

#5

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: ALPINE State: TX

ZIP: 79830 Country: USA

Latitude: 30° 23' N Longitude: 103° 41' W

(Enter in decimal degrees or degrees: minutes: seconds)

### Accident/Incident Date/Time

Date: 05-16-2016 Local Time: 2:30

mm/dd/yyyy

Time Zone: CENTRAL

Collision with Other Aircraft: Midair On-ground None

## AIRCRAFT INFORMATION

Registration Number: N185DX

Manufacturer: Piper

Model: Saratoga PA32R301

Serial Number: 32R 8013039

Year of Manufacture: 1980

Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: \_\_\_\_\_  
Original Design

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)

| Standard                                   | Special                                           |
|--------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic         | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon           | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter          | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport         | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility           | <input type="checkbox"/> Special Light-Sport      |
|                                            | <input type="checkbox"/> Experimental Light-Sport |

Certificate of Authorization or Waiver (COA)  
None ☐ Unknown ☐

### Landing Gear

(Check all that apply)

|                                                       |                                      |
|-------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Tricycle          | <input type="checkbox"/> Retractable |
| <input type="checkbox"/> Amphibian                    | <input type="checkbox"/> Tailwheel   |
| <input type="checkbox"/> Emergency Float              | <input type="checkbox"/> High Skid   |
| <input type="checkbox"/> Float                        | <input type="checkbox"/> Skid        |
| <input type="checkbox"/> Hull                         | <input type="checkbox"/> Ski         |
|                                                       | <input type="checkbox"/> Ski/Wheel   |
| <input type="checkbox"/> Other Launch/Recovery System |                                      |
| <input type="checkbox"/> None                         | <input type="checkbox"/> Unknown     |

### Engine Type (Select one)

|                                                   |                                        |
|---------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Reciprocating | <input type="checkbox"/> Liquid Rocket |
| <input type="checkbox"/> Turbo Shaft              | <input type="checkbox"/> Solid Rocket  |
| <input type="checkbox"/> Turbo Prop               | <input type="checkbox"/> Hybrid Rocket |
| <input type="checkbox"/> Turbo Jet                | <input type="checkbox"/> None          |
| <input type="checkbox"/> Turbo Fan                | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Electric                 |                                        |

### Fuel System Type (Reciprocating)

Carburetor ☐ Fuel-Injected ☒

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br>Horsepower or<br>lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|-----------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng 1  | <u>LYCOMING</u>     | <u>I0-540-K165D</u> | <u>L-20046-48A</u>           |                            | <u>300</u>                                    | <u>1734</u>           | <u>164.3</u>                         | <u>1734</u>         |
| Eng 2  |                     |                     |                              |                            |                                               |                       |                                      |                     |
| Eng 3  |                     |                     |                              |                            |                                               |                       |                                      |                     |
| Eng 4  |                     |                     |                              |                            |                                               |                       |                                      |                     |

### Last Inspection Type

100-Hour ☐ Continuous Airworthiness  
AAIP ☐ Conditional Inspection  
Annual ☒ Unknown ☐

Date Last Inspection: 05-02-2015  
mm/dd/yyyy

Airframe Total Time: 5611.4 hrs  
hours measured at (Select one)  
Last Inspection Time of Accident/Incident

### Type of Maintenance Program (Select one)

Annual ☒  
Conditional (Amateur-built only)  
Manufacturer's Inspection Program  
Other Approved Inspection Program (AAIP)  
Continuous Airworthiness  
Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

None ☒  
Specify: \_\_\_\_\_

### Propeller 1

Fixed Pitch ☐  
Controllable Pitch ☒  
Ground Adjustable ☐

Manufacturer: HARTSEL PY4443A

Model: HC-C3YR-1RF

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

### Propeller 2

Fixed Pitch ☐  
Controllable Pitch ☐  
Ground Adjustable ☐

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

### 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: \_\_\_\_\_

# OWNER/OPERATOR INFORMATION

## Registered Aircraft Owner

Name: SARATOGA FLYERS

Fractional Ownership Aircraft: Yes No

City: CORPUS CHRISTI

State: TX ZIP: \_\_\_\_\_

Country: USA

## Operator of Aircraft *Same As Registered Owner*

Name: MARK THOMAS

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

City: [REDACTED]

