

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 80239.

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&tpl=/ecfrbrowse/Title49/49cfr830_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.

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. Benton NH

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. Ridge soaring.

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. Grobe Astier 102 1976 N152ss

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. Paper work elsewhere but guess at 880 lbs

Engine: Enter engine make and model information as indicated on the engine data plate. Glider with no engine. Flight was personal, no other aircraft involved, Took place in the National forest, little or no damage beyond to the fiberglass wings. There was no loss of controls or other malfunction of the plane. I was simple loss of lift(a downdraft)

20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment. n/a

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

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.

Personal flight

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. none

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. NO airport within 3 miles.

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 indicate 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.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

FORM APPROVED FOR USE THROUGH 4/30/2018 BY OMB NO. 3147-0001

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 few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling 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.ntsbt.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

Nearest City/Place: Benton State:

New Hampshire ZIP: 03780 Country:

Grafton Latitude: 44 2' 37.734

N Longitude: 71 54' 27.198

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

Accident/Incident Date

Date/Time

June 1 2024 4:20 PM eastern

Local Time

Zone

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N152ss

Manufacturer: Grobe Model: Asir cs102 Serial Number: 150-2

Year of Manufacture: 1977

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

IFR-Equipped and Certified N/A

Commercial Space Flight

Unmanned Aircraft

Maximum Gross Weight:990 lbs

Weight at Time of Accident/Incident: 780lbs

Number of Seats: 1 Flight Crew Seats: 0 Cabin Crew Seats: 0 Passenger Seats: 0

Category of Aircraft Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard Normal Aerobatic Balloon Commuter Transport Utility Special Light-Sport Experimental Light-Sport Certificate of Authorization or Waiver (COA) None Unknown Special Restricted Limited Provisional Special Flight Experimental Experimental Light-Sport		Landing Gear <i>(Check all that apply)</i> Fixed Amphibian High Skid Float Skid Float Ski Hull Ski/Wheel Launch/Recovery System None Retractable Tricycle Tailwheel Emergency Other Unknown		Engine Type <i>(Select one)</i> Reciprocating Turbo Shaft Turbo Prop Turbo Jet Turbo Fan Electric Liquid Rocket Solid Rocket Hybrid Rocket None Unknown Fuel System Type <i>(Reciprocating)</i> Carburetor Fuel-Injected			
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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 Overhaul (hours) Overhaul (hours)	
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type Continuous Airworthiness 100-Hour AAIP Conditional Inspection Annual Unknown Date Last Inspection: mm/dd/yyyy Airframe Total Time: hrs hours measured at <i>(Select one)</i> Last Inspection Time of Accident/Incident	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program <i>(Select one)</i> Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	ELT Installed: Yes No <i>If Yes:</i> ELT _____ Manufacturer: _____ _____ Model or Part No.: _____ _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Additional Equipment <i>(Check all that apply)</i> 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: _____	Was ELT still mounted in aircraft? Yes No Was ELT still connected to antenna? Yes No Did ELT Activate? Yes No <i>If activated:</i> Did ELT Aid in Locating Aircraft: Yes No <i>If not activated:</i> Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: **Henry Swayze**City: **Tunbridge**State: **Vermont** ZIP: **05077**Fractional Ownership Aircraft: Yes **No** Country: _____**Operator of Aircraft Same As Registered Owner**

Same Address as Registered Owner

City: _____

Name: _____

Doing Business As: _____

ZIP: _____

State: _____

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

Country: _____

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

Revenue Sightseeing FlightYes **No****Regulation Flight Conducted Under****FAR 91 FAR 129**FAR 103 FAR 133
FAR 121 FAR 135

FAR 125 FAR 137

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercialPublic Aircraft (Select one)
Armed Forces
Federal
State
Local
Unknown**Air Medical Flight**Yes **No****Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi InternationalPassenger
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

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: No airport within 3 miles Airport Identifier: _____

Proximity to _____

Airport: Off Airport/Airstrip On Airport/Airstrip **N/A**

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees

true Airport Elevation: _____ ft.
msl**Runway Information**

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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 <i>(Select one)</i>	
Taxi	Downwind
VFR Departure	Low Approach
On Instrument Approach	Base
Takeoff	Go Around
Landing	Final
IFR Departure Procedure/Clearance	Crosswind
Initial Climb	Aborted Landing (after touchdown)
	Unknown

