

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>Sioux Falls/KFSD</u> State: <u>SD</u> ZIP: <u>57105</u> Country: <u>Minneapolis</u> Latitude: <u>43.65°N</u> (dd:mm:ss N/S) Longitude: <u>96.78°W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>08/30/2016</u> Local Time: <u>8:45 A.M.</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>2000</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Raytheon</u> Model: <u>Bonanza V35B</u> Serial Number: <u>D-10087</u> Registration Number: <u>N23583</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>3412</u> lbs Weight at Time of Accident/Incident: <u>2837</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>80.6</u> inches from ☐ nose or ☒ datum 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 ☒ Normal ☐ Utility ☐ Aerobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	
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	
IFR Equipped ☒ Yes ☐ No ☐ Unknown		Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	
ELT Installed ELT Activated ☒ Yes ☐ No ☐ Yes ☒ No		ELT Manufacturer: <u>Dorne Margolin</u> Model/Series: <u>ELT-3</u> Serial Number: <u>1886</u> Battery Type: <u>D-cell</u> Battery Exp. Date: <u>2-2018</u>	
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No		Type of Fire Extinguishing System ☒ None ☐ Specify: _____	
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>McCawley</u> Model: <u>MCCAWLEY 3A32C76-3</u>	
Engine Eng. 1 Eng. 2 Eng. 3 Eng. 4	Engine Manufacturer <u>Teledyne Continental</u>	Engine Model/Series <u>TCM/IO-520-BAR</u>	Manufacturer's Serial Number <u>822942-R</u>
Date of Mfg. <u>06/04/2006</u>		Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust <u>285</u>	Total Time (hours) <u>353.7</u>
Time Since Inspection (hours) <u>52</u>		Time Since Overhaul (hours) <u>353.7</u>	

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>James A. Breit</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>St. Louis Falls</u> State: <u>S.D.</u> ZIP: <u>57103</u> 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 ☐ 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 (Select 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 _____	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.) <u>Right tank fuel gauge indicated a 1/2 full tank when tank was close to empty.</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)

1 acre of corn was lost from plane landing
and plane retrieval.

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

Airport Identifier: KFSDDistance From Airport Center: 2 SMAirport Name: Jac Fox FieldDirection From Airport: 030 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 1475 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: _____ (L/R/C) Length: _____ ft Width: _____ 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: Y14City: IcaState: SDCountry: Lincoln

Time of Departure

Time: 830 AMTime Zone: Central

Destination

Airport ID: KFSDCity: Sioux FallsState: S.D.Country: Minnesota

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)

35 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

☐ Heavy

PILOT "A" INFORMATION																																																																																																			
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Pilot "A" Identification First Name: <u>James A.</u> City: <u>Sioux Falls</u> Middle Initial: <u>A.</u> State: <u>SD</u> ZIP: <u>57103</u> Last Name: <u>Breit</u> Country: <u>Minnesota</u> Age at time of Accident/Incident: <u>45</u> Date of Birth: [REDACTED] 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																																																																																													
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Pilot "B" Identification First Name: <u>Ron Bontach</u> City: <u>Harrisburg</u> Middle Initial: _____ State: <u>SD</u> ZIP: <u>57032</u> Last Name: <u>Bontach Bontach</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>59</u> Date of Birth: _____ 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																																																																																														
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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	<u>14233</u>	<u>30</u>	<u>2827</u>	<u>8791</u>	<u>2137</u>	<u>1026</u>	<u>968</u>	<u>340</u>																																																																																												
Pilot in Command (PIC)	<u>8777</u>	<u>15</u>	<u>2718</u>	<u>6132</u>	<u>1948</u>	<u>950</u>	<u>753</u>	<u>340</u>																																																																																												
Time as Instructor	<u>1051</u>	<u>25</u>	<u>985.4</u>	<u>0</u>	<u>149</u>	<u>128</u>	<u>0</u>	<u>0</u>																																																																																												
This Make/Model					<u>6</u>	<u>1.8</u>	<u>0</u>																																																																																													
Last 90 Days	<u>87</u>	<u>7</u>	<u>11.4</u>	<u>17.7</u>	<u>3.3</u>	<u>6.8</u>	<u>0</u>																																																																																													
Last 30 Days	<u>24</u>	<u>3.4</u>	<u>4.9</u>	<u>44.4</u>	<u>1.3</u>	<u>1.2</u>	<u>0</u>																																																																																													
Last 24 Hours	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>																																																																																													

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: _____ ZIP: _____			☐ 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		☐ Left		☐ Front								
☐ Right		☐ Rear		☐ Center		☐ Single		☐ Unknown								
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____ ZIP: _____			☐ 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		☐ Left		☐ Front								
☐ Right		☐ Rear		☐ Center		☐ Single		☐ Unknown								
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____ ZIP: _____			☐ 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		☐ Left		☐ Front								
☐ Right		☐ Rear		☐ Center		☐ Single		☐ Unknown								
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants, continue on separate sheet if necessary)						Seat	Crew	Non-Recent	Recent	Non-Occupant	P.A.A.	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address																
First Name: _____			City: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													
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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.

8/30/16 8 AM Arrived at airport @ TEA (Y14), performed Preflight check, including sumping the tanks. Did not visually inspect gas in tanks. Once in plane did confirm both tanks @ 1/2 Full with Instructor, giving us two hours of total (max) Flight time.

Departed @ or around 8:30 AM, obtained ATIS And clearance for ASR Approach and Teach and Go Run way 21 @ KFSD. I was wearing Foggles. We descended from 3,000 to 2,000 msl, put landing gear down on a 10° of Flaps. Adjusted Manifold Pressure to 20 from 15 to hold 2000 ft. Immediately after throttle adjustment engine sputtered. I re-adjusted throttle several times - about 5-10 seconds, Engine ~~quit~~ quit. Instructor turned the plane toward field as he knew we would not make Airport, 2 miles away (2 mile Final for 21). I switched tanks, tried ignition twice, called controller (124.45) to notify relay our condition. We landed in corn field 60 seconds or less after engine quit. I never got engine restarted. Landing was softer than anticipated, in field 2 miles away N-NE of airport. Significant damage from corn stalks/cobs to leading edge. No Flame or fire, Broken glass etc, no injuries. We went down about 8:45pm, VFR, Calm day. EMS was activated.

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

Operator/Owner Safety Recommendation

I could have visually Inspected gas in both tanks by removing gas caps. I would have seen that right tank was empty And Left tank near full. This would have prompted me to fill right tank And realize that my fuel gauges are inaccurate - even though they have always worked ~~well~~ well prior to this event. I confirmed with my mechanic that these types of fuel gauges are known to be inconsistent.

In flight at the first hint of trouble I could have switched tanks - giving me about 10 more seconds - A third try for restart. I could have also tried the aux boost pump during the restart, which I did not do.

NTSB Accident/Incident No. CEN16CA364	Reviewed by NTSB Regional Office CEN	Name of Investigator Sauer	Date Report Received 09/22/16
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