

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location

Nearest City/Place: Fairfield State: Utah
 ZIP: 84013 Country: U.S.A
 Latitude: 40°09'25"N Longitude: 112°12'50"W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 03/27/2015 Local Time: 13:30
 mm/dd/yyyy
 Time Zone: M.D.T

Collision with Other Aircraft: Midair On-ground ☒ None

Registration Number: N701VZ

Manufacturer: David Shell

Model: Zenith CH 701 STOL

Serial Number: 7-6687

Year of Manufacture: 2012

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

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 1102 lbs
 Weight at Time of Accident/Incident: 975 lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: — Passenger Seats: —

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

- | Standard | Special |
|---------------------------------|--|
| ☐ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☐ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☒ Experimental |
| ☐ Utility | ☐ Special Light-Sport |
| | ☐ Experimental Light-Sport |

Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

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

Engine Type (Select one)

- | | |
|--|-------------------------------------|
| ☒ Reciprocating | ☐ Liquid Rocket |
| ☐ Turbo Shaft | ☐ Solid Rocket |
| ☐ Turbo Prop | ☐ Hybrid Rocket |
| ☐ Turbo Jet | ☐ None |
| ☐ Turbo Fan | ☐ Unknown |
| ☐ Electric | |

Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	<u>Rotax</u>	<u>912 ULS</u>	<u>5649397</u>	<u>08/20/2012</u>	<u>100</u>	<u>220.26</u>	<u>32.6</u>	<u>—</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 09/27/2014
 mm/dd/yyyy

Airframe Total Time: _____ 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: Hand Held, Cabin mounted

Propeller 1

- Fixed Pitch
 Controllable Pitch
☒ Ground Adjustable

Manufacturer: Warp Drive
 Model: LSD HPL3

Propeller 2

- Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____
 Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:
 ELT Manufacturer: ARTEX
 Model or Part No.: ME 406
 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

Additional Equipment (Check all that apply)

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

Registered Aircraft Owner		City: <u>Park City</u>	
Name: <u>Zenith ATAV LLC</u>		State: <u>Utah</u> ZIP: <u>84098</u>	
Fractional Ownership Aircraft: Yes ☐ No ☒		Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner		☒ Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
Operating Certificates Held <i>(Check all that apply)</i>	Regulation Flight Conducted Under	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</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	☒ FAR 91 FAR 129 FAR 415 FAR 103 FAR 133 FAR 431 FAR 121 FAR 135 FAR 435 FAR 125 FAR 137 FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local ☐ Unknown	Scheduled or Commuter Domestic Non-Scheduled or Air Taxi International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i>	
		☐ Aerial Application Firefighting Unknown ☐ 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	
Revenue Sightseeing Flight Yes ☐ No ☒	Air Medical Flight Yes ☐ No ☒		
Airport Name: <u>NA</u>		Distance From Airport Center: _____ sm	
Airport Identifier: _____		Direction From Airport: _____ degrees true	
Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip N/A		Airport Elevation: _____ ft. msl	
Runway Information		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway ID: <u>NA</u> (L/R/C) Length: <u>2000</u> ft Width: <u>24</u> ft		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 Ice Snow Unknown			
Approach/Departure Segment <i>(Select one)</i>			
Taxi ☒ Takeoff Initial Climb		VFR Departure IFR Departure Procedure/Clearance	On Instrument Approach ☒ Landing
		Downwind Base Final Crosswind	Low Approach Go Around Aborted Landing (after touchdown) Unknown
IFR Approach <i>(Check all that apply)</i>		VFR Approach <i>(Check all that apply)</i>	
None <u>NA</u>		None <u>NA</u>	
ADF/NDB	PAR	MLS	Practice
SDF	Sidestep	LDA	GPS
VOR/TVOR	ILS	ASR	
VOR/DME	Localizer Only	Visual	
TACAN	LOC-back course	Contact	
	RNAV	Circling	
		Unknown	
		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" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying ☒ Yes No

"Flight Crewmember 1" Identification

First Name: David Shell City of Residence: Sandy

Middle Initial: h State: Utah ZIP: [REDACTED]