IFR Approach <i>(Check all that apply)</i>	VFR Approach <i>(Check all that apply)</i>
None	None
ADF/NDB PAR MLS Practice	Stop and Go
SDF Sidestep LDA GPS	Traffic Pattern
VOR/TVOR ILS	Touch and Go
ASR	Straight-In
VOR/DME	Valley/Terrain Following
Localizer Only Visual	Go Around
TACAN LOC-back course Contact	Full Stop
RNAV Circling	Precautionary Landing
Unknown	Unknown

iFLIGHT CREWMEMBER 1i INFORMATION			
iFlight Crewmember 1i Responsibilities at the Time of Accident/Incident			
Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew iFlight Crewmember 1i was pilot			
flying Yes No			
iFlight Crewmember 1i Identification			
First Name: Henry		City of Residence: Tunbridge	
Last Name: Swayze		State: Vermont ZIP:05077_	
Age at time of Accident/Incident: 84		Country: USA	
Date of Birth: [REDACTED] mm/dd/yyyy		Certificate Number: [REDACTED]	
Degree of Injury	Seat Occupied	Restraint Type	Inflatable Restraints
None Fatal	Left Front Unknown Right Rear	Available	Not Installed
Minor Unknown	Center Single	Used	Installed
Serious		None	Not Deployed
		Lap only	Deployed
		3-point	Unknown
		4-point	
		5-point	
		Unknown	
Pilot Certificate(s) <i>(Check all that apply)</i>			
Flight Instructor			
None Private pilot, glider			
Commercial			
US Military			
Private Foreign Airline Transport			
Recreational			
Flight Engineer			
Student			
Sport			

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 With limitations/waivers Special Issuance		Unknown N/A		Date of Last Medical _____ mm/dd/yyyy			
Medical Certificate Limitations										
Medical Certificate Special Issuance										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 4/14/2024 mm/dd/yyyy			Flight Review Aircraft Make: Blahnik Model: L 23							
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 Instrument Airplane Airplane Single-Engine Instrument Helicopter Airplane Multi-Engine Helicopter Gyroplane Glider Powered Lift Sport				
Type Ratings private pilot glider						Student Endorsements (Include dates)				
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	152	22	50							
Pilot in Command (PIC)	107.2	22							g	
Time as Instructor										
This Make/Model										
Last 90 Days		16.7							g	
Last 30 Days		12							g	
Last 24 Hours		2.5							g	

iFlight Crewmember 2i Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew iFlight Crewmember 2i was pilot flying Yes No			
iFlight Crewmember 2i Identification First Name: same City of Residence: Middle Initial: State: ZIP: Last Name: Country: Age at time of Accident/Incident: Date of Birth: Certificate Number:			
Degree of Injury None Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type Available Used None Lap only 3-point 4-point 5-point Unknown 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 Private Foreign Airline Transport Recreational Student Sport Commercial US Military Flight Engineer			
Principal Occupation Pilot Other Unknown	Medical Certificate None Class 1 Class 2 Class 3 Driveris License (Sport Pilot only) Unknown	Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A	Date of Last Medical mm/dd/yyyy
Medical Certificate Limitations			
Medical Certificate Special Issuance			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: mm/dd/yyyy	Flight Review Aircraft Make: Model:		
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Instrument Airplane Instrument Helicopter Gyroplane Glider Powered Lift Sport Airplane Single-Engine Airplane Multi-Engine

Multiengine Sea			Gyroplane Helicopter Powered Lift							
Type Ratings						Student Endorsements <i>(Include dates)</i>				
Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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ADDITIONAL FLIGHT CREWMEMBERS <i>(Exclusive of cabin crew, complete the following information)</i>				
Crew Name and Address			Seat Occupied Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Left Front Center Rear Right Single Unknown Unknown	None Minor Serious Fatal Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Private Foreign Recreational Sport Student Commercial Airline Transport Flight Engineer US Military			Restraint Type: Available Used None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints None 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			Seat Occupied	Injury

First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Left Front Center Rear Right Single Unknown Unknown		None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply) None Commercial US Military Flight Instructor Private Foreign Airline Transport Recreational Sport Flight Engineer Student			Restraint Type: Available 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		Seat	Injury	Restraint Type	Inflatable Restraints	Age
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 Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	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 Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	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 Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown

First Name: _____ City : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None Lap Only 3-point 4-point 5-point 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: 2b9 _____ City: Post Mills _____ State Vermont: _____ Country: USA	Time of Departure Time: 1:59 Zone: eastern	Destination Airport ID: 2b9 _____ City: Post Mills State: Vermont _____ 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 B Class C Class D Class E			Altitude of In-Flight Occurrence: Military Operations Area (MOA) Special Airport Advisory Area Air Traffic Control Area Demo Area Jet Training Area Warning Area Unknown Prohibited Area TRSA FAR 93 Restricted Area
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		Weather Observation Facility Facility ID: LEB _____ Observation Time: that mid morning _____ Time Zone: _____ Distance from Accident Site: 34 nm Direction from Accident Site: N degrees true	

