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: Brigham City State: UT
ZIP: 84302 Country: United States
Latitude: 41:33:15N (dd:mm:ss N/S) Longitude: 112:03:44W (ddd:mm:ss E/W)

Date/Time
Date: 05/06/2012 (mm/dd/yyyy) Local Time: 3:30 approx
Time Zone: MDT

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
4,230 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Maule
Model: M-7
Serial Number: 26012C
Registration Number: N7ZF **Amateur-built:** ☐ Yes ☑ No

Max Gross Weight: 2,500 lbs
Weight at Time of Accident/Incident: 2,350 lbs
Location of Center of Gravity at Time of Accident/Incident:
18 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: 5
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: 12/17/2011 (mm/dd/yyyy)

Airframe Total Time: 528 hrs
hours measured at *(check one)*
☐ Last Inspection ☑ Time of Accident/Incident

IFR Equipped
☐ Yes ☑ No ☐ Unknown

Stall Warning System Installed
☑ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System
☐ None
☑ Specify Hand held

ELT Installed ☑ Yes ☐ No
ELT Activated ☐ Yes ☑ No
ELT Aided in Locating Accident/Incident ☐ Yes ☑ No

ELT Manufacturer: Emergency Beacon Corp
Model/Series: EBC-502
Serial Number: _____
Battery Type: _____ **Battery Exp. Date:** _____

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: McCauly
Model: B3D32C414-C

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's 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	Textron Lycoming	IO-540-V4A5	L-276672-48A	03/20/2001	260	528	35	528
Eng 2								
Eng 3								
Eng 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Stephen R. Walsh

Fractional Ownership Aircraft: ☐ Yes ☑ No

Owner Address

City: [redacted]

State: Boca Raton ZIP: 33431

Country: US

Operator of Aircraft ☑ Same As Registered Owner

Name:

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

Operator Address ☑ Same As Registered Owner

City:

State: ZIP:

Country:

Regulation Flight Conducted Under

☑ 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

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:

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.)

Total Time/Cycles On Part

_____ 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)*

Collapsed right landing gear, damage to wing tip and aileron and the prop hit the ground

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

Airport Identifier: KBMC

Airport Name: Brigham City Airport

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

Distance From Airport Center: 0 SM

Direction From Airport: 0 degrees MAG

Airport Elevation: 4,230 ft. MSL

Approach Segment *(Select one)*

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

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

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

Runway Information

Runway ID: 35 (L/R/C) Length: 8,900 ft Width: 100 ft

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

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KBMC
City: Brigham City
State: UT
Country: US

Time of Departure

Time: 2:45 approx
Time Zone: MDT

Destination

Airport ID: KBMC
City: Brigham City
State: UT
Country: US

Type Flight Plan Filed

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

Activated? ☐ Yes ☐ No

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

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

Airspace where the accident/incident 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)*

30 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

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

We opened the doors and exited the aircraft

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: KBMC

Observation Time:

Time Zone: MDT

Distance from Accident Site: 0 NM

Direction from Accident Site: 0 degrees MAG

Source of Weather Information *(Check all that apply)*

- ☑ National Weather Service
- ☐ Flight Service Station
- ☐ TV/Radio
- ☑ Automated Report
- ☐ Commercial Weather Service (DUATS)
- ☐ Company
- ☐ Military
- ☐ Internet
- ☐ Unknown

Method of Briefing *(Check all that apply)*

- ☐ In Person
- ☐ Teletype
- ☑ Telephone/Computer
- ☑ Aircraft Radio
- ☐ TV/Radio
- ☐ Unknown

Briefing Type/Completeness

- ☑ Full
- ☐ Partial / Limited By Pilot
- ☐ Partial / Limited By Briefer
- ☐ Abbreviated
- ☐ Unknown
- ☐ Not Pertinent

Light Condition

- ☐ Dawn
- ☑ Day
- ☐ Dusk
- ☐ Night
- ☐ Dark Night
- ☐ Bright Night
- ☐ Not Reported

Visibility

10 miles

Sky/Lowest Cloud Condition

- ☑ Clear
- ☐ Few
- ☐ Partial Obscuration
- ☐ Scattered
- ☐ Thin Broken
- ☐ Thin Overcast
- ☐ Unknown

Ceiling

- ☑ None (clear)
- ☐ Broken
- ☐ Overcast
- ☐ Obscured
- ☐ Indefinite
- ☐ Unknown

Restriction to Visibility *(Check all that apply)*

- ☑ None
- ☐ Blowing Dust
- ☐ Blowing Sand
- ☐ Blowing Snow
- ☐ Blowing Spray
- ☐ Dust
- ☐ Fog
- ☐ Ground Fog
- ☐ Haze
- ☐ Ice Fog
- ☐ Smoke
- ☐ Unknown

