

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>GUYMON</u> State: <u>OK</u> ZIP: <u>73942</u> Country: <u>USA</u> Latitude: <u>36°41'N</u> (dd:mm:ss N/S) Longitude: <u>101°30'W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>12/20/2013</u> Local Time: <u>1300 (1AM)</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 <u>20 Ft.</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>CESNA</u> Model: <u>210-E</u> Serial Number: <u>210-58582</u> Registration Number: <u>N2382E</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>3100</u> lbs Weight at Time of Accident/Incident: <u>2968.1</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>37.89</u> inches from ☐ nose or ☒ datum -or- Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Aerobatic ☐ 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
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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>7-21-13</u> mm/dd/yyyy Airframe Total Time: <u>5349.6</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident
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IFR Equipped ☒ Yes ☐ No ☐ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Type of Fire Extinguishing System ☒ None ☐ Specify: _____
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ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No	ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>G406-4</u> Serial Number: <u>170-00815/PN453-5012-(366)</u> Battery Type: <u>406</u> Battery Exp. Date: <u>05-20-2018</u>	
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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>MARTZELL</u> Model: <u>115-241</u>
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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-F (4)	210-58582	06-79-2003	310	5955	30.0	N/A
Eng. 2		50-824-060 R						
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: CHARLES SILVER-AZZOPARDI

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft S. ☒ Same As Registered Owner

Name: CHARLES-AZZOPARDI

Doing Business As: N/A

Air Carrier/Operator Designator (4 Character Code): N/A

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 | |

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 N/A

Domestic or International

- ☐ Domestic ☐ International

Cargo Operation

- ☐ Passenger/Cargo N/A
☐ Passenger How many?
☐ Cargo lbs
☐ Mail

Owner Address

City: AMARILLO

State: TX ZIP: 79102

Country: USA

Operator Address ☒ Same As Registered Owner

City: _____

State: _____ ZIP: _____

Country: _____

Revenue Sightseeing Flight

- ☐ Yes ☒ No

Air Medical Flight

- ☐ Yes ☒ No

Type of Commercial Operating Certificate Held (Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carrier (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

N/A

Manufacturer: _____

Model: _____

N/A

Damage to Other Aircraft

- ☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

N/A

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

N/A

City: _____

State: _____ ZIP: _____

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.)

Suspected Cause: Elevator Malfunction.

Total Time/Cycles On Part

5349.6 Hours
 _____ Cycles

Time Since This Part Inspected/Overhauled

7-31-13 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)

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

Airport Identifier: GUY Distance From Airport Center: 0 SM
 Airport Name: GUYMON Direction From Airport: ON AIRPORT degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 3103 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 ☐ Stop and Go
☒ ADF/NDH ☐ Sideslip ☐ L1/A ☐ GPS ☐ Touch and Go
☐ SDF ☐ ILS ☐ ASR ☐ Localizer ☐ Simulated Forced Landing
☐ VOR/TWR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ Forced Landing
☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ Precautious Landing
☐ TACAN ☒ RNAV ☐ Circling ☐ Full Stop ☐ Unknown

Runway Information
 Runway ID: 18 (L/R/C) Length: 5904 ft Width: 100 ft
 Runway/Landing Surface (Check all that apply)
☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow
 VFR Approach (Check all that apply)
☐ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following
☐ Go Around ☐ Full Stop ☐ 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: TOW
 City: AMARILLO
 State: TX
 Country: RANDALL
 Time of Departure
 Time: 10:00
 Time Zone: C
 Destination
 Airport ID: GUY
 City: GUYMON
 State: OK
 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 2 ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
 (convert from pounds, as necessary)
70 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

NONE

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

EXIT THROUGH PILOT AND PAX DOOR.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: GUY
 Observation Time: 1030
 Time Zone: C
 Distance from Accident Site: 0 NM
 Direction from Accident Site: 180 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

UNLIMITED 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

N/A ft AGL

Ceiling Height

N/A ft AGL

Wind Direction

☒ Indicated
180 degrees MAG
☐ Variable

Wind Speed

Velocity: 5 KTS
 -or-
☐ Calm
☒ Light and Variable

Wind Gusts

Velocity: 0 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, I, and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

NONE

Temperature: 50.5 (C)
 or 50.5 (F)

Altimeter Setting: 2 in. HG
 or 2 MB

Density Altitude: 3100 ft

Dew Point: 2 (C)
 or 2 (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
N/A

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: CHARLES
 Middle Initial: S
 Last Name: AZZOPARDI

City: AMARILLO
 State: TEXAS ZIP: 79108
 Country: USA

Age at time of Accident/Incident: 69 Date of Birth: [REDACTED] Certificate Number: [REDACTED]

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
7-11-2013
 mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Waivers

NONE

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 2-1-13
 mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
 Model: 210

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

N/A

Student Endorsements (Include dates)

N/A

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	6500	3000	3500	3500	220	65	20	200		
Pilot in Command (PIC)	6500									
Time as Instructor										
This Make/Model										
Last 90 Days	28	29	29	9				3		
Last 30 Days	12	11	11	4				3		
Last 24 Hours	1.5	1.5	1.5							

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.

I did run up everything checked out ok. We rotated @ 67 kts. Gear up approx 20ft. Look down cross check instruments, all good. double check gas on. Looked out & saw we were descending, slightly pulled up on controls, no response. Approx 4 ft. off ground at this time & too low to put gear down. Kept trying to fly higher @ that time I hear a very light prop strike on runway. Still trying to fly off ground, when I saw it was not climbing I moved over to grass area to minimize damage when I did it settled again. Then prop struck dirt & plane turned violently to the right as we were still full power. Plane slid sideways into ravine.

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

Operator/Owner Safety Recommendation

In the future, I will wait until I am out of runway before I put the gear up. & I should have ^{maybe} pulled power off while still on runway. but it occurred so quickly & I was doing all I can to save crippled aircraft