This space for binding National Transportation Safety Board NTSB ID: ATL82FLJ06 Aircraft Registration Number: N223LW FACTUAL REPORT Occurrence Date: 03/18/1982 Most Critical Injury: Fatal AVIATION Occurrence Type: Accident Investigated By: FAA Location/Time Nearest City/Place Local Time Time Zone State Zip Code NC 1830 **EST KNIGHTDALE** Distance From Landing Facility: 0 Airport Proximity: Off Airport/Airstrip Aircraft Information Summary Aircraft Manufacturer Model/Series Type of Aircraft Bede Aircraft BD-4 /BD-4 Airplane Revenue Sightseeing Flight: No Air Medical Transport Flight: No Narrative Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:

National Transportation Safety Board
FACTUAL REPORT
AVIATION

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AVIATION		Accident									
Landing Facility/Approach Information											
Airport Name		Air	port ID:	Airport Elevation	Run	way Used	Runwa	y Lengt	h F	Runway Width	
WENDELL-KNIGHTDALE				0 Ft. MSL	. 19		3000		;	35	
Runway Surface Type: Asphalt											
Runway Surface Condition: Dry											
Approach/Arrival Flown: Conta	ıct										
VFR Approach/Landing:											
Aircraft Information											
Aircraft Manufacturer Bede Aircraft			Model/ BD-4	Series /BD-4				Serial 223	Number		
Airworthiness Certificate(s):			•					•			
Landing Gear Type: Tricycle											
Amateur Built Acft? Yes	Number of Seats: 4	4	Certified	d Max Gross Wt.		2200	LBS	Numbe	r of Eng	ines: 1	
Engine Type: Reciprocating			ngine Ma _YCOMII	nufacturer: NG		Model/Se O-360	ries:			Rated Power: 180 HP	
- Aircraft Inspection Information						•					
Type of Last Inspection		Da	ate of Las	t Inspection	Time Si	nce Last Insp	ection		Airframe	e Total Time	
Unknown							8 Ho	ours		50 Hours	
- Emergency Locator Transmitter (ELT) Information										
ELT Installed?/Type Yes /		El	_T Operat	ed?	ELT Aid	ded in Locatin	g Accide	ent Site?	?		
Owner/Operator Information											
Registered Aircraft Owner			Street A	ddress RD. 1							
DON COLE			City	AVOCA					State NY	Zip Code 14809	
			Street A						1111	14003	
Operator of Aircraft				RD. 1							
DON COLE			City							Zip Code 14809	
Operator Does Business As:					O	perator Desig	nator Co	de:		•	
- Type of U.S. Certificate(s) Held:											
Air Carrier Operating Certificate(s)	:										
Operating Certificate:				Operator Certifi	cate:						
Regulation Flight Conducted Unde	r: Part 91: Genera	al Aviation	1								
Type of Flight Operation Conducted	d: Personal										
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AVIATION									1				
				Occurrence Type: Accident									
First Pilot	t Information												
Name											ate	Date of Birth	Age
On File							On File						38
Sex: M	Sex: M Seat Occupied: Unknown Occupational Pilot? Unknown Certificate Number: On File												
Certificate(s): Priva	ate											
Airplane Ra	ating(s): Sing	le-engine L	and; Single-	engine Sea	a								
Rotorcraft/0	Glider/LTA:	<u> </u>		-									
Instrument	Rating(s): Non-	e											
Instructor F	Rating(s): None	e											
Current Bie	nnial Flight Revie	ew?											
Medical Ce	ert.: Class 2	Medica	al Cert. Status	S: Valid Me	dicalno w	aivers	/lim.		Date of	Last M	edical E	xam: 06/1980)
									-				
- Flight Tim	ne Matrix	All A/C	This Make and Model	Airplane Single Engine	Airplane Mult-Engine	Ni	ight	I Actual	nstrument Simulate	l l		Glider	Lighter Than Air
Total Time		201	9										
Pilot In Cor	mmand(PIC)	117	8										
Instructor													
Instruction	Received												
Last 90 Da	ys	8	8										
Last 30 Day	ys												
Last 24 Ho		4	4										
