

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION
Accident/Incident Location

 Nearest City/Place: Charlton State: NY

 ZIP: 12019 Country: USA

 Latitude: 42.954446 Longitude: -74.011877

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

Accident/Incident Date/Time

 Date: 09/13/2024 Local Time: 1750

mm/dd/yyyy

 Time Zone: EDT

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

AIRCRAFT INFORMATION

 Registration Number: N53081

 Manufacturer: Aerostar

 Model: RX-7

 Serial Number: RX7-3344

 Year of Manufacture: 2002

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

Make: _____

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

 Maximum Gross Weight: 1480 lbs.

 Weight at Time of Accident/Incident: 1023 lbs.

 Number of Seats: n/a Flight Crew Seats: n/a

 Cabin Crew Seats: n/a Passenger Seats: n/a

 Number of Engines: n/a
Category of Aircraft
 (Select one)

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

Type of Airworthiness Certificate
 (Check all that apply)

- | Standard | Special |
|---|---|
| ☐ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ 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 | ☐ High Skid |
| ☐ Tricycle | ☐ Skid |
| ☐ Tailwheel | ☐ Ski/Wheel |
| ☐ Emergency Float | ☐ Hull |
| ☐ Float | ☐ Ski |
| ☐ Amphibian | |
| ☐ 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	Engine 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								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

 Date of Last Inspection: 11/10/2023
 mm/dd/yyyy

 Airframe Total Time: 365.7 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: _____

Additional Equipment

- | | |
|---|--|
| ☐ ADS-B | ☐ Handheld GPS |
| ☐ Airframe Parachute | ☐ Heads Up Display |
| ☐ Angle of Attack Indicator | ☐ Night Vision Goggles |
| ☐ Autopilot | ☐ Onboard Weather |
| ☐ Autopilot/FMS, Model: _____ | ☐ Primary Flight Display |
| ☐ Coupled Flight Director | ☐ SAS, Axis (circle one): 2, 3, 4, Model: _____ |
| ☐ Data Recorder | ☐ Satellite Tracking Device |
| ☐ Device Stall Warning System | ☐ Stall Warning System |
| ☐ Electronic Flight Bag or Handheld Device | ☐ Video Recording Device |
| ☐ Electronic Multifunction Display | ☐ Wire Strike Detection |
| ☐ Electronic Primary Flight Display | ☐ Wire Strike Protection |
| ☐ Flight Management System | ☒ Other, Specify: <u>Digitool DBI3</u> |

 ELT Installed: ☐ Yes ☒ No If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

 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 ☐ No

 If not activated: Indicate Reason: ☐ Impact Damage

☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ Unknown

Propeller 1 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: Daniel McDevitt
 City: Galway State: NY
 ZIP: 12074 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☒ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: _____
 City: _____ State: _____
 ZIP: _____ Country: _____

Doing Business As: _____

Air Carrier/Operator Designator (4-character code): _____

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 450
☐ 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)

- ☐ 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
☐ 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 ☐ Unknown

Revenue Sightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

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

Runway ID: _____ Length: _____ ft. Width: _____ ft.

Runway/Landing Surface *(Check all that apply)*

- ☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
☐ Concrete ☐ Gravel ☐ Macadam ☐ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

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 ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Aborted Landing (after touchdown)
☐ Crosswind ☐ Unknown

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

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

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☒ Captain ☐ First Officer ☐ 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: Daniel

City of Residence: Galway

Middle Initial: B.

State: NY ZIP: 12074

Last Name: McDevitt

Country: USA

Age at time of Accident/Incident: 56

Date of Birth: (mm/dd/yyyy)

Certificate Number:

Degree of Injury

☒ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

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

☐ Supplemental. Restraint type:

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 ☐ Sport
☐ Student ☐ 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 Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

09/13/2024

mm/dd/yyyy

Flight Review Aircraft

Make: Aerostar

Model: RX-7

Airplane Rating(s)

(Check all that apply)

☐ 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 Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	54	54								54		
Pilot in Command (PIC)	54	54								54		
Time as Instructor												
This Make/Model												
Last 90 Days	18	18								18		
Last 30 Days	14	14								14		
Last 24 Hours	2	2								2		

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ 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: _____

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 ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

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 ☐ Sport
☐ Student ☐ Flight Engineer

☐ Supplemental. Restraint type: _____

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 Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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)

☐ 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 Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						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.)

