

FORM APPROVED FOR USE THROUGH 03/31/2006 BY OMB NO. 3147-0001

NATIONAL TRANSPORTATION SAFETY BOARD
NTSB Form 6120.1
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Pilot/operator accident/incident report may be filed by mailing in this form or by entering information in the online reporting system on the NTSB Web site at <<http://www.ntsb.gov>>. Paper copies of this form may be obtained from the Web site, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by Section 830.5(a) **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM
It is necessary that ALL questions on this report be answered completely and accurately.
If more space is needed, continue on a blank sheet.

Nearest City/Place: Use the name of the nearest community that has a Post Office in the state where the accident occurred.

Date & Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident site.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

NOTAMS ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMS, AIRMETs, SIGMETs, PIREPs in effect near the

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

accident/incident. For NOTAMS, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate. Enter engine make and model information as indicated on the engine data plate.

Max Gross Weight: Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

NTSB Form 6120.1 (rev. 11/2005). This form replaces 6120.1/2.

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Purpose of Flight (FAR 91, 103, 133, 137): Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

BUSINESS—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying **with** a paid, professional crew

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

FERRY—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

POSITIONING—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

UNKNOWN—Use only if the primary purpose of flight is not known.

Collision Accident: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Pilot Information: Indicate the category that best describes the capacity served by this flight crew member at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

Additional Flight Crew Members: Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For more specific definitions of questions and answers not included above, please refer to <<http://www.ntsb.gov>>.

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: ABILENE State: TX
 ZIP: 79604 Country: USA

Latitude: N 32 24 17.83 (00:00:00 N/S) Longitude: W 99 40 9.13 (00:00:00 E/W)

Date/Time

Date: 12/28/2010 Local Time: 13:05
 Time Zone: CST

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

ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: KETN
 Observation Time: 1230
 Time Zone: CST

Distance from Accident Site: 44 NM

Direction from Accident Site: 263 degrees MAG

Source of Weather Information

(Check all that apply)

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

Method of Briefing

(Check all that apply)

☐ In Person
☐ Teletype
☒ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

☒ Full Day BEFORE
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☒ Abbreviated THAT DAY AM
☐ Unknown
☐ Not Pertinent

Light Condition

☐ Dawn ☐ Dusk
☒ Day ☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

4.0 miles

Sky/Lowest Cloud Condition

3000
☐ Clear ☐ Thin Broken
☐ Few ☒ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling

☐ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☒ Unknown

Restriction to Visibility

(Check all that apply)
☐ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☒ Unknown

Lowest Cloud Condition Height

1300 ft AGL

Ceiling Height

6700 ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG

☐ Variable UNKNOWN

Wind Speed

Velocity: _____ KTS

or

☐ Calm
☒ Light and Variable

Wind Gusts

Velocity: _____ KTS

☐ Gusting
☒ Not Gusting

Type of Turbulence

(Check all that apply)
☐ None ☒ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme ☐ Moderate ☒ Light
☐ Severe ☐ Moderate Chop

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

NONE THAT I RECALL
 ALL PROCEEDS ARE TO AIRPLANE

Temperature: _____ (C)
 or _____ (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

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

icing Forecast

Amount: ☐ None ☐ Moderate ☐ Type: ☐ Rime
☐ Trace ☐ Severe ☐ Clear
☐ Light ☐ Mixed

icing Actual

Amount: ☐ None ☐ Moderate ☐ Type: ☐ Rime
☐ Trace ☐ Severe ☐ Clear
☐ Light ☐ Mixed

