

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.

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.

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 cowl, 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.

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.

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 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.nts.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: vState: <u>Umatilla.FL</u> ZIP: <u>32784</u> Country: _____ Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date Da _____ mm/dd	Date/Time		Local Time: _____ Time: _____ Zone: _____		
	Collision with Other Aircraft: Midair On-ground None					

AIRCRAFT INFORMATION	
Registration Number: _____ N222D _____ Manufacturer: _____ Model: _____ _____ Searey _____ _____ Serial Number: _____ 1MK378C _____ Year of Manufacture: _____ 2005 _____ Amateur-Built: Yes If Yes: _____ No Kit/Plans Make: _____ Original Design	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: _____ Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: _____

Category of Aircraft Airplane		Type of Airworthiness Certificate (Check all that apply) Standard Special Experimental Light-Sport		Landing Gear (Check all that apply) Retractable Tailwheel		Engine Type (Select one) Reciprocating Fuel System Type (Reciprocating) Carburetor Fuel-Injected		
Engine	Engine Manufacturer	Engine Manufacturer's Date Rated Power Model/Serial Number of Mfg. Horsepower or lbs of Thrust mm/dd/yyyy				Total Time (hours)	Time Since: Inspection Overhaul (hours) (hours)	
Eng. 1	Rotax							
Eng. 2								
Eng. 3								
Eng. 4								

Continuous Airworthiness
100-Hour
AAIP
Conditional Inspection
Annual
Unknown

mm/dd/yyyy

_____ 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:
Fixed Pitch
Fixed Pitch
Propeller 2
Propeller 1

Controllable Pitch
Controllable Pitch
Ground Adjustable

Ground Adjustable
Manufacturer: _____

Manufacturer: _____
Model: _____

Model: _____

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:
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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

ELT Installed: Yes No

If Yes:

ELT Manufacturer: _____ **Model or Part No.:** _____
_____ **TSO No.:** C91
(121.5 MHz)

Fire Damage
Battery Expired/Damaged
Unknown

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: Wesley Patterson City: _____
State: _____ ZIP: _____
Fractional Ownership Aircraft: ^{Yes} ^{No} Country: _____

Operator of Aircraft *Same As Registered Owner**Same Address as Registered Owner*

Name: _____ City: _____
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 Flight

Yes No

**Regulation Flight Conducted
Under**

FAR 91 FAR 129
FAR 415
FAR 431
FAR 103 FAR 133
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

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 International
Passenger
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:**

_____ 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	Condition of Runway/Landing Surface <i>(Check all that apply)</i>
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft	Dry Snow-Compacted Water-Calm Holes Snow-Crusted
Runway/Landing Surface <i>(Check all that apply)</i>	Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough
Asphalt Grass/Turf Macadam Water Concrete Gravel	Snow-Wet Wet
Metal/Wood	Rubber Deposits Soft
Dirt Ice Snow Unknown	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 SDF Sidestep LDA GPS VOR/TVOR ILS	Stop and Go
ASR	Traffic Pattern
VOR/DME	Touch and Go
Localizer Only Visual	Straight-In
TACAN LOC-back course Contact	Simulated Forced Landing
RNAV Circling	Valley/Terrain Following
Unknown	Forced Landing
	Go Around
	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: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury

Seat Occupied

Restraint Type

Inflatable Restraints

None Fatal

Left Front Unknown Right Rear

Minor Unknown

Center Single

Serious

Used

Not Installed

Available

Installed

None

Not Deployed

None

Deployed

Lap only

Unknown

Lap only

Flight Instructor

None

3-point

3-point

US Military

4-point

Commercial

4-point

Private Foreign Airline Transport

5-point

Recreational

5-point

Flight Engineer

Unknown

Student

Unknown

Sport

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
Pilot	None	Unknown	
Other	Class 3	Without limitations/waivers	
Unknown	Class 1	With limitations/waivers	mm/dd/yyyy
	Class 2	Special Issuance	
	Unknown		
Medical Certificate Limitations			
Medical Certificate Special Issuance			

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: mm/dd/yyyy y	Flight Review Aircraft Make: Model:
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Other Aircraft Rating(s)		Instrument Rating(s)	Instructor Rating(s)
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	(Check all that apply) None Airplane Helicopter Powered Lift None Airship Balloon Glider Gyroplane Helicopter Powered Lift	(Check all that apply) None Instrument Airplane Airplane Single-Engine Instrument Helicopter Airplane Multi-Engine Helicopter Gyroplane Glider Powered Lift Sport	

