

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: BENTON State: PA
 ZIP: 17814 Country: USA
 Latitude: 41°12'12" Longitude: 76°23'02"
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 10/16/2021 Local Time: 8:30
 mm/dd/yyyy Time Zone: EASTERN
Collision with Other Aircraft: Midair ☐ On-ground ☐ None ☒

AIRCRAFT INFORMATION

Registration Number: N668CL
Manufacturer: CHARLES F LONG
Model: Z HI MAX 1400
Serial Number: 668
Year of Manufacture: 2005
Amateur-Built: ☒ Yes ☐ No **If Yes:** ☒ Kit/Plans ☐ Original Design **Make:** TEAM MINI MAX LLC

IFR-Equipped and Certified
 Commercial Space Flight ☐
 Unmanned Aircraft ☐
Maximum Gross Weight: 640 lbs
Weight at Time of Accident/Incident: 610 lbs
Number of Seats: 1 **Flight Crew Seats:** 0
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
☒ Tricycle
☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull
☐ Other Launch/Recovery System
☐ None ☐ Unknown

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

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Hercules Engine Co.	40 HP G.P.U.	UNKNOWN	UKN	40 HP	UKN	2.0	428.6
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 07/08/2021
 mm/dd/yyyy

Airframe Total Time: 428.6 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: WOODEN EXPERIMENTAL
Model: UKN

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: MILITARY AND CIVILIAN AVIATION HERITAGE FOUNDATION

City: BENTON

State: PA

ZIP: 17814

Fractional Ownership Aircraft: Yes ☐ No ☒

Country: USA

Operator of Aircraft

Same As Registered Owner

Name: _____

Same Address as Registered Owner

City: _____

Doing Business As: _____

State: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

Regulation Flight Conducted Under

(Check all that apply)

☒ None
☐ 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
☐ Non-Scheduled or Air Taxi
☐ Domestic
☐ International

☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137
 (Select one)

☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race/Show
☐ Banner Tow
☐ Business
☐ Executive/Corporate
☐ External Load
☐ Ferry
☐ Firefighting
☐ Flight Test
☐ Glider Tow
☐ Instructional
☐ Other Work Use
☒ Personal
☐ Positioning
☐ Skydiving
☐ Unknown

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: BENTON, PA

Distance From Airport Center: 0.25 sm

Airport Identifier: PA40

Direction From Airport: 050 degrees true

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

Airport Elevation: 780 ft. msl

Runway Information

Runway ID: 03 (L/R/C) Length: 2200 ft Width: 150 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 ☐ Unknown
☐ Slush-Covered ☐ Vegetation

Approach/Departure Segment (Select one)

☐ Taxi ☐ VFR Departure
☐ Takeoff ☐ IFR Departure Procedure/Clearance
☐ Initial Climb

☐ On Instrument Approach
☐ Landing ☒ Downwind
☐ Base
☐ Final
☐ Crosswind

☐ Low Approach
☐ Go Around
☐ 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
☐ Straight-In
☐ Valley/Terrain Following
☐ Go Around
☐ Full Stop
☐ Stop and Go
☐ Touch and Go
☐ Simulated Forced Landing
☒ Forced Landing
☐ 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: JOSEPH City of Residence: BENTON
 Middle Initial: E State: PA ZIP: 17814
 Last Name: FARWELL Country: USA
 Age at time of Accident/Incident: 42 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 <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>☒ 5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	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
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
☒ 5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td>None</td> <td>Flight Instructor</td> <td>☒ Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>				None	Flight Instructor	☒ Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer			
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 <u>limitations</u> waivers N/A Special Issuance	Date of Last Medical <u>12/09/2020</u> mm/dd/yyyy														

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 03/05/2021
 mm/dd/yyyy

Flight Review Aircraft

Make: AIRBUS
 Model: EC-120B

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 Student Endorsements (Include dates)
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Type Ratings

S-70

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	5853	0	475					5378		
Pilot in Command (PIC)		0								
Time as Instructor								243		
This Make/Model										
Last 90 Days	245		2.4							
Last 30 Days			2.4							
Last 24 Hours										

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PA40</u> City: <u>BENTON</u> State: <u>PA</u> Country: <u>17814 USA</u>		Time of Departure Time: <u>8:30</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>PA40</u> City: <u>BENTON</u> State: <u>PA</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR VFR/IFR ☐ IFR ☐ Unknown Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D Class E ☒ Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown				Altitude of In-Flight Occurrence: <u>~100 AGL</u> ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military Internet ☒ None Unknown	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 ☒ Day Dusk Night Dark Night Bright Night Unknown
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Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered ☒ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling None (Clear) Broken Overcast Obscured Indefinite ☒ Unknown	Temperature: _____ (C) or <u>50</u> (F) Dew Point: _____ (C) or <u>UNK</u> (F) Altimeter Setting: <u>29.92</u> in. Hg or _____ MB
Lowest Cloud Condition Height <u>UNK</u> ft agl	Ceiling Height _____ ft agl	

Wind Direction Variable <u>CALM</u> Direction: _____ degrees true	Wind Speed ☒ Calm Light and Variable Speed: _____ kts	Wind Gusts ☒ Not Gusting Speed: _____ kts	Visibility <u>10</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 ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	Restriction to Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown
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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:

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)

AIRCRAFT DESTROYED COMPLETELY

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.

My RECOLLECTION OF THE FLIGHT IS MINIMAL AT THIS TIME. THE PURPOSE OF THE FLIGHT WAS TO MOVE THE AIRCRAFT FROM THE HANGAR TO THE PARKING ROW FOR DISPLAY FOR THE FLY-IN LATER THAT DAY. MY ROUTE WAS GOING TO BE DEPARTURE STRAIGHT OUT A TEARDROP & RETURN TO LANDING IN THE OPPOSITE DIRECTION BECAUSE THERE WAS NO WIND OR TRAFFIC AT THE TIME. AT THIS CURRENT TIME I DO NOT REMEMBER THE TAKE OFF. I RECALL THE ENGINE DEVELOPING A ROUGHNESS THAT OCCURRED TWICE BEFORE IT LOST POWER. I RECALL ATTEMPTING TO PUT THE AIRCRAFT IN TRIM AND THEN SEEING THE SOYBEANS IN THE FIELD AS I HIT THE GROUND NOSE LOW, LEFT WING LOW. MY NEXT MEMORY IS RIDING IN THE LIFE FLIGHT HELICOPTER ENROUTE TO THE HOSPITAL. I CAN NOT RECALL ALTITUDES, AIRSPEEDS AND DURATION OF THE FLIGHT AT THIS TIME.

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

Cycles

Time Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

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

PILOT WAS PULLED OUT OF THE COCKPIT AREA BY 2 WITNESSES

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

Aircraft Registration Number

Manufacturer:

Model:

Pilot of Other Aircraft

Name:

City:

State:

Country:

ZIP:

Damage to Other Aircraft
Destroyed Substantial Minor None

Registered Owner of Other Aircraft

Name:

City:

State:

Country:

ZIP:

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

10/27/2021
mm/dd/yyyy

Name of Pilot/Operator

JOSEPH E FARWELL

Signature:

-- or --

Check here to electronically sign this document

Title:

BROTHER

If a Person Other than Pilot/Operator is Filing Report

Name:

WILLIAM B. FARWELL

Signature:

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

Date Report Received

11/2/21

NTSB Accident/Incident No.

ERA21LA108

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Brazy