

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: <u>Montgomery</u> State: <u>TX</u> ZIP: _____ Country: _____ Latitude: <u>30.3367832</u> Longitude: <u>-95.679438</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>10/12/19</u> Local Time: <u>3:30 pm</u> mm/dd/yyyy Time Zone: _____ Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None	
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AIRCRAFT INFORMATION

Registration Number: <u>N498AG</u> Manufacturer: <u>Wayland Perry M</u> Model: <u>MTO Sport</u> Serial Number: <u>M01047</u> Year of Manufacture: <u>2014</u> Amateur-Built: ☒ Yes ☐ No If Yes: ☒ Kit/Plans ☐ Original Design Make: <u>AUTOGYRO</u>		☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>1320</u> lbs Weight at Time of Accident/Incident: <u>900</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>	
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Category of Aircraft ☐ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☒ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility </td> <td style="width: 50%; 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	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
Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☒ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport					

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ● Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>RDTAX</u>	<u>919UL</u>	<u>7682670</u>	<u>-</u>	<u>110</u>	<u>188.2</u>	<u>64</u>	<u>-</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>9/15/18</u> mm/dd/yyyy Airframe Total Time: <u>188.2</u> hrs hours measured at (Select one) ☐ Last Inspection ☒ Time of Accident/Incident	Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>DUC</u> Model: <u>Flash 2</u> Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: ☐ Yes ☒ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☐ OC126 (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
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: _____		
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: William Jacob McKelvieCity: LivingstonState: TX ZIP: 77351Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

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: N/A

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

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
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ 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 (Check all that apply)

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

VFR Approach (Check all that apply)

- ☐ 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" 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: William

City of Residence: Livingston

Middle Initial: J.

State: TX

ZIP: 77351

Last Name: McKelvie

Country: USA

Age at time of Accident/Incident: 41

Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate 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 ☐ 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

Sept P.16

mm/dd/yyyy

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

11/19/17
mm/dd/yyyy

Flight Review Aircraft

Make: Autogyro
Model: MTD Sport

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

Tailwheel

Student Endorsements (Include dates)

NA

Flight Time (Enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	<u>207.9</u>	<u>199</u>	<u>16.1</u>	-	-	-	-	<u>149</u>	-	-
Pilot in Command (PIC)	<u>167.2</u>	<u>134</u>	<u>8</u>	-	-	-	-	<u>134</u>	-	-
Time as Instructor	-	-	-	-	-	-	-	-	-	-
This Make/Model	-	-	-	-	-	-	-	-	-	-
Last 90 Days	<u>8</u>	<u>8</u>	-	-	-	-	-	<u>8</u>	-	-
Last 30 Days	<u>4</u>	<u>4</u>	-	-	-	-	-	<u>4</u>	-	-
Last 24 Hours	<u>3</u>	<u>3</u>	-	-	-	-	-	<u>3</u>	-	-

"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: N/A

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____ 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

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

_____ 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 ☐ 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

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

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)									
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					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		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					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		
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 cabin crew; continue on separate sheet if necessary)									
Name and Address First Name: <u>Beth</u> City: <u>Livingston</u> Middle Initial: <u>H</u> State: <u>TX</u> ZIP: <u>77351</u> Last Name: <u>McKelvie</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other			Seat ☐ Left ☒ Center ☐ Right ☐ Unknown Row: <u>2</u>	Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Private Ranch</u> City: <u>Hempstead</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>11:45</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>DDR DDR</u> City: <u>Livingston</u> State: <u>TX</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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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/incident occurred (Check all that apply) ☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ FAR 93 ☒ Class E ☐ Restricted Area			Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

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
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Obscured ☐ Few ☐ Thin Overcast ☐ Indefinite ☐ Partial Obscuration ☐ Unknown ☐ Unknown ☐ Scattered	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl
Temperature: _____ (C) or <u>70</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction ☐ Variable Direction: <u>20</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>10</u> kts	Wind Gusts ☒ Not Gusting Speed: _____ kts	Visibility <u>12.4</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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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 ☐ Ground Fog ☐ Blowing Dust ☐ Haze ☐ Ice Fog ☐ Blowing Sand ☐ Smoke ☐ Unknown ☐ Blowing Snow ☐ Dust
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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
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NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

X

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☐ Substantial
☐ Minor ☒ Destroyed
 ☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Aircraft landed inverted. The mast and rotor were badly bent. Aircraft ~~fell~~ shell was torn and punctured in numerous places.

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.

