

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: McCormick / Trumann State: AR

ZIP: 72472 Country: USA

Latitude: 35.6050 N Longitude: -90.591224

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

Accident/Incident Date/Time

Date: 05/27/2021 Local Time: 18:06
mm/dd/yyyy

Time Zone: CDT

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N602NY

Manufacturer: Airfractor

Model: AT-602

Serial Number: 602-1245

Year of Manufacture: 2014

Amateur-Built: Yes If Yes: Kiv/Plans Make: _____
No Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 12,500 lbs

Weight at Time of Accident/Incident: 10,500 (gross) lbs

Number of Seats: 1 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 0

Number of Engines: 1

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
Normal Restricted
Aerobatic Limited
Balloon Provisional
Commuter Special Flight
Transport Experimental
Utility Special Light-Sport
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

Retractable Tailwheel
Tricycle
Amphibian High Skid
Emergency Float Skid
Float Ski
Hull Ski/Wheel

Other Launch/Recovery System

None Unknown

Engine Type (Select one)

Reciprocating Liquid Rocket
Turbo Shaft Solid Rocket
Turbo Prop Hybrid Rocket
Turbo Jet None
Turbo Fan Unknown
Electric

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

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	PW Canada	PT6A-65AG	PCE-P10209	2014	1295 @ 7000 RPM	1651		
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 05-10-2021

mm/dd/yyyy

Airframe Total Time: 1651 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: _____

Model: _____

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft? Yes No

If not activated:

Indicate Reason: Impact Damage
Fire Damage
Battery Expired/Damaged
Unknown

Additional Equipment (Check all that apply)

ADS-B
Airframe Parachute
Angle of Attack Indicator
Autopilot
Data Recorder
Electronic Flight Bag or Handheld Device
Electronic Multifunction Display
Electronic Primary Flight Display
Handheld GPS
Heads Up Display
Onboard Weather
Satellite Tracking Device
Stall Warning System
Video Recording Device
Other, Specify: Satlock G4 GPS

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Freppon Farm Equipment LLCFractional Ownership Aircraft: Yes ☐ No ☒City: Wilkes-BarreState: DE ZIP: 19810Country: USA**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: David FrepponCity: Bald KnobDoing Business As: PMZ Flying ServiceState: AR ZIP: 72010

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

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 FlightYes ☐ 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: McCormickAirport Identifier: NAProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A ☐

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: 217 ft. msl**Runway Information**Runway ID: NA (L/R/C) Length: 1800 ft Width: 100 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 Aborted Landing (after touchdown)
Crosswind 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 <u> </u> Co-Pilot <u> </u> Student Pilot <u> </u> Flight Instructor <u> </u> Check Pilot <u> </u> Flight Engineer <u> </u> Other Flight Crew <u> </u>																																																																																																				
"Flight Crewmember 1" was pilot flying Yes No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>David</u> Middle Initial: <u>H</u> Last Name: <u>Freppen</u> City of Residence: <u>Bald Knob</u> State: <u>AR</u> ZIP: <u>72010</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>49</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury None <u> </u> Fatal <u> </u> Minor <u> </u> Unknown <u> </u>		Seat Occupied Left <u> </u> Front <u> </u> Unknown <u> </u> Right <u> </u> Rear <u> </u> Center <u> </u> Single <u> </u>			Restraint Type Available None <u> </u> Lap only <u> </u> 3-point <u> </u> 4-point <u> </u> 5-point <u> </u> Unknown <u> </u> Used None <u> </u> Lap only <u> </u> 3-point <u> </u> 4-point <u> </u> 5-point <u> </u> Unknown <u> </u>			Inflatable Restraints Not Installed <u> </u> Installed <u> </u> Not Deployed <u> </u> Deployed <u> </u> Unknown <u> </u>																																																																																												
Pilot Certificate(s) (Check all that apply) None <u> </u> Private <u> </u> Student <u> </u> Flight Instructor <u> </u> Recreational <u> </u> Sport <u> </u> Commercial <u> </u> Airline Transport <u> </u> Flight Engineer <u> </u> US Military <u> </u> Foreign <u> </u>		Medical Certificate None <u> </u> Class 3 <u> </u> Class 1 <u> </u> Driver's License (Sport Pilot only) <u> </u> Class 2 <u> </u> Unknown <u> </u>			Medical Certificate Validity Without limitations/waivers <u> </u> Unknown <u> </u> With limitations/waivers <u> </u> N/A <u> </u> Special Issuance <u> </u>			Date of Last Medical <u>02/03/2021</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations Must have available glasses for near vision																																																																																																				
Medical Certificate Special Issuance NA																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/30/2020</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>BEACHCRAFT</u> Model: <u>Baron</u>																																																																																																	
Airplane Rating(s) (Check all that apply) None <u> </u> Single-Engine Land <u> </u> Single-Engine Sea <u> </u> Multiengine Land <u> </u> Multiengine Sea <u> </u>		Other Aircraft Rating(s) (Check all that apply) None <u> </u> Airship <u> </u> Balloon <u> </u> Glider <u> </u> Gyroplane <u> </u> Helicopter <u> </u> Powered Lift <u> </u>		Instrument Rating(s) (Check all that apply) None <u> </u> Airplane <u> </u> Helicopter <u> </u> Powered Lift <u> </u>		Instructor Rating(s) (Check all that apply) None <u> </u> Airplane Single-Engine <u> </u> Airplane Multi-Engine <u> </u> Gyroplane <u> </u> Powered Lift <u> </u>					Instrument Airplane <u> </u> Instrument Helicopter <u> </u> Helicopter <u> </u> Glider <u> </u> Sport <u> </u>																																																																																									
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NA

