

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: Laguna Pueblo State: NM
 ZIP: 87007 Country: USA
 Latitude: 34.768 (00:00:00 N/S) Longitude: 107.618 (000:00:00 E/W)

Date/Time

Date: Feb 29, 2016 Local Time: 1:25
 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

13,000 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: KLVS
 Observation Time: noon
 Time Zone: Mountain

Distance from Accident Site: 130 NM
 Direction from Accident Site: 239° 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

ft AGL

Ceiling Height

ft AGL

Wind Direction

☐ Indicated: _____ 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

Some firefighting activity East + SE of Phoenix

Temperature: _____ (C)
 or _____ (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

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

Icing Forecast

Amount
☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount
☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

☐ Rime
☐ Clear
☐ 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>Cirrus</u> Model: <u>SR-22</u> Serial Number: <u>2206 2103</u> Registration Number: <u>N2711M</u>		Max Gross Weight: <u>3400</u> lbs Weight at Time of Accident: <u>?</u> lbs Location of Center of Gravity at Time of Accident: <u>?</u> inches from ☐ nose or ☐ datum -or- <u>?</u> 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 ☐ Acrobatic ☐ 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: _____		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>02/22/2016</u> mm/dd/yyyy		Airframe Total Time: <u>930.3</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident																																									
IFR Equipped ☒ Yes ☐ No ☐ Unknown		Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown																																									
Type of Fire Extinguishing System ☐ None ☒ Specify <u>small hand held</u>																																											
ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☐ No		ELT Manufacturer: <u>ACK Technologies</u> Model/Series: <u>E-01</u> Serial Number: <u>056428</u> Battery Type: <u>MN-1300</u> Battery Exp. Date: <u>02/2017</u>																																									
ELT Aided in Locating Accident / Incident ☐ Yes ☐ No <u>?</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>Hartzell</u> Model: <u>PHC-J3VF-1RF</u>																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturing Serial Number</th> <th>Date of Mfg. mm dd yyyy</th> <th>Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>Continental</u></td> <td><u>I0-550-N</u></td> <td><u>689902</u></td> <td><u>07/24/2006</u></td> <td><u>310</u></td> <td><u>930.3</u></td> <td><u>7</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm dd yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	<u>Continental</u>	<u>I0-550-N</u>	<u>689902</u>	<u>07/24/2006</u>	<u>310</u>	<u>930.3</u>	<u>7</u>	Eng. 2								Eng. 3								Eng. 4									
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OWNER/OPERATOR INFORMATION																																											
Registered Aircraft Owner Name: <u>Jim + Kathleen Spahr</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Seward</u> State: <u>NE</u> ZIP: <u>68434</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 <u>3</u> How many? ☐ Cargo <u>20</u> lbs (purses) ☐ 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 air or 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: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: _____ 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: <u>KLVS</u> City: <u>Las Vegas</u> State: <u>New Mexico</u> Country: <u>USA</u>	Time of Departure Time: <u>12:15</u> Time Zone: <u>Mountain</u>	Destination Airport ID: <u>KGYR</u> City: <u>Goodyear AZ</u> State: <u>AZ</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 | ☐ 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)

I believed 62 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

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

____ 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)

extensive damage

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

*Used hammer to break break window & crawled out
All 4 from back window*

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: Kathleen M Spahr City: Severed No.
 Middle Initial: M State: NE ZIP: 68434
 Last Name: Spahr Country: USA

Age at time of Accident: 65 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
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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>2-25-2015</u> mm/dd/yyyy
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Medical Certificate Limitations

MUST wear corrective lenses

Medical Certificate Waivers

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 11-20-2015
 mm/dd/yyyy

Flight Review Aircraft

Make: CIRRUS
 Model: SR 22

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
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Type Ratings

Student Endorsements (Include dates)

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	493	273								
Pilot in Command (PIC)	445	267								
Time as Instructor										
This Make/Model										
Last 90 Days	23									
Last 30 Days	7									
Last 24 Hours										

PILOT "B" 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: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ 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

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

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers****Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

mm/dd/yyyy

Flight Review Aircraft

Make: _____
Model: _____

**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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings**Student Endorsements (Include dates)**

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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						
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						
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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-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Gayle</u> City: <u>Lincoln</u> Middle Initial: _____ State: <u>NE</u> ZIP: <u>68516</u> Last Name: <u>Wrasse-Beveridge</u> Country: <u>USA</u>	Rear RT	□	☒	□	□	□	□	□	☒	□	□
First Name: <u>Linda Leffers</u> City: <u>Lincoln</u> Middle Initial: _____ State: <u>NE</u> ZIP: <u>68502</u> Last Name: <u>Leffers</u> Country: <u>USA</u>	Rear Left	□	☒	□	□	□	□	□	☒	□	□
First Name: <u>Linda</u> City: <u>Raymond</u> Middle Initial: _____ State: <u>NE</u> ZIP: <u>68428</u> Last Name: <u>Miller</u> Country: <u>USA</u>	Front RT	□	☒	□	□	□	□	□	☒	□	□
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: _____	_____	□	□	□	□	□	□	□	□	□	□

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.

Left Seward NE at 8:30am (CST)

Arrived Las Vegas at 11:00 am (MST)

Asked FBO for transportation to get lunch. No Transportation

Asked FBO for water, no water, no bottled water

(used port-a-potty) Did standard briefing, filed flight plan

Fueled plane, believed I put 52 gal of fuel, Pre flight

Departed at 12:10. AT 1:15, engine power decreased to 25%, engine quit. Declared emergency, Tried to start engine. Pulled parachute.

→ Turned to Left because of flat area I could see.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

When fueling plane, I requested a receipt (self-serve), but I did not get a receipt. Check receipt, double check gallons.

ADDITIONAL INFORMATION (Please type or print in ink)

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

I am retiring from piloting. I will be enjoying flying as a passenger for many years.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

03-10-2016

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: Kathleen M Spahr

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

Signature:

Type or Print Name: KATHLEEN M Spahr

Title:

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN16LA112Reviewed by NTSB Regional Office
Denver, COName of Investigator
Craig Hatch

Date Report Received