



GRAMPAW PETTIBONE

Confusion

Two senior officers were scheduled to fly a TF-1 (C-1A) *Trader* to a monthly safety officers' conference at a West Coast base. Six other aviators were scheduled as passengers on the trip, and all eight alert birdmen were aboard as the aircraft lined up for takeoff after a very thorough runup and briefing of the passengers on bailout and ditching.

Just before liftoff speed was reached on the takeoff, the plane started to yaw to the left. After takeoff, the yawing increased, and the pilot was forced to use an increasing amount of rudder and rudder trim. By this time, with only about 400 feet of altitude, the plane had swung left to a heading paralleling high tension lines and a populated area along the shoreline.

One of the aviator passengers suddenly reported that the port engine was on fire and flames could be seen pouring out of the oil cooler doors. Reception on the intercom was so poor that all further conversations were conducted by shouting — and all pilots were shouting and giving conflicting advice.

As the pilot hit the feathering button to the port engine, the copilot lowered the landing gear on the advice of one of the passengers and immediately raised the wheels again as the pilot shouted "Gear up."

He had lost 200 feet and airspeed had dropped to 120 knots. Full right rudder and aileron were applied in an attempt to control the plane's heading, which was still falling off to port. Airspeed dropped alarmingly as the port engine feathering button was punched and fire extinguisher actuated.

The starboard throttle had crept back due to a loose friction knob while the pilot was fighting to main-



tain control and the copilot was busy fastening his shoulder harness! Precious altitude was lost and airspeed dropped to 90-95 knots.

Ditching was inevitable. As the pilot attempted to flare and level the wings, the left wing, port engine still windmilling, hit the water and the plane cartwheeled, coming to rest in three to five feet of water, inverted.

All eight aviators aboard were injured but survived. No one had worn a parachute harness, only one had on a Mae West, neither pilot had used a hard hat, and three out of five passengers did not have shoulder harness fastened. One passenger who was strapped in, released his safety belt on

the first impact and caught the full force of the second one. The TF was a strike.



Grampaw Pettibone says:

Gosh, dang it, this whole deal really hurts my soarin' blood pressure! Dropping the landing gear on the pilot while he had his hands full with a burning engine at low altitude purty near cost us eight birdmen. It's just too doggone bad there weren't more seats up front to take care of everyone trying to get into the act.

After hearing a thorough bailout and ditching briefing, how all hands aboard could ignore Mae Wests, parachutes and shoulder harnesses beats me. The average military aviator riding with someone else at the controls most generally almost makes a quadruple amputee of himself cinching things up tightly. Until BuMed revises the physical qualifications for NavCads to include feathers and webbed feet, we better use the gear BuAcr provides us to make up for the lack of 'em.

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Rollout Roulette

Following a night dive-bombing mission, a section of A-7E *Corsairs* split up for individual approaches to home plate. After several minutes of radio difficulties, communications were finally established with the approach controller at nine miles from the runway. Two landing gear checks were given and the pilot acknowledged both with "Three down and locked."

The glide slope was intercepted at one-half nautical mile from touch-

down. Touchdown with a centered ball occurred approximately 1,000 feet down the 13,500-foot runway. Aerodynamic braking was used until the aircraft nose fell through. At this point, the pilot noted the airspeed was 115 kias, about 25 kias faster than it should have been. He quickly applied moderate braking, but then released the brakes and contemplated going around for another pass.

Seeing the 8,000-foot-remaining marker, it occurred to him that a go-around might be a bit of a hassle to explain to the tower, so he decided to stay on deck. He reapplied brakes at about 92-95 kias, with 8,200 feet of runway remaining, and then experienced an unfamiliar sensation and noise which he analyzed as a frozen port tire. He deselected wheel anti-skid and then reapplied brake pressure. Noticing no appreciable difference, he cycled the antiskid switch, with brakes off, and was able to maintain directional control with rudder as the aircraft slowed. Approaching the long-field arresting gear with moderate speed, he decided to execute an arrestment and lowered the tailhook. The aircraft then commenced a hard swerve to the right. He applied full left rudder and nose gear steering but was unable to control the clockwise skid toward the right edge of the runway.

The aircraft departed the runway pointing 90 degrees to the runway heading, but sliding with a forward velocity vector. The port landing gear

dug into the dirt and was torn from the aircraft. The port wing tip contacted the ground and shed pieces of wing panels as it plowed its way to a final resting place 180 feet from the runway.

Meanwhile, the flight leader was taxiing on the parallel taxiway. He observed sparks shooting from his wingman's aircraft and advised ground control that he thought his wingman had blown a tire. He looked back down the runway, saw no lights and taxied back down the parallel to check. He observed the A-7 off the runway, radioed for crash assistance, and then observed the uninjured pilot standing well clear of the wreckage.



Grampaw Pettibone says:

Great grinding Goodyears! A ride like that will remodel your whole blimp — tires notwithstanding.

There are several lessons to be learned from this insidious sequence of events. Individually, they were minor; collectively, they were disaster.

Of serious concern was the pilot's failure to note his airspeed until he commenced braking. He remembered putting the gear down but did not remember lowering the flaps. Four things should have alerted him to his flaps-up condition during the approach. He neither cross-checked airspeed with the AOA, nor saw the flashing wheels/flaps warning light or flap gauge. His transition to optimum angle of attack was quicker than

normal and he recalled that he ballooned less, but did not question why.

The pilot's decision to stay on deck would have been okay had the antiskid or nose gear steering functioned as expected. After the tires blew, full rudder throw and more directional control would have been available by lowering the flaps. Finally, his luck was all but exhausted when the tailhook lowered and caused the apparent malfunctioning nose gear centering device to swerve the aircraft off the runway.

The fact that the tower personnel were unaware of a crash is also of concern. Their attention was diverted to other landing traffic as the mishap aircraft began its rollout. Fortunately, the pilot was uninjured and was able to exit his own aircraft.

This pilot allowed himself to become too involved with his radio difficulties and set himself up for a mishap. He was distracted from flying the aircraft and violated the age-old aviation axiom: "Aviate, navigate, communicate."

Quote of the Month

(From Flight Surgeon's comments in a Medical Officer's Report, recounting the adventures of a young pilot who set his FJ-4B down a bit short of the runway.)

"I have known Ensign P— for three months and regard him as a conscientious aviator. I'm sure his accident has been a maturing experience."

