

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: GLADEWATER State: TX
 ZIP: 75647 Country: USA
 Latitude: 32° 32' 34" N (00:00:00 N/S) Longitude: 94° 56' 49" W (000:00:00 E/W)

Date/Time

Date: 12/24/2013 Local Time: 12:15
 mm/dd/yyyy Time Zone: PACIFIC CENTRAL

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

1000 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: K666
 Observation Time: UNKNOWN
 Time Zone: CENTRAL
 Distance from Accident Site: 16 NM
 Direction from Accident Site: 120 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 ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☒ Not Pertinent

Light Condition

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

Visibility

10 miles

Sky/Lowest Cloud Condition

☒ 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

N/A ft AGL

Ceiling Height

N/A ft AGL

Wind Direction

☐ Indicated:
N/A degrees MAG
☐ Variable

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

07F => TOWER LGT OUT OF SERVICE 7NM NE

666 => TOWER LGT OUT OF SERVICE 10NM WSW, 11NM ESE, 5NM N, 10NM SE

Temperature: _____ (C)
 or 50 (F)

Altimeter Setting: 30.00 in. HG
 or _____ MB

Density Altitude: UNKNOWN ft

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

Icing Forecast

Amount ☒ None ☐ Moderate ☐ Rime
☐ Trace ☐ Severe ☐ Clear
☐ Light ☐ Mixed

Icing Actual

Amount ☒ None ☐ Moderate ☐ 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> Model: <u>CE 150</u> Serial Number: <u>15072405</u> Registration Number: _____ Amateur-built: ☐ Yes ☒ No		Max Gross Weight: _____ lbs Weight at Time of Accident: _____ lbs Location of Center of Gravity at Time of Accident: _____ 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>2</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>6/13/13</u> mm/dd/yyyy		Airframe Total Time: <u>911</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident	
IFR Equipped ☐ Yes ☒ No ☐ Unknown		Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	
ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No		Type of Fire Extinguishing System ☐ None ☐ Specify <u>hand held under seat</u>	
ELT Aided in Locating Accident / Incident ☐ Yes ☒ No		ELT Manufacturer: <u>Unknown</u> Model/Series: <u>Unknown C200</u> Serial Number: <u>Unknown 213159-70-A</u> Battery Type: <u>Unknown</u> Battery Exp. Date: <u>Unknown</u>	
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>Unknown</u> Model: <u>Unknown</u>			
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number
Eng. 1			
Eng. 2			
Eng. 3			
Eng. 4			
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)			
OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>John McClendon</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>KELGORE</u> State: <u>TX</u> ZIP: <u>75662</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Don BERRYHILL</u> Doing Business As: <u>N/A</u> Air Carrier/Operator Designator (4 Character Code): <u>N/A</u>		Operator Address ☐ Same As Registered Owner City: <u>KELGORE</u> State: <u>TX</u> ZIP: <u>75662</u> Country: <u>USA</u>	
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
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OTHER AIRCRAFT - COLLISION (If an on-ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
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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: _____

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

Airport Identifier: 07F Distance From Airport Center: 2.2 SM
 Airport Name: GLADEWATER MUNICIPAL Direction From Airport: 2350 degrees MAG
 Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 297 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 ☐ Sidestep ☐ 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
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Runway Information Runway ID: <u>17/35 (L/R/C)</u> Length: <u>2300</u> ft Width: <u>50</u> 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
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FLIGHT/ITINERARY INFORMATION

Last Departure Point Airport ID: <u>07F</u> City: <u>GLADEWATER</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>12:00</u> Time Zone: <u>CENTRAL</u>	Destination Airport ID: <u>07F</u> City: <u>GLADEWATER</u> State: <u>TX</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☒ No
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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 occurred (Check all that apply)			
☐ Class A	☐ Class E	☐ Prohibited Area	☐ Jet Training Area
☐ Class B	☒ Class G	☐ Restricted Area	☐ TRSA
☐ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93
☐ Class D	☐ Warning Area	☐ Airport Advisory Area	☐ Special
			☐ Air Traffic Control Area
			☐ Unknown
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	
24 Gallons		☐ 80/87	☐ 115/145
		☒ 100 Low Lead	☐ Jet A
		☐ 100/130	☐ Automotive
		☐ JP3	☐ JP4
		☐ 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
ENGINE FAILURE			_____ Hours
			_____ Cycles
			Time Since This Part Inspected/Overhauled
			_____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage		Aircraft Fire	Aircraft Explosion
☐ None	☐ Substantial	☒ None	☒ None
☐ Minor	☒ Destroyed	☐ In-Flight	☐ In-Flight
		☐ On-Ground	☐ On-Ground
		☐ Both Ground and In-Flight	☐ Both Ground and In-Flight
		☐ Unknown Origin	☐ Unknown Origin
Description of Damage to Aircraft and Other Property (use additional sheet if necessary)			
AIRCRAFT WAS DAMAGED BEYOND REPAIR			
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			
I ENSURED THAT ALL ELECTRICAL EQUIPMENT AND FUEL WAS SHUT OFF/ASKED PASSENGER IF THEY WERE OKAY AND IF THEY COULD GET OUT. WE BOTH UNFASTENED OUR SEAT BELTS AND EXITED THROUGH LEFT DOOR.			

