

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>Llano</u> State: <u>Texas</u> ZIP: <u>78643</u> Country: <u>USA</u> Latitude: <u>30.765639</u> Longitude: <u>-98.711325</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>04/11/2017</u> Local Time: <u>21:57</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central Time</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None
---	--

AIRCRAFT INFORMATION

Registration Number: <u>N461RL</u> Manufacturer: <u>Piper Aircraft Company</u> Model: <u>PA34-200T</u> Serial Number: <u>34-8170001</u> Year of Manufacture: <u>1980</u> Amateur-Built: ☐ Yes ☒ No <i>If Yes:</i> ☐ Kit/Plans ☐ Original Design <i>Make:</i> _____	☒ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>4,570</u> lbs Weight at Time of Accident/Incident: <u>3,680</u> lbs Number of Seats: <u>6</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>5</u> Number of Engines: <u>2</u>
--	---

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> ☒ 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 ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type (Reciprocating) ☐ Carburetor ☒ Fuel-Injected
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☐ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

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 (hours)	Overhaul (hours)
Eng. 1	Teledyne Continental	TSIO360EB1	833959-R	12/01/2007	220	841.9	106.8	841.9
Eng. 2	Teledyne Continental	LTSIO360EB1	808030-R	08/04/2006	220	982.5	102.7	982.5
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>08/05/2016</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>5021.5</u> hrs hours measured at <i>(Select one)</i> ☒ Last Inspection ☐ Time of Accident/Incident	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>McCauley Propeller System</u> Model: <u>3AF34C-502</u> Propeller 2 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>McCauley Propeller System</u> Model: <u>3AF34C-503</u>	ELT Installed: ☒ Yes ☐ No <i>If Yes:</i> ELT Manufacturer: <u>Narco Avionics</u> Model or Part No.: <u>03716 - 0300</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 <i>If activated:</i> Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No <i>If not activated:</i> 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: _____	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: _____	
Description of Fire Extinguishing System ☒ None ☐ Specify: _____		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Claiborne Aviation, LLCCity: LamasState: TexasZIP: 79331Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**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

(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 91 Special Flight☐ Non-US, Commercial☐ Non-US, Non-commercial☐ Public Aircraft (Select one)☐ Armed Forces☐ Federal☐ State☐ Local☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

☐ Scheduled or Commuter☐ Domestic☐ Non-Scheduled or Air Taxi☐ International☐ Passenger☐ Cargo☐ Mail Contract Only**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

☐ Aerial Application☐ Firefighting☐ 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 INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Llano Municipal AirportAirport Identifier: KAQOProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/ADistance From Airport Center: 3.4 smDirection From Airport: 053 degrees trueAirport Elevation: 1101.7 ft. msl**Runway Information**

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)☐ Asphalt☐ Grass/Turf☐ Macadam☐ Water☐ Concrete☐ Gravel☐ Metal/Wood☐ Dirt☐ Ice☐ Snow☐ Unknown**Condition of Runway/Landing Surface** (Check all that apply)☐ Dry☐ Snow-Compacted☐ Water-Calm☐ Holes☐ Snow-Crusted☐ Water-Choppy☐ Ice Covered☐ Snow-Dry☐ Water-Glassy☐ Rough☐ Snow-Wet☐ Wet☐ Rubber Deposits☐ Soft☐ Slush-Covered☐ Vegetation☐ Unknown**Approach/Departure Segment** (Select one)☐ Taxi☐ VFR Departure☐ On Instrument Approach☐ Downwind☐ Low Approach☐ Takeoff☐ IFR Departure Procedure/Clearance☐ Landing☐ Base☐ Go Around☐ Initial Climb☐ Final☐ Aborted Landing (after touchdown)☐ Crosswind☐ Unknown**IFR Approach** (Check all that apply)☐ None☐ ADF/NDB☐ PAR☐ MLS☐ Practice☐ SDF☐ Sidestep☐ LDA☐ GPS☐ VOR/TVOR☐ ILS☐ ASR☐ VOR/DME☐ Localizer Only☐ Visual☐ TACAN☐ LOC-back course☐ Contact☐ RNAV☐ Circling☐ Unknown**VFR Approach** (Check all that apply)☐ None☐ Traffic Pattern☐ Stop and Go☐ Straight-In☐ Touch and Go☐ Valley/Terrain Following☐ Simulated Forced Landing☐ Go Around☐ Forced Landing☐ Full Stop☐ Precautionary Landing☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ 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>Jonathan</u> Middle Initial: <u>E</u> Last Name: <u>Shorey</u> City of Residence: <u>San Angelo</u> State: <u>Texas</u> ZIP: <u>76901</u> Country: _____ Age at time of Accident/Incident: <u>47</u> Date of Birth: <u> </u>/1969 <i>mm/dd/yyyy</i> Certificate Number: <u> </u>																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			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) <i>(Check all that apply)</i> ☐ None ☐ Private ☐ Student ☒ Flight Instructor ☐ Recreational ☐ Sport ☒ Commercial ☒ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign			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 <u>09/26/2016</u> <i>mm/dd/yyyy</i>																																																																																											
Medical Certificate Limitations Must wear corrective lenses																																																																																																				
Medical Certificate Special Issuance																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/31/2017</u> <i>mm/dd/yyyy</i>			Flight Review Aircraft Make: <u>Piper</u> Model: <u>Meridian</u>																																																																																																	
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 ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																												
Type Ratings CE500						Student Endorsements <i>(Include dates)</i>																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>5735</td> <td>27</td> <td>4697</td> <td>1038</td> <td>552</td> <td>384</td> <td>35</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>5621</td> <td>27</td> <td>4596</td> <td>1025</td> <td>549</td> <td>384</td> <td>35</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td>1941</td> <td>0</td> <td>1847</td> <td>94</td> <td>138</td> <td>Unknown</td> <td>Unknown</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>5.7</td> <td>2.6</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>136.9</td> <td>4.7</td> <td>70.9</td> <td>66</td> <td>21.2</td> <td>17.2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>54.2</td> <td>4.7</td> <td>31.6</td> <td>22.6</td> <td>12.6</td> <td>7.6</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>4.7</td> <td>4.7</td> <td>0</td> <td>4.7</td> <td>2</td> <td>.5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>											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	5735	27	4697	1038	552	384	35	0	0	0	Pilot in Command (PIC)	5621	27	4596	1025	549	384	35	0	0	0	Time as Instructor	1941	0	1847	94	138	Unknown	Unknown	0	0	0	This Make/Model					5.7	2.6	0				Last 90 Days	136.9	4.7	70.9	66	21.2	17.2	0	0	0	0	Last 30 Days	54.2	4.7	31.6	22.6	12.6	7.6	0	0	0	0	Last 24 Hours	4.7	4.7	0	4.7	2	.5	0	0	0	0
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	5735	27	4697	1038	552	384	35	0	0	0																																																																																										
Pilot in Command (PIC)	5621	27	4596	1025	549	384	35	0	0	0																																																																																										
Time as Instructor	1941	0	1847	94	138	Unknown	Unknown	0	0	0																																																																																										
This Make/Model					5.7	2.6	0																																																																																													
Last 90 Days	136.9	4.7	70.9	66	21.2	17.2	0	0	0	0																																																																																										
Last 30 Days	54.2	4.7	31.6	22.6	12.6	7.6	0	0	0	0																																																																																										
Last 24 Hours	4.7	4.7	0	4.7	2	.5	0	0	0	0																																																																																										

