Printed on: 10/15/2010 4:43:03 AM

| National Transportation Safety Board FACTUAL REPORT AVIATION ocation/Time earest City/Place Stat TX | Occurre | ence Date: 06/18 | | Most Critical In | |
|---|--------------|-------------------|-----------------|------------------|---------|
| ocation/Time earest City/Place Stat XINGSLAND TX | | ence Type: Accid | lent | Investigated B | y: NTSB |
| ocation/Time earest City/Place Stat XINGSLAND TX | e l | | | | |
| (INGSLAND TX | e I | | | | |
| | - 1 | Zip Code | Local Time | Time Zone | |
| | | 78539 | 2015 | CDT | |
| irport Proximity: Off Airport/Airstrip Dist | ance From | Landing Facility: | 0 | | |
| ircraft Information Summary | | | | | |
| ircraft Manufacturer | Model/Series | 3 | | Type of Aircraft | |
| REPUBLIC | RC-3 | /RC-3 | | Airplane | |
| evenue Sightseeing Flight: No | | Air N | Medical Transpo | ort Flight: No | • |
| larrative | | | | | |
| | | | | | |
| | | | | | |

National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: FTW91LA101

Occurrence Date: 06/18/1991

| TACIONE REIONI | | | | | | | | | | | | |
|---|-----------------|------------------------------|-----------------------------|---|-------|----------------------------|----------|---------------|--------|------------------------|--|--|
| AVIATION | Occurren | currence Type: Accident | | | | | | | | | | |
| Landing Facility/Approach Info | rmation | | | | | | | | | | | |
| Airport Name | ort ID: | Airport Elevation Ft. MSI | | | | ay Lengt | h Ru | nway Width | | | | |
| Runway Surface Type: Not Applicate | ole | | | | | | | | | | | |
| Runway Surface Condition: | | | | | | | | | | | | |
| Approach/Arrival Flown: NONE | | | | | | | | | | | | |
| VFR Approach/Landing: None | | | | | | | | | | | | |
| Aircraft Information | | | | | | | | | | | | |
| Aircraft Manufacturer REPUBLIC | | | Model/3 | Series /RC-3 | | | | Serial 691 | Number | | | |
| Airworthiness Certificate(s): | | | • | | | | | | | | | |
| Landing Gear Type: Amphibian | | | | | | | | | | | | |
| Amateur Built Acft? No N | Certified | Max Gross Wt. | LBS | Numbe | es: 1 | | | | | | | |
| 9 11 | | | | Engine Manufacturer: Model/Series: FRANKLIN 6AB-215-B9F | | | | | | Rated Power: 215 HP | | |
| - Aircraft Inspection Information | | | | | | | | | | | | |
| Type of Last Inspection | | Dat | Date of Last Inspection Tir | | | Time Since Last Inspection | | | | Total Time | | |
| Unknown | | | | | | | | 0 Hours Hours | | | | |
| - Emergency Locator Transmitter (EL | T) Information | | | | | | | | | | | |
| ELT Installed?/Type No ELT Aided in Locating Accide | | | | | | | | ent Site? | > | | | |
| Owner/Operator Information | | | | | | | | | | | | |
| Registered Aircraft Owner | | | Street A | ddress UNKNOWN | | | | | | | | |
| BILLY J. WOODY | | | | ONKINOWIN | State | Zip Code | | | | | | |
| Street Address Operator of Aircraft UNKNOWN | | | | | | | | | | | | |
| BILLY J. WOODY | | | | City State | | | | | | | | |
| Operator Does Business As: | | | | | 0 | perator Desigr | nator Co | ode: | | | | |
| - Type of U.S. Certificate(s) Held: No | ne | | | | | | | | | | | |
| Air Carrier Operating Certificate(s): | | | | | | | | | | | | |
| Operating Certificate: | | | | Operator Certifi | cate: | | | | | | | |
| Regulation Flight Conducted Under: I | Part 91: Genera | l Aviation | | | | | | | | | | |
| Type of Flight Operation Conducted: | Ferry | | | | | | | | | | | |
| | | FACTUAI | L REPO | RT - AVIATION | | | | | | Page 2 | | |

