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: Lakeville State: NY
ZIP: _____ Country: _____
Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)

Date/Time
Date: 02/08/2009 (mm/dd/yyyy) Local Time: 10:30 AM
Time Zone: Eastern

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

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility
Facility ID: Not Pertinent
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ NM
Direction from Accident Site: _____ degrees MAG

Source of Weather Information (Check all that apply) Not Pertinent
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing (Check all that apply) Not Pertinent
☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ 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
_____ ft AGL

Ceiling Height
_____ ft AGL

Wind Direction
☐ Indicated: _____ degrees MAG
☒ Variable

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

Wind Gusts
Velocity: _____ 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
Not Pertinent

Temperature: _____ (C) ?
or _____ (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

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

Icing Actual
Amount: ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light
Type: ☐ Rime ☐ Clear ☐ 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

AIRCRAFT INFORMATION

Manufacturer: Piper
Model: PA 30
Serial Number: _____
Registration Number: N10JR Amateur-built: ☐ Yes ☒ No

Max Gross Weight: _____ lbs
Weight at Time of Accident: _____ lbs
Location of Center of Gravity at Time of Accident:
_____ 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: 4
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: 08/07/2008 *mm/dd/yyyy*
Airframe Total Time: 3568.8 hrs
hours measured at *(check one)*
☒ Last Inspection ☒ Time of Accident

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 N/A

ELT Manufacturer: D+M (Dorne and Margolin)
Model/Series: _____
Serial Number: _____
Battery Type: dry cell **Battery Exp. Date:** 07/09

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: Hartzell
Model: HCE2YL-2BS

Engine	Engine Manufacturer	Engine Model/Series	Manufacturing 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	IO-320-D1A			160	3568.8	-0-	135.1
Eng. 2	Lycoming	IO-320-B1A			160	3500.9	-0-	.9
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: MD Inc
Fractional Ownership Aircraft: ☐ Yes ☐ No

Owner Address
City [redacted] St. Johns
State: _____ ZIP: _____
Country: Antigua

Operator of Aircraft ☐ Same As Registered Owner
Name: William C. Anderson
Doing Business As: _____
Air Carrier/Operator Designator (4 Character Code): _____

Operator Address ☐ Same As Registered Owner
City [redacted] Dansville
State: NY ZIP: 14437
Country: _____

Regulation Flight Conducted Under N/A
☐ 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

TAXI

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: _____ City: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

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

Airport Identifier: _____

Airport Name: Hanna's Acres

Distance From Airport Center: _____ SM

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip

Airport Elevation: _____ ft. MSL

Approach Segment *(Select one)* TAXI

- ☐ On Instrument Approach
- ☐ Crosswind
- ☐ Landing
- ☐ Downwind
- ☐ Base leg
- ☐ Low Approach
- ☐ Final
- ☐ Aborted Landing (after touchdown)
- ☐ Go Around

IFR Approach *(Check all that apply)*

- ☐ None
- ☐ ADF/NDB
- ☐ SDF
- ☐ VOR/TVOR
- ☐ VOR/DME
- ☐ TACAN
- ☐ PAR
- ☐ Sidestep
- ☐ ILS
- ☐ Localizer Only
- ☐ LOC-back course
- ☐ RNAV
- ☐ MLS
- ☐ LDA
- ☐ ASR
- ☐ Visual
- ☐ Contact
- ☐ Circling
- ☐ Practice
- ☐ GPS
- ☐ Loran
- ☐ Unknown

VFR Approach *(Check all that apply)*

- ☐ None
- ☐ Traffic Pattern
- ☐ Straight-In
- ☐ Valley/Terrain Following
- ☐ Go Around
- ☐ Full Stop
- ☐ Stop and Go
- ☐ Touch and Go
- ☐ Simulated Forced Landing
- ☐ Forced Landing
- ☐ Precautionary Landing
- ☐ Unknown

Runway Information

Runway ID: _____ (L/R/C) Length: 2800 ft Width: 80 ft

Runway/Landing Surface *(Check all that apply)*

- ☐ Asphalt
- ☐ Concrete
- ☐ Dirt
- ☐ Grass/Turf
- ☐ Gravel
- ☐ Ice
- ☐ Macadam
- ☐ Metal/Wood
- ☐ Snow
- ☐ Water
- ☐ Unknown

Condition of Runway/Landing Surface *(Check all that apply)*

- ☐ Dry
- ☐ Holes
- ☐ Ice Covered
- ☒ Rough
- ☐ Rubber Deposits
- ☒ Slush Covered
- ☐ Snow-Compacted
- ☐ Snow-Crusted
- ☐ Snow-Dry
- ☐ Snow-Wet
- ☒ Soft
- ☐ Vegetation
- ☐ Water-Calm
- ☐ Water-Choppy
- ☐ Water-Glassy
- ☐ Wet
- ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: _____

City: _____

State: _____

Country: _____

Time of Departure

Time: _____

Time Zone: _____

Destination

Airport ID: _____

City: _____

State: _____

Country: _____

Type Flight Plan Filed

- ☐ None
- ☐ Company VFR
- ☐ Military VFR
- ☐ VFR
- ☐ VFR/IFR
- ☐ IFR
- ☐ Unknown

Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service *(Check all that apply)* N/A

- ☐ None
- ☐ VFR
- ☐ Special VFR
- ☐ IFR
- ☐ Special IFR
- ☐ VFR On Top
- ☐ VFR Flight Following
- ☐ Traffic Advisory
- ☐ Cruise
- ☐ Unknown / NA

Airspace where the accident 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)*

60 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

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.)

Left engine failed.

Total Time/Cycles On Part

135.1 Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

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)*

Left and Right wings were destroyed.
Left and Right propellors were destroyed.

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

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident

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

Pilot "A" Identification

First Name: William
Middle Initial: C.
Last Name: Anderson

City: [redacted] Dansville
State: NY ZIP: 14437
Country: USA

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

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	05/23/2007 (mm/dd/yyyy)

Medical Certificate Limitations "Holder shall wear lenses that correct for distance vision and posess glasses that correct for near and intermediate vision"

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 08/16/2008 (mm/dd/yyyy)

Flight Review Aircraft
Make: Cessna
Model: 150

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 B17, PBY, DC3, P40

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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	3716		1442	2234	368	81				
Pilot in Command (PIC)	3676									
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

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.

grass runway which was apparently frozen. I intended only to taxi to far end and tie down aircraft, awaiting owner of near- by FBO to come and move it to his facility. I was especially nervous about causing ruts in the runway. I Taxied for about 150 yds and could feel the gear sinking into (thru) ~~the frost~~. I added power to lift out of the soft turf and aircraft jumped into the air, where upon left engine lost power. I was about to shut down power, but then the left engine seemed to catch again, so I attempted to continue rather than

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

dig up the runway. then the engine died again and by then it was too late. I should not have attempted operation, but that is 20/20 hind sight. I was under pressure to get the plane off (away) from that airfield.

[redacted]