Seatbelt Us	Seatbelt Used? Unknown Shoulder Harness Used? Unknown Toxicology Performed? Second Pilot? No									0			
Flight Pla	n/Itinerary												
Type of Flig	ght Plan Filed: N o	one											
Departure Point						State	А	irport Identif	ort Identifier Departure Time			Time Zone	
HORSEHEAD NY 1400													
Destination	n						State	A	irport Identi	fier			
ROCKLEDGE State Airport Identifier FL													
Type of Cle	earance: None												
Type of Air	space:												
Weather	Information												
Úa∏io©ÁSou	rce of Wx Information	ation:											
	Flight	Service Sta	tion										
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AVIATION			Occ	currence Typ	e: Accide								
Weather	Information												
WOF ID	Observation Time	Time Zone WOF Elevation WOF Distance From					n Accid	dent Site		Direction From Accident Site			
	0000			0 Ft. MSL				0 NM				0 Deg	Mag
				OTT. WISE									. iviag.
Sky/Lowest Cloud Condition: Scattered						25000 Ft. AC	Condition of Light: Dusk						
Lowest Ce	eiling: Unknown			0 Ft. AGL	Visil	Visibility: 12			Alti	timeter: 30.00 "			"Hg
Temperati	ure: 64 °C	Dew Point:	(0 °C Weather Conditions at Accident Site: Visual Conditions									
Wind Dire	ction: 140	Wind Sp	eed: 6		Wir	nd Gusts:							
Visibility (F	RVR): 0 Ft.	Visibility	(RVV)	0 SM									
Precip and	d/or Obscuration:				•								
Accident	t Information												
			Airor	roff Eiro: No				Aircroft Evr	·lacio	a None			
	t Information amage: Destroyed		Aircr	raft Fire: No	ne			Aircraft Exp	olosio	n None			
			Aircr	raft Fire: No	ne			Aircraft Exp	olosio	n None			
Aircraft Da		Fatal	Aircr	raft Fire: No	ne None	TOTAL		Aircraft Exp	olosio	n None			
Aircraft Da	amage: Destroyed	Fatal 1				TOTAL 1		Aircraft Exp	blosio	n None			
Aircraft Da - Injury Su First P	amage: Destroyed					TOTAL 1		Aircraft Exp	olosio	n None			
- Injury Su First P	amage: Destroyed ummary Matrix					TOTAL 1		Aircraft Exp	olosio	n None			
- Injury Su First P Secon Studer	ummary Matrix Pilot					TOTAL 1		Aircraft Exp	olosio	n None			
- Injury Su First P Secon Studer	amage: Destroyed ummary Matrix Pilot ad Pilot nt Pilot Instructor					TOTAL 1		Aircraft Exp	blosio	n None			
- Injury Su First P Secon Studer Flight I Check	amage: Destroyed ummary Matrix Pilot ad Pilot nt Pilot Instructor					TOTAL 1		Aircraft Exp	olosio	n None			
- Injury Su First P Secon Studer Flight I	amage: Destroyed ummary Matrix Pilot d Pilot nt Pilot Instructor					TOTAL 1	-	Aircraft Exp	olosio	n None			
- Injury Su First P Secon Studer Flight I	amage: Destroyed ummary Matrix Pilot and Pilot Instructor Pilot Engineer Attendants					TOTAL 1	-	Aircraft Exp	olosio	n None			
- Injury Su First P Secon Studer Flight I Check Flight I Cabin	amage: Destroyed ummary Matrix Pilot Ind Pilot Instructor Pilot Engineer Attendants Crew					TOTAL 1	-	Aircraft Exp	olosio	n None			
- Injury Su First P Secon Studer Flight I Check Flight I Cabin Other I	amage: Destroyed ummary Matrix Pilot Ind Pilot Instructor Pilot Engineer Attendants Crew	1				1	1	Aircraft Exp	olosio	n None			
- Injury Su First P Secon Studer Flight I Check Flight I Cabin Other I Passer	amage: Destroyed ummary Matrix bilot ad Pilot Instructor Pilot Engineer Attendants Crew Ingers	1				1		Aircraft Exp	olosio	n None			

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FACIUAL REPORT	Occurrence Date: 03/18/1982	
AVIATION	Occurrence Type: Accident	
Administrative Information		
Investigator-In-Charge (IIC)		
Additional Persons Participating in This Accident/Incide	ent Investigation:	
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