

**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: North Myrtle Beach State: SC
ZIP: _____ Country: USA
Latitude: 33.812 Longitude: 78.724
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 07/29/2024 Local Time: 10:57pm
mm/dd/yyyy Time Zone: EST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N5343C
Manufacturer: PIPER
Model: PA-32R-301T Saratoga
Serial Number: 3257255
Year of Manufacture: 2001
Amateur-Built: Yes If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 3600 lbs
Weight at Time of Accident/Incident: _____ lbs
Number of Seats: 4 Flight Crew Seats: 2
Cabin Crew Seats: _____ Passenger Seats: 2
Number of Engines: 1

Category of Aircraft

Airplane
Balloon
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
Unknown

Type of Airworthiness Certificate
(Check all that apply)

Standard **Special**
Normal Restricted
Acrobatic Limited
Balloon Provisional
Commuter Special Flight
Transport Experimental
Utility Special Light-Sport
Experimental Light-Sport
Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear
(Check all that apply)

Retractable
Tricycle Tailwheel
Amphibian High Skid
Emergency Float Skid
Float Ski
Hull Ski/Wheel
Other Launch/Recovery System
None Unknown

Engine Type (Select one)

Reciprocating Liquid Rocket
Turbo Shaft Solid Rocket
Turbo Prop Hybrid Rocket
Turbo Jet None
Turbo Fan Unknown
Electric

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>TIO-540-AH1A</u>	<u>L-11042-61A</u>	<u>06/2/2001</u>	<u>300 HP</u>	<u>2760</u>	<u>58</u> <u>962</u>
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 09/21/2023
mm/dd/yyyy

Airframe Total Time: 2760 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 Hand Held Extinguisher
Specify: on board
Not Used - No Fire!

Propeller 1

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: Hartzell
Model: HC-134R-1RE

ELT Installed: Yes No

If Yes:
ELT Manufacturer: Artex ME406
Model or Part No.: ME406
TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT Activate? Yes No

If activated:
Did ELT Aid in Locating Aircraft: Yes NA No

If not activated:
Indicate Reason: Impact Damage
Fire Damage
Battery Expired/Damaged
Unknown

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____
Model: _____

Additional Equipment (Check all that apply)

ADS-B
Airframe Parachute
Angle of Attack Indicator
Autopilot
Data Recorder
Electronic Flight Bag or Handheld Device
Electronic Multifunction Display
✓ Electronic Primary Flight Display
Handheld GPS
Heads Up Display
✓ Onboard Weather
✓ Satellite Tracking Device
✓ Stall Warning System
Video Recording Device
Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Franks Flying LLCFractional Ownership Aircraft: Yes ☐ No ☒City: DOVERState: DEZIP: 19901Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: Frank Roger Denton

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

Same Address as Registered Owner

City: PO, 90 Flat Rock,State: NCZIP: 28731Country: USA**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

Regulation Flight Conducted Under

☒ FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces
Federal
State
Local
Unknown

Revenue Operation for FAR 121, 125, 129, 135(Select one for each group) NA

Scheduled or Commuter
Non-Scheduled or Air Taxi

Domestic
International

Passenger
Cargo
Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

Aerial Application
Aerial Observation
Air Drop
Air Race/Show
Banner Tow
Business
Executive/Corporate
External Load
Ferry

Firefighting
Flight Test
Glider Tow
Instructional
Other Work Use
Positioning
Skydiving

Unknown

Revenue Sightseeing Flight

Yes No

Air Medical FlightYes ☐ No ☒**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Grand StrandAirport Identifier: KCREProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/AOn Runway - Landing - Gear Up**Runway Information**Runway ID: 23 (L/R/C) Length: 5997 ft Width: 100 ft**Runway/Landing Surface** (Check all that apply)

Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐
☒ Concrete ☐ Gravel ☐ Metal/Wood ☐
Dirt ☐ Ice ☐ Snow ☐ Unknown ☐

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: 32 ft msl**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 (Select one)

Taxi
Takeoff
Initial Climb

VFR Departure
IFR Departure Procedure/Clearance

On Instrument Approach
☒ Landing

Downwind
Base
Final
Crosswind

Low Approach
Go Around
Aborted Landing (after touchdown)
Unknown

IFR Approach (Check all that apply)

None
ADF/NDB
SDF
VOR/TVOR
VOR/DME
TACAN
PAR
Sidestep
ILS
Localizer Only
LOC-back course
RNAV
MLS
LDA
ASR
Visual
Contact
Circling
Practice
GPS
Unknown

VFR Approach (Check all that apply)

None
Traffic Pattern ☒
Straight-In
Valley/Terrain Following
Go Around
Full Stop ☒
Stop and Go
Touch and Go
Simulated Forced Landing
Forced Landing
Precautionary Landing
Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																			
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																			
"Flight Crewmember 1" Identification First Name: <u>Frank</u> Middle Initial: <u>R</u> Last Name: <u>Benton</u>					City of Residence: <u>Hendersonville</u> State: <u>NC</u> ZIP: <u>28739</u> Country: <u>USA</u> Date of Birth: <u>[REDACTED]</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>																																																																																														
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Single ☐ Center		Restraint Type Available: ☒ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																												
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Medical Certificate ☐ None ☒ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Class 1 ☐ Class 2 ☐ Unknown			Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical <u>01/30/2024</u> mm/dd/yyyy																																																																																										
Medical Certificate Limitations <u>Conjunctive Lenses</u>																																																																																																			
Medical Certificate Special Issuance																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/22/2023</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper Saratoga II</u> Model: <u>PA-32R-301T</u>																																																																																															
Airplane Rating(s) (Check all that apply) ☒ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Instrument Airplane ☐ Airplane Multi-Engine ☐ Instrument Helicopter ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Glider ☐ Sport																																																																																													
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"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident *None - Single Pilot*

