

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: KNOXVILLE TN State: TN
 ZIP: 37901 Country: USA
 Latitude: 35.9626 Longitude: -83.88403
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 03/25/2024 Local Time: 1930
 mm/dd/yyyy Time Zone: EDT

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N912GB
 Manufacturer: SOUTH CENTRAL AVIATION SEARCY
 Model: SEARCY
 Serial Number: 1MK151
 Year of Manufacture: 1997
 Amateur-Built: ☒ Yes ☐ No If Yes: ☒ Kit/Plans ☐ Original Design Make: PROGRESSIVE AERODYNE
SEARCY

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1320 lbs
 Weight at Time of Accident/Incident: 1300 lbs
 Number of Seats: 2 Flight Crew Seats: 1
 Cabin Crew Seats: 1 Passenger Seats: 1
 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**
☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☒ Experimental
☐ Special Light-Sport
☒ Experimental Light-Sport
☐ Unknown

Landing Gear

(Check all that apply)

- ☒ Retractable
☐ Tricycle
☒ Amphibian
☐ Emergency Float
☒ Hull
☐ Other Launch/Recovery System
☐ None
☒ Tailwheel
☐ High Skid
☐ Skid
☐ Ski
☐ Ski/Wheel
☐ 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/Series	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	ROTAX	9120RS	4425791		100 HP	442	058	442
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 10/27/2023
 mm/dd/yyyy

Airframe Total Time: 492 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:

CANISTER

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: WARP DRIVE
 Model: 3 BLADE TAPERED 68"

ELT Installed: ☒ Yes ☐ No

If Yes:
 ELT Manufacturer: ACE ELT
 Model or Part No.: E-04 404 MHz
 TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☒ PC126 (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: DURING RECOVERY

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: _____

STRATUX ADS B/GPS 1 phone

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>MICHAEL WILLIAMS</u>		City: <u>KNOXVILLE</u> State: <u>TN</u> ZIP: <u>37924</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
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 <i>(Check all that apply)</i> ☐ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>DOWNTOWN ISLAND AIRPORT</u> Airport Identifier: <u>KDFX</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>~1</u> sm Direction From Airport: <u>260</u> degrees true Airport Elevation: <u>815</u> ft. msl	
Runway Information Runway ID: <u>08</u> (L/R/C) Length: <u>3499</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☐ 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: <u>MICHAEL</u> City of Residence: <u>KNOXVILLE</u> Middle Initial: <u>V</u> State: <u>TN</u> ZIP: <u>37924</u> Last Name: <u>WILLIAMS</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>45</u> 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				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 <u>02/28/2013</u> mm/dd/yyyy																																																																																									
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown																																																																																																			
Medical Certificate Limitations																																																																																																			
Medical Certificate Special Issuance																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/22/2023</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>CIRRUS</u> Model: <u>SR20</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 ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																													
Type Ratings						Student Endorsements (Include dates)																																																																																													
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Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KDKX</u>	Time: <u>1920</u>	Airport ID: <u>KDKX</u>	☒ None ☐ VFR/IFR
City: <u>KNOXVILLE</u>	Time Zone: <u>EDT</u>	City: <u>KNOXVILLE</u>	☐ Company VFR ☐ IFR
State: <u>TN</u>		State: <u>TN</u>	☐ Military VFR ☐ Unknown
Country: <u>USA</u>		Country: <u>USA</u>	☒ VFR
			Activated? ☐ Yes ☒ No ☐ Unknown

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

☐ Class A	☐ Class G	☐ Military Operations Area (MOA)	☐ Special	Occurrence: <u>813</u> ft msl
☐ 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		

Source of Pilot Weather Information <i>(Check all that apply)</i>	Weather Observation Facility
☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Facility ID: <u>KDAX</u> Observation Time: <u>1915</u> Time Zone: <u>EDT</u> Distance from Accident Site: <u>0.5</u> nm Direction from Accident Site: <u>090</u> degrees true
☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown	

☒ VMC ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☐ IMC ☒ Day ☐ Night ☐ Bright Night
☐ Unknown

☒ Clear	☐ Thin Broken	☒ None (Clear)	☐ Obscured	Dew Point: _____(C) or _____(F)
☐ Few	☐ Thin Overcast	☐ Broken	☐ Indefinite	
☐ Partial Obscuration	☐ Unknown	☐ Overcast	☐ Unknown	Altimeter Setting: <u>30.15</u> in. Hg
☐ Scattered				or _____ MB
Lowest Cloud Condition Height	Ceiling Height			
ft agl	ft agl			

☐ Variable ☐ Calm ☒ Not Gusting RVR: _____ feet
☒ Light and Variable ☐ Light and Variable RVV: _____ miles
 -or- -or- -or-
 Direction: _____ degrees true Speed: _____ kts Speed: _____ kts Density Altitude: 900 ft

☐ Light	☒ None	☐ Drizzle	☐ Freezing Rain	☒ None	☐ Fog
☐ Moderate	☐ Rain	☐ Ice Pellets	☐ Snow Shower	☐ Blowing Dust	☐ Ground Fog
☐ Heavy	☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower	☐ Blowing Sand	☐ Haze
☐ N/A	☐ Hail	☐ Snow Grains	☐ Freezing Drizzle	☐ Blowing Snow	☐ Ice Fog
☐ Unknown	☐ Rain Showers	☐ Ice Crystals		☐ Blowing Spray	☐ Smoke

Amount	Type	Amount	Type	Type (Check all that apply)	Severity
☒ None	☒ N/A	☒ None	☒ N/A	☒ None	☐ Light
☐ Trace	☐ Rime	☐ Trace	☐ Rime	☐ Clear Air	☐ Moderate
☐ Light	☐ Clear	☐ Light	☐ Clear	☐ Terrain-Induced	☐ Severe
☐ Moderate	☐ Mixed	☐ Moderate	☐ Mixed	☐ Convective Turbulence	☐ Extreme
☐ Severe	☐ Unknown	☐ Severe	☐ Unknown		
☐ Unknown		☐ Unknown			

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)

EXTENSIVE WATER DAMAGE, AND DAMAGE TO RUDDER DOWN PEDAL
HULL DELAMINATES IN SEVERAL SPOTS / LINES NEAR RUDDER PEDALS
WINDSCREEN, FORWARD TURTLE DECK COLLAPSED AND EJECTED
ONLY DAMAGE WAS TO ACCIDENT AIRCRAFT

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.

SEE ATTACHED

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

Operator/Owner Safety Recommendation

SEE NARRATIVE ATTACHED.

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)

13

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

SOLO OCCUPANT WAS PILOT. SWAM OUT AFTER CLEARING WINDSCREEN AND HARNESS

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

Aircraft Registration Number

N/A

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

03/28/2024
mm/dd/yyyyName of Pilot/Operator: MICHAEL WILLIAMSSignature: -- 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.
ERA24LA155Reviewed by NTSB Regional Office
Washington, D.C.Name of Investigator
RaynerDate Report Received
3/28/2024