

NTSB

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

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: <u>PLANT CITY</u> State: <u>FL</u> ZIP: <u>33563</u> Country: <u>USA</u> Latitude: <u>28-00-00-6000</u> Longitude: <u>082-09-42-9000</u> (Enter in decimal degrees or degrees:minutes:seconds)					Accident/Incident Date/Time Date: <u>11-17-2024</u> Local Time: <u>1:00 PM</u> mm/dd/yyyy HH:MM Time Zone: <u>EASTERN</u>																																																
AIRCRAFT INFORMATION					Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ Not																																																
Registration Number: <u>N72WT</u> Manufacturer: <u>JOLLY</u> Model: <u>BAKENG DUCE</u> Serial Number: <u>72</u> Year of Manufacture: <u>1988</u> Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Original Design ☒ Kit Plans Make: _____					☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>1649</u> lbs. Weight at Time of Accident/Incident: <u>1488</u> lbs. Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>																																																
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) <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> Standard ☐ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility </td> <td style="vertical-align: top; width: 50%;"> Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☒ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport </td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown		Standard ☐ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☒ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☐ Retractable ☐ Tricycle ☒ Tailwheel ☐ Emergency Float ☐ Float ☐ Amphibian ☐ None ☐ High Skid ☐ Skid ☐ Ski/Wheel ☐ Hull ☐ Ski ☐ Unknown			Engine Type (Select one) ☒ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown																																												
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Fuel System Type (Reciprocating) ☐ Carburetor ☒ Fuel Injected																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Engine</th> <th style="width: 20%;">Engine Manufacturer</th> <th style="width: 20%;">Engine Model/Series</th> <th style="width: 15%;">Engine Serial Number</th> <th style="width: 10%;">Date of Mfg. (mm/dd/yyyy)</th> <th style="width: 10%;">Rated Power ⊗ Horsepower or ○ Lbs. of Thrust</th> <th style="width: 10%;">Total Time (hours)</th> <th style="width: 10%;">Time Since: Inspection (hours)</th> <th style="width: 10%;">Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>LYCOMING</u></td> <td><u>O-290-D2</u></td> <td><u>4516-21</u></td> <td><u>1952</u></td> <td><u>135</u></td> <td><u>2231</u></td> <td></td> <td></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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	<u>LYCOMING</u>	<u>O-290-D2</u>	<u>4516-21</u>	<u>1952</u>	<u>135</u>	<u>2231</u>			Eng. 2									Eng. 3									Eng. 4																
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Last Inspection Type ☐ 100-Hour ☐ AAIP ☐ Annual ☐ Continuous Airworthiness ☒ Condition Inspection ☐ Unknown Date of Last Inspection: _____ mm/dd/yyyy				Additional Equipment <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> ☐ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☐ Autopilot ☐ Autopilot FMS, Model _____ ☐ Coupled Flight Director ☐ Data Recorder ☐ Device Stall Warning System ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Flight Management System </td> <td style="vertical-align: top; width: 50%;"> ☐ Handheld GPS ☐ Heads Up Display ☐ Night Vision Goggles ☐ Onboard Weather ☐ Primary Flight Display ☐ SAS, Number of Axes: _____ Model: _____ ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Wire Strike Detection ☐ Wire Strike Protection ☐ Other, Specify: _____ </td> </tr> </table>						☐ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☐ Autopilot ☐ Autopilot FMS, Model _____ ☐ Coupled Flight Director ☐ Data Recorder ☐ Device Stall Warning System ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Flight Management System	☐ Handheld GPS ☐ Heads Up Display ☐ Night Vision Goggles ☐ Onboard Weather ☐ Primary Flight Display ☐ SAS, Number of Axes: _____ Model: _____ ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Wire Strike Detection ☐ Wire Strike Protection ☐ Other, Specify: _____																																										
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Airframe Total Time: _____ hrs Hours measured at (Select one) ☐ Last Inspection ☐ Time of Accident/Incident				ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>AMERI-KING</u> Model or Part No.: <u>AK 450</u> 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																																																	
Type of Maintenance Program (Select One) ☐ Annual ☒ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program ☐ (AAIP) Continuous Airworthiness Other, specify: _____				Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>SENSEWICH</u> Model: _____																																																	
Description of Fire Extinguishing System ☐ None ☐ Specify: _____				Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____																																																	

