

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.

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

B. DEFINITIONS

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

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

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

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

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

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.

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.

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.

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

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 <u>Rutherfordton</u> State: <u>NC</u> ZIP: Country: <u>USA</u> Latitude: <u>35.43N</u> Longitude: <u>81.94W</u> (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date: <u>10/04/2024</u> mm/dd/yyyy	Date <u>10</u> / <u>04</u> / <u>24</u>	Local Time: <u>17:30</u> Time <u>EDT</u> Zone:	Collision with Other Aircraft: Midair On-ground None
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AIRCRAFT INFORMATION

Registration Number: <u>N9117R</u> Manufacturer: <u>American</u> <u>North</u> Model: <u>NAV-145/L-17A</u> Serial <u>NAV-4-960</u> Number: Year of Manufacture: <u>1949</u> Amateur-Built: Yes If Yes: Kit/Plans Make: _____ Original Design _____ No	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>2950</u> lbs Weight at Time of Accident/Incident: <u>2630</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>		
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 ☐ Restricted ☒ Normal ☐ Limited ☐ Aerobatic ☐ Provisional ☐ Special Flight ☐ Transport ☐ Experimental ☐ Utility ☐ Special Light-Sport ☐ Experimental Light-Sport	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 ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown Fuel System Type (Reciprocating) ☒ Carburetor Fuel-Injected

		Certificate of Authorization or Waiver (COA) None Unknown						
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since Inspection Over (hours)	
Eng. 1	Continental	E-185-9	6026-D_1_9		205	854.3	5.3	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

Continuous Airworthiness

100-Hour AAIP

Conditional Inspection

X Annual

Unknown

Date Last Inspection:

09-01-2024

Airframe Total Time:

3368.2 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

Propeller 1

X Controllable Pitch

Ground Adjustable

Manufacturer: Hartzell

Model: HC-A2MV20-4A1

ELT Installed: Yes No

If Yes:

ELT Manufacturer: **Model or Part No.:** C91a (121.5 MHz)

TSO No.: C91 (121.5 MHz) C126 (406 MHz)

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

If activated:

Did ELT Aid in Locating Aircraft: Yes No If not activated:

Indicate Reason: Impact Damage

X Fire Damage

Battery Expired/Damaged

Unknown

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Additional Equipment (Check all that apply)

X ADS-B

Airframe Parachute

Angle of Attack Indicator

Autopilot

Data Recorder

X 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

City: Campobello

Name: Christopher S Purdy & Jennifer S Purdy

State: SC ZIP: 29322

Fractional Ownership Aircraft: Yes No Country: USA

Operator of Aircraft X Same As Registered Owner

X Same Address as Registered Owner

City: Campobello

Name: Christopher S Purdy

Doing Business As:

State: SC ZIP: 29322

Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 No	Regulation Flight Conducted Under ☒ FAR 91 FAR 129 FAR 103 FAR 133 FAR 415 FAR 121 FAR 135 FAR 431 FAR 125 FAR 137 FAR 435 FAR 437 FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> Scheduled or Commuter Non-Scheduled or Air Taxi Domestic International Passenger Cargo Mail Contract Only	
		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate External Load Ferry Firefighting Flight Test Glider Tow Instructional Other Work Use X Personal Positioning Skydiving Unknown	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>Rutherford County/ Merchman Field</u> Airport Identifier: KFQD Proximity to Airport: Off Airport/ X Airstrip On Airport/Airstrip N/A		Distance From Airport Center: <u>0.5</u> sm Direction From Airport: _____ degrees true Airport Elevation: <u>1077</u> ft. msl	
Runway Information Runway ID: <u>19</u> (L/R/C) Length: <u>5000</u> ft Width: <u>100</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt Grass/Turf Macadam Water Concrete Gravel Metal/Wood Dirt			
Approach/Departure Segment <i>(Select one)</i> Taxi Takeoff Initial Climb VFR Departure IFR Departure Procedure/Clearance On Instrument Approach X Landing Downwind Base X Final Low Approach Go Around Aborted Landing (after touchdown) Crosswind Unknown			