State: TX ZIP: 78480

Country: USA

## Operating Certificates Held

(Check all that apply)

- 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 (Select one)

- Armed Forces
- Federal
- State
- Local

Unknown

## Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- Scheduled or Commuter Domestic
- Non-Scheduled or Air Taxi International

- Passenger
- Cargo
- Mail Contract Only

## Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- 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 INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: E 38 ALPINE CASPARIS

Airport Identifier: E 38

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: 1.5 sm

Direction From Airport: 065 degrees true

Airport Elevation: 4514 ft. msl

## Runway Information

Runway ID: 23 (L/R/C) Length: 5018 ft Width: 60 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

## Approach/Departure Segment (Select one)

- Taxi ☒ VFR Departure On Instrument Approach Downwind Low Approach
- Takeoff ☒ IFR Departure Procedure/Clearance Final ☒ Base Go Around
- Initial Climb Aborted Landing (after touchdown) Unknown

## IFR Approach (Check all that apply)

- None
- ADF/NDB PAR MLS Practice
- SDF Sidestep LDA GPS
- VOR/TVOR ILS ASR Visual
- VOR/DME Localizer Only Contact Circling
- TACAN LOC-back course RNAV Unknown

## VFR Approach (Check all that apply)

- None
- Traffic Pattern
- Straight-In Stop and Go
- Valley/Terrain Following Touch and Go
- Go Around Simulated Forced Landing
- Full Stop Forced Landing
- Precautionary Landing
- Unknown

#2

**"FLIGHT CREWMEMBER 1" INFORMATION****"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: MARKCity of Residence: CORPUS CHRISTIMiddle Initial: EState: TXZIP: 78480Last Name: THOMASCountry: USAAge at time of Accident/Incident: 57 Date of Birth: [REDACTED] mm/dd/yyyyCertificate Number: [REDACTED]**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☐ Private☐ Student☐ Flight Instructor☐ Recreational☐ Sport☐ Commercial☐ Airline Transport☐ Flight Engineer☐ US Military☐ Foreign**Principal Occupation**☒ Pilot☐ Other☐ Unknown**Medical Certificate**☐ None☐ Class 1☐ Class 2☒ Class 3☐ Driver's License (Sport Pilot only)☐ Unknown**Medical Certificate Validity**☒ Without limitations/waivers☐ With limitations/waivers☐ Special Issuance☐ Unknown☐ N/A**Date of Last Medical**09-11-2014  
mm/dd/yyyy**Medical Certificate Limitations**/**Medical Certificate Special Issuance**/**Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:**01-16-2016  
mm/dd/yyyy**Flight Review Aircraft**Make: CessnaModel: 172 L**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 LiftInstrument Airplane  
Instrument Helicopter  
Helicopter  
Glider  
Sport**Type Ratings****Student Endorsements** (Include dates)

| Flight Time (Enter appropriate<br>number of hours in each box) | All<br>Aircraft | This Make<br>& Model | Airplane<br>Single<br>Engine | Airplane<br>Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter<br>Than Air |
|----------------------------------------------------------------|-----------------|----------------------|------------------------------|-------------------------|-------|------------|-----------|------------|--------|---------------------|
|                                                                |                 |                      |                              |                         |       | Actual     | Simulated |            |        |                     |
| Total Time                                                     | 2257            | 275                  | 2250                         | 7                       | 350   | 200        | 5         |            |        |                     |
| Pilot in Command (PIC)                                         | 2200            |                      | 2200                         | 5                       |       |            |           |            |        |                     |
| Time as Instructor                                             |                 |                      |                              |                         |       |            |           |            |        |                     |
| This Make/Model                                                |                 |                      |                              |                         |       |            |           |            |        |                     |
| Last 90 Days                                                   | 75              | 50                   | 75                           | /                       | 10    | 10         | /         |            |        |                     |
| Last 30 Days                                                   |                 | 10                   | 15                           | /                       | /     | /          | /         |            |        |                     |
| Last 24 Hours                                                  | 3               | 3                    | 3                            | /                       | /     | /          | /         |            |        |                     |