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes ☒ No ☐

"Flight Crewmember 2" Identification

First Name: *NA* 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 None Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type Available None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer			
Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	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 Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address <u>NA - Single Pilot</u>					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					Restraint Type: Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown		
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 Center Right		Front Rear Single Unknown None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					Restraint Type: Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown		
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: <u>Karen</u> City: <u>Hendersonville</u> Middle Initial: <u>L</u> State: <u>NC</u> ZIP: <u>28739</u> Last Name: <u>Benton</u> Country: <u>USA</u> Crew ☐ <u>Passenger</u> Other ☐			Left Center Right Unknown Row: <u>3</u>	☒ None Minor Serious Fatal Unknown	Available None Lap Only <u>3-point</u> 4-point 5-point Unknown Used None Lap Only <u>3-point</u> 4-point 5-point Unknown		☒ Not Installed Installed Not Deployed Deployed Unknown	<u>72</u> Under 5 years If Under 5, 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 None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, 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 None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, 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 None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>0A7</u> City: <u>Hendersonville</u> State: <u>NC</u> Country: <u>USA</u>	Time of Departure Time: <u>9:00 PM</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>KCRE</u> City: <u>North Myrtle Bch</u> State: <u>SC</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? Yes No Unknown
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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 G ☐ Military Operations Area (MOA) ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☒ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93	Altitude of In-Flight Occurrence: _____ ft msl
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service ☒ Flight Service Station ☒ TV/Radio ☒ Automated Report ☒ Commercial Weather Service (DUATS) ☒ On-Board Weather ☒ Company ☐ Military ☐ Internet ☒ None ☐ Unknown ☐	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions VMC ☒ IMC ☐ Unknown ☐	Light Condition Dawn ☐ Dusk ☐ Day ☐ Night ☒ Dark Night ☐ Unknown ☐ Bright Night ☐
Sky/Lowest Cloud Condition Clear ☒ Thin Broken ☐ Few ☒ Thin Overcast ☐ Partial Obscuration ☐ Scattered ☐ Lowest Cloud Condition Height _____ ft agl	Ceiling None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown ☐ Ceiling Height _____ ft agl

Wind Direction Variable ☐ Direction: _____ degrees true	Wind Speed Calm ☐ Light and Variable ☐ Speed: _____ kts	Wind Gusts Not Gusting ☐ Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown ☐	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	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
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Icing Forecast Amount ☒ None ☐ N/A Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐	Icing Actual Amount ☒ None ☐ N/A Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐	Turbulence Type (Check all that apply) ☒ None ☐ Light ☐ Clear Air ☐ Moderate ☐ Terrain-Induced ☐ Severe ☐ Convective Turbulence ☐ Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage ☐ None ☒ Minor ☐ Substantial ☐ Destroyed ☐ Unknown	Aircraft Fire ☐ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Fire at Unknown Time ☐ Unknown	Aircraft Explosion ☐ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Explosion at Unknown Time ☐ Unknown
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Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Aircraft Damage only - ① Propeller ② Short Piece of exhaust pipe
 ③ External step by wing ④ External Longeron

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 Hendersonville NC. 07/29/2024 at late dusk
 direct to KCRE. Flight Time normally about 1.5 hrs.
 Did not fly direct to avoid rain and clouds. Flying @ 9500'
 Alternator failure - lost lights, radios, NAV.
 Looked at nearest Airports to Land but decided to
 continue to KCRE because I am very familiar with
 this Airport with over 100 Landings there.
 I flew over Myrtle Bch Int. just to see how well I could
 see their runway lights if KCRE was not possible.
 I would not be able to turn on Landing Lights.
 Runway perimeter lights were adequate at both KMYR
 and KCRE.

Entered Downwind for 23 @ KCRE (I had Weather info)
 Went through Emg. check List. - Needed to slow to 110 Kts
 to deploy emergency gear drop. - Base to Final realized I was
 a little too fast & high - Pulled power to slow - Lowered
 gear knob, Pulled Hydraulic circuit breaker, - No Flaps -
 No Elec. - No Lights - Slowing to 110 Kts - Forgot to
 put Emg. Gear Ext. Knob - landed very smoothly but gear up.
 Pilot error! Aircraft Performed very good! Pilot Error!

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

Operator/Owner Safety Recommendation

- ① Practice Emergency Procedures more often
- ② I had time to read through emg. check list more than once in flight. In an emg, read and reread check list if time permits.

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.)

Alternator belt broke - Lost Elec Power
Lost Elec. Gauges, Lights, Auto Pilot, GPS,
Radios, Hydraulics - Landing Gear, Flaps
Alternator Belt was visually inspected
30 day prior to flight

Total Time/Cycles
On Part

Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

50

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

Normal Pre Flight Check

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

Opened Doors and Exited Normally

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

Aircraft Registration Number

NA

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>08/11/2024</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Frank R. Benton</u> Signature:  -- or -- Check here to electronically sign this document
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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. ERA24LA337	Reviewed by NTSB Regional Office AS-ERA	Name of Investigator L. Stratton	Date Report Received 08/12/2024
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