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/06/2023</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Cessna</u> Model: <u>172</u>							
Airplane Rating(s) <i>(Check all that apply)</i> None X Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> X None Airplane Helicopter Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> None Instrument Airplane Airplane Single-Engine Instrument Helicopter Airplane Multi-Engine Helicopter Gyroplane Glider Powered Lift Sport							
Type Ratings						Student Endorsements <i>(Include dates)</i>				

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	124.7	53.7	124.7		3.2					
Pilot in Command (PIC)	64.5	53.7	64.5							
Time as Instructor										
This Make/Model	64.5	64.5	64.5							
Last 90 Days	11.2	11.2	11.2							
Last 30 Days	4.9	4.9	4.9							
Last 24 Hours	1.5	1.5	1.5							

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 No	
iFlight Crewmember 2i Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ 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 X Front Right			Restraint Type Available None X 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) <i>(Check all that apply)</i> None Private Foreign Airline Transport Commercial US Military Recreational Student Sport Flight Instructor Flight Engineer											
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 1 Class 2 Class 3 Driver's License (Sport Pilot only) Unknown			Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A			Date of Last Medical _____ <i>mm/dd/yyyy</i>			
Medical Certificate Limitations											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____							
Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Instrument Airplane Airplane Single-Engine Instrument Helicopter Airplane Multi-Engine Helicopter Gyroplane Glider Powered Lift Sport					
Type Ratings						Student Endorsements <i>(Include dates)</i>					
Flight Time <i>(Enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air

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

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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address						Seat Occupied Injury			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Left Front Center Rear Right Single Unknown Unknown		None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply) None Commercial Flight Instructor US Military Private Foreign Airline Transport Recreational Flight Engineer Student Sport						Restraint Type: Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown 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 Front Center Rear Right Single Unknown Unknown		None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply) None Commercial Flight Instructor US Military Private Foreign Airline Transport Recreational Flight Engineer Student Sport						Restraint Type: Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point		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		5-point Unknown Unknown	
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)					
Name and Address		Seat	Injury	Restraint Type	Inflatable Restraints
First Name: <u>Herbert</u> City : <u>Campobello</u> State: <u>SC</u> ZIP: 29322 Middle Initial: <u>W</u> Last Name: <u>Purdy</u> Country: <u>USA</u> Crew X Passenger Other		Left Center X Right Unknown Row: _front_	None Minor Serious Fatal Unknown	Available Used None Lap Only X Lap Only 3-point 4-point 5-point Unknown	X Not Installed Not Deployed Deployed Unknown
Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown 76					
First Name: _____ City : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown
Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown					
First Name: _____ City : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown
Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown					
First Name: _____ City : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown
Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown					

Last Departure Point Airport ID: <u> KJQF </u> City: <u> </u> <u> Concord </u> State: <u> </u> <u> NC </u> Country: <u> </u> <u> USA </u>	Time of Departure Time: <u> 16:54 </u> Time: <u> </u> Zone: <u> EST </u> <u> </u>	Destination Airport ID: <u> KFQD </u> City: <u> </u> <u> Rutherfordton </u> <u> NC </u> State: <u> </u> Country: <u> </u> <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 <i>(Check all that apply)</i> ☒ None Special VFR Special IFR VFR Flight Following Cruise VFR IFR VFR On Top Traffic Advisory Unknown / NA
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Airspace where the accident/incident occurred <i>(Check all that apply)</i>		Altitude of In-Flight
Class A	Class G	Military Operations Area (MOA)
Class B	Demo Area	Special
Class C	Warning Area	Occurrence: 600 AGL
Class D	Prohibited Area	Airport Advisory Area
X Class E	Restricted Area	Air Traffic Control Area
		Jet Training Area
		Unknown
		TRSA
		FAR 93
		_1,600_____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE
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Source of Pilot Weather Information <i>(Check all that apply)</i>	Weather Observation Facility
National Weather Service	Facility ID: _____
Flight Service Station	Observation Time: _____
TV/Radio	Time Zone: _____
X Automated Report	Distance from Accident Site: _____ nm
Commercial Weather Service (DUATS)	Direction from Accident Site: _____ degrees true
On-Board Weather	

