

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: ORANGE State: MA
ZIP: 01364 Country: FRANKLIN
Latitude: 42.58°N Longitude: 72.28°W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 01/17/2025 Local Time: 0930
mm/dd/yyyy HH:MM

Time Zone: EASTERNCollision with Other Aircraft: Midair On-ground None**AIRCRAFT INFORMATION**

Registration Number: N83Z
Manufacturer: HERO FAB
Model: LA-4-200
Serial Number: 761
Year of Manufacture: 1976
Amateur-Built: Yes ☐ No ☒ If Yes: Original Design
Kit/Plans Make: LA-4-200

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2600 lbs.
Weight at Time of Accident/Incident: 1955 lbs.
Number of Seats: 4 Flight Crew Seats: 1
Cabin Crew Seats: 1 Passenger Seats: 3
Number of Engines: 1

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 Normal Special
Aerobatic
Balloon
Commuter
Transport
Utility
Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear
(Check all that apply)

Retractable High Skid
Tricycle Skid
Tailwheel Skid/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	<u>LYCOMING</u>	<u>IO-390-A1A6</u>	<u>L-293-80E</u>	<u>03-19-12</u>	<u>210</u>	<u>2936</u>	<u>73</u>	<u>1118.1</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour
AAIP
Annual
Continuous Airworthiness
Condition Inspection
Unknown

Date of Last Inspection: 06/16/2024Airframe Total Time: 2936 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
☐ 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:

ELT Installed: Yes No If Yes:

ELT Manufacturer: ACKModel or Part No.: E-04 045159

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid 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: HARTZELL
Model: BHC-E2.1R-1BLFP

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____
Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: MISS MAY AVIATION INC
 City: BROOKFIELD State: MA
 ZIP: 01506 Country: WORCESTER

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☐ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: PAUL R SAGENDORPH II
 City: BROOKFIELD State: MA
 ZIP: 01506 Country: WORCESTER

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
 Aerial Observation
 Air Drop
 Air Race/Show
 Banner Tow
 Business
 Executive/Corporate
 External Load
 Ferry
 Firefighting
 Flight Test
 Glider Tow
 Instructional
 Other Work Use
☒ Personal
 Positioning
 Skydiving
 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: ORANGE MUNICIPAL AIRPORT
 Airport Identifier: KONE
 Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: 0 sm.
 Direction From Airport: 0 degrees true
 Airport Elevation: 556' ft. MSL

Runway Information

Runway ID: 32 Length: 2500 ft. Width: 100 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
 Holes
 Ice Covered
 Rough
 Rubber Deposits
 Slash-Covered
 Snow-Compacted
 Snow-Crusted
 Snow-Dry
 Snow-Wet
☒ Soft
 Vegetation
 Water-Calm
 Water-Choppy
 Water-Glassy
 Wet
 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 Final Aborted Landing (after touchdown)
 Crosswind Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																																					
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☐ 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: <u>PAUL</u> Middle Initial: <u>R</u> Last Name: <u>SAGENDORPH II</u> Age at time of Accident/Incident: <u>60</u> City of Residence: <u>BROOKFIELD</u> State: <u>MA</u> ZIP: <u>01506</u> Country: <u>UNITED STATES</u> Date of Birth: [REDACTED] (mm/dd/yyyy) Certificate Number: [REDACTED]																																																																																																																					
Degree of Injury ☒ None ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor		Seat Occupied ☒ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown		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 ☐ Basic Med ☒ 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>03-19-20-24</u> mm/dd/yyyy																																																																																																													
Medical Certificate Limitations				Medical Certificate Special Limitations																																																																																																																	
Personal Flight Equipment (Check all that apply) ☐ Fire-resistant flight suit ☐ Helmet ☐ Helmet visor ☐ Night vision goggles ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Personal flotation ☐ Fire resistant gloves ☐ Other: _____																																																																																																																					
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03-12-23</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>LAKE</u> Model: <u>L-4-200</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" style="width:100%; border-collapse: collapse; text-align: center;"> <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>1394</td> <td>251</td> <td>1290</td> <td>74</td> <td></td> <td>86</td> <td>123</td> <td></td> <td></td> <td></td> <td></td> <td>25</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1214</td> <td>251</td> <td>1280</td> <td>51</td> <td></td> <td>26</td> <td>123</td> <td></td> <td></td> <td></td> <td></td> <td>26</td> </tr> <tr> <td>Time as Instructor</td> <td>355</td> <td>0</td> <td>355</td> <td>0</td> <td>3</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>12</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>21</td> <td>21</td> <td>21</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>10</td> <td>10</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</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	1394	251	1290	74		86	123					25	Pilot in Command (PIC)	1214	251	1280	51		26	123					26	Time as Instructor	355	0	355	0	3								This Make/Model						12	3						Last 90 Days	21	21	21	0	2	0	0						Last 30 Days	10	10	10	0	0	0	0						Last 24 Hours	0	0	0	0	0	0	0					
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																																																																																																			
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"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 <table border="1"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	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
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	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 _____ (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 Airplane Single-Engine Airplane Multiengine Gyroplane Powered lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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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 Center Right Front	Rear Single Unknown	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		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.	Supplemental Restraint, specify: _____		

