

NATIONAL TRANSPORTATION SAFETY BOARD

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location Nearest City/Place: <u>Winnemucca</u> State: <u>NV</u> ZIP: _____ Country: _____ Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)				Accident/Incident Date/Time Date: <u>10-24-15</u> Local Time: <u>3:15 PM</u> mm/dd/yyyy Time Zone: _____ Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None			
Registration Number: <u>3979X</u> Manufacturer: <u>Pitts</u> Model: <u>Pitts</u> Serial Number: _____ Year of Manufacture: <u>1975</u> Amateur-Built: ☐ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____				☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: _____ Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: _____			
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility </td> <td style="vertical-align: top;"> Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport </td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown		Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☐ Retractable ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System ☐ None ☐ Unknown ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel	
Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport						
Engine Type (Select one) ☒ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown		Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-Injected					

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>				<u>235</u>			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>mm/dd/yyyy</u> Airframe Total Time: _____ hrs hours measured at (Select one) ☐ Last Inspection ☐ Time of Accident/Incident		Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Husat</u> Model: _____		Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____		ELT Installed: ☐ Yes ☒ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☐ C126 (406 MHz) Was ELT still mounted in aircraft? ☐ Yes ☐ No Was ELT still connected to antenna? ☐ Yes ☐ No Did ELT activate? ☐ Yes ☐ No If activated: Did ELT Aid in Locating Aircraft? ☐ Yes ☐ No If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown		Additional Equipment (Check all that apply) ☐ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☒ Autopilot ☐ Data Recorder ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☒ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Other, Specify: _____	
Description of Fire Extinguishing System ☐ None ☐ Specify: _____					

Registered Aircraft Owner Name: <u>[REDACTED]</u> Fractional Ownership Aircraft: ☐ Yes ☐ No		City: <u>Aurora</u> State: <u>IL</u> ZIP: <u>60505</u> Country: <u>None</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Same</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☐ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☐ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☒ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Firefighting ☐ Unknown ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Race/Show ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☒ Personal ☐ Executive/Corporate ☐ Positioning ☐ External Load ☐ Skydiving ☐ Ferry	
Revenue Sightseeing Flight ☐ Yes ☐ No	Air Medical Flight ☐ Yes ☐ No		
Airport Name: <u>Courtney / Plumber</u> Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl	
Runway Information Runway ID: <u>36</u> (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☒ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☐ Crosswind ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown	

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No											
"Flight Crewmember 1" Identification First Name: <u> </u> City of Residence: <u>Oswego</u> Middle Initial: <u> </u> State: <u>IL</u> ZIP: <u>60543</u> Last Name: <u> </u> Country: <u>Korea</u> Age at time of Accident/Incident: <u> </u> Date of Birth: <u> </u> mm/dd/yyyy Certificate Number: <u> </u>											
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown				
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer											
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 ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>2/8/14</u> mm/dd/yyyy				
Medical Certificate Limitations <u> </u>											
Medical Certificate Special Issuance <u> </u>											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>This year</u> mm/dd/yyyy			Flight Review Aircraft Make: <u> </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 ☐ 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> </u>						Student Endorsements (Include dates) <u> </u>					
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
Total Time			<u>2-28</u>	<u>2,000</u>							
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days				<u>103</u>							
Last 30 Days											
Last 24 Hours											

