

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80236.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216 Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&id=ecfrrowse&file=49&ecfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location. Immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions.

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS—Includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations. **EXECUTIVE/CORPORATE**—Company flying with a paid, professional crew.

FERRY—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK—USE Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING—Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN—Use only if the primary purpose of flight is not known.

Other Aircraft—Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not include surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as low, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud condition present at the time of the accident/incident (reported as broken or overcast).

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.ntsb.gov.

**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	
Nearst City/Place _____ State: <u>AL</u>	
ZIP: <u>36701</u> Country: <u>USA</u>	
Latitude: <u>32.34</u> Longitude: <u>86.99</u>	
(Enter in decimal degrees or degrees/minutes/seconds)	
Accident/Incident Date/Time	
Date: <u>06/12/2024</u> Local Time: <u>930</u>	
Time Zone: <u>Central</u>	
Collision with Other Aircraft:	
☐ Midair ☐ On-ground ☒ None	

AIRCRAFT INFORMATION		IFR-Equipped and Certified	
Registration Number: <u>N62LP</u>	Manufacturer: <u>Piper</u>	☐ Commercial Space Flight	☐ Unmanned Aircraft
Model: <u>PA32R-300</u>		Maximum Gross Weight: <u>3,600</u> lbs	
Serial Number: <u>PA32R-7760375</u>		Weight at Time of Accident/Incident: <u>3040</u> lbs	
Year of Manufacture: <u>1977</u>		Number of Seats: <u>6</u>	Flight Crew Seats: <u>2</u>
Amateur-Built: ☐ Yes ☒ No	If Tec: ☐ Kit/Plans ☐ Make-Original Design	Cabin Crew Seats: <u>0</u>	Passenger Seats: <u>4</u>
		Number of Engines: <u>1</u>	
Category of Aircraft	Type of Airworthiness Certificate <i>(Check all that apply)</i>	Landing Gear <i>(Check all that apply)</i>	Engine Type <i>(Select one)</i>
☒ Airplane ☐ Balloon ☐ Blimp/Drigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Standard ☐ Normal ☐ Aerobatic ☐ Balloon ☐ Gyroplane ☐ Commuter ☐ Transport ☐ Utility Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Experimental Light-Sport ☐ Experimental Light-Sport ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	☐ Retractable ☐ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel	☒ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown
			Fuel System Type <i>(Recapitulating)</i> ☐ Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial Number	Manufacturer's Serial Number	Date of Flight	Rated Power	Total Time	Time Since Inspection
Eng. 1	Lycorning	10-5504-K/GSD	L-14947-48A	07/28/2000	300	3637.1	206.28
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type		Propeller 1		Propeller 2		Additional Equipment	
☐ 000-Hour	☐ Continuous Airworthiness	☐ Controllable Pitch	☐ Controllable Pitch	☐ Fixed Pitch	☐ Controllable Pitch	☐ ADS-B	☐ Airframe Parachute
☐ OAP	☐ Conditional Inspection	☐ Ground Adjustable	☐ Ground Adjustable	☐ Hartzell	☐ Ground Adjustable	☐ Angle of Attack Indicator	☐ Autopilot
☒ Annual	☐ Unknown	Manufacturer: <u>Hartzell</u>	Manufacturer: <u>Hartzell</u>	Model: <u>HC-C3YR-1RF/F7693F</u>	Manufacturer: _____	☐ Data Recorder	☐ Electronic Flight Bag or Handheld Device
Date Last Inspection: <u>08/22/2023</u>	mm dd/yyyy	ELT Installed: ☒ Yes ☐ No	If Test: _____	ELT Manufacturer: <u>ACK</u>	Model or Part No.: <u>E-04 (s/n 041103)</u>	☐ Electronic Multifunction Display	☐ Electronic Primary Flight Display
Airframe Total Time: <u>3408.12</u> hrs	hrs measured at (Select one)	TSO No.: <u>OC91 (121.5 MHz)</u>	OC126 (406 MHz)	OC126 (406 MHz)	☐ Heads Up Display	☐ Onboard Weather	☐ Stall Warning System
☒ Last Inspection	☐ Time of Accident/Incident	Was ELT still connected in aircraft? ☒ Yes ☐ No	Was ELT still connected to antenna? ☒ Yes ☐ No	Did ELT Activate? ☐ Yes ☒ No	If activated: _____	☐ Satellite Tracking Device	☐ Video Recording Device
Type of Maintenance Program (Select one)		Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No	If not activated: _____	Indicate Reason: ☐ Impact Damage	☐ Fire Damage	☐ Battery Expired/Damaged	☐ Other: Specify: _____
☐ Annual	☐ Conditional (Amateur-built only)						
☐ OAP	☐ Manufacturer's Inspection Program						
☐ Other Approved Inspection Program (AAP)	☐ Continuous Airworthiness						
☐ Other, specify: _____							
Description of Fire Extinguishing System							
☐ None	☒ Hand Fire Extinguisher onboard						
☐ Specify: _____							