Type of Precipitation

(Check all that apply)
☐ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

AIRCRAFT INFORMATION									
Manufacturer: <u>CESSNA</u>				Max Gross Weight: _____ lbs					
Model: <u>T210L</u>				Weight at Time of Accident: _____ lbs					
Serial Number: <u>21060954</u>				Location of Center of Gravity at Time of Accident:					
Registration Number: <u>N2108H</u> Amateur-built: ☐ Yes ☒ No				____ inches from ☐ nose or ☐ datum ____ Percent Mean Aerodynamic Cord (% MAC)					
Category of Aircraft		Type of Airworthiness Certificate		Number of Seats: <u>5</u>		Landing Gear ☒ Retractable			
☒ Airplane		(Check all that apply)		If Large Aircraft, how many seats for:		Check any additional landing gear configuration that applies:			
☐ Balloon		Standard		Flight Crew: _____		☒ Tricycle ☐ Tailwheel			
☐ Blimp/Dirigible		☒ Normal		Cabin Crew: _____		☐ Amphibian ☐ High Skid			
☐ Glider		☐ Utility		Passengers: _____		☐ Emergency Float ☐ Skid			
☐ Gyrocraft		☐ Restricted				☐ Float ☐ Ski			
☐ Helicopter		☐ Limited				☐ Hull ☐ Ski/Wheel			
☐ Powered lift		☐ Provisional				☐ Unknown			
☐ Ultralight		☐ Experimental							
☐ Unknown		☐ Transport							
		☐ Light Sport							
Type of Maintenance Program			Last Inspection Type			Date Last Inspection: <u>04/20/2010</u>			
☒ Annual			☐ 100 Hour ☐ Continuous Airworthiness			mm/dd/yyyy			
☐ Conditional (Amateur-built only)			☐ AAIP ☐ Conditional Inspection			Airframe Total Time: <u>4600</u> hrs			
☐ Manufacturer's Inspection Program			☒ Annual ☐ Unknown			hours measured at (check one) <u>Apply</u>			
☐ Other Approved Inspection Program (AAIP)						☐ Last Inspection ☐ Time of Accident			
☐ Continuous Airworthiness									
☐ Other, specify: _____									
IFR Equipped			Stall Warning System Installed			Type of Fire Extinguishing System			
☒ Yes ☐ No ☐ Unknown			☒ Yes ☐ No ☐ Unknown <u>None</u>			☐ None ☒ Specify <u>FIRE EXTINGUISHING</u>			
ELT Installed			ELT Manufacturer:						
☒ Yes ☐ No			Model/Series: _____ ?						
ELT Activated			Serial Number: _____						
☐ Yes ☒ No			Battery Type: _____			Battery Exp. Date: _____			
ELT Aided in Locating Accident / Incident									
☐ Yes ☒ No									
Engine Type		Reciprocating Fuel System Type		Propeller		Manufacturer: _____			
☒ Reciprocating ☐ Turbo Jet		☐ Carburetor ☒ Fuel Injected		☐ Fixed Pitch ☒ Controllable Pitch		Model: _____			
☐ Turbo Shaft ☐ Turbo Fan									
☐ Turbo Prop ☐ Unknown									
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one)	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1	<u>CONTINENTAL</u>	<u>T510-580-H</u>	<u>217240-R</u>		☐ Horsepower or ☐ lbs of Thrust				
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner					Owner Address				
Name: <u>GLENN WADDE Corp.</u>					City: <u>ORDVILLE</u>				
Fractional Ownership Aircraft: ☐ Yes ☐ No					State: <u>AZ</u> ZIP: <u>85737-3766</u>				
					Country: <u>USA</u>				
Operator of Aircraft ☐ Same As Registered Owner					☐ Same As Registered Owner				
Name: <u>CHARLES NEIL FREUND</u>					City: <u>TUCSON</u>				
Doing Business As: <u>Private</u>					State: <u>AZ</u> ZIP: <u>85710</u>				
Air Carrier/Operator Designator (4 Character Code): <u>N/A</u>					Country: <u>USA</u>				
Regulation Flight Conducted Under					Revenue Sightseeing Flight				
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)					☐ Yes ☒ No				
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local					Air Medical Flight				
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown					☐ Yes ☒ No				
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces									