ATTACHED

My wife and I departed a private ranch in Hempstead, Tx at approximately 1450 hours on 10/12/19. The aircraft in question is a tandem gyrocopter, made by the German company autogyro, and the model is MTO sport. It has the rotax 914 engine on it. As we were approaching the Lake Conroe dam, my tablet blanked out. Since this was my form of navigation, I wanted to stop and figure out the problem. I remembered that there was a private airstrip straight ahead of me called Merrimack. My plan was to land there and figure out the problem. I saw a field with a road in the orientation as shown on the map so I made the incorrect assumption that this was the private field. I landed and determined my tablet's battery was dead, so my wife and I decided to continue the trip using my cell phone in my wife would give me directions over the intercom. As I was taking off, I quickly realized that I did not have enough room. I was taking off approximately to the northwest. We started climbing through an opening in the trees, but I realized that I was in another enclosed meadow and I did not feel like I would make it out through the trees. I then turned approximately South and continue to climb, however we quickly became entangled in the tops of some pine trees. The gyrocopter then started to fall through the canopy, approximately 60 ft, and landed on its left hand side on the ground. It is an open cockpit so after talking with my wife for a few minutes, we both removed are seat belts and climbed out of gyrocopter. My wife turned off the key to stop the fuel pumps. We gathered important papers for the gyrocopter, found my wife's purse, and started to walk. Some hunters who were on the property found us. Between two vehicles, they transported us to the property entrance on highway 149. We were soon talking with the fire department from the town of Montgomery, the police department and DPS. We explained the situation and then were checked out buy EMS. My wife suffered only minor bruising and soreness, while I had cuts to my shins, pain in my neck, and a puncture wound to the side of my right hand. It was bandaged on the scene and some friends return us to Livingston, which is our home and is also the home base of the gyro at 00R. I got checked out at the ER in Livingston, and they sent me to Conroe regional medical center due to the broken bones in my right hand. I was released on 10/15/19 after hand surgery the day before.

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

Operator/Owner Safety Recommendation

The accident could have been prevented by measuring the length of the field before taking off.

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

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

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

10

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

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Occupants unbuckled belts, turned off fuel pump, collected personal items and paperwork, and began walking to find help.

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer:

Model:

Damage to Other Aircraft

☒ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

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

10/27/2019
mm/dd/yyyy

Name of Pilot/Operator:

William J. McKelvie

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.

CEN20TA007

Reviewed by NTSB Regional Office

Central Regional Office - CEN

Name of Investigator

Michael J. Hodges

Date Report Received

10/27/2019

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION SPECIAL AIRWORTHINESS CERTIFICATE		
A	CATEGORY/DESIGNATION <u>Experimental</u>	
	PURPOSE <u>Operating Amateur Buile Gyroplane</u>	
B	MANU-FACTURER	NAME <u>NA</u> ADDRESS <u>NA</u>
	C	FLIGHT
D		N-498AG
	BUILDER	<u>Wayland Perry</u>
E	DATE OF ISSUANCE <u>22 Jan 2014</u>	
	EXPIRY <u>Unlimited</u>	
	OPERATING LIMITATIONS DATED <u>22 Jan 14</u> ARE PART OF THIS CERTIFICATE	
	SIGNATURE OF FAA REPRESENTATIVE <u>Robert G. Stark</u>	
		DESIGNATION OR OFFICE NO. <u>DART700126SW</u>

Any alteration, reproduction or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE TITLE 14, CODE OF FEDERAL REGULATIONS (CFR).

FAA Form 8130-7 (04/2011) Previous Edition 07/04 May be Used until Depleted

SEE REVERSE SIDE NSN: 0052-00-693-4000

REGISTRATION NOT TRANSFERABLE	
UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION	
This certificate must be in the aircraft when operated.	
NATIONALITY AND REGISTRATION MARKS <u>N 498AG</u>	AIRCRAFT SERIAL NO. <u>M01047</u>
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT <u>WAYLAND PERRY M MTO SPORT</u>	
ICAO Aircraft Address Code: <u>51426727</u>	
ISSUED TO	MCKELVIE WILLIAM J <u>[REDACTED]</u>
	Individual
This certificate is issued for registration purposes only and is not a certificate of title. The Federal Aviation Administration does not determine rights of ownership as between private persons.	
It is certified that the above described aircraft has been entered on the register of the Federal Aviation Administration, United States of America, in accordance with the Convention on International Civil Aviation dated December 7, 1944, and with Title 49, United States Code, and regulations issued thereunder.	
DATE OF ISSUE November 6, 2018	U.S. Department of Transportation Federal Aviation Administration
EXPIRATION DATE November 30, 2021	ADMINISTRATOR

AC Form 8050-3 (10/2010) Supersedes previous editions

Technician or

YEAR 20 <u>18</u> DATE	RECORDING TACH TIME	TODAY'S FLIGHT	TOTAL TIME IN SERVICE	Description of Inspections, Tests, Repairs and Alterations Entries must be endorsed with Name, Rating and Certificate Number of Technician or Repair Facility. (See back pages for other specific entries)
	124 $\frac{1}{2}$			I certify that aircraft N498AG has been inspected on 9/5/18 in accordance with the manufacturer's maintenance and inspection procedures and was found to be in a condition safe for operation. Tach: 124.5
				9/5/18
				Valvoline Motorcycle 10W-40. Greased head.
				Adjusted shock aft. Removed oil catch bottle and extended tubes. New Rotax oil filter.