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>N720J INC.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>LITHIA</u> State: <u>FL</u> ZIP: <u>33547</u> Country: <u>USA</u>		
Operator of Aircraft ☐ The Operator is also the Registered Owner ☒ Same address as Registered Owner Name: <u>STEVE DENDRINO</u> Doing Business As: _____ City: <u>LITHIA</u> State: <u>FL</u> Air Carrier/Operator Designator (4-character code): _____ ZIP: <u>33547</u> Country: <u>USA</u>		
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
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No	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
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)		
Airport Name: <u>PLANT CITY MUNICIPAL</u> Airport Identifier: <u>PCM</u> Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>0</u> sm. Direction From Airport: _____ degrees true Airport Elevation: _____ ft. MSL
Runway Information Runway ID: <u>10</u> Length: <u>3950</u> ft. Width: <u>75</u> 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 ☐ Unknown ☐ Slush-Covered ☐ Vegetation
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 ☐ Final ☐ Crosswind ☐ Aborted Landing (after touchdown) ☐ 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																																																																																																																					
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"Flight Crewmember 1" Identification First Name: <u>STEVE</u> Middle Initial: <u>A</u> Last Name: <u>DENDRINOS</u> Age at time of Accident/Incident: _____						City of Residence: <u>LITHIA</u> State: <u>FL</u> ZIP: <u>33547</u> Country: <u>USA</u> 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, specify: _____																																																																																																															
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Unknown ☐ Class 1 ☒ BasicMed ☐ Class 2 ☐ Driver's License (Sport Pilot only)				Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance				Date of Last Medical <u>10-18-2024</u> mm/dd/yyyy																																																																																																											
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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: <u>SCULL CAP</u>																																																																																																																					
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04-19-2024</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PIPER</u> Model: <u>PA-32</u>																																																																																																																	
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 ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift		☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																																													
Type Ratings and Applicable Logbook Endorsements						Student Endorsements (Include dates)																																																																																																															
<table border="1"><thead><tr><th rowspan="2">Flight Time (Enter hours for each box)</th><th rowspan="2">All Aircraft</th><th rowspan="2">This Make & Model</th><th rowspan="2">Airplane Single Engine</th><th rowspan="2">Airplane Multiengine</th><th rowspan="2">Night</th><th colspan="2">Instrument</th><th rowspan="2">Rotorcraft</th><th rowspan="2">Glider</th><th rowspan="2">Lighter Than Air</th><th rowspan="2">Multi-engine Rotorcraft</th><th rowspan="2">Tail-wheel</th></tr><tr><th>Actual</th><th>Simulated</th></tr></thead><tbody><tr><td>Total Time</td><td>3000+</td><td>20.8</td><td>800+</td><td>2000+</td><td>200</td><td>500+</td><td>50</td><td></td><td></td><td></td><td></td><td>200</td></tr><tr><td>Pilot in Command (PIC)</td><td>3000+</td><td>20.8</td><td>800+</td><td>2000+</td><td>200</td><td>500+</td><td>50</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Time as Instructor</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>This Make/Model</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 90 Days</td><td>16.6</td><td>16.6</td><td>16.6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 30 Days</td><td>3.8</td><td>3.8</td><td>3.8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 24 Hours</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>												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	3000+	20.8	800+	2000+	200	500+	50					200	Pilot in Command (PIC)	3000+	20.8	800+	2000+	200	500+	50						Time as Instructor													This Make/Model													Last 90 Days	16.6	16.6	16.6										Last 30 Days	3.8	3.8	3.8										Last 24 Hours												
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"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: _____ Middle Initial: _____ Last Name: _____ Age at time of Accident/Incident: _____						City of Residence: _____ State: _____ ZIP: _____ Country: _____ 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																																																																																																													
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Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Unknown ☐ Class 1 ☐ BasicMed ☐ Class 2 ☐ Driver's License (Sport Pilot Only)		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance				Date of Last Medical _____ mm/dd/yyyy																																																																																																													
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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 ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift		☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																																													
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<table border="1"><thead><tr><th rowspan="2">Flight Time (Enter hours for each box)</th><th rowspan="2">All Aircraft</th><th rowspan="2">This Make & Model</th><th rowspan="2">Airplane Single Engine</th><th rowspan="2">Airplane Multiengine</th><th rowspan="2">Night</th><th colspan="2">Instrument</th><th rowspan="2">Rotorcraft</th><th rowspan="2">Glider</th><th rowspan="2">Lighter Than Air</th><th rowspan="2">Multi-engine Rotorcraft</th><th rowspan="2">Tail-wheel</th></tr><tr><th>Actual</th><th>Simulated</th></tr></thead><tbody><tr><td>Total Time</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Pilot in Command (PIC)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Time as Instructor</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>This Make/Model</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 90 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 30 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 24 Hours</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>												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												
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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)			Restraint Type		Inflatable Restraints						
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown						
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs.		Supplemental Restraint, specify: _____							
☐ Yes ☐ No											
Additional Crewmember Information											
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)			Restraint Type		Inflatable Restraints						
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown						
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs.		Supplemental Restraint, specify: _____							
☐ Yes ☐ No											
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: _____		☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown		Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		Supplemental Restraint, specify: _____		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Middle Initial: _____ State: _____ Zip: _____		Row: _____									
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: _____											