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition Dawn Dusk	Dark Night
	X Day Night	Unknown
		Bright Night

Sky/Lowest Cloud Condition Clear	Ceiling ☒ None (Clear) Obscured ☐ Broken Indefinite ☐ Overcast Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F)
X Few		
Partial Obscuration		
Scattered		
Lowest Cloud Condition Height	Ceiling Height _____ ft agl	Altimeter Setting: _____ in. Hg or _____ MB

_____ ft agl					
Wind Direction Variable -or Direction: <u>190</u> degrees true		Wind Speed X Calm Light and Variable -or Speed: _____ kts		Wind Gusts X Not Gusting -or Speed: _____ kts	
				Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation Light Moderate Heavy X N/A Unknown				Type of Precipitation (Check all that apply) Freezing Rain None Drizzle Snow Shower Rain Ice Pellets Ice Pellets Shower Snow Snow Pellets Freezing Drizzle Hail Snow Grains Rain Showers Ice Crystals	
Icing Forecast Amount Type X None N/A Trace Rime Light Clear Moderate Severe Mixed Unknown Unknown		Icing Actual Amount Type X None N/A Trace Rime Light Clear Moderate Severe Mixed Unknown Unknown		Turbulence Type (Check all that apply) X 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 None Substantial Minor X Destroyed Unknown	Aircraft Fire None X Both Ground and In-Flight Fire at Unknown Time In-Flight On-Ground Unknown
Aircraft Explosion X None Both Ground and In-Flight In-Flight Explosion at Unknown Time On-Ground Unknown	

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

Totally destroyed burned up on runway.

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 33A to KJQF Concord NC with relieve supplies for Operation Airdrop. Unloaded supplies and reloaded new supplies requested for Rutherford County NC. Topped off with 100LL and departed at 16:54 EST. Entered down wind pattern off of a 45 deg entry for Rwy 19. Gear down when wings even with rwy 19 threshold. Flaps ½ just before turning left base for 19. Turned final staying around 600 ft AGL due to traffic on runway and wanted to leave a little extra altitude incase aircraft did not clear runway in time. Suddenly we herd a loud popping sound and instantly felt heat in cabin. Then instant smoke filled cabin. Dropped quickly toward threshold of 19. Fire entered cabin and began to burn my right side, left elbow and burn here on the back of my head. I then saw runway as smoke cleared for a split second and pulled back to what I perceived as close to stable landing position but the was obscured again. Due to smoke I was unable to see runway and unable to breath. Nose gear landed first and broke off nose wheel and collapsed nose gear. Propeller hit and stopped engine. We slid to a stop and exited aircraft to the right off of leading edge of wing.

Ran away about 20 yards and watched the flames devour the plane. We refused medical treatment and self treated and are now completely healed. The event was very fast and this is to the best of my recollection at this time.

RECOMMENDATION (How could this accident/incident have been prevented?) Unsure of cause at this time.

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.)

Fire coming from belly/ main gear wells as per video prior to touch down. Source unknown at this time.

**Total Time/Cycles
On Part**

Hours

Cycles

**Time Since This
Part
Inspected/Overhaul
ed**

Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

____ 56 _____ 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

Canopy was opened just prior to touchdown by passenger in right seat. As soon as AC stopped the passenger pushed open canopy to full open and we exited onto right wind and off of leading edge away from burning AC.

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	Pilot of Other Aircraft	
Name: _____	Name: _____	
City: _____	City: _____	
State: _____ ZIP: _____	State: _____ ZIP: _____	
Country: _____	Country: _____	

ADDITIONAL INFORMATION (Please type or print in ink)

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

