

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: <u>Ft Stockton</u> State: <u>Texas</u> ZIP: <u>79735</u> Country: <u>USA</u> Latitude: <u>30.93</u> (dd:mm:ss N/S) Longitude: <u>102.94</u> (ddd:mm:ss E/W)		Date/Time Date: <u>03/26/2013</u> Local Time: <u>19:00</u> mm/dd/yyyy Time Zone: <u>central</u>	
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	

AIRCRAFT INFORMATION

Manufacturer: <u>Beechcraft</u> Model: <u>Bonanza A36</u> Serial Number: <u>E 1641</u> Registration Number: <u>N888TT</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>3600</u> lbs Weight at Time of Accident/Incident: <u>2899</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>77</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
--	--	---	--

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>6</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear ☒ Retractable Check any additional landing gear configuration that applies: ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown
---	---	--	---

Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	Date Last Inspection: <u>03/18/2013</u> mm/dd/yyyy Airframe Total Time: <u>2461.1</u> hrs hours measured at (check one) ☐ Last Inspection ☐ Time of Accident/Incident
---	--	---

IFR Equipped ☐ Yes ☐ No ☒ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Type of Fire Extinguishing System ☒ None ☐ Specify _____
---	---	--

ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: <u>D cell</u> Battery Exp. Date: <u>03/18/2015</u>	
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No		

Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☐ Carburetor ☒ Fuel Injected	Propeller ☐ Fixed Pitch ☒ Controllable Pitch Manufacturer: <u>Mc Cauley</u> Model: <u>3A32C76-S-M</u>
---	---	---

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Continental	IO 550 B5F	296835-R	05/16/1996	300	659.6	11	659.6
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: I B Development LLC PendingFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: MonahansState: Texas ZIP: 79756

Country: _____

Operator of Aircraft☒ Same As Registered Owner

Name: _____

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

Operator Address☒ Same As Registered Owner

City: _____

State: _____ ZIP: _____

Country: _____

Regulation Flight Conducted Under

- | | | | |
|--|----------------------------------|---|--|
| ☒ FAR 91 | ☐ FAR 129 | ☐ FAR 91 Special Flight | ☐ Public Use (select type) |
| ☐ FAR 103 | ☐ FAR 133 | ☐ Non-US, Commercial | ☐ Federal ☐ State ☐ Local |
| ☐ FAR 121 | ☐ FAR 135 | ☐ Non-US, Non-commercial | ☐ Unknown |
| ☐ FAR 125 | ☐ FAR 137 | ☐ Armed Forces | |

Revenue Sightseeing Flight☐ Yes ☐ No**Air Medical Flight**☐ Yes ☐ No**Purpose of Flight**

for FAR 91, 103, 133, 137 (Select one)

- ☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☒ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation

for FAR 121, 125, 129, 135 (Select one)

- ☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International☐ Domestic ☐ International**Cargo Operation**

- ☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held

(Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ 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: _____

Model: _____

Damage to Other Aircraft☐ Destroyed ☐ Minor
☐ Substantial ☐ None**Registered Owner of Other Aircraft**

First Name: _____

City: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Pilot of Other Aircraft

First Name: _____

City: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

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**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)
Aircraft Wings were Damaged by brush. Landing gear on front broke off at yoke. Right main gear folded. Prop had one blade bent badly. Some damage to the skin under the bottom. no damage to other property.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KFST **Distance From Airport Center:** one SM
Airport Name: Ft Stockton-Pecos County **Direction From Airport:** 295 degrees MAG
Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip **Airport Elevation:** 3011 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☒ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

☐ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☒ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: 12 (L/R/C) Length: 7508 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☒ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☒ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☒ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: E01
City: Monahans
State: Texas
Country: USA

Time of Departure

Time: 18:10
Time Zone: central

Destination

Airport ID: KFST
City: Ft Stockton
State: Texas
Country: USA

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident 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)
45 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location
Only the Pilot and Student on board. both exited the door.**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**

Facility ID: ForeFlight computer Kfst and KINK

Observation Time: 18:00

Time Zone: central

Distance from Accident Site: one NM

Direction from Accident Site: 295 degrees MAG

Source of Weather Information

(Check all that apply)

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

Method of Briefing

(Check all that apply)

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

Briefing Type/Completeness

- ☐
- Full
-
- ☐
- Partial / Limited By Pilot
-
- ☐
- Partial / Limited By Briefer
-
- ☐
- Abbreviated
-
- ☐
- Unknown
-
- ☒
- Not Pertinent

Light Condition

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

Visibility

_____ miles

Sky/Lowest Cloud Condition

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

Ceiling

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

Restriction to Visibility (Check all that apply)

- ☒
- None
-
- ☐
- Blowing Dust
-
- ☐
- Blowing Sand
-
- ☐
- Blowing Snow
-
- ☐
- Blowing Spray
-
- ☐
- Dust
-
- ☐
- Fog
-
- ☐
- Ground Fog
-
- ☐
- Haze
-
- ☐
- Ice Fog
-
- ☐
- Smoke
-
- ☐
- Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction☒ Indicated:
130 degrees MAG☐ Variable**Wind Speed**

Velocity: 15 KTS

-or-

- ☐
- Calm
-
- ☐
- Light and Variable

Wind Gusts

Velocity: 15 KTS

- ☐
- Gusting
-
- ☐
- Not Gusting

Type of Turbulence (Check all that apply)