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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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: _____							
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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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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: _____							

FLIGHT ITINERARY INFORMATION				
Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: _____ HH:MM Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)

☐ Certificate of Authorization

☐ VFR

☐ Special VFR

☐ IFR

☐ Special IFR

☐ VFR On Top

☐ VFR Flight Following

☐ Traffic Advisory

☐ Cruise

☐ Unknown / NA

☒ None

Airspace where the accident/incident occurred (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: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)

☐ National Weather Service

☐ Company

☐ Flight Service Station

☐ Military

☐ TV/Radio

☐ Internet

☒ Automated Report

☐ None

☐ Electronic Flight Bag Application

☐ Unknown

Weather Observation Facility

Facility ID: PCM

Observation Time: 1100 PM

Time Zone: EASTERN

Distance from Accident Site: 0 nm

Direction from Accident Site: _____ degrees true

Basic Conditions

☒ VMC

☐ IMC

☐ Unknown

Lowest Cloud Condition

Height

0 ft. AGL

Light Condition

☐ Dawn

☐ Dusk

☐ Dark Night

☐ Unknown

☒ Day

☐ Night

☐ Bright Night

Sky/Lowest Cloud Condition

☒ Clear

☐ Few

☐ Partial

☐ Obscuration

☐ Scattered

☐ Thin Broken

☐ Thin Overcast

☐ Unknown

Ceiling

☒ None (Clear)

☐ Broken

☐ Overcast

☐ Obscured

☐ Indefinite

☐ Unknown

Ceiling Height

_____ ft. AGL

Temperature: _____ (°C) or _____ (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:

29.97 (Hg), or _____ (mb)

Wind Direction

☐ Variable or _____ degrees true

Wind Speed

☐ Calm

☒ Light and Variable

Speed: 5-6 kts

Wind Gusts

☒ Not Gusting

Speed: _____ kts

Visibility

_____ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft.

Type of Precipitation (Check all that apply)

☒ None

☐ Rain

☐ Snow

☐ Hail

☐ Rain Showers

☐ Drizzle

☐ Ice Pellets

☐ Snow Pellets

☐ Snow Grains

☐ Ice Crystals

☐ Freezing Rain

☐ Snow Shower

☐ Ice Pellets Shower

☐ Freezing Drizzle

Restriction to Visibility (Check all that apply)