"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: <u>NA</u> Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ 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 Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown				Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown																																																																																											
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address First Name: <u>MA</u> 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 Private Recreational Student Sport Commercial US Military Airline Transport Foreign 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 Private Recreational Student Sport Commercial US Military Airline Transport Foreign 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Seat Left Center Right Unknown Row: _____	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 <i>If Under 5,</i> 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 Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown	
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FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: NA
City: McCormick
State: AR
Country: USA

Time of Departure

Time: 18:06
Time Zone: CDT

Destination

Airport ID: NA
City: McCormick
State: AR
Country: USA

Type Flight Plan Filed

☒ None VFR/IFR
☐ Company VFR IFR
☐ Military VFR Unknown
☐ VFR
Activated? Yes No Unknown

Type of ATC Clearance/Service (Check all that apply)

☒ None Special VFR Special IFR VFR Flight Following Cruise
VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

Class A ☒ Class G Military Operations Area (MOA) Special
Class B Demo Area Airport Advisory Area Air Traffic Control Area
Class C Warning Area Jet Training Area Unknown
Class D Prohibited Area TRSA
Class E Restricted Area FAR 93

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: JBR
Observation Time: 15:00
Time Zone: CDT
Distance from Accident Site: 14.15 nm
Direction from Accident Site: 348 degrees true

Basic Conditions

☒ VMC
IMC
Unknown

Light Condition

☒ Dawn Dusk Dark Night Unknown
☒ Day Night Bright Night

Sky/Lowest Cloud Condition

Clear Thin Broken
Few Thin Overcast
Partial Obscuration Unknown
Scattered

Ceiling

None (Clear) Obscured
Broken Indefinite
☒ Overcast Unknown

Temperature: _____ (C) or 74 (F)

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

Altimeter Setting: unknown in. Hg
or _____ MB

Lowest Cloud Condition Height

unknown ft agl

Ceiling Height

unknown ft agl

Wind Direction

Variable SW
-or-
Direction: _____ degrees true

Wind Speed

Calm
Light and Variable
-or-
Speed: 10-15 kts

Wind Gusts

☒ Not-Gusting
-or-
Speed: _____ kts

Visibility 7/0 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

Light
Moderate
Heavy ☒ N/A
Unknown

Type of Precipitation (Check all that apply)

☒ None Drizzle Freezing Rain
Rain Ice Pellets Snow Shower
Snow Snow Pellets Ice Pellets Shower
Hail Snow Grains Freezing Drizzle
Rain Showers Ice Crystals

Restriction to Visibility (Check all that apply)

☒ None Fog
Blowing Dust Ground Fog
Blowing Sand Haze
Blowing Snow Ice Fog
Blowing Spray Smoke
Dust Unknown

Icing Forecast

Amount Type
☒ None ☒ N/A
Trace Rime
Light Clear
Moderate Mixed
Severe Unknown
Unknown

Icing Actual

Amount Type
☒ None ☒ N/A
Trace Rime
Light Clear
Moderate Mixed
Severe Unknown
Unknown

Turbulence

Type (Check all that apply) Severity
None Light
Clear Air Moderate
Terrain-Induced Severe
Convective Turbulence Extreme

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

unknown - no TFRs

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)

Destroyed beyond repair.

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

I was on the takeoff roll, I applied forward pressure on the stick to bring the tail up. Either a straight line wind or a downdraft struck very suddenly. The tail began to come up and the aircraft began to drift east (This is a north-south runway). I was attempting a takeoff to the south. I attempted to correct the centerline alignment using rudder first, then aileron. The aircraft then pitched up and began to go over on its back. It did not. It then began to cart wheel. Tail going clockwise. At some point the left wing impacted the ground. The aircraft was roughly 100' east of runway centerline. Facing north. Time of departure was 1806 EDT. Terrain was flat with Crowley's Ridge to the west roughly 3-5 miles.

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

Operator/Owner Safety Recommendation

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

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

175 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 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

Opened the left side door normally.

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

Aircraft Registration Number

NA

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Substantial

Minor

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

6-6-2021

mm/dd/yyyy

Name of Pilot/Operator: [REDACTED]

Signature: David H Freppon

-- 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.

CEN21LA246

Reviewed by NTSB Regional Office

CENTRAL REGION

Name of Investigator

Andrew Todd Fox

Date Report Received

8 June 2021