

From:
To:
Subject:
Date:

Will Hardy
Alleyn Eric
Willard Hardy 4365M
Saturday, August 1, 2020 12:59:29 PM

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Hi Mr Alleyn
Thank you for helping me, I hope these forms get to you.

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**
This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location: _____ State: NIE
 Nearest City/Town: LINDSEYVILLE Date: 7/18/2020 Local Time: 11:30 AM
 ZIP: 02489 Country: USA Time Zone: EST 05:00
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees, minutes, seconds)

Collision with Other Aircraft: Mid-air On-ground None

AIRCRAFT INFORMATION

Registration Number: 4365M
 Manufacturer: Piper
 Model: PA-12
 Serial Number: 4-3303
 Year of Manufacture: 4/25/1947
 Amateur-Built: Yes No Kit/Plan Original Design

IFR Equipped and Certified
 Commercial Spare Flight
 Unmanned Aircraft

Maximum Gross Weight: 1500/1700 lbs 1233 lbs
 Weight at Time of Accident/Incident: _____ lbs
 Number of Seats: 3 Flight Crew Seats: 0
 Cabin Crew Seats: 1 Passenger Seats: 2
 Number of Engines: _____

Category of Aircraft (Check all that apply)
 Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown

Type of Airworthiness Certificate (Check all that apply)
 Standard: Normal Restricted Limited Provisional Special Flight Experimental Special Light-Sport Experimental Light-Sport
 Special: Restricted Limited Provisional Special Flight Experimental Special Light-Sport Experimental Light-Sport
 Certificate of Authorization or Waiver (COA) None Unknown

Landing Gear (Check all that apply)
 Retractable Fixed
 Tricycle Tailwheel Amphibian High Sid Emergency Float Ski Wheel Ski/Wheel Other Landing/Recovery System None Unknown

Engine Type (Select one)
 Reciprocating Liquid Rocket Turbo Shaft Solid Rocket Turbo Prop Hybrid Rocket Turbo Jet Turbo Fan Noise Electric Unknown
Fuel System Type (Reciprocating)
 Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. Installation	Rated Power <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Last Inspection (hours)	Time Since Overhaul (hours)
Eng 1	<u>LYCOMING</u>	<u>O290-D-2</u>	<u>1354P</u>	<u>5913-21</u>	<u>135HP</u>			<u>83</u>
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type
 100-Hour Continuous Airworthiness Conditional Inspection AAIIP Unknown
 Annual
 Date Last Inspection: 7/2/2019
hours measured at (Select one)
 Last Inspection Time of Accident/Incident

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

Description of Fire Extinguishing System
 None Specify: _____

Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: _____ Model: _____

Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: _____ Model: _____

ELT Installed: Yes No
 If Yes: ELT Manufacturer: Ack Technologies
 Model or Part No.: 03085P
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C128 (406 MHz)

Was ELT still mounted in aircraft? Yes No
 Was ELT still connected to antenna? Yes No
 Did ELT Activate? Yes No
 If activated: Did ELT Aid in Locating Aircraft? Yes No
 If not activated: Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown

Additional Equipment (Check all that apply)
 ADS-B Airframe Parachute Angle of Attack Indicator Autopilot Data Recorder Electronic Flight Bag or Handheld Device Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display Onboard Weather Satellite Tracking Device Stall Warning System Video Recording Device Other, Specify: _____