# "FLIGHT CREWMEMBER 2" INFORMATION

## "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying      Yes      No

## "Flight Crewmember 2" Identification

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
Certificate Number: \_\_\_\_\_

|                                                                                                                                                                                                                                |  |                                                                                                                             |  |                                                                                                                                                                                                   |  |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|
| <b>Degree of Injury</b><br>None      Fatal<br>Minor      Unknown<br>Serious                                                                                                                                                    |  | <b>Seat Occupied</b><br>Left      Front      Unknown<br>Right      Rear<br>Center      Single                               |  | <b>Restraint Type</b><br><b>Available</b> <b>Used</b><br>None      None<br>Lap only      Lap only<br>3-point      3-point<br>4-point      4-point<br>5-point      5-point<br>Unknown      Unknown |  | <b>Inflatable Restraints</b><br>Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br>None      Flight Instructor      Commercial      US Military<br>Private      Recreational      Airline Transport      Foreign<br>Student      Sport      Flight Engineer |  |                                                                                                                             |  |                                                                                                                                                                                                   |  |                                                                                                   |
| <b>Principal Occupation</b><br>Pilot<br>Other<br>Unknown                                                                                                                                                                       |  | <b>Medical Certificate</b><br>None      Class 3<br>Class 1      Driver's License (Sport Pilot only)<br>Class 2      Unknown |  | <b>Medical Certificate Validity</b><br>Without limitations/waivers      Unknown<br>With limitations/waivers      N/A<br>Special Issuance                                                          |  | <b>Date of Last Medical</b><br>mm/dd/yyyy                                                         |

## Medical Certificate Limitations

## Medical Certificate Special Issuance

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  
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 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 CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

|                                                                |                          |                   |             |                                                                           |             |                                                                   |
|----------------------------------------------------------------|--------------------------|-------------------|-------------|---------------------------------------------------------------------------|-------------|-------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                   |                          |                   |             | <b>Seat Occupied</b>                                                      |             | <b>Injury</b>                                                     |
| First Name: _____                                              | City of Residence: _____ |                   |             | Left                                                                      | Front       | None<br>Minor<br>Serious<br>Fatal<br>Unknown                      |
| Middle Initial: _____                                          | State: _____             | ZIP: _____        |             | Center                                                                    | Rear        |                                                                   |
| Last Name: _____                                               | Country: _____           |                   |             | Right                                                                     | Single      |                                                                   |
|                                                                |                          |                   |             | Unknown                                                                   |             |                                                                   |
| <b>Pilot Certificate(s)</b> (Check all that apply)             |                          |                   |             | <b>Restraint Type:</b>                                                    |             | <b>Inflatable Restraints</b>                                      |
| None                                                           | Flight Instructor        | Commercial        | US Military | <b>Available</b>                                                          | <b>Used</b> | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |
| 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     |                                                                   |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> |                          |                   |             | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |             |                                                                   |
| Yes No                                                         |                          |                   |             |                                                                           |             |                                                                   |