Type Ratings Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft		This Make	Night	Instrument	Rotorcraft	Glider	Lighter Than Air
			Model					
			Airplane Single Multiengine	Actual	Simulated			
Total Time			Engine					
Pilot in Command (PIC)								
Time as Instructor								
This Make/Model								
Last 90 Days								
Last 30 Days								
Last 24 Hours								

iFLIGHT CREWMEMBER 2i INFORMATION**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: _____ **Gregg** _____City of Residence: **Umatilla** _____Middle Initial: **A** _____State: **Florida** _____ ZIP: **32784** _____Last Name: _____ **Ludwig** _____

Country: _____

Age at time of Accident/Incident: **70** _____ Date of Birth: _____ **mm/dd/yyyy**

Certificate Number: _____

Degree of Injury None	Seat Occupied Front Right	Restraint Type Available 3-point	Used Lap only	Inflatable Restrains Not Installed
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ Flight Instructor ☐ Airline Transport ☐ Recreational ☐ Sport ☐ Commercial ☐ US Military				
Principal Occupation Pilot	Medical Certificate None Class 2	Medical Certificate Validity Without limitations/waivers		Date of Last Medical 03012024 _____ _____ <i>mm/dd/yyyy</i>
Medical Certificate Limitations Corrected lenses				
Medical Certificate Special Issuance No				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ 07/18/2022 _____ _____ _____ <i>mm/dd/yyyy</i>		Flight Review Aircraft Make: Vans _____ Model: _____ RV12 _____ _____		

Airplane Rating(s) <i>(Check all that apply)</i> Single-Engine Land Single-Engine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None	Instrument Rating(s) <i>(Check all that apply)</i> Airplane	Instructor Rating(s) <i>(Check all that apply)</i> Instrument Airplane Airplane Single-Engine Instrument Airplane Multi-Engine
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Multiengine Land Single engine land//sea								
Type Ratings								
Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane	Airplane	Instrument	Rotorcraft	Glider	Lighter Than Air
			Single	Night				
			Multiengine					
			Engine	Actual	Simulated			
Total Time	32000							
Pilot in Command (PIC)	30000							
Time as Instructor	1400							
This Make/Model	38							
Last 90 Days	21							
Last 30 Days	5							
Last 24 Hours	1							

ADDITIONAL FLIGHT CREWMEMBERS <i>(Exclusive of cabin crew, complete the following information)</i>			
Crew Name and Address Seat Occupied Injury			
City of Residence: _____			None Minor Serious Fatal Unknown
First Name: _____	Front		
Left	Rear		
State: _____ ZIP: _____	Center		
Middle Initial: _____	Single		
Country: _____	Right		
Last Name: _____			

Unknown			
Pilot Certificate(s) <i>(Check all that apply)</i>		Restraint Type: Available Used	Inflatable Restraints
	US Military	None	Not Installed
	Commercial	None	Installed
None		Lap Only	Not Deployed
	Flight Instructor	Lap Only	Deployed
	Airline Transport	3-point	Unknown
Private Foreign		3-point	
	Recreational	4-point	
	Flight Engineer	4-point	
	Sport	5-point	
Student		5-point	
		Unknown	
Type Rating/Endorsement for			
Accident/Incident Aircraft? Yes No Total Flight Time at the Time			
of this Accident/Incident: _____hrs			
Crew Name and Address Seat Occupied			Injury

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

Student	5-point	
Type Rating/Endorsement for	5-point Unknown	
Accident/Incident Aircraft? Yes No	Unknown	
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 : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other	<table><tr><td>Left</td><td>None</td><td>Available Used</td></tr><tr><td></td><td>Minor</td><td></td></tr><tr><td>Center</td><td></td><td>None</td></tr><tr><td></td><td>Serious</td><td></td></tr><tr><td>Right</td><td>None</td><td></td></tr><tr><td></td><td>Fatal</td><td></td></tr><tr><td>Unknown</td><td></td><td>Lap Only</td></tr><tr><td></td><td>Unknown</td><td></td></tr><tr><td>Row: _____</td><td>Lap Only</td><td></td></tr><tr><td></td><td>3-point</td><td></td></tr><tr><td></td><td>3-point</td><td></td></tr><tr><td></td><td>4-point</td><td></td></tr><tr><td></td><td>4-point</td><td></td></tr><tr><td></td><td>5-point</td><td></td></tr><tr><td></td><td>5-point</td><td></td></tr><tr><td></td><td>Unknown</td><td></td></tr></table>	Left	None	Available Used		Minor		Center		None		Serious		Right	None			Fatal		Unknown		Lap Only		Unknown		Row: _____	Lap Only			3-point			3-point			4-point			4-point			5-point			5-point			Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Left	None	Available Used																																																	
	Minor																																																		
Center		None																																																	
	Serious																																																		
Right	None																																																		
	Fatal																																																		
Unknown		Lap Only																																																	
	Unknown																																																		
Row: _____	Lap Only																																																		
	3-point																																																		
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	Unknown																																																		
First Name: _____ City : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other	<table><tr><td>Left</td><td>None</td><td>Available Used</td></tr><tr><td></td><td>Minor</td><td></td></tr><tr><td>Center</td><td></td><td>None</td></tr><tr><td></td><td>Serious</td><td></td></tr><tr><td>Right</td><td>None</td><td></td></tr><tr><td></td><td>Fatal</td><td></td></tr><tr><td>Unknown</td><td></td><td>Lap Only</td></tr><tr><td></td><td>Unknown</td><td></td></tr><tr><td>Row: _____</td><td>Lap Only</td><td></td></tr><tr><td></td><td>3-point</td><td></td></tr><tr><td></td><td>3-point</td><td></td></tr><tr><td></td><td>4-point</td><td></td></tr><tr><td></td><td>4-point</td><td></td></tr><tr><td></td><td>5-point</td><td></td></tr><tr><td></td><td>5-point</td><td></td></tr><tr><td></td><td>Unknown</td><td></td></tr></table>	Left	None	Available Used		Minor		Center		None		Serious		Right	None			Fatal		Unknown		Lap Only		Unknown		Row: _____	Lap Only			3-point			3-point			4-point			4-point			5-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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		None			
	Center	Minor			
			None		
		Serious			
	Right		None		
		Fatal			
	Unknown		Lap Only		
		Unknown			
	Row:		Lap Only		
_____		3-point			
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		4-point			
		4-point			
		5-point			
		5-point			
		Unknown			
		Unknown			