Basic Conditions VMC IMC Unknown		Light Condition Dawn Dusk Day Night Dark Night Bright Night Unknown			
Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered Lowest Cloud Condition Height 8,000 ft agl		Ceiling None (Clear) Obscured Broken Indefinite Overcast Unknown Ceiling Height 8,000 ft agl		Temperature: _____ (C) or ~80 _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Wind Direction Variable -or Direction: <u>sw</u> degrees true	Wind Speed Calm Light and Variable -or Speed: 4-6 _____ kts	Wind Gusts Not Gusting -or Speed: _____ kts	Visibility <u>10+</u> _____ 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 Rain Ice Pellets Snow Snow Pellets Hail Snow Grains Rain Showers Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle			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 Trace Rime Light Clear Moderate Severe Unknown N/A Mixed Unknown		Icing Actual Amount Type None Trace Rime Light Clear Moderate Severe Unknown N/A 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: None					

Aircraft Damage None Substantial Minor Destroyed Unknown	Aircraft Fire None Both Ground and In-Flight Fire at Unknown Time In-Flight On-Ground Unknown	Aircraft Explosion None Both Ground and In-Flight In-Flight Explosion at Unknown Time On-Ground Unknown
Description of Damage to Aircraft and Other Property No damage except to plane. Leading dege of both wings damaged by landing in trees.		
NARRATIVE HISTORY OF FLIGHT Took off from Post mills and thermaled to 6,200 near field. Then headed north past Dean NH airport then on to the Hoggsback and then Bald mountain where I put on more altitude (7,200') then to Cannon mountain and Franconia NH. Turned to make the return trip to PM as conditions were weakening. The good lift at Hogsback had weakened but 3 knots up was still there but only in a narrow band and turning at the end of the ridge caused a loss of altitude. I stuck to looking for lift too long and in the last direction reversals I experienced a big sink with my wingtip catching a tree as I turned to leave the ridge. This tipped me into the forest canopy of mostly hard woods Where I came to rest 30' off the ground nose straight down. A very gentle stop followed by a 5 hour wait for Haverhill fire and rescue to reach me and bolay me out of the cockpit. There was a very large field within my glide slope if I had completed the turn.		

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.

No debris, terrain heavily wooded and rugged part of the White mountain National Forest. If the glider were of higher value (it is a 1977 early glass ship) repair would be likely and may still be. I am waiting for a permit to enter forest roads to retrieve the plane so once on the ground and out I will know.

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

Operator/Owner Safety Recommendation

Always expect to land out if you are flying XC. Head for lower ground sooner. If you are hung in a tree, stay in the cockpit even if it is very painful. Carry a tube of dental floss to bring a rescue rope up. Let people know where you are when low. I had cell coverage or would have waited longer.

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/Overhaul
ed**_____
Hours**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff***(Convert from pounds, as necessary)*_____
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 AIRCRAFT****Was an emergency evacuation of the aircraft performed? Yes No. Still to retrieve. I am expecting to lower the plane to the ground.****Disassemble and then winch each of the 3 parts to the ridge and then downhill to a forest road where it can be loaded in to its trailer. Time will tell****Method of Exit** ñ Describe how the occupants exited and how many occupants evacuated each location. I had 15' of 1" nylon strapping in the glider and a rescue worker was able to climb a small tree to tie his belaying rope to it. My legs were jelly by the time I was on the ground but with help I was able to walk out.**OTHER AIRCRAFT ñ COLLISION** (If air or ground collision occurred, complete this section for *other* aircraft)**Aircraft Registration** N**Manufacturer:** Switzer **Model:**1-23 on **5-13-2018****Damage to Other****Aircraft** Damage was

number not known		to both ailerons and plane was taken out of service
Registered Owner of Other Aircraft Name: Post Mills Soaring Club City:Post Mills _ State: Vermont_ZIP:05058 Country: USA Pilot of Other Aircraft Name:Henry Swayze City:Tunbridge State: Vermont ZIP: 05077 Country: USA		

ADDITIONAL INFORMATION (Please type or print in ink) No bodily injury, no damage to property on the ground
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 07/09/1924 <i>mm/dd/yyyy</i>		Name of Pilot/Operator: Henry Swayze Signature: _____ <i>-- or --</i> Check here to electronically sign this document Henry Swayze	
If a Person Other than Pilot/Operator is Filing Report Name: _____ Title: _____ Signature: _____ <i>-- or --</i> Check here to electronically sign this document			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. ERA24LA291	Reviewed by NTSB Regional Office AS - ERA	Name of Investigator Kurt Gibson	Date Report Received 07/09/2024