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Magic City Aviators, LLC</u> Fractional Ownership Aircraft: ☒ Yes ☐ No City: <u>Hoover</u> State: <u>AL</u> Country: <u>USA</u> ZIP: <u>35226</u>			
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Jason Brantley</u> Doing Business As: <u>n/a</u> Air Carrier/Operator Designator (4 Character Code): <u>n/a</u> City: <u>Birmingham</u> State: <u>AL</u> Country: <u>USA</u> ZIP: <u>35243</u>			
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☒ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotisserie 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 ☐ OFAR 435 ☐ FAR 125 ☐ OFAR 137 ☐ OFAR 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 Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Firefighting ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Personal ☐ Business/Corporate ☐ Recreational ☐ External Load ☐ Ferry ☐ Skydiving ☐ Unknown			
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>Craig Field</u> Airport Identifier: <u>KSEM</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip <u>N/A</u> Distance From Airport Center: <u>Est 0.5 - 1</u> _____ mi Direction From Airport: <u>West (on RWY 33)</u> _____ degrees true Airport Elevation: <u>166</u> _____ ft msl			
Runway Information Runway ID: <u>33</u> (L/R/C) Length: <u>8,014</u> ft Width: <u>150</u> ft			
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Macadam ☐ Gravel ☐ Metal/Wood ☐ Snow ☐ Ice ☐ Water ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Non Instrument Approach ☐ Base ☐ Final ☐ Crosswind			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADP/NDB ☐ SDF ☐ VOR/TWOR ☐ VORDME ☐ TACAN ☐ PAR ☐ MLS ☐ JDA ☐ ASR ☐ Visual ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ Creling ☐ Unknown			
VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautinary Landing ☐ Unknown			
VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address		City of Residence: _____ State: _____ ZIP: _____		Country: _____		Seat Occupied		Injury	
First Name: _____	Middle Initial: _____	Last Name: _____	City: _____	State: _____	ZIP: _____	Country: _____	☐ Left ☐ Center ☐ Right ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply)		City of Residence: _____ State: _____ ZIP: _____		Country: _____		Restraint Type: Used		Inflatable Restraints	
☐ None	☐ Flight Instructor	☐ Commercial	☐ Airline Transport	☐ Flight Engineer	☐ US Military	☐ Foreign	☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
☐ Private	☐ Recreational	☐ Sport	Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No									
Crew Name and Address		City of Residence: _____ State: _____ ZIP: _____		Country: _____		Seat Occupied		Injury	
First Name: _____	Middle Initial: _____	Last Name: _____	City: _____	State: _____	ZIP: _____	Country: _____	☐ Left ☐ Center ☐ Right ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply)		City of Residence: _____ State: _____ ZIP: _____		Country: _____		Restraint Type: Used		Inflatable Restraints	
☐ None	☐ Flight Instructor	☐ Commercial	☐ Airline Transport	☐ Flight Engineer	☐ US Military	☐ Foreign	☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
☐ Private	☐ Recreational	☐ Sport	Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No									
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address		City: _____ State: _____ ZIP: _____		Country: _____		Seat		Injury	
First Name: _____	Middle Initial: _____	Last Name: _____	City: _____	State: _____	ZIP: _____	Country: _____	☐ Left ☐ Center ☐ Right ☐ Unknown ☐ Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
☐ Crew	☐ Passenger	☐ Other	Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Name and Address		City: _____ State: _____ ZIP: _____		Country: _____		Seat		Injury	
First Name: _____	Middle Initial: _____	Last Name: _____	City: _____	State: _____	ZIP: _____	Country: _____	☐ Left ☐ Center ☐ Right ☐ Unknown ☐ Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
☐ Crew	☐ Passenger	☐ Other	Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Name and Address		City: _____ State: _____ ZIP: _____		Country: _____		Seat		Injury	
First Name: _____	Middle Initial: _____	Last Name: _____	City: _____	State: _____	ZIP: _____	Country: _____	☐ Left ☐ Center ☐ Right ☐ Unknown ☐ Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
☐ Crew	☐ Passenger	☐ Other	Total Flight Time at the Time of this Accident/Incident: _____ hrs						