PILOT "A" INFORMATION																																																																																																				
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Pilot "A" Identification First Name: <u>Don</u> City: <u>KELGORE</u> Middle Initial: <u>M</u> State: <u>TX</u> ZIP: <u>75662</u> Last Name: <u>BERRYHILL</u> Country: <u>USA</u> Age at time of Accident: <u>23</u> 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 <u>01/30/2013</u> <i>mm/dd/yyyy</i>																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>4/12/13</u> <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>172/G</u>																																																																																																
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 <u>N/A</u>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>452</td> <td>5.0</td> <td>452</td> <td>—</td> <td>30.0</td> <td>5</td> <td>69</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>376</td> <td>5</td> <td>376</td> <td>—</td> <td>28</td> <td>3</td> <td>58</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Time as Instructor</td> <td>222</td> <td>0</td> <td>222</td> <td>—</td> <td>10</td> <td>10</td> <td>0</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>This Make/Model</td> <td colspan="5"></td> <td>0</td> <td>0</td> <td>0</td> <td colspan="2"></td> </tr> <tr> <td>Last 90 Days</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Last 30 Days</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Last 24 Hours</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>0</td> <td>0</td> <td>0</td> <td>—</td> <td>—</td> <td>—</td> </tr> </tbody> </table>											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	452	5.0	452	—	30.0	5	69	—	—	—	Pilot in Command (PIC)	376	5	376	—	28	3	58	—	—	—	Time as Instructor	222	0	222	—	10	10	0	—	—	—	This Make/Model						0	0	0			Last 90 Days	—	—	—	—	—	—	—	—	—	—	Last 30 Days	—	—	—	—	—	—	—	—	—	—	Last 24 Hours	—	—	—	—	0	0	0	—	—	—
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PILOT "E" 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: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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																																																																																												
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Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make & Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(enter appropriate number of hours in each box)</i>	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										
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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								
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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-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>LAKE</u> City: <u>KSLGORE</u> Middle Initial: <u>T</u> State: <u>TX</u> ZIP: <u>75663</u> Last Name: <u>Yous & Blum</u> Country: <u>USA</u>						Right	☐	☒	☐	☐	☐	☐	☒	☐
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: _____							☐	☐	☐	☐	☐	☐	☐	
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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, 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.

WE TOOK OFF FROM DTG AND FLEW SOUTH OF THE AREA. I PRACTICED SLOW FLIGHT, POWER ON; OFF STALLS AND STEEP TURNS. EVERYTHING APPEARED TO BE NORMAL WE HEADED BACK TO THE AIRPORT. WE ENTERED A WIDER THAN NORMAL LEFT BASE BECAUSE OF TRAFFIC. JUST PRIOR TO TURNING BASE THE AIRCRAFT BEGAN TO LOSE POWER. I APPLIED FULL POWER AND TURNED FOR RUNWAY 17. I PERFORMED THE RESTART CHECKLIST. THE ENGINE DID NOT RESTART. I REALIZED WE WOULD NOT MAKE THE RUNWAY SO I TURNED FOR A CLEARING. WAS UNABLE TO TURN STEAD ENOUGH TO MAKE THE CLEARING. CRASHED INTO THE TREES. WE THEN PERFORMED A EMERGENCY EVACUATION.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

IF THE TRAFFIC PATTERN HAD BEEN FLOWN CLOSER TO THE RUNWAY I WOULD HAVE EASILY GLIDED IT IN.

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

Signature and Name of Pilot/Operator

01/11/2014
mm/dd/yyyy

Signature: _____

Type or Print Name: _____

JON BERRYHILL

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

JON BERRYHILL

Title: _____

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN14LA094Reviewed by NTSB Regional Office
Denver, COName of Investigator
Craig Hatch

Date Report Received