Crew Name and Address		Seat Occupied		Injury		
First Name: <u>Karen</u>	City of Residence: <u>Danvers</u>	☐ Left	☐ Front	☒ None		
Middle Initial: _____	State: <u>FL</u> ZIP: <u>80543</u>	☐ Center	☐ Rear	☐ Minor		
Last Name: <u>Leduc</u>	Country: <u>Kane</u>	☒ Right	☐ Single	☐ Serious		
			☐ Unknown	☐ Fatal		
				☐ Unknown		
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints		
☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	Available	Used	
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☐ None	☐ None	
☐ Student	☐ Sport	☐ Flight Engineer		☐ Lap Only	☐ Lap Only	
				☐ 3-point	☐ 3-point	
				☐ 4-point	☐ 4-point	
				☐ 5-point	☐ 5-point	
				☐ Unknown	☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address		Seat Occupied		Injury		
First Name: _____	City of Residence: _____	☐ Left	☐ Front	☐ None		
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear	☐ Minor		
Last Name: _____	Country: _____	☐ Right	☐ Single	☐ Serious		
			☐ Unknown	☐ Fatal		
				☐ Unknown		
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints		
☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	Available	Used	
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☐ None	☐ None	
☐ Student	☐ Sport	☐ Flight Engineer		☐ Lap Only	☐ Lap Only	
				☐ 3-point	☐ 3-point	
				☐ 4-point	☐ 4-point	
				☐ 5-point	☐ 5-point	
				☐ Unknown	☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Name and Address		Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	<i>If Under 5,</i>
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
			☐ 5-point	☐ 5-point		☐ Unknown
			☐ Unknown	☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	<i>If Under 5,</i>
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
			☐ 5-point	☐ 5-point		☐ Unknown
			☐ Unknown	☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	<i>If Under 5,</i>
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
			☐ 5-point	☐ 5-point		☐ Unknown
			☐ Unknown	☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	<i>If Under 5,</i>
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
			☐ 5-point	☐ 5-point		☐ Unknown
			☐ Unknown	☐ Unknown		

Last Departure Point Airport ID: <u>ARR</u> City: <u>Amora</u> State: <u>IL</u> Country: <u>Canada</u>		Time of Departure Time: <u>1:30?</u> Time Zone: _____		Destination Airport ID: <u>Courtney</u> City: <u>Winneconne</u> State: <u>WI</u> Country: _____		Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☒ VFR Activated? ☐ Yes ☐ No ☐ Unknown	
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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Altitude of In-Flight Occurrence: _____ ft msl ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93							
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☒ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather				Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true			
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night					
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Scattered Lowest Cloud Condition Height <u>1000</u> ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown Ceiling Height <u>1000</u> ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB			
Wind Direction ☐ Variable Direction: _____ degrees true		Wind Speed ☐ Calm ☒ Light and Variable Speed: _____ kts		Wind Gusts ☐ Not Gusting Speed: _____ kts		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals				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	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme			
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 							

Aircraft Damage	Aircraft Fire	Aircraft Explosion
☐ None ☐ Minor ☒ Substantial ☐ Destroyed ☐ Unknown	☐ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Fire at Unknown Time ☒ Unknown	☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Explosion at Unknown Time ☐ Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i>		
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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.		

Aircraft Damage

- ☐ None
☒ Substantial
☐ Minor
☐ Destroyed
☐ Unknown

Aircraft Fire

- ☐ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Fire at Unknown Time
☒ Unknown

Aircraft Explosion

- ☒ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Explosion at Unknown Time
☐ Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

Flight was nice, when I started my descent I could tell something was wrong, engine running rough and as ~~soon~~ soon as we touched down the engine quit and black smoke and fire was coming out of the cowling. We opened the door and ran.

Last annual January 2015
Louis Paffel

Operator/Owner Safety Recommendation

Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No
(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

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

50

Gallons

Fuel Type

☐ 80/87

☐ 115/145

☐ Jet B

☐ Other, specify _____

☒ 100 Low Lead

☐ Jet A

☐ JP8

☐ 100/130

☐ Jet A-1

☐ Automotive

Other Services, if Any, Prior to Departure

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

out door

Aircraft Registration Number

3929X

Manufacturer:

Model:

Boeing
Boeing 737

Damage to Other Aircraft

☐ Destroyed

☐ Minor

☐ Substantial

☒ None

Registered Owner of Other Aircraft

Name:

City:

State:

ZIP:

Country:

Pilot of Other Aircraft

Name:

City:

State:

ZIP:

Country:

Use this space if additional space is needed for any answers.

Date of this Report <u>10-22-15</u> mm/dd/yyyy	Name of Pilot/Operator: _____ Signature: _____ -- or -- ☐ Check here to electronically sign this document		
If a Person Other than Pilot/Operator is Filing Report			
Name: _____	Title: _____		
Signature: _____ -- or -- ☐ Check here to electronically sign this document			
NTSB Accident/Incident No. CEN16LA021	Reviewed by NTSB Regional Office Denver, CO	Name of Investigator Edward Malinowski	Date Report Received 10/29/15