FLIGHT ITINERARY INFORMATION									
Last Departure Point		Time of Departure		Destination		Type Flight Plan Filed			
Airport ID: <u>KEET</u>	City: <u>Calera</u>	State: <u>AL</u>	Country: <u>USA</u>	Time: <u>900</u>	City: <u>Calera</u>	State: <u>AL</u>	Country: <u>USA</u>	☐ None ☐ Company VFR ☐ Military VFR ☐ VFR	☐ VFR/IFR ☐ IFR ☐ Unknown
Type of ATC Clearance/Service (Check all that apply)		Type of IFR		Type of VFR		Type of VFR		Type of VFR	
☐ None	☐ Special VFR	☐ IFR	☐ VFR On Top	☐ VFR Flight Following	☐ VFR	☐ Special IFR	☐ VFR On Top	☐ VFR Flight Following	☐ Cruise
Airspace where the accident/incident occurred (Check all that apply)		Type of VFR		Type of VFR		Type of VFR		Type of VFR	
☐ Class A	☐ Class B	☐ Class C	☐ Class D	☐ Class E	☐ Class G	☐ Class H	☐ Class I	☐ Class J	☐ Class K
Weather Observation Facility		Facility ID: <u>SEM</u>		Observation Time: <u>1435Z</u>		Time Zone: <u>UTC</u>		Distance from Accident Site: <u>0</u> nm	
Source of Pilot Weather Information (Check all that apply)		Facility ID: <u>SEM</u>		Observation Time: <u>1435Z</u>		Time Zone: <u>UTC</u>		Distance from Accident Site: <u>0</u> nm	
Basic Conditions		Light Condition		Temperature: <u>25</u> (C) or <u>77</u> (F)		Dew Point: <u>19</u> (C) or <u>66</u> (F)		Altitude Setting: <u>29.97</u> in Hg or <u>1015.0</u> MB	
☐ VMC	☐ IMC	☐ Day	☐ Night	☐ Obscured	☐ Broken	☐ Overcast	☐ Unknown	☐ Obscured	☐ Broken
Sky/Lowest Cloud Condition		Ceiling		Wind Direction		Wind Speed		Wind Gusts	
☐ Clear	☐ Thin Broken	☐ Few	☐ Partial Obscuration	☐ Scattered	☐ Variable	☐ Calm	☐ Light and Variable	☐ Not Gusting	☐ Not Gusting
Lowest Cloud Condition Height		Ceiling Height		Direction: _____ degrees true		Speed: _____ kts		Speed: _____ kts	
<u>12,000</u> ft agl	<u>12,000</u> ft agl	<u>10+</u> miles		<u>10+</u> miles		<u>10+</u> miles		<u>10+</u> miles	
Type of Precipitation		Type of Precipitation		Type of Precipitation		Type of Precipitation		Type of Precipitation	
☐ None	☐ Light	☐ Moderate	☐ Heavy	☐ N/A	☐ None	☐ Drizzle	☐ Freezing Rain	☐ Freezing Rain	☐ Freezing Rain
Intensity of Precipitation		Intensity of Precipitation		Intensity of Precipitation		Intensity of Precipitation		Intensity of Precipitation	
☐ None	☐ Light	☐ Moderate	☐ Heavy	☐ N/A	☐ None	☐ Drizzle	☐ Freezing Rain	☐ Freezing Rain	☐ Freezing Rain
Icing Forecast		Icing Actual		Icing Actual		Icing Actual		Icing Actual	
☐ None	☐ N/A	☐ None	☐ Trace	☐ Light	☐ Moderate	☐ Severe	☐ Unknown	☐ None	☐ Trace
Type		Type		Type		Type		Type	
☐ None	☐ N/A	☐ None	☐ Trace	☐ Light	☐ Moderate	☐ Severe	☐ Unknown	☐ None	☐ Trace
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:		NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:		NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:		NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:		NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:	
Obstruction Lights on towers out (numerous)		Obstruction Lights on towers out (numerous)		Obstruction Lights on towers out (numerous)		Obstruction Lights on towers out (numerous)		Obstruction Lights on towers out (numerous)	
RNAV 33 NOTAM# 3/5374		RNAV 33 NOTAM# 3/5374		RNAV 33 NOTAM# 3/5374		RNAV 33 NOTAM# 3/5374		RNAV 33 NOTAM# 3/5374	
ILS 33 Localizer & DME out of service NOTAM# 06/406		ILS 33 Localizer & DME out of service NOTAM# 06/406		ILS 33 Localizer & DME out of service NOTAM# 06/406		ILS 33 Localizer & DME out of service NOTAM# 06/406		ILS 33 Localizer & DME out of service NOTAM# 06/406	

