

**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: Animas Air Park Airport State: CO
 ZIP: 81301 Country: USA
 Latitude: 37-12-11 (dd:mm:ss N/S) Longitude: 107-52-09 (ddd:mm:ss E/W)

Date/Time

Date: 06/01/2014 Local Time: 1300
 mm/dd/yyyy Time Zone: Mountain

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

7700 ft MSL

AIRCRAFT INFORMATION

Manufacturer: CIRRUS
 Model: SR-22/6
 Serial Number: N583KM
 Registration Number: O332 Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3200 ²²⁶⁰ lbs
 Weight at Time of Accident/Incident: 2555 lbs
 Location of Center of Gravity at Time of Accident/Incident:
0 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
(Check all that apply)

Standard **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Light Sport

Number of Seats: 4

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: 08/07/2013
 mm/dd/yyyy

Airframe Total Time: 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 fire extinguisher under Pilot seat

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: ACK Technologies

Model/Series: E-04 ELT

Serial Number: 005480

Battery Type: P.O4

Battery Exp. Date: 9/1/14

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: HARTZELL
 Model: PHC-J37F-1RF

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	<u>CONTINENTAL</u>	<u>T0550N7B</u>	<u>686363</u>	<u>07/16/02</u>	<u>310</u>	<u>1650</u>	<u>500</u>	<u>-</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Robert Bucksbaum</u> Fractional Ownership Aircraft: ☐ Yes ☐ No		Owner Address City: [REDACTED] State: [REDACTED] Country: <u>USA</u>
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 ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ FAR 121 ☐ FAR 135 ☒ Non-US, Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown		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 (Select 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 <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> <u>Seemed as if engine Failed when attempting go around</u>		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)

Prop bent. portions of wing detached. Landing gear detached, Tail completely destroyed. Cockpit glass, side of building, airport fence

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

Airport Identifier: 08C Distance From Airport Center: _____ SM

Airport Name: Animas Air Park Airport Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 6700 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

Runway Information

Runway ID: 01 (L/R/C) Length: 5010 ft Width: 50 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: KSMO
 City: SANTA MONICA
 State: CA
 Country: USA

Time of Departure

Time: 1005
 Time Zone: PST

Destination

Airport ID: 08C
 City: Durango
 State: CO
 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 Dog
☐ 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)

81 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

1 installed new MCU, Replaced #4 EGT sensor

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

make sure all controls were turned off, Able to open door and exit
To Left wing of plane

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ 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 10 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: 280 degrees MAG ☐ Variable	Wind Speed Velocity: 16 KTS -or- ☐ Calm ☐ Light and Variable	Wind Gusts Velocity: 20 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 82 (F) Altimeter Setting: 30.02 in. HG or _____ MB Density Altitude: 4500 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: <u>Robert</u> City: [REDACTED] Middle Initial: <u>A</u> State: [REDACTED] Last Name: <u>Buckshorn</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>52</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] 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>12/04/2013</u> mm/dd/yyyy																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>5/27/14</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>CIRRUS SR-22/6</u> Model: <u>"</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 Student Pilot high performance aircraft						Student Endorsements (Include dates) Solo X country																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <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>183.8</td> <td>151.3</td> <td>183.8</td> <td>—</td> <td>5.7</td> <td>1.5</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>24.7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>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>This Make/Model</td> <td colspan="10" style="background-color: black;"></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>24.7</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></td> <td></td> <td></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	183.8	151.3	183.8	—	5.7	1.5					Pilot in Command (PIC)	24.7										Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days	24.7										Last 24 Hours										
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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.

~~FE~~
0904 - Departed SMO with Flight Following to Durango DDC
1145 - Diverted to avoid special air space over Grand Canyon
1315 - Flight Following ended approx TEN mins from Anhus APT
1325 - Checked weather METAR for Durango area
1330 - Made straight in approach for Runway #1. Approx 20 Feet from touchdown, strong downward gust (rust devil) brought plane down hard and banked approx 50 degrees to LEFT. Attempted go around but RPM felt mushy + LEFT wing hit fence + with no power I pulled throttle back + ~~to~~ to reduce speed. Hit ground + turned plane to LEFT (Additional) to avoid building.

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

Operator/Owner Safety Recommendation

I would like to have additional information on engine to determine best course of action. Perhaps my mixture was too rich on go around attempt. In general ~~I~~ and in hindsight, I probably should have logged more solo hours in mountain ranges but not sure what else I could have done (even with more training).

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**06/10/2014
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: Robert Beckshaw**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.**
CEN14LA277**Reviewed by NTSB Regional Office**
Denver**Name of Investigator**
Folkerts**Date Report Received**
6/21/2014