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OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>WILLARD HARRY</u>		City: <u>NEWTON</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		State: <u>MA</u> ZIP: <u>02457</u>
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner <input type="checkbox"/> Same Address as Registered Owner		Country: <u>MARSA</u>
Name: _____		City: _____
Doing Business As: _____		State: _____ ZIP: _____
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____
Operating Certificates Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carrier (FAR 129) <input type="checkbox"/> Aircraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Taxi (FAR 135) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under (Select one for each group) <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 411 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 433 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Public Aircraft (Select one) <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic <input type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Mail Contract Only
Revenue Sightseeing Flight <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Medical Flight <input type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Aerial Application <input type="checkbox"/> Firefighting <input type="checkbox"/> Unknown <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Flight Test <input type="checkbox"/> Air Drop <input type="checkbox"/> Glider Tow <input type="checkbox"/> Air Race/Show <input type="checkbox"/> Instructional <input type="checkbox"/> Banner Tow <input type="checkbox"/> Other Work Use <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> External Load <input type="checkbox"/> Skydiving <input type="checkbox"/> Ferry
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)		
Airport Name: <u>Private Field 465 Youngtown Rd</u>		Distance From Airport Center: _____ mi
Airport Identifier: _____		Direction From Airport: _____ degrees true
Proximity to Airport: <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport/Airstrip <input type="checkbox"/> N/A		Airport Elevation: <u>386</u> ft. msl
Runway Information Runway ID: <u>GRAB 0 GRAB 5</u> (LWC) Length: <u>1700</u> ft. Width: <u>200</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-Glossy <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"/> Sub-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown	
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	Approach/Departure Segment (Select one) <input type="checkbox"/> Taxi <input checked="" type="checkbox"/> VFR Departure <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Downwind <input checked="" type="checkbox"/> Low Approach <input type="checkbox"/> Takeoff <input type="checkbox"/> IFR Departure Procedure/Clearance <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Base <input type="checkbox"/> Go Around <input type="checkbox"/> Initial Climb <input type="checkbox"/> Final <input type="checkbox"/> Crosswind <input type="checkbox"/> Unknown <input type="checkbox"/> Aborted Landing (after touchdown)	
IFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> ADP/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Siding <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TYOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Final <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact <input type="checkbox"/> Circling <input type="checkbox"/> Unknown <input type="checkbox"/> TACAN <input type="checkbox"/> LCK-back course <input type="checkbox"/> Contact <input type="checkbox"/> Circling <input type="checkbox"/> Unknown <input type="checkbox"/> RNAV	VFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forward Landing <input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: WILLIAM HAWBY City of Residence: NEWTON
 Middle Initial: H State: MA ZIP: 02458
 Last Name: HAWBY Country: USA
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Facial <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input checked="" type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input checked="" type="radio"/> Row <input type="radio"/> Single <input type="radio"/> Center <input type="radio"/> Single	Restraints Type Available <input type="radio"/> None <input checked="" type="radio"/> Lap only <u>PCAL</u> <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
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Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical <u>3/25/2020</u> <small>mm/dd/yyyy</small>
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>4/24/2020</u> <small>mm/dd/yyyy</small>	Flight Review Aircraft Make: <u>PA-12 Piper</u> Model: <u>PA-12</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings
COMMERCIAL

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	563	357.8	563	0	59.6	14.4	65.8	0	0	0
Pilot in Command (PIC)	11	11	11	0	50.6	0	65.8	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	3.2	3.2	3.2	0	0	0	0	0	0	0
Last 30 Days	1.4	1.4	1.4	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>AKO</u> City: <u>Bozalewo</u> State: <u>ML</u> Country: _____		Time of Departure Time: <u>11:15</u> Time Zone: <u>EST</u>	
Destination Airport ID: <u>N/A</u> City: <u>Wichita</u> State: <u>KS</u> Country: <u>USA</u>		Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> Company VFR <input type="checkbox"/> Military VFR <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Type of ATC Clearance/Service (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR <input type="checkbox"/> Special VFR <input type="checkbox"/> IFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Cruise <input type="checkbox"/> Unknown / NA			
Airports where the accident/incident occurred (Check all that apply) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Warning Area <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Restricted Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 91 <input type="checkbox"/> Special <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Unknown			
Altitude of In-Flight Occurrence: _____ ft msl			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report (ARTIS) <input type="checkbox"/> Commercial Weather Service (DGATS) <input type="checkbox"/> On-board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ mi Direction from Accident Site: _____ degree true	
Basic Conditions <input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown		Light Conditions <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Unknown	
Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		Ceiling <input checked="" type="checkbox"/> None (Clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl	
Temperature: _____ (C) or <u>85</u> (F)		Dew Point: _____ (C) or _____ (F)	
Altimeter Setting: _____ in. Hg or _____ mb		Visibility: <u>10</u> miles RVR: _____ feet RVV: _____ miles	
Density Altitude: _____ ft		Restriction to Visibility (Check all that apply) <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"/> Smokes <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A <input type="checkbox"/> Unknown		Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	
Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown Type <input type="checkbox"/> N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown		Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown Type <input type="checkbox"/> N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown	
Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme			
NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>None</u>			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

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

UNDERCARRIAGE DESTROYED ~~FRAME OF PLANE~~ FRAME OF PLANE
 SOME ENGINE PARTS PLANE OUTER SHELL MOSTLY UNDER WHEELS
 WHEELS
 PROP

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

11AH departed private field at 465 Youngtown Rd Lincolnville ME
 MADE 2 LANDING AT TWO OTHER AIRPORTS, RETURNED TO 465 YOUNGTOWN RD
 MADE A SLIGHT IN APPROACH AT 60 KNOTS SLIPPED IN OVER TREES
 AT 50 KNOTS CAME DOWN A LITTLE FAST LANDED IN SOFT
 TUFF AND ~~UNDER~~ LANDING GEAR COLLAPSED ~~STUCK~~
 IT STUCK IN 81 FEET STUCK TO

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

Operator/Owner Safety Recommendation

*Make more landings into field
before taking a passenger on board*

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

Was there Mechanical Malfunction/Failure? Yes No
(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

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

38 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

None

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

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

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

