

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>WALLIS TEXAS</u> State: <u>TX</u> ZIP: <u>77485</u> Country: <u>USA</u> Latitude: <u>29° 36' 40.8" N</u> Longitude: <u>96° 01' 41.4" W</u> (Enter in decimal degrees or degrees: minutes: seconds)					Accident/Incident Date/Time Date: <u>07/22/2023</u> Local Time: <u>1600</u> mm/dd/yyyy Time Zone: <u>CST</u>																																																	
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None																																																						
AIRCRAFT INFORMATION																																																						
Registration Number: <u>N64TG</u> Manufacturer: <u>Ali Sport</u> Model: <u>Silent 2 Electro</u> Serial Number: <u>2067</u> Year of Manufacture: <u>2014</u> Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ 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: <u>1</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>																																																	
Category of Aircraft ☐ Airplane ☐ Balloon ☐ Blimp/Dirigible ☒ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☐ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility ☐ Certificate of Authorization or Waiver (COA) ☐ None		Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☒ Experimental/Exhibition ☐ 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																																														
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Last Inspection Type ☐ 100-Hour ☐ AAIP ☒ Annual ☐ Continuous Airworthiness ☐ Conditional Inspection ☐ Unknown Date Last Inspection: <u>5/13/23</u> mm/dd/yyyy Airframe Total Time: <u>370.7</u> hrs hours measured at (Select one) ☐ Last Inspection ☒ Time of Accident/Incident			Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>unknown</u> Model: _____			Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____																																																
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			ELT Installed: ☐ Yes ☒ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☐ C126 (406 MHz) Was ELT still mounted in aircraft? ☐ Yes ☐ No Was ELT still connected to antenna? ☐ Yes ☐ No Did ELT Activate? ☐ Yes ☐ No If activated: Did ELT Aid in Locating Aircraft? ☐ Yes ☐ No If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown			Additional Equipment (Check all that apply) ☐ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☐ Autopilot ☐ Data Recorder ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Other, Specify: _____																																																
Description of Fire Extinguishing System ☒ None ☐ Specify: _____																																																						

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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: <u>Tim</u> City of Residence: <u>Friendswood</u> Middle Initial: <u>C</u> State: <u>TX</u> ZIP: <u>77546</u> Last Name: <u>McElhough</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>70</u> Date of Birth: [REDACTED] 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 <u>Basic med</u> ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical <u>12/8/22</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>NONE</u>																																																																																																			
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>3/10/2022</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Piper</u> Model: <u>Seminoe</u>																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☒ Glider ☐ Gyroplane ☒ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☒ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Instrument Airplane ☐ Airplane Multi-Engine ☐ Instrument Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport																																																																																													
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
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Crew Name and Address		City of Residence:	State:	ZIP:	Country:	Seat Occupied	Injury
First Name:						☐ Left ☐ Center ☐ Right	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial:						☐ Front ☐ Rear ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Last Name:							
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
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs	
Crew Name and Address		City of Residence:	State:	ZIP:	Country:	Seat Occupied	Injury
First Name:						☐ Left ☐ Center ☐ Right	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial:						☐ Front ☐ Rear ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Last Name:							
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
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs	
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name:	City :	☐ Left ☐ 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
Middle Initial:	State: ZIP:			☐ Crew ☐ Passenger ☐ Other			
Last Name:	Country:						
First Name:	City :	☐ 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
Middle Initial:	State: ZIP:			☐ Crew ☐ Passenger ☐ Other			
Last Name:	Country:						
First Name:	City :	☐ 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
Middle Initial:	State: ZIP:			☐ Crew ☐ Passenger ☐ Other			
Last Name:	Country:						
First Name:	City :	☐ 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
Middle Initial:	State: ZIP:			☐ Crew ☐ Passenger ☐ Other			
Last Name:	Country:						