|                                                                |                          |                   |             |                                                                           |             |                                                                   |
|----------------------------------------------------------------|--------------------------|-------------------|-------------|---------------------------------------------------------------------------|-------------|-------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                   |                          |                   |             | <b>Seat Occupied</b>                                                      |             | <b>Injury</b>                                                     |
| First Name: _____                                              | City of Residence: _____ |                   |             | Left                                                                      | Front       | None<br>Minor<br>Serious<br>Fatal<br>Unknown                      |
| Middle Initial: _____                                          | State: _____             | ZIP: _____        |             | Center                                                                    | Rear        |                                                                   |
| Last Name: _____                                               | Country: _____           |                   |             | Right                                                                     | Single      |                                                                   |
|                                                                |                          |                   |             | Unknown                                                                   |             |                                                                   |
| <b>Pilot Certificate(s)</b> (Check all that apply)             |                          |                   |             | <b>Restraint Type:</b>                                                    |             | <b>Inflatable Restraints</b>                                      |
| None                                                           | Flight Instructor        | Commercial        | US Military | <b>Available</b>                                                          | <b>Used</b> | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |
| 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     |                                                                   |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> |                          |                   |             | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |             |                                                                   |
| Yes No                                                         |                          |                   |             |                                                                           |             |                                                                   |

| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)        |                             |                   |                                           |                                                     |                  |                |                                                                   |                                                                            |
|------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------|-------------------------------------------|-----------------------------------------------------|------------------|----------------|-------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name and Address                                                                                           |                             |                   | Seat                                      | Injury                                              | Restraint Type   |                | Inflatable Restraints                                             | Age                                                                        |
| First Name: <u>VICKI</u>                                                                                   | City: <u>Corpus Christi</u> |                   | Left<br>Center<br><u>Right</u><br>Unknown | <u>None</u><br>Minor<br>Serious<br>Fatal<br>Unknown | <b>Available</b> | <b>Used</b>    | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br><br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: <u>R</u>                                                                                   | State: <u>TX</u>            | ZIP: <u>78420</u> |                                           |                                                     | None             | None           |                                                                   |                                                                            |
| Last Name: <u>THOMAS</u>                                                                                   | Country: <u>USA</u>         |                   |                                           |                                                     | Lap Only         | Lap Only       |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | <u>3-point</u>   | <u>3-point</u> |                                                                   |                                                                            |
| Crew <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other <input type="checkbox"/> |                             |                   | Row: _____                                |                                                     | 4-point          | 4-point        |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | 5-point          | 5-point        |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | Unknown          | Unknown        |                                                                   |                                                                            |
| First Name: _____ City: _____                                                                              |                             |                   | Left<br>Center<br>Right<br>Unknown        | None<br>Minor<br>Serious<br>Fatal<br>Unknown        | <b>Available</b> | <b>Used</b>    | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br><br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____ State: _____ ZIP: _____                                                              |                             |                   |                                           |                                                     | None             | None           |                                                                   |                                                                            |
| Last Name: _____ Country: _____                                                                            |                             |                   |                                           |                                                     | Lap Only         | Lap Only       |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | 3-point          | 3-point        |                                                                   |                                                                            |
| Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>            |                             |                   | Row: _____                                |                                                     | 4-point          | 4-point        |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | 5-point          | 5-point        |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | Unknown          | Unknown        |                                                                   |                                                                            |
| First Name: _____ City: _____                                                                              |                             |                   | Left<br>Center<br>Right<br>Unknown        | None<br>Minor<br>Serious<br>Fatal<br>Unknown        | <b>Available</b> | <b>Used</b>    | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br><br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____ State: _____ ZIP: _____                                                              |                             |                   |                                           |                                                     | None             | None           |                                                                   |                                                                            |
| Last Name: _____ Country: _____                                                                            |                             |                   |                                           |                                                     | Lap Only         | Lap Only       |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | 3-point          | 3-point        |                                                                   |                                                                            |
| Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>            |                             |                   | Row: _____                                |                                                     | 4-point          | 4-point        |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | 5-point          | 5-point        |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | Unknown          | Unknown        |                                                                   |                                                                            |
| First Name: _____ City: _____                                                                              |                             |                   | Left<br>Center<br>Right<br>Unknown        | None<br>Minor<br>Serious<br>Fatal<br>Unknown        | <b>Available</b> | <b>Used</b>    | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br><br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____ State: _____ ZIP: _____                                                              |                             |                   |                                           |                                                     | None             | None           |                                                                   |                                                                            |
| Last Name: _____ Country: _____                                                                            |                             |                   |                                           |                                                     | Lap Only         | Lap Only       |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | 3-point          | 3-point        |                                                                   |                                                                            |
| Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>            |                             |                   | Row: _____                                |                                                     | 4-point          | 4-point        |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | 5-point          | 5-point        |                                                                   |                                                                            |
|                                                                                                            |                             |                   |                                           |                                                     | Unknown          | Unknown        |                                                                   |                                                                            |

