etc.):

Describe damage in detail (dollar estimate necessary) Trees (minor) branches etc.

VI. Type of Flying Engaged in at Time of Accident:

Day Night XC Local Student Solo Student Dual
 Purpose of Flight Personal Flight

VII. Weather at Accident Site:

SOURCE OF INFORMATION <u>Personal Observation</u>	SKY COVER <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CEILING AT <u>200</u> FT. <input type="checkbox"/> SCATTERED AT _____ FT.	WIND DIRECTION <u>unknown</u> VELOCITY _____ XTS. GUSTS _____ XTS.
TURBULANCE IN FLIGHT <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> EXTREME <input type="checkbox"/> LIGHT <input type="checkbox"/> SEVERE	LIGHT CONDITIONS <input type="checkbox"/> DAWN/DUSK <input type="checkbox"/> BRIGHT NIGHT <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK NIGHT	VISIBILITY _____ MILES ALTIMETER SETTING _____ HG.
WEATHER CONDITIONS AND RESTRICTIONS TO VISIBILITY		TEMP (°F) _____ DEWPOINT(°F) _____
<input checked="" type="checkbox"/> FOG <input type="checkbox"/> SMOKE <input type="checkbox"/> THUNDERSTORM <input type="checkbox"/> SNOW <input type="checkbox"/> FREEZING RAIN <input type="checkbox"/> HAZE <input type="checkbox"/> RAIN <input type="checkbox"/> HAIL <input type="checkbox"/> SLEET <input type="checkbox"/> ICING CONDITIONS		65

VIII. Aircraft:

- 1. Make 1939 J3 CUB Model J3C-65
Serial No. 4051 Identification No. N26105
- 2. Owner (Name and Address) same as Pilot
- 3. Virginia Aircraft License No. N/A Date Issued N/A
- 4. Engine Make CONTINENTAL Model A75-modified Horse Power 75
- 5. Aircraft Damage right wing sheared off. engine displaced.

IX. Collision Accidents (If accident involved collision with other aircraft, complete the following information pertaining to other aircraft):

- 1. FAA No. N/A Make _____
Model _____ Serial No. _____
- 2. Virginia Aircraft License No. _____ Date Issued _____
- 2. Owner (Name and Address) _____

X. Description of Accident:

The accident was a (CFIT) controlled flight into terrain with loss of visual flight conditions because of fog in the area. The statement from Mr Bernard F Heimos (Pilot) was that he flew the terrain depth right over the interstate highway 77. The weather started not to look good in the area, and it changed to fog quickly. He attempted to land on the interstate highway, but decided quickly not too. He crashed into the trees.

Jerry L Morgan (Aviation Safety Inspector) from Federal Aviation Administration came to scene and conducted the investigation of the crash.

XI. Witness:

- 1. Name N/A Address _____
- 2. Name _____ Address _____
- 3. Remarks:

XII. VIRGINIA LAW VIOLATED: (Code of Virginia, Title 5, Aviation and the Aviation Board's Regulations governing the licensing of aircraft and airports, and the operations of aircraft in the Commonwealth of Virginia.)

XIII. Action Taken:

Date of Investigation: 09/10/2014

R.D. Horton
Investigator

Investigating Agency:

- State Police
- Department of Aviation