- ☒
- None
-
- ☐
- Clear Air
-
- ☐
- In Clouds
-
- ☐
- Vicinity of Thunderstorm

Severity of Turbulence

- ☐
- Extreme
-
- ☐
- Severe
-
- ☐
- Moderate
-
- ☐
- Moderate Chop
-
- ☐
- Light

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

None

Temperature: _____ (C)
or 65 (F)Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)**Icing Forecast****Amount**

- ☒
- None
-
- ☐
- Trace
-
- ☐
- Light
-
- ☐
- Moderate
-
- ☐
- Severe

Type

- ☐
- Rime
-
- ☐
- Clear
-
- ☐
- Mixed

Icing Actual**Amount**

- ☒
- None
-
- ☐
- Trace
-
- ☐
- Light
-
- ☐
- Moderate
-
- ☐
- Severe

Type

- ☐
- Rime
-
- ☐
- Clear
-
- ☐
- Mixed

Type of Precipitation (Check all that apply)

- ☒
- None
-
- ☐
- Rain
-
- ☐
- Snow
-
- ☐
- Hail
-
- ☐
- Rain Showers
-
- ☐
- Freezing Rain
-
- ☐
- Snow Shower
-
- ☐
- Drizzle
-
- ☐
- Ice Pellets
-
- ☐
- Snow Pellets
-
- ☐
- Snow Grains
-
- ☐
- Ice Crystals
-
- ☐
- Ice Pellets Shower
-
- ☐
- Freezing Drizzle

Intensity of Precipitation

- ☐
- Light
-
- ☐
- Moderate
-
- ☐
- Heavy

PILOT "A" INFORMATION**Pilot "A" Responsibilities at the Time of Accident/Incident**

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

Pilot "A" Identification

First Name: Henry City: Monahans
Middle Initial: R State: Texas ZIP: 79756
Last Name: Cutbirth Country: USA

Age at time of Accident/Incident: 61 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

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

04/27/2012
mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers**

Holder shall wear correcting lenses while exercising the privileges of his airman certificate

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

07/04/2011
mm/dd/yyyy

Flight Review Aircraft

Make: Stinson N178
Model: L5C

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 ☒ Instrument Airplane
☒ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

none

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	2682.6	11	2682.6	57.25	168.03	37.25	120.8			
Pilot in Command (PIC)	1363.65	11	1267.8	57.25	168.03	37.25	120.8			
Time as Instructor	1318.95	6	1318.95	0	60.00					
This Make/Model					0					
Last 90 Days		11	11	2.5	0					
Last 30 Days		11	11	2.5	0					
Last 24 Hours		6	6	0	0					

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: David City: Monahans
 Middle Initial: B State: Texas ZIP: 79756
 Last Name: Cutbirth Country: USA
 Age at time of Accident/Incident: 57 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

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

08/13/2012
mm/dd/yyyy

Medical Certificate Limitations

Corrective Lenses while exercising the privileges of his airman certificate

Medical Certificate Waivers

none

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

08/14/2011
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: 172

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
 ☐ Instrument Airplane
☐ Airplane Single-Engine
 ☐ Instrument Helicopter
☐ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ Sport

Type Ratings

none

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	375.1	4.5	375.1	0	63	15.2	8.9	0	0	0
Pilot in Command (PIC)	305.1	4.5	305.1	0	63	15.2	8.9	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					2	0	0			
Last 90 Days	29.9	4.5	4	0	8	0	0	0	0	0
Last 30 Days	16.9	4.5	16.9	0	2	0	0	0	0	0
Last 24 Hours	1.5	1.5	1.5	0	1	0	0	0	0	0

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)**Pilot Name and Address**

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied

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

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs**Pilot Name and Address**

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied

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

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs**Pilot Name and Address**

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied

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

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	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained. Flight was a traing flight from E01 Monahans to Ft Stockton, texas and return to E01. No services were obtained. Flight started at 18:00 CST and ended at 19:00 CST. My student and myself departed from E01 in good VFR weather Vis over 10 miles. we climbed to 6500 MSL and flew direct to KFSTdid a VOR 12 app VFR. I instructed my student to lower the landing gear manuel with the crank , He did. I then recycled the gear up down up with power. Our fuel was 45 gals on board at take off, we had flown 50 miles on the right tank. I ask my student to switch to the left tank, He did. We were going down wind rwy 12, the plane ran fine to the numbers. I then ask my student to reduce power and preform a sim power out to the run way, He did. We were a bit too far out so at about 200 ft AGL i told him to go arown, He applied power but we had none. I took the plane and turned about 40 degrees right dropped the gear and landed. The left wing hit a large bush and turned us 90 degrees , We hit and went side ways on the ground for about 65 feet to a stop. we got out quickly and made sure there was no fire , I then went back into the plane to turn off the electroincs when i noticed that the fuel was turned off.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

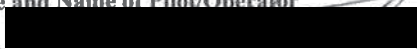
1. More time should be spent on the ground to become familiar with the systems of the plane. 2.If I had double checked the fuel switch we would have had no problem. 3. The choice of the dead stick after switching fuel tanks was a poor choice, one I will not repeat. 4.the instructor should be aware and double check the fuel ever time it is switched. 5. I will make a effort not to change a tank so close to the ground again.

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**

04/05/2013

*mm/dd/yyyy***Signature and Name of Pilot/Operator**Signature: 

Type or Print Name: Henry Cutbirth

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.**

CEN13CA207

Reviewed by NTSB Regional Office

DENVER, COLORADO

Name of Investigator

ARNOLD W. SCOTT

Date Report Received

APRIL 5, 2013