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental. Restraint type: _____	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.		

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental. Restraint type: _____	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.)

Number of Passengers _____	Seat	Injury	Restraint Type	Inflatable Restraints	Age
Passenger Information First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental. Restraint type: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>N/A</u> City: <u>Charlton</u> State: <u>NY</u> Country: <u>USA</u>	Time of Departure Time: <u>1740</u> Time Zone: <u>EDT</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>N/A</u> City: <u>Charlton</u> State: <u>NY</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☐ VFR Activated? ☐ Yes ☒ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☐ None			
☐ Certificate of Authorization	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following
☒ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory
☐ Cruise			
☐ Unknown / NA			

Type of ATC Clearance/Service (Check all that apply)			
☐ 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	
☒ Class E	☐ Restricted Area	☐ FAR 93	
			Altitude of In-Flight Occurrence: 620 ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
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Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
☐ National Weather Service	☐ Company	Facility ID: <u>KSCH</u>	
☒ Flight Service Station	☐ Military	Observation Time: <u>16:39</u>	
☐ TV/Radio	☐ Internet	Time Zone: <u>EDT</u>	
☒ Automated Report	☐ None	Distance from Accident Site: <u>7.04</u> nm	
☐ Electronic Flight Bag-Application:	☐ Unknown	Direction from Accident Site: <u>310</u> degrees true	
☐ On-Board Weather			

Basic Conditions ☐ VMC ☐ IMC ☐ Unknown		Lowest Cloud Condition Height <u>N/A</u> ft. AGL	Light Condition ☐ Dawn ☐ Dusk ☒ Day ☐ Night ☐ Dark Night ☐ Unknown ☐ Bright Night	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial ☐ Unknown ☐ Obscuration ☐ Scattered		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Ceiling Height <u>N/A</u> ft. AGL	
		Temperature: <u>29</u> (°C) or ____ (°F) Dewpoint: <u>16</u> (°C) or ____ (°F)		

Altimeter Setting: <u>Note 1</u> Hg or mb	Wind Direction ☐ Variable Direction: <u>110</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>4</u> or ____ kts	Wind Gusts ☒ Not Gusting or Speed: ____ kts	Visibility <u>10</u> miles RVR: ____ feet RVV: ____ miles Density Altitude: ____ ft.
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Type of Precipitation (Check all that apply)			Restriction to Visibility (Check all that apply)	
☒ None	☐ Drizzle	☐ Freezing Rain	☒ None	☐ Fog
☐ Rain	☐ Ice Pellets	☐ Snow Shower	☐ Blowing Dust	☐ Ground Fog
☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower	☐ Blowing Sand	☐ Haze
☐ Hail	☐ Snow Grains	☐ Freezing Drizzle	☐ Blowing Snow	☐ Ice Fog
☐ Rain Showers	☐ Ice Crystals		☐ Blowing Spray	☐ Smoke
			☐ Dust	☐ Unknown

Icing Forecast		Intensity of Precipitation		Icing Actual		Turbulence (Check all that apply)	
Amount	Type	☐ Light	☐ Moderate	Amount	Type	☒ None	Severity
☒ None	☒ N/A	☐ Heavy	☒ N/A	☒ None	☒ N/A	☐ Clean Air	☐ Light
☐ Trace	☐ Rime	☐ Unknown	☐ Unknown	☐ Trace	☐ Rime	☐ Terrain-Induced	☐ Moderate
☐ Light	☐ Clear			☐ Light	☐ Clear	☐ Convective	☐ Severe
☐ Moderate	☐ Mixed			☐ Moderate	☐ Mixed		☐ Extreme
☐ Severe	☐ Unknown			☐ Severe	☐ Unknown		
☐ Unknown				☐ Unknown			

NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: AIRMET freezing levels (not applicable at my altitude) AIRMET Turbulence High Altitude (not applicable at my altitude)	
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet, if necessary.)

