



GRAMPAW PETTIBONE

Splashdown

Under clear skies with visibility over 15 miles, winds 070 degrees at five knots, the patrol plane commander and his copilot—lieutenants with 800 and 500 hours, respectively, in type—and a crew of 14 manned their P-3A *Orion* for a 12-hour mission.

It was planned to use water-alcohol injection on the engines for thrust augmentation during takeoff, and the system was turned on during completion of the takeoff checklist. The engines operated normally during start, taxi and takeoff roll.

Airborne, the pilot began a left turn, and in seconds a loud surging sound was heard from the engines, accompanied by indications of over-temperatures on all four engines.

The flight engineer retarded the power levers but turbine inlet temperatures remained the same. Almost immediately there was a series of explosions—from the right side of the aircraft.

The flight-engineer-under-training, who was standing behind the flight engineer, called out a power loss on number three engine. (The flight engineer also noted the loss.) The pilot ordered number three feathered and the flight engineer complied, at the same time reporting RPM on number two engine at 66 percent.

The *Orion* wasn't responding to the controls and this combined with the off flags indicated a total electrical failure. While the aircraft continued to turn left, the pilot ordered number three engine restarted—no luck, no electrical power. Estimated maximum speed by this time, was 140 KIAS.

The P-3 began settling toward a ridge and the pilot applied maximum available power and raised the nose in an attempt to clear the ridge; he did—by a mere 100 feet.

As the aircraft continued its left turn, descending, the plane commander, realizing the flight would have to be aborted, leveled the wings and gave orders to ditch.



The descent continued at an estimated 200 to 300 feet per minute and seconds before impact the pilot rang the command ditching bell (battery operated) to warn the crew.

The aircraft hit the water, wings level, slightly nose high, approximately 1,000 yards from the approach end of the runway. It stayed partially

afloat about five minutes. Then it sank.

Fifteen crew members left the aircraft; one was fatally injured upon impact.



Grampaw Pettibone says:

Sufferin' catfish! I don't believe it! This one really has my dander up! Know why the engines failed? The water injection system had been serviced with a mixture of water injection and dry cleaning fluids. Ain't that grand!

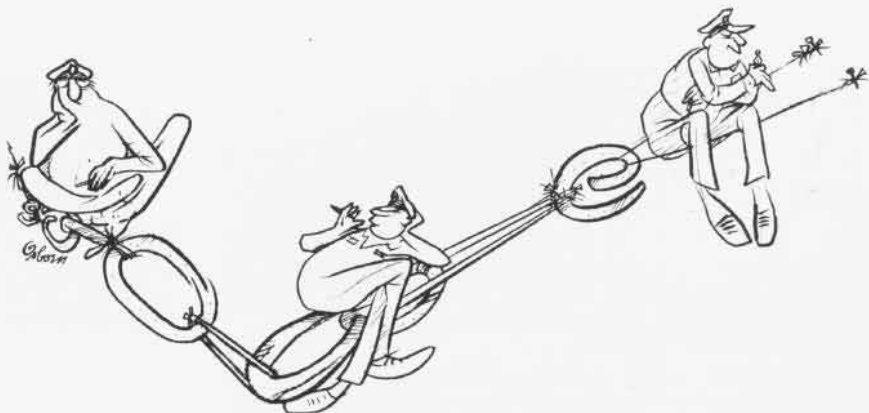
Over the years, I've been criticized for being "too tough on the supervision angle of an accident." You're danged right, I am!

Look at the circumstances of this fiasco: Drums of dry cleaning fluid delivered instead of the alcohol ordered. Signed for by a supply petty officer who didn't check. Placed in a dark area where alcohol is normally stored, again without checking. Later used to service the aircraft — you're right — without checking.

Who ya goin' to blame? The lad who serviced the aircraft? Horsefeathers.

This costly accident involved so many supervisors — it's pathetic. The supply activity which sent the wrong merchandise, the squadron supply officer who accepted the wrong merchandise without checking, and the line supervisor who didn't check — and more. There were just too many places that this "chain" could'a been broken.

Look what all that "not checkin" cost — a life and an aircraft.



On Losing Your Tail

Two lieutenant commanders, both with considerable experience in the SH-3A, were returning from a cross-country flight in their *Sea King* with two crew members and one passenger.