☒ None

☐ Blowing Dust

☐ Blowing Sand

☐ Blowing Snow

☐ Blowing Spray

☐ Dust

☐ Fog

☐ Ground Fog

☐ Haze

☐ Ice Fog

☐ Smoke

☐ Unknown

Icing Forecast

Amount

☐ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

☐ Unknown

Type

☐ N/A

☐ Rime

☐ Clear

☐ Mixed

☐ Unknown

Intensity of Precipitation

☐ Light

☐ Moderate

☐ Heavy

☐ N/A

☐ Unknown

Icing Actual

Amount

☐ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

☐ Unknown

Type

☐ N/A

☐ Rime

☐ Clear

☐ Mixed

☐ Unknown

Turbulence (Check all that apply)

☐ None

☐ Clean Air

☐ Terrain-Induced

☐ Convective

☐ Turbulence

☐ 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 ☐ 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 ☐ Fire at Unknown Time ☐ Unknown	
Description of Damage to Aircraft and Other Property (Use additional sheet, if necessary.) AFTER GEAR COLLAPSED, AIRCRAFT TURNED 180 AND CAME TO A STOP					
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. SEE ATTACHED					
OPERATOR/OWNER SAFETY RECOMMENDATION (How could this accident/incident have been prevented?)					

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)		Total Time/ Cycles On Part	
Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		____ Hours	
GEAR COLLAPSED		____ Cycles	
		Time Since This Part Inspected/Overhauled	
		____ Hours	
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type	
24 Gallons		☒ 100 Low Lead ☐ Jet A ☐ Unleaded AV	
		☐ Automotive ☐ Jet A-1 ☐ Other, specify _____	
Other Services, if any, prior to departure:			
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:			
STEPPED OUT			
OTHER AIRCRAFT - 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 (Additional space for answers to any question.)			

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I understand that the information provided may be subject to public release.			
Date of this report: <u>11-27-2024</u> mm/dd/yyyy		Name of Pilot/Operator: <u>STEVE DENDRINO</u> Signature: <u>[Redacted]</u> -or- ☐ Check here to electronically sign this document	
If a person other than Pilot/Operator is filing this report Name: _____ Title: _____ Signature: _____ -or- ☐ Check here to electronically sign this document			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. ERA25LA054	Reviewed by NTSB AS Division Eastern Region	Name of Investigator Lucas Winn	Date Report Received 11/27/2024

This is the statement I sent to Mr. Crawford of the FAA with the addition in red.

Aircraft registered to N72WJ INC.

Steve A. Dendrinios

[REDACTED]

[REDACTED]

Phone [REDACTED]

Cell [REDACTED]

Pilot cert # [REDACTED]

On Sunday Nov 17, 2024, on or about 1:00 PM I was doing touch and goes in Bakeng Duce N72WJ.

Winds were mostly out of the east, and I was landing on runway 10.

Landings were uneventful until after I applied power for my go around, it felt different I realized the wing was dropping and the aircraft spun around and came to a halt facing west. After coming to a halt, I looked ahead and saw the right landing gear laying on the ground.

I got out of the aircraft without a scratch and could not understand.

After the airport staff got clearance from the Aviation authority and I assume the FAA, the aircraft was moved to my hangar.

The next day, Monday, I went to the hangar and examined the aircraft very carefully and in my opinion either a nut on one of the bolts holding the bottom bracket was either loose or missing causing the stress on the main bolt, the main bolt snapped. I am attaching photos circling the suspect bolts as well as the bolt that snapped.

I am also including the last sign off of the condition inspection.

I spoke with a Mt. Charles Cottrell a previous owner (I believe he repaired the aircraft, after damage occurred) and discussed what happened. The previous repair was to the left side and he thought that due to the stress the bolts on the right side should have been replaced.

Due to the good condition if the front bolt of the strap I think the nut was missing.

Additional photos of the damaged aircraft are above. If you need more photos, I have them. Attached are the photos with the suspect parts circled as well as the condition inspection.

Finally at the end of the day, being an experienced pilot contributed to as well as could be expected outcome with no injuries.

Please advise if you need anything else.