Lowest Cloud Condition Height

12,000 ft AGL

Ceiling Height

12,000 ft AGL

Wind Direction

- ☐ Indicated _____ degrees MAG
- ☑ Variable

Wind Speed

Velocity: _____ KTS

-or-

- ☐ Calm
- ☑ Light and Variable

Wind Gusts

Velocity: 10 KTS

- ☑ Gusting
- ☐ Not Gusting

Type of Turbulence *(Check all that apply)*

- ☑ None
- ☐ Clear Air
- ☐ In Clouds
- ☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
- ☐ Severe
- ☐ Moderate
- ☐ Moderate Chop
- ☐ Light

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

None that affected this flight

Temperature: _____ (C) or 65 (F)

Altimeter Setting: _____ in HG or _____ MB

Density Altitude: _____ ft

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

Icing Forecast

Amount: ☑ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe

Type: ☐ Rime ☐ Clear ☐ Mixed

Icing Actual

Amount: ☑ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe

Type: ☐ Rime ☐ Clear ☐ Mixed

Type of Precipitation *(Check all that apply)*

- ☑ None
- ☐ Rain
- ☐ Snow
- ☐ Hail
- ☐ Rain Showers
- ☐ Freezing Rain
- ☐ Snow Shower
- ☐ Drizzle
- ☐ Ice Pellets
- ☐ Snow Pellets
- ☐ Snow Grains
- ☐ Ice Crystals
- ☐ Ice Pellets Shower
- ☐ Freezing Drizzle

Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: Stephen
Middle Initial: R
Last Name: Walsh

City: Boca Raton
State: FL ZIP: 33431
Country: US

Age at time of Accident/Incident: 59 Date of Birth: [redacted] (mm/dd/yyyy) Certificate Number: [redacted]

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	05/18/2011 (mm/dd/yyyy)

Medical Certificate Limitations

Need corrective lenses

Medical Certificate Waivers

None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/19/2012 (mm/dd/yyyy)

Flight Review Aircraft
Make: American Champion
Model: Citabria

Airplane Rating(s) *(Check all that apply)*	Other Aircraft Rating(s) *(Check all that apply)*	Instrument Rating(s) *(Check all that apply)*	Instructor Rating(s) *(Check all that apply)*
☐ None ☑ Single-Engine Land ☑ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☑ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☑ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	☑ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings

None

Student Endorsements *(Include dates)*

Time below is up to the time up through 05/06/2012

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	816	43	811	5						0
Pilot in Command (PIC)	816	43	811	5						0
Time as Instructor	0	0	0	0						
This Make/Model										
Last 90 Days	26	19	26	0						
Last 30 Days	7	6	7	0						
Last 24 Hours	3	3	3	0						

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 time and point of departure, intended destination, and services obtained.

At about 2:45 PM local time we departed KBMC for a local flight. We took off toward the north, flew west bound to the base of the hills west of Tremonton, then east to Tremonton then north up the river, over the powerhouse between the hills east of Fielding then south along the river toward Wellsville. From Wellsville we flew up over Mantua and west of the reservoir then west over the pass to Brigham City. As we approached KBMC we looked at the windsock on the south end of the airport and found it to be hanging straight down. We flew north over the runway to look at the north windsock which was also limp. Then we flew a normal pattern, left downwind, left base and final. As we turned to base I checked the power setting, speed and flaps and they were all properly configured. When established on final I looked at the runway and noted there was no crosswind correction needed. The flare and touchdown were without incident and on the rollout the tail suddenly veered to the east. I increased power to attempt a go around but the airplane was already spinning around and the right wing was lifting so I reduced power and attempted to control the airplane with proper control inputs but the right landing gear collapsed and the airplane veered off the west side of the runway and stopped. I then shut off the engine, turned off the master switch, turned the gas tank selector to off opened the door and exited the airplane. After exiting the airplane I noticed there was no wind, in the next few minutes there were gusts of wind from the north west at about 8 knots, then nothing, then from the north at about 5 knots, then nothing, then from the west at about 8 to 10 knots, then nothing.

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

Operator/Owner Safety Recommendation

I have landed this airplane over 100 times in winds as strong at 16 knots gusting to 27 (reported on an ASOS) and never had a problem until 05/06/2012. This cross wind was variable and unpredictable and came at me with no warning.

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	Signature and Name of Pilot/Operator
05/15/2012 *mm/dd/yyyy*	Signature: [redacted] Type or Print Name: Stephen R. Walsh

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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR12CA215	WPR	Fraleye Cornejo	05/15/12