Last Name: Shell Country: U.S.A

Age at time of Accident/Incident: 71 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury	Seat Occupied	Restraint Type	Inflatable Restraints
☒ None Minor Fatal Unknown Serious	☒ Left Right Center Front Rear Single 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

Pilot Certificate(s) (Check all that apply)

☒ None Flight Instructor Commercial US Military
☒ Private Recreational Airline Transport Foreign
Student Sport Flight Engineer

Principal Occupation

Pilot
☒ Other Retired
Unknown

Medical Certificate

None ☒ Class 3
Class 1 Driver's License (Sport Pilot only)
Class 2 Unknown

Medical Certificate Validity

Without limitations/waivers Unknown
☒ With limitations/waivers N/A
Special Issuance

Date of Last Medical

09/02/2014
mm/dd/yyyy

Medical Certificate Limitations

Must have available glasses for near vision

Medical Certificate Special Issuance

NA

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

09/23/2013
mm/dd/yyyy

Flight Review Aircraft

Make: Zenith - Accident Aircraft N701VZ
Model: CH 701

Airplane Rating(s) (Check all that apply)

None
☒ Single-Engine Land
Single-Engine Sea
Multiengine Land
Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☒ None
Airship
Balloon
Glider
Gyroplane
Helicopter
Powered Lift

Instrument Rating(s) (Check all that apply)

☒ None
Airplane
Helicopter
Powered Lift

Instructor Rating(s) (Check all that apply)

☒ None
Airplane Single-Engine
Airplane Multi-Engine
Gyroplane
Powered Lift

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport

Type Ratings

N.A

Student Endorsements (Include dates)

N.A.

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	<u>464.5</u>	<u>165</u>	<u>464.5</u>	<u>-</u>	<u>5.8</u>	<u>0</u>	<u>4.5</u>	<u>-</u>	<u>-</u>	<u>-</u>
Pilot in Command (PIC)	<u>403.3</u>	<u>163</u>	<u>403.3</u>	<u>-</u>	<u>5.8</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Time as Instructor	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
This Make/Model	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>-</u>
Last 90 Days	<u>14.9</u>	<u>11.9</u>	<u>14.9</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Last 30 Days	<u>7.5</u>	<u>7.5</u>	<u>7.5</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Last 24 Hours	<u>2.5</u>	<u>2.5</u>	<u>2.5</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: NA City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury		Seat Occupied		Restraint Type		Inflatable Restraints
None	Fatal	Left	Front	Unknown		
Minor	Unknown	Right	Rear			
Serious		Center	Single			
Pilot Certificate(s) (Check all that apply)				Available		Used
None	Flight Instructor	Commercial	US Military	None	None	Not Installed
Private	Recreational	Airline Transport	Foreign	Lap only	Lap only	Installed
Student	Sport	Flight Engineer		3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Principal Occupation		Medical Certificate		Medical Certificate Validity		Date of Last Medical
Pilot	None	Class 3		Without limitations/waivers	Unknown	
Other	Class 1	Driver's License (Sport Pilot only)		With limitations/waivers	N/A	
Unknown	Class 2	Unknown		Special Issuance		mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Special Issuance**

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
None	None	None	None
Single-Engine Land	Airship	Airplane	Airplane Single-Engine
Single-Engine Sea	Balloon	Helicopter	Airplane Multi-Engine
Multiengine Land	Glider	Powered Lift	Gyroplane
Multiengine Sea	Gyroplane		Powered Lift
	Helicopter		
	Powered Lift		
			Instrument Airplane
			Instrument Helicopter
			Helicopter
			Glider
			Sport

Type Ratings**Student Endorsements** (Include dates)

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

Crew Name and Address				Seat Occupied		Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				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
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			

Crew Name and Address				Seat Occupied		Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				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
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			

Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

Last Departure Point Airport ID: <u>UT-99</u> City: <u>Fairfield</u> State: <u>Utah</u> Country: <u>U.S.A</u>		Time of Departure Time: <u>11:30</u> Time Zone: <u>M.D.T.</u>		Destination Airport ID: <u>KTVY - Delle (n. ID)</u> City: <u>Delle</u> State: <u>UT.</u> Country: <u>Toode</u>		Type Flight Plan Filed ☒ None VFR/IFR Company VFR IFR Military VFR Unknown VFR Activated? Yes No Unknown	
Type of ATC Clearance/Service (Check all that apply) ☒ None Special VFR Special IFR VFR Flight Following Cruise VFR IFR VFR On Top Traffic Advisory Unknown / NA							
Airspace where the accident/incident occurred (Check all that apply) Class A ☒ Class G Military Operations Area (MOA) Class B Demo Area Airport Advisory Area Class C Warning Area Jet Training Area Class D Prohibited Area TRSA Class E Restricted Area FAR 93						Altitude of In-Flight Occurrence: <u>n. 4</u> ft msl	
Source of Pilot Weather Information (Check all that apply) National Weather Service Company Flight Service Station Military TV/Radio Internet ☒ Automated Report - <u>UT 99 - KTVY - RFA</u> None Commercial Weather Service (DUATS) Unknown On-Board Weather				Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true			
Basic Conditions ☒ VMC IMC Unknown		Light Condition Dawn Dusk Dark Night Unknown ☒ Day Night Bright Night					
Sky/Lowest Cloud Condition ☒ Clear Thin Broken Few Thin Overcast Partial Obscuration Unknown Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) Obscured Broken Indefinite Overcast Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>74</u> (F) Dew Point: _____ (C) or <u>27</u> (F) Altimeter Setting: <u>30.31</u> in. Hg or _____ MB			
Wind Direction Variable -or- Direction: <u>170</u> degrees true		Wind Speed Calm ☒ Light and Variable -or- Speed: _____ kts		Wind Gusts Not Gusting -or- Speed: <u>11</u> kts		Visibility <u>10KT</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>5100</u> ft	
Intensity of Precipitation Light Moderate Heavy N/A Unknown		Type of Precipitation (Check all that apply) ☒ None Drizzle Freezing Rain Rain Ice Pellets Snow Shower Snow Snow Pellets Ice Pellets Shower Hail Snow Grains Freezing Drizzle Rain Showers Ice Crystals				Restriction to Visibility (Check all that apply) ☒ None Fog Blowing Dust Ground Fog Blowing Sand Haze Blowing Snow Ice Fog Blowing Spray Smoke Dust Unknown	
Icing Forecast Amount Type ☒ None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown		Icing Actual Amount Type ☒ None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown				Turbulence Type (Check all that apply) Severity ☒ None Light ☒ Clear Air Moderate Terrain-Induced Severe Convective Turbulence Extreme <u>Dust Devil</u>	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: None							

Aircraft Damage

None
Minor
☒ Substantial
Destroyed
Unknown

Aircraft Fire

☒ None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

☒ None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

bent structural members in fuselage.
both wings bent + dented.
prop broken
nose gear sheared from strut.

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.

Took off from UT99 - ~~at~~ about 11:30 A.M. maybe a little earlier - flew north to KTRY - airport was closed for aircraft disabled on runway, so flew to - Delle UT. To. Take a break. Landed at Delle, 15 min break - drink & restroom - flew back toward UT-99 - about 10 miles from UT99 - smelled something hot or smoke, decided to land on dirt strip off airport to check electrical - as I was touching down. was hit by dust devil and pushed into ditch, lost control and stopped.

Operator/Owner Safety Recommendation

Could not be foreseen as to dust devil (whirlwind).

Was there Mechanical Malfunction/Failure? Yes ☒ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

NA Hours
Cycles

Time Since This Part
Inspected/Overhauled

NA Hours

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

28 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

☒ Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

None

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

NA

Aircraft Registration Number

NA

Manufacturer: _____

Model: _____

NA

Damage to Other Aircraft

Destroyed NA Minor
Substantial NA None

Registered Owner of Other Aircraft

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

Pilot of Other Aircraft

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

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

Date of this Report

03/30/2015
mm/dd/yyyy

Name of Pilot/Operator:

David Shell

Signature:

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or --

Check here to electronically sign this document

NTSB Accident/Incident No.

GAA15 CA 024

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Bradley Bigelow

Date Report Received

04/06/2015