A night flight was planned from NAS South Coast to NAS North Coast with a scheduled en route refueling stop. The first leg of the flight was uneventful with clear skies and generally unlimited visibility. The SH-3A landed at the en route stop and, following refueling and a weather check, made an uneventful departure. As they flew on an approved VFR flight plan, everything proceeded as planned until the helicopter was approximately 13 miles southwest of NAS North Coast.

While the *Sea King* was cruising at 1,500 feet in straight and level flight on a heading of 050 degrees at 110 KIAS, a loud bang was heard. Immediately, the helo began a violent yaw to the right and a 60 to 70 degree roll to the left. Both pilots were on the controls in an attempt to stabilize the helicopter. Right cyclic and full left rudder were applied and autorotation was achieved by reducing the collective pitch lever. Lateral control was regained but the cyclic control became sluggish and the *Sea King* began pitching between extreme nose-high and nose-low attitudes.

The aircraft continued to swerve to the right, although not as violently as before and, with continued nose oscillations, it descended into the trees.

The two crew members and the passenger sustained minor injuries but the pilots were uninjured. With a flashlight, they inspected the helo and found that the entire tail pylon section, from the hinge fold point aft, was missing. It was later found one-third of a mile from the point of impact.



Grampaw Pettibone says:

Egads! Pretty hairy!?! But these aviators behaved like real pros, staying cool and fightin' their flyin' machine all the way to the ground. Reminds me of a duck, "calm and cool on the surface but paddling like fury underneath."

Investigation showed structural failure of the tail pylon section and loss of all directional control. The section had separated from the aircraft in flight "due to progressive fatigue type

fractures in both hinge fitting assemblies on the left side of the fuselage."

In other words, the dang tail fell off 'cause somebody dropped the ball!

It really frosts me that we almost lost this crew because of one individual at the overhaul activity who didn't do his job.

You better believe the situation has been corrected.

Mangling Recipe

During morning launch operations, an F-4B was spotted aft on the port side of the flight deck for turn up and back up aircraft, but was not launched.

After the launch was completed, a flight deck petty officer spotted the *Phantom* on the aft edge of the #4 elevator, clear of the landing area, but with the empennage and extreme tip of the right side of the stabilator extending over the flight deck approximately four feet and six and one-half feet, respectively. Its nose was pointed approximately 30 degrees right of the straight deck axis of the ship.

Another F-4B was parked forward on the elevator, but the elevator operator was able to call in the "split" spot to flight deck control. A few minutes later he was relieved—but he didn't brief his relief on the unusual spot.

During recovery operations the aircraft handling officer decided to lower the elevator to facilitate flight deck respot for the next launch. After scanning the spot board, he directed that elevator four be lowered.

The spot board operator passed this information to the topside elevator operator—without any comment about the unusual spot.

The flight deck director, who had limited flight deck experience, was standing on elevator number three directly across from elevator four when he received the order to lower #4—again without any comment about that F-4B.

After the last aircraft trapped, the flight deck director gave the #3 oper-



ator the signal to raise the stanchions. Then, as he started across the deck, he gave the signal to lower #4. As #4 went down, he realized that the *Phantom* wouldn't clear the deck edge and signaled an emergency stop. The elevator had traveled 12 to 15 feet.

The empennage and both sides of the horizontal stabilator struck the flight deck edge, a guard rail stanchion piercing the empennage. The aircraft was suspended on its nose gear, left main mount and empennage, with the right main gear well clear of the elevator deck. (Five tie-down chains held, but one parted.)

Elevator four was hand-cranked back to flight deck level but the aircraft had already been substantially damaged.



Grampaw Pettibone says:

Holy Hannah! Looks like a well thought out, well planned conspiracy to mutilate a flyin' machine—and it worked!

The recipe for this accident needs the followin' fixin's:

- 3 — Did not comply with existing instructions
- 1 — Failed to inform
- 1 — Failed to check

Mix with any combination of flight deck control spot board operator, topside elevator operator, topside director, aircraft handling officer, and, of course, any available flyin' machine.

If any one of the people involved had "complied, informed or checked," the whole mess wouldna' happn'd.

Sound like an old story? Won't we ever learn?