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☐ Minor ☐ Substantial ☐ Destroyed ☒ Unknown	Aircraft Fire ☐ None ☐ In-Flight ☐ On-Ground ☐ Unknown	Aircraft Explosion ☒ None ☐ In-Flight ☐ On-Ground ☐ Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> Damage to the right wing and right main landing gear.		
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. Departed EET at roughly 9AM Central on Wednesday June 12 in N62LP (PA 32R-300) on an instructional cross country flight. VFR, to KSEM and return to KEET at 4500 ft. Weather was calm and clear. I remember remarking about how nice it was. I, Jason Brantley was pilot in command receiving transition training and instruction by Mark Scardino, CFI. We obtained flight following from Montgomery Approach and when KSEM field was in sight transitioned to the KSEM tower frequency. Entered the downwind leg for Runway 33 and when cleared to land for the option executed a touch and go. On climb out, asked the SEM tower for a closed traffic, which was granted, left closed traffic. Called at mid-field to report midfield at which point the SEM tower cleared us to land on RWY 33. Soon after being cleared to land, Mark (CFI), pulled the power to idle to perform a simulated engine out forced landing. At which point I adjusted attitude for best glide speed (~50Kts) and turned left to the runway. Once the runway was assured, I put the landing gear down. At this time we were close to touchdown and therefore did not extend flaps, estimated not to be going more than 75-80Kts, flared to land and landed the airplane. With the left wing slightly banked, the left main gear touched down first and then the right - shortly after the right main gear touched down it collapsed. We then skidded down to runway, veering to the right, applied left rudder to remain on runway until stopping. This was at roughly 9:30AM Central. We shut down the airplane, called the tower to report the incident, opened the main cockpit door and exited the airplane. Emergency crews arrived about 5-10 minutes later.		

RECOMMENDATION (How could this accident/incident have been prevented?) Operator/Owner Safety Recommendation Given that we were practicing a simulated engine failure and forced landing, once the runway was assured instead of completing the landing a go-around could have been performed. If continuing the landing not utilizing flaps could have contributed to the hard landing - utilizing flaps could have lessened the impact of the landing.					
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>					
Total Time/Cycles On Part Hours _____ Cycles _____ Time Since This Part Inspected/Overhauled Hours _____					
FUEL & SERVICES INFORMATION Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 52 _____ Gallons Fuel Type ☒ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP8 ☐ Jet A-1 ☐ Automotive 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 Both pilot and instructor exited the main aircraft cockpit door.					
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft) <table><tr><td>Aircraft Registration Number</td><td>Manufacturer:</td></tr><tr><td>Model:</td><td></td></tr></table> Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____ Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____ Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None		Aircraft Registration Number	Manufacturer:	Model:	
Aircraft Registration Number	Manufacturer:				
Model:					

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 06/20/2024 mm/dd/yyyy	Name of Pilot/Operator: Jason Brantley	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. ERA24LA259	Reviewed by NTSB Regional Office AS-ERA	Name of Investigator L. Stratton	Date Report Received 06/20/2024