National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: FTW91LA101

Occurrence Date: 06/18/1991

| AVIATION | | | | Occurrence Type: Accident | | | | | 1 | | | | | |
|--|-----------------------------------|--------------|--------------------|---------------------------|-------------------------|---------|--------|--------------|--------------------------|---------|------------|-----------|---------------------|---------------------|
| First Pilot Information | | | | | | | | | | | | | | |
| Name | City | | | | | State | e D | ate of Birth | Age | | | | | |
| On File | | | | | | | | | | | | | | 64 |
| Sex: M | own | | | | Certif | ficate | Numbe | r: On File | ' | | | | | |
| Certificate(s | s): Priva | ate | | | | | | | | | | | | |
| Airplane Rating(s): Single-engine Land | | | | | | | | | | | | | | |
| Rotorcraft/Glider/LTA: None | | | | | | | | | | | | | | |
| Instrument | Rating(s): None | e | | | | | | | | | | | | |
| Instructor R | ating(s): None | е | | | | | | | | | | | | |
| Current Bie | nnial Flight Revie | ew? | | | | | | | | | | | | |
| Medical Ce | rt.: Class 3 | Medica | al Cert. Status | s: Valid Me | dicalw/ wa | aivers/ | lim. | | Date | of Las | t Med | dical Exa | am: 06/1991 | |
| | | | | | | | | | | | | | | |
| - Flight Tim | All A/C I make | | | Airplane Single Engine | Airplane Mult-Engine | Night | | l Actual | Instrument ual Simulated | | Rotorcraft | | Glider | Lighter Than Air |
| Total Time | | 500 | 10 | 500 | | | 10 | | | | | | | |
| Pilot In Con | nmand(PIC) | 450 | | | | | | | | | \perp | | | |
| Instructor | | | | | | | | | | | \bot | | | |
| Instruction I | Received | | | | | | | | | | \bot | | | |
| Last 90 Day | | 10 | | | | | | | | | + | | | |
| Last 30 Day | | 3 | | | | | | | | | + | | | |
| Last 24 Hor Seatbelt Us | | Shou | l Ilder Harness | Used? No | | | Toxico | ology Per | erformed? No | | | Sec | _ ond Pilot? No | <u> </u> |
| | | | | | | | | | | | | | | |
| | n/Itinerary pht Plan Filed: No | 200 | | | | | | | | | | | | |
| Departure F | | one | | | | | State | | irport Ide | ntifier | Т | Departu | ıre Time | Time Zone |
| Same as Accident/Incident Location | | | | | | | State | | iiipoit ide | · | | | CDT | |
| Destination State Airport Identifier | | | | | | | | | | | | | | |
| Local Flight | | | | | | | | | | | | | | |
| Type of Clearance: None | | | | | | | | | | | | | | |
| Type of Airs | space: | | | | | | | | | | | | | |
| Weather | Information | | | | | | | | | | | | | |
| Source of \ | Nx Information: | | | | | | | | | | | | | |
| | No rec | ord of brief | ing | | | | | | | | | | | |
| | | | | FACTUAL | . REPORT | - AVI | ATION | 1 | | | | | | Page 3 |

National Transportation Safety Board
FACTUAL REPORT

NTSB ID: FTW91LA101

Occurrence Date: 06/18/1991

| FACIDAL REPORT | | | | Occurrence Date: 06/16/1991 | | | | | | | | | |
|----------------------|-------------------------|--|---------|--|-----|--------|-----------|----------|----------------------------------|---------|-------------|-----------|--|
| | AVIATION | Occurrence Type: Accident | | | | | | | | | | | |
| Weather | Information | | | | | | | | | | | | |
| WOF ID | Observation Time | Time Zone | WOF | Elevation | ' | WOF Di | stance Fr | om Acci | dent Site Direction From Accider | | | dent Site | |
| | 0000 | | | 0 Ft. MSL | | | | | 0 NM | | 0 Deg. Mag. | | |
| Sky/Lowes | st Cloud Condition: Cle | ar | ' | | | | 0 Ft. | AGL | Condition of Light: Night/Bright | | | | |
| Lowest Ce | eiling: None | | | 0 Ft. AGL Visibility: | | | | 15 | SM | "Hg | | | |
| Temperatu | | Dew Point: | 2 | 23 °C Weather Conditions at Accident Site: Visual Conditions | | | | | | litions | | | |
| Wind Direct | | Wind Sp | | | | | I Gusts: | | | | | | |
| Visibility (F | RVR): 0 Ft | . Visibility | y (RVV) | 0 SM | 1 | | | | | | | | |
| Precip and | d/or Obscuration: | · | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Accident Information | | | | | | | | | | | | | |
| | mage: Minor | | Airc | raft Fire: No | ne | | | | Aircraft Exp | olosio | n None | | |
| , o. a. t. 2 a. | age. Willion | | | | | | | | 7 0. a. t 2/p | | | | |
| - Injury Su | mmary Matrix | Fatal | Serious | Minor | l N | lone | TOTAL | Т | | | | | |
| First Pi | | 1 | 1 | | | | | 1 | | | | | |
| Second | | | | | | | | ╣ | | | | | |
| Studen | | | | | | | | \dashv | | | | | |
| | nstructor | | | | | | | \dashv | | | | | |
| Check | | | | | | | | \dashv | | | | | |
| | Engineer | | | | | | | _ | | | | | |
| | Attendants | | | | | | | _ | | | | | |
| Other (| Crew | | | | | | | 7 | | | | | |
| Passer | ngers | | | | | | | | | | | | |
| - TOTAL A | ABOARD - | | 1 | | | | | 1 | | | | | |
| Other (| Ground | 0 | 0 | 0 | | | | 0 | | | | | |
| - GRANE | D TOTAL - | 0 | 1 | 0 | | | | 1 | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

National Transportation Safety Board

FACTUAL REPORT AVIATION

NTSB ID: FTW91LA101

Occurrence Date: 06/18/1991

Occurrence Type: Accident

| | ormation |
|--|----------|
| | |
| | |

Investigator-In-Charge (IIC)

O. R. WALL

Additional Persons Participating in This Accident/Incident Investigation:

R. TARWATER SAN ANTONIO, TX