Additional Crewmember Information		Seat Occupied		Injury
First Name: _____	City of Residence: _____	Left Center Right Front	Rear Single Unknown	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		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.	Supplemental Restraint, specify: _____		

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	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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, specify: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years: ☐ Child Restraint ☐ Lap-Belt ☐ 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: _____					

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 Supplemental Restraint, specify: _____	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
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 Supplemental Restraint, specify: _____	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
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 Supplemental Restraint, specify: _____	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
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 Airport ID: <u>KONE</u> City: <u>ORANGE</u> State: <u>WA</u> Country: <u>FRANKLIN</u>	Time of Departure Time: <u>0835</u> HH:MM Time Zone: <u>EST</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>KEEN</u> City: <u>KEENE</u> State: <u>NH</u> Country: <u>CHESHIRE</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 <i>(Check all that apply)</i>					
☐ Certificate of Authorization	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise	
☒ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA	
				☒ None	
Airspace where the accident/incident occurred <i>(Check all that apply)</i>					
☐ 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	☐ PAR 93		Altitude of In-Flight Occurrence: _____ ft. MSL	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information <i>(Check all that apply)</i>			Weather Observation Facility		
☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Electronic Flight Bag-Application:			Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown					
☐ On-Board Weather					
Basic Conditions		Lowest Cloud Condition		Light Condition	
☐ VMC ☐ IMC ☐ Unknown		Height _____ ft. AGL		☐ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition		Ceiling		Ceiling Height	
☐ Clear ☐ Few ☐ Partial ☐ Obscured ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		☐ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown		_____ ft. AGL Temperature: _____ (°C) or _____ (°F) Dewpoint: _____ (°C) or _____ (°F)	
Altimeter Setting:		Wind Direction		Wind Speed	
_____ (Hg) or _____ (mb)		☒ Variable or Direction: _____ degrees true		☐ Calm ☒ Light and Variable or Speed: _____ kts	
				Wind Gusts	
				☒ Not Gusting or Speed: _____ kts	
				Visibility	
				_____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft.	
Type of Precipitation <i>(Check all that apply)</i>				Restriction to Visibility <i>(Check all that apply)</i>	
☐ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle				☐ None ☐ Fog ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast		Intensity of Precipitation		Icing Actual	
Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
				Turbulence <i>(Check all that apply)</i>	
				Type ☐ 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:					
NONE					

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.)

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 LETTER

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

I HAD AN HOUR AND A HALF OF FUEL LEFT MAYBE I COULD HAVE TROUBLESHOOTED IT A LITTLE LONGER,

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.)

LEFT MAIN LANDING GEAR PART # P/N A-130-18
WOULD NOT EXTEND UPON LAND

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)

22 Gallons

Fuel Type

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

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: _____

Model: _____

Damage to Other Aircraft:

☐ Destroyed☐ Substantial☐ Minor☐ 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:

01-22-2025

mm/dd/yyyy

Name of Pilot/Operator:

PAUL R. SAGENDORPH II

Signature:

-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.
ERA25LA100Reviewed by NTSB AS Division
ERAName of Investigator
GretzDate Report Received
1/22/25