REPORT INFORMATION			
Last Departure Point Airport ID: <u>TE71</u> City: <u>Walls</u> State: <u>TX</u> Country: <u>USA</u>		Time of Departure Time: <u>1300</u> Time Zone: <u>CST</u>	
Destination Airport ID: <u>TE71</u> City: <u>Walls</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	
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: <u>4000</u> ft msl
WEATHER INFORMATION AT THE ACCIDENT 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	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Thin Overcast ☐ Unknown ☒ Few ☐ Partial Obscuration ☐ Scattered Lowest Cloud Condition Height <u>6000</u> ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Indefinite ☐ Unknown ☐ Broken ☐ Overcast Ceiling Height _____ ft agl	
Wind Direction ☒ Variable Direction: _____ degrees true		Wind Speed ☐ Calm ☒ Light and Variable Speed: <u>5</u> kts	
Wind Gusts ☒ Not Gusting Speed: _____ kts		Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>2000+</u> ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Snow Shower ☐ Rain ☐ Ice Pellets ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Snow ☐ 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 ☐ Blowing Snow ☐ Smoke ☐ Blowing Spray ☐ Dust ☐ Unknown		Icing Forecast Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
Icing Actual Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply): ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity: ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>None</u>			

Aircraft Damage			Aircraft Fire			Aircraft Explosion		
☐ None	☒ Substantial	☐ Both Ground and In-Flight	☒ None	☐ In-Flight	☐ Both Ground and In-Flight	☒ None	☐ In-Flight	☐ Both Ground and In-Flight
☐ Minor	☐ Destroyed	☐ Fire at Unknown Time	☐ On-Ground	☐ Unknown	☐ Explosion at Unknown Time	☐ In-Flight	☐ On-Ground	☐ Unknown
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)								
structural damage to fuselage								
NARRATIVE HISTORY OF FLIGHT (Use additional sheet if necessary)								
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.								

7/25/23

Pilot's explanation:

Finishing up a cross country glider flight approximately of 2.5 hrs. On final glide from Wharton, TX to TE-71 (GHSA Soaring Association's airport Wallis Texas). Set up glide at 79 knots, in the green, for this aircraft and began glide and decent from 6000 feet. At 4000 feet straight and level I experienced a severe vibration and shaking of the aircraft. There was no bird strike that I saw and no severe turbulence. I slowed the aircraft down by deploying the spoilers. At 60 kts the shaking stopped. I tried all the controls and they still worked. I slowly increased speed and the vibration returned so I pulled spoilers again the shaking stopped again. At this point, I had to make a decision to either blow the canopy and bail out or continue. I was only about 2 miles from the field and stable so I decided I would stabilize the ship not over control it and glide in. I called the field to see if any gliders were around and could check me out but no one was close enough. I went straight in and landed and rolled to a stop. When I got out and found out then I had structural damage to the tail boom. The slow speed and minimum control input probably saved my life.

Operator/Owner Safety Recommendation			
MECHANICAL MALFUNCTION/FAILURE (If there is a mechanical malfunction, failure, or other problem, describe it.)			
Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <i>Tail boom / fuselage</i>		Total Time/Cycles On Part <i>870.7</i> Hours ____ Cycles	
		Time Since This Part Inspected/ Overhauled <i>20</i> Hours	
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) <i>N/A</i> Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ Jet B ☐ 100 Low Lead ☐ Jet A ☐ JP8 ☐ 100/130 ☐ Jet A-1 ☐ 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			
OTHER AIRCRAFT - COLLISION (If a general aviation aircraft, 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 (If any, provide type or amount)			
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 <u>07/31/2023</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Timothy C. McCullough</u>		
	Signature: <u>[Redacted]</u>		
	- or - ☐ Check here to electronically sign this document		
If a Person Other than Pilot/Operator is Filing Report		Title: _____	
Name: _____			
Signature: _____			
- or - ☐ Check here to electronically sign this document			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. CEN23LA319	Reviewed by NTSB Regional Office CEN	Name of Investigator Sauer	Date Report Received 08/01/23