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☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail		☐ 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:		Damage to Other Aircraft	
Model:		Model: <u>N/A</u>		☐ Destroyed ☐ Minor	
Registered Owner of Other Aircraft				☐ Substantial ☐ None	
First Name:		City:			
Middle Initial:		State:		ZIP:	
Last Name:		Country:			
Pilot of Other Aircraft					
First Name:		City:			
Middle Initial:		State:		ZIP:	
Last Name:		Country:			
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)					
Airport Identifier: <u>KABT</u>		Distance From Airport Center: <u>3</u> SM			
Airport Name: <u>ABUENNE Regional</u>		Direction From Airport: <u>263</u> degrees MAG			
Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip		Airport Elevation: <u>1791</u> ft. MSL			
Approach Segment (Select one)					
☒ On Instrument Approach <u>Visual only</u>		☐ Base leg ☒ Final		☐ Go Around	
☐ Crosswind ☐ Landing ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)					
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)			
☐ None ☐ PAR ☐ MLS ☐ Practice		☐ None ☐ Stop and Go			
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS		☐ Traffic Pattern ☐ Touch and Go			
☐ SDF ☐ ILS ☐ ASR ☐ Loran		☐ Straight-In ☐ Simulated Forced Landing			
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown		☐ Valley/Terrain Following ☒ Forced Landing			
☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ Unknown		☐ Go Around ☐ Precautionary Landing			
☐ TACAN ☐ RNAV ☐ Circling		☐ Full Stop ☐ Unknown			
Runway Information <u>None Reached</u>		Condition of Runway/Landing Surface (Check all that apply)			
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		☐ Dry ☐ Snow-Compacted ☐ Water-Calm			
Runway/Landing Surface (Check all that apply)		☐ Holes ☐ Snow-Crusted ☐ Water-Choppy			
☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water		☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy			
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown		☐ Rough ☐ Snow-Wet ☐ Wet			
☐ Dirt ☐ Ice ☐ Snow		☐ Rubber Deposits ☐ Soft ☐ Unknown			
		☐ Slush Covered ☐ Vegetation			
FLIGHT ITINERARY INFORMATION					
Last Departure Point		Time of Departure		Destination	
Airport ID: <u>KTVS</u>		Time: <u>0700</u>		Airport ID: <u>KERN</u>	
City: <u>TUCSON</u>		Time Zone: <u>MSI</u>		City: <u>EASTLAND</u>	
State: <u>AZ</u>				State: <u>TEXAS</u>	
Country: <u>USA</u>				Country: <u>USA</u>	
Type of ATC Clearance/Service (Check all that apply)		Special IFR		Type Flight Plan Filed	
☐ None ☒ Special VFR ☐ Special IFR		☐ VFR On Top		☐ None ☐ VFR/IFR	
☒ VFR ☐ IFR		☐ VFR Flight Following		☐ Company VFR ☐ IFR	
		☐ Traffic Advisory		☐ Military VFR ☐ Unknown	
				☒ VFR	
				Activated? ☐ Yes ☐ No	
				☐ Cruise ☐ Unknown / NA	

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Airspace where the accident 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)		Fuel Type		
84 Gallons		☐ 80/87	☐ 115/145	☐ JP3
		☒ 100 Low Lead	☐ Jet A	☐ JP4
		☐ 100/130	☐ Automotive	☐ JP5
☐ Other, specify _____				
Other Services, if Any, Prior to Departure				
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		Aircraft Fire		Aircraft Explosion
☐ None	☐ Substantial	☒ None	☐ Both Ground and In-Flight	☒ None
☒ Minor	☐ Destroyed	☐ In-Flight	☐ Unknown Origin	☐ In-Flight
		☐ On-Ground		☐ On-Ground
Description of Damage to Aircraft and Other Property (use additional sheet if necessary)				
LEFT ELEVATOR DAMAGE FROM CONTACT WITH A SIGN POST				
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				

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident																																																																																																				
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification																																																																																																				
First Name: <u>CHARLES</u>					City: <u>TUCSON</u>																																																																																															
Middle Initial: <u>N</u>					State: <u>AZ</u>																																																																																															
Last Name: <u>FREUND</u>					ZIP: <u>85710</u>																																																																																															
Age at time of Accident: <u>58</u>					Date of Birth: [REDACTED]																																																																																															
					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 ☒ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ U.S. Military ☐ Foreign																																																																																																				
Principal Occupation			Medical Certificate			Medical Certificate Validity			Date of Last Medical																																																																																											
☐ Pilot ☒ Other <u>CPA</u> ☐ Unknown			☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown			<u>12/08/2010</u> mm/dd/yyyy																																																																																											
Medical Certificate Limitations <u>EYEGASSES X 111</u>																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11/01/2009</u> mm/dd/yyyy																																																																																																				
Flight Review Aircraft																																																																																																				
Make: <u>CESSNA</u>																																																																																																				
Model: <u>T210L N210BH</u>																																																																																																				
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																																																																																											
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PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident**