1#3

# FLIGHT ITINERARY INFORMATION

|                                                                                                                         |  |                                                                        |                                                                                                                   |                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>E38</u><br>City: <u>ALPINE</u><br>State: <u>TX</u><br>Country: <u>USA</u> |  | <b>Time of Departure</b><br>Time: <u>14:25</u><br>Time Zone: <u>CT</u> | <b>Destination</b><br>Airport ID: <u>KRBO</u><br>City: <u>Robstown</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br>Activated? Yes No Unknown |
|-------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><input checked="" type="radio"/> None VFR<br><input type="radio"/> Special VFR IFR<br><input type="radio"/> Special IFR VFR On Top<br><input type="radio"/> VFR Flight Following Traffic Advisory<br><input type="radio"/> Cruise Unknown / NA                                       |  |  |  |                                                                |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br>Class A<br>Class B<br>Class C<br>Class D<br><input checked="" type="radio"/> Class E<br>Class G<br>Demo Area<br>Warning Area<br>Prohibited Area<br>Restricted Area<br>Military Operations Area (MOA)<br>Airport Advisory Area<br>Jet Training Area<br>TRSA<br>FAR 93 |  |  |  | <b>Altitude of In-Flight Occurrence:</b><br><u>5600</u> ft msl |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br>National Weather Service <input checked="" type="checkbox"/><br>Flight Service Station<br>TV/Radio <input checked="" type="checkbox"/><br>Automated Report <input checked="" type="checkbox"/><br>Commercial Weather Service (DUATS)<br>On-Board Weather <input checked="" type="checkbox"/><br>Company<br>Military<br>Internet <input checked="" type="checkbox"/><br>None<br>Unknown | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                 | <b>Light Condition</b><br>Dawn<br><input checked="" type="radio"/> Day<br>Dusk<br>Night<br>Dark Night<br>Bright Night<br>Unknown                                                                                                                                                  |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear<br><input type="radio"/> Few<br><input type="radio"/> Partial Obscuration<br><input type="radio"/> Scattered<br><input type="radio"/> Thin Broken<br><input type="radio"/> Thin Overcast<br><input type="radio"/> Unknown<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear)<br><input type="radio"/> Broken<br><input type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl |