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		Unknown			
	Row:		Lap Only		
_____		3-point			
		3-point			
		4-point			
		4-point			
		5-point			
		5-point			
		Unknown			
		Unknown			

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: _____ City: _____ _____ State: _____ Country: _____	Time of Departure Time: _____ Time _____ Zone: _____	Destination Airport ID: _____ City: _____ _____ State: _____ Country: _____	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 <i>(Check all that apply)</i>			Altitude of In-Flight
Class A	Class G	Military Operations Area (MOA)	Special
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area
Class C	Warning Area	Jet Training Area	Unknown
Class D	Prohibited Area	TRSA	_____ ft msl
Class E	Restricted Area	FAR 93	

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

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

On-Board Weather		
Basic Conditions VMC IMC Unknown	Light Condition Unknown Dark Night Bright Night Dawn Dusk Day Night	
Sky/Lowest Cloud Condition Clear Thin Broken Few Thin Overcast Partial Obscuration Unknown Scattered Lowest Cloud Condition Height ft agl	Ceiling None (Clear) Obscured Broken Indefinite Overcast Unknown Ceiling Height ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB

Wind Direction Variable -or Direction: _____degrees true	Wind Speed Calm Light and Variable -or Speed: _____kts	Wind Gusts Not Gusting -or Speed: _____kts	Visibility _____miles RVR: _____feet RVV: _____miles Density Altitude: _____ft
Intensity of Precipitation Type of Precipitation <i>(Check all that apply)</i> Light Moderate Heavy N/A Unknown 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 <i>(Check all that apply)</i> 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 <i>(Check all that apply)</i> 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:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage Minor	Aircraft Fire None	Aircraft Explosion None
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Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)*

Landed on water as desired however the landing gear was down causing the airplane to take on water. Airplane suffered some water damage

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Gregg Ludwig Pilot/CFI

Wesley Patterson Pilot training for lake ops. I was pilot demonstrating landing the Searey on water. Distractions flying the Searey resulted in inadvertently landing on the lake with the landing gear down. This Searey has a history of significant static noise with the radio and intercom. Wesley was making adjustments to the intercom but the intercom static caused considerable distraction to my requirement to fly the airplane. Fortunately I did make a slow speed landing that prevented any injuries. The lesson learned was to never allow distractions cause you to not focus on the landing procedures.

The aircraft owner, Wesley, informed me that prior to our flight that he had the radio/intercom repaired but the radio/intercom was still all static and made communications difficult. I should have turned back to the airport.

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 and location, services obtained, and intended destination. Provide as much detail as possible.

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/Overh
aul 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

Method of Exit ñ Describe how the occupants exited and how many occupants evacuated each location

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

**Aircraft Registration
Number**

— —

Manufacturer:

Model:

Damage to Other

Aircraft Destroyed
Minor
Substantial None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (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

____ mm/dd/yyyy

Name of Pilot/Operator:

Signature:

or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:**

Signature:

document -- *or* -- Check here to electronically sign this

FOR NTSB USE ONLY

NTSB Accident/Incident No.
ERA24LA313

Reviewed by NTSB Regional Office
AS-ERA

Name of Investigator
L. Stratton

Date Report Received
07/29/2024