Six of the twelve steel load cables connecting the basket to the envelope were severed.
 The scoop sustained three large burn holes.
 One of the D-rings connecting the steel load cables sustained a shallow burn gouge.

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.

On Friday, September 13, 2024, I departed [REDACTED] Charlton, NY in my hot air balloon at approximately 1540 EDT on a solo flight with the intent of practicing maneuvers (controlling and landings). The wind was very calm and not gusting. After crossing Eastern avenue, I went in for a landing into an adjacent, recently harvested corn field. Part way into the landing approach I noticed some silver, horizontal, thin lines at approximately eye level in my direction of travel. At first I thought it was some optical illusion with my eye glass lenses. An instant later I realized I was on a collision course with some power lines. For an instant I thought of using my burners and trying to get above them but just as quickly realized the balloon would not respond fast enough so I began hauling on my red line in an attempt to pull my balloon top out (following my trained maxim, "When in doubt, rip out"). A moment later there was much sparking, arcing and smoke as my envelope load cables made contact with the power lines. I released my red line, worried it would conduct the electricity to me, and crouched down in the bottom of my basket to avoid coming in contact with the power lines which I had last seen at eye level. I also made a conscious effort to avoid touching anything in the basket so as to avoid contacting a conduction path of the power lines. The noise, smoke, sparks seemed to continue for an eternity, but I think it seemed prolonged due to first one set of three load cables coming in contact with the power lines and the balloon turning and then the other set coming in contract with the power lines. Eventually the sparking stopped and the balloon basket settled to the ground. I reached up and turned off my pilot lights and radioed to my crew chief to call the power company and tell them to turn off the power. My envelope remained almost fully inflated. In fact it seemed to remain inflated for approximately 20-30 minutes before draping over the power lines and settling to the ground. A couple people stopped to inquire if I was OK and I told them I was but also warned them not to come to me as I did not know if the power was off. I remained in the basket until the power company person arrived and told me it was safe to exit. He also inquired if I had heard the breaker north of me slam open which I did not. I sustained no injuries.

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

This accident could have been prevented by the pilot (me) being more aware of his surroundings. As I started the approach, I should have looked beyond the general area where I intended to land. I should have looked well away from the landing site and then would have noticed the power line poles and then realized I should not be landing at that site and abort the landing. I knew from previously launching from this site there were telephone poles along the other side of the road, opposite the field. However, I should have scanned my surroundings at a greater distance to be alert for potential hazards.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/ Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

32 Gallons

Fuel Type

☐ 100 Low Lead
☐ Automotive☐ Jet A
☐ Jet A-1☐ Unleaded AV☒ Other, specify propane

Other Services, if any, prior to departure:

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Model: _____

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

Note1: Weather information, altimeter - I used field elevation (570 feet MSL).

I would like to mention it was the maxim that I've been trained to that goes "when in doubt, rip out" that prevented me from dying. Upon reflecting on this and where the balloon struck the power lines (less than one foot above the connection of the load cables to the uprights), I have wondered if the perhaps a little more insight to the phrase should be taught. Up until what happened to me I always thought ripping out was to miss the power lines. In this case, ripping out prevented the power lines from contacting the uprights (which would have sent me plummeting to the ground), the fuel lines which would have ignited the propane and from contacting the basket (and me) which would have instantly disintegrated the wicker and electrocuted me. When I ripped out the balloon dropped low enough to bring the load cables in contact with the power lines. The scoop sustained damage (three large burn holes) but I think this was due to the metal sparks from the melted load cables striking it and not the scoop contacting the power lines (there were not horizontal holes in the scoop). I think balloonists should train to 'when in doubt rip out' but if asked why, missing the power lines altogether is a reason but getting the much less conductive fabric of the envelope on the wires allows a much larger margin of safety to the basket occupants.

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report: <u>09/18/2024</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Daniel McDevitt</u> Signature: _____ -or- ☒ Check here to electronically sign this document
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If a person other than Pilot/Operator is filing this report

Name: _____ Signature: _____ -or- ☐ Check here to electronically sign this document	Title: _____
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FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA24LA382	Reviewed by NTSB AS Division Eastern	Name of Investigator A. McCarter	Date Report Received 9/19/2024
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