|                                                                                  |                                                                                  |                                                                                               |                                                                                                               |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br>Variable<br>-or-<br>Direction: <u>200?</u> degrees true | <b>Wind Speed</b><br>Calm<br>Light and Variable<br>-or-<br>Speed: <u>20?</u> kts | <b>Wind Gusts</b><br><input checked="" type="radio"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Intensity of Precipitation</b><br>Light<br>Moderate<br>Heavy<br>N/A<br>Unknown | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="radio"/> None<br><input type="radio"/> Rain<br><input type="radio"/> Snow<br><input type="radio"/> Hail<br><input type="radio"/> Rain Showers<br><input type="radio"/> Drizzle<br><input type="radio"/> Ice Pellets<br><input type="radio"/> Snow Pellets<br><input type="radio"/> Snow Grains<br><input type="radio"/> Ice Crystals<br><input type="radio"/> Freezing Rain<br><input type="radio"/> Snow Shower<br><input type="radio"/> Ice Pellets Shower<br><input type="radio"/> Freezing Drizzle | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="radio"/> None<br><input type="radio"/> Blowing Dust<br><input type="radio"/> Blowing Sand<br><input type="radio"/> Blowing Snow<br><input type="radio"/> Blowing Spray<br><input type="radio"/> Dust<br><input type="radio"/> Fog<br><input type="radio"/> Ground Fog<br><input type="radio"/> Haze<br><input type="radio"/> Ice Fog<br><input type="radio"/> Smoke<br><input type="radio"/> Unknown |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Icing Forecast</b><br>Amount<br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br>Type<br>N/A<br>Rime<br>Clear<br>Mixed<br>Unknown | <b>Icing Actual</b><br>Amount<br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br>Type<br>N/A<br>Rime<br>Clear<br>Mixed<br>Unknown | <b>Turbulence</b><br>Type (Check all that apply)<br><input checked="" type="radio"/> None<br><input type="radio"/> Clear Air<br><input type="radio"/> Terrain-Induced<br><input type="radio"/> Convective Turbulence<br>Severity<br>Light<br>Moderate<br>Severe<br>Extreme |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

None

#8

# DAMAGE TO AIRCRAFT AND OTHER PROPERTY

## Aircraft Damage

None  
Minor

Substantial  
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)

Left wings severely Damaged  
Punctured Right main Tank  
Prop Destroyed

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

Left Robstown 5-13-16 60 GAL Fuel Filled up  
At 626 Flew to IE2 Terlingua Ranch Flew  
5-14 and 5-16 About 3 Hrs TOTAL Pleasure Flights

\* Note Terrain of Forced Landing site was not too Bad  
But looked Rough From Above. Most Damage caused  
By striking small Mesquite on Left wing at stump  
Height From Above wheels up looked like Best option.

Departed IE2 Terlingua Ranch 1 PM Central Climbed  
To 7500 (Took a little while but attributed it to high Density  
Altitude. Landed 1:38 E38 Finished Fueling, added  
68 Gallons of 102 useable 2:00 PM. Departed approx 15  
minutes later, upon start up it seemed to have a hot start  
hard to crank (Flooded). Followed flooded engine procedures  
and ran up rpms to clear plugs. Ran mag check just in  
case. RPM seemed satisfactory (Ran up to yellow mark) 2700.  
made calls pulled onto 23 immediately began take off roll.  
Took a good bit of runway. Turned outbound to Depart Downwind  
23, climb was slow to 800 - 1000 FT. About 3 miles East  
of departure Noticed E38 Pegged out. Turned West Back To  
Airport, Could not find a responsive Power Setting Richened mixture  
To cooler temp. I noticed no missing in engine. The only passenger  
my wife Vicki Thomas prepared for off field Landings.  
Cleared 2 Power Lines Left wheels up Cut engine about 455  
Thaw 30 feet AGL Flew plane onto ground Wife exited  
made sure fuel and electric was off Got out too!  
called 911 local waste plant workers came to assist.  
Suffered no injuries except pride and wallet.  
THANKFUL to God Indeed!

MARK THOMAS

Ready  
To Fly!

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

Operator/Owner Safety Recommendation

Perhaps Despite Performance Climb out  
Performed in Closer Proximity of Airport  
to Altitude would have allowed on Field  
Landing when Performance seems to be  
less than Normal.

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)

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  
\_\_\_\_ CyclesTime Since This Part  
Inspected/Overhauled

\_\_\_\_ Hours

Engine seemed Not to Produce Power  
As have been proven in the past  
at similar altitudes and more weight

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

102 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify \_\_\_\_\_

Other Services, if Any, Prior to Departure

**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

Exited Front Cabin Door

**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  
SubstantialMinor  
None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

x #7

**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

05-26-2016

mm/dd/yyyy

Name of Pilot/Operator:

Mark E Thomas

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

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN16LA186

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

Jennifer S Rodi

Date Report Received

05/30/2016