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

Pilot "B" Identification

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident: _____ Date of Birth: mm/dd/yyyy Certificate Number: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☐ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

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

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers**

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s)

(Check all that apply)
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift

☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings**Student Endorsements (Include dates)****Flight Time (enter appropriate number of hours in each box)**

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
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First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																
Name and Address						Surv	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____						Surv	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____																
ZIP: _____																
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NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

Checked DVATs WEATHER FULL BRIEFING FOR 3 DAYS PRIOR TO 12/28, GOT ABOREVIATES BRIEFING AT 4:45 AM ON 12/28 SHOWING VFR CONDITIONS ON TOP ALL THE WAY TO EASTLAND WITH VFR PRECIPITATION AT KETN. MVFR OVER MIDLAND TEXAS AT 10,000 FT. LEFT TUCSON 7:00 AM EXPECTED TOUCHDOWN EASTLAND 4:15 HOURS LATER, FUEL ON TANK WAS FULL ALMOST TO 2ND LINE, ESTIMATED 5:30 FUEL, WINDS WERE SLIGHTLY STRONGER THAN EXPECTED ADDING ABOUT 10 MINUTES TO ARRIVAL. AT 4:10 IN TOLD FLIGHT FOLLOWING, I WAS 50 M. FROM KETN AT 9500 FT + BEGAN VFR DESCENT. AT 6700 FT CLOUD COVER WAS ALMOST 100% ASKED FOR & RECEIVED IFR CLEARANCE TO KETN RNAVRUNGS. I MISSED FIRST CONTACT POINT ON IFR APPROACH, ASKED FOR VFRS. VECTOR TO BEFCO TOOK ABOUT 20 MINUTES MORE TO REACH VECTOR FROM BEFCO. WHEN I REACHED BEFCO DID NOT BREAK OUT OF CLOUDS UNTIL IT WAS TOO LATE TO LAND. AS I BROKE OUT ENGINE QUIT (LEFT TANK) SWITCHED TO RIGHT TANK & RESTARTED ENGINE AND WENT MISSED. ABICEN ASKED IF I HAD ENOUGH FUEL TO GET TO ABICENE IT TOOK THEM RIGHT TANK SHOWED 1/3 FULL SO I THOUGHT I COULD MAKE ABICENE AIRPORT. THEY TOLD ME TO GO TO 5000 FEET (STILL IN IFR) AND TOLD ME THEY WERE ROUTING ME OVER US20 AND A SMALL AIRPORT 2 MILES SHORT OF ABICENE RWY. AT 3 1/2 MILES OUT THEY BROUGHT ME DOWN TO 3100 FT, I COULD SEE THE ABICENE AIRPORT SO I STARTED MY "GUMPS" CHECK. I PUT DOWN THE 6 EAT (NO FLAPS), WHEN I TOUCHED THE MIXTURE TO ENRICHEN THE ENGINE QUIT. I ATTEMPTED RESTART BUT THERE WAS NO TIME. I LINED UP ON HIGHWAY 20 AND MOVED OVER & LANDED ON THE SIDE ROAD AT THE LAST MINUTE.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

THERE WAS NO AVAILABLE METAR FOR KETN, I ~~SHOULD~~^{COULD} HAVE LANDED SAFELY IN ABICENE 45 MINUTES EARLIER (I HAD TO OVERFLY ABICENE TO GET TO EASTLAND IN THE FIRST PLACE) WHERE I KNEW THE WEATHER.

I AM SORRY IF I LEFT OFF ANY ANSWERS TO QUESTIONS - I AM AT WORK IN NYC AND DO NOT HAVE ACCESS TO ANY OF THE BOOKS & RECORDS (WHICH ARE IN THE AIRPORT)

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

1/06/2011
ntsb/dt/ny

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

CHARLES NEIL FREUND

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