To Robert Gretz

On January 12 2025 I took off at about 0845 on a flight to meet a friend of mine for breakfast in Keene New Hampshire from Orange Municipal Airport. I practiced steep turns on my way up there. I was going to do some practice takeoffs & landing. I was directly south of the airfield at Keene so I decided to enter on the upwind so I could see if the runway was clear of snow. On the upwind I saw that the runway was covered with snow but I decided I would continue in the pattern & if on final I didn't like what I saw I would go around. I got myself on the downwind and this is where I usually put the gear down. When I did I got green lights indicating that the right main & nose wheels were down and locked. I looked out the window & saw that the left main gear was just dangling there & not locked in place. On the downwind I tried to wiggle the wings to try to lock it in place to no avail. After a couple of times of doing this I decided to leave the area to the south between Keene & Orange & I climbed up to 5500 feet. I tried a steep turn to the left to hopefully lock the left main gear into place. At this time I got a transmission from my friend who I was going to meet for breakfast & he said I was going the wrong way! I told him my dilemma & Brian at Turners Falls asked if I needed assistance & I said not at this time that I was going to try to troubleshoot the problem a little more & that I would contact ATC on 121.50 if I couldn't rectify the situation. After that I went back to trying to get the gear locked in place. I tried steep turns again that still didn't work, then I thought I could swing it in place by picking up the left wing and lowering it rapidly but that didn't work either! So I tried raising the gear & the right main & nose gear went up but the left main only went halfway up so I put the gear selector in the down position & the same thing happened I couldn't get a green light on the left main gear. The gear is supposed to be held back by hydraulic pressure but I could see that it was just dangling there and swinging back & forth as I raised & lowered the wing. At this point I looked at the emergency checklist but it was for loss of hydraulic pressure. My hydraulic pressure was 1030 psi. so I had plenty of hydraulic pressure but somehow the hydraulic fluid was not getting to the left main landing gear. At this point I figured I had done all I could do so I called ATC on 121.50 & I told them the situation. There was a bit of confusion on ATC's part about where I was & where I wanted to go, even though I clearly stated my position and my desire to go to Orange. They asked me if I wanted emergency assistance & I said yes. They made me change frequencies three times & finally after descending to traffic pattern altitude I asked if I could go over to CTAF? They said yes & I changed frequencies & announced that I was 3 miles north of the field at Orange & was going to enter crosswind for 32 in the grass. The reason I chose this course of action is because in Lake training I was told that if you have a gear malfunction that you should leave the gear up & try to land in the grass like a water landing & you will do minimal damage to the aircraft. I did a normal landing without flaring the airplane & the wings level & level flight attitude. My airspeed when I last checked was 55 knots which is 10 knots above stall. The airplane landed with a thump, after that point I had no control of the airplane & it started to veer to the left & there was nothing I could do about it! I thought that the airplane was going to go onto the asphalt runway that I landed next to but it came to a complete stop about 10-15 feet from the edge of runway 32/14. I shut down the engine & got out of the airplane & one of the firefighters asked me how much fuel I had left & I told him that I had 15 gallons of fuel on board. The gear selector was in the up position but the left gear was half way up as we were standing there the gear on its own went into the up and locked position. Then I asked Dan the assistant

manager what was the next step. He told me that he had to talk to a representative from the FAA & I couldn't do anything at this time. Dan talked to Kevin Godbout at the FAA & sent him pictures & I talked to him & he gave authorization to try to put it up on the landing gear. We tried to put it on the gear with jacks & blocks then we decided we were going to cause more damage this way so we decided to take Steve up on his offer to use his crane! While we were waiting for him I decided to call my friend Bill Greenwald & asked him how to get the Lake back on the gear & he said that put the landing gear in the down position with full hydraulic pressure & you should get about five guys under the wing & push up on the rivets under the wing with your shoulder so we did this & got the right main gear down & locked. Because the Lake's center of gravity is located where the engine is I was able to lift up the nose & get the nose wheel down & locked. At this time Steve showed up with his crane & he attached a strap around the tail of the plane & 5 of us pushed up on the left wing at the same time he pulled the tail up with the crane & got the left main gear in the down & locked position. Because the hydraulic system keeps pressure on the gear when it is in the down or up position when the system is fully charged. The gear had hydraulic pressure on it so once we lifted the wing up high enough the gear locks in place. We did this on both main gears. After that I started it up & taxied it to my hangar.

Paul R Sagendorph II CFI, CFII, MEI