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"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: _____ 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 ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		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) <i>(Check all that apply)</i> ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign				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 Issuance 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings 						Student Endorsements <i>(Include dates)</i> 																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">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> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr style="background-color: #cccccc;"> <td style="padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</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 <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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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																																																																																																				
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)									
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		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					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		
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		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					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		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
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	

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>KDZB</u> City: <u>Horseshoe Bay</u> State: <u>Texas</u> Country: <u>USA</u>		Time of Departure Time: <u>21:40</u> Time Zone: <u>Central</u>		Destination Airport ID: <u>KSJT</u> City: <u>San Angelo</u> State: <u>Texas</u> Country: <u>USA</u>
Type Flight Plan Filed ☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☒ IFR ☐ Unknown Activated? ☒ Yes ☐ No ☐ Unknown				
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☐ None ☐ VFR ☐ Special VFR ☒ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA				
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E ☒ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown				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> ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown			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 <u>1,600</u> ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Wind Direction Variable -or- Direction: _____ degrees true	Wind Speed Calm Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Type of Precipitation <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type <i>(Check all that apply)</i> ☒ 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 ☐ 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 ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

Aircraft has substantial damage on the bottom from contact with the road. No other property damage.

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.

I arrived at the airport around 8am to prepare for a 10am departure for Ruidoso, NM (KSRR). I had the aircraft topped off with fuel and conducted a preflight. A checklist was referenced throughout the preflight and no abnormalities were discovered. Weather was checked and it was noted that there was some precipitation still hanging around the Horseshoe Bay area. About 9:30 I received a call from Mr Claiborne, the aircraft owner. He had some things that he needed to take care of in Ruidoso so the trip was pushed ahead a couple of hours. I put the trip on hold for a few hours and proceeded to work around the FBO. In a few hours the trip was pushed ahead again. This time it was decided that I would pick them up in Ruidoso about 5pm Mountain Time.

I did a walk around and departed for Ruidoso about 4:00pm. At that time I completed all of the required checklists, including before start, before takeoff, climb, and cruise. The flight to Ruidoso was uneventful. I landed in Ruidoso at 5:06 Mountain Time.

I had the FBO put 20 gallons per side and helped load Mr Claiborne's luggage. Mrs. Claiborne sat in the back and Mr Claiborne sat in the left seat in the front. We took off around 5:45pm Mountain Time. Checklists were followed on the beginning of this leg as well.

As the flight had progressed it became night and about an hour before we landed at Horseshoe Bay Mrs Claiborne expressed that she was feeling cold. We had been flying along with everything going just fine. Mr Claiborne and I had been carrying on conversation and all of my scans were normal. I then made a couple of critical mistakes. Without using my flashlight, that was in the pouch by my left leg, I reached down and thought I engaged the heater. In reality I positioned the left cross feed lever in to the cross feed position. I then continued to fly to Horseshoe Bay running both engines on the right fuel tank. As we approached Horseshoe Bay the cloud cover was overcast, however, there were large open areas that you could see to the ground. As we passed Llano the clouds were broke up quite a bit. So the landing at Horseshoe Bay was VFR.

At Horseshoe Bay I helped unload the luggage and when Mr & Mrs Claiborne had left I made a quick phone call to my wife and did a quick walk around the aircraft. At this point it was about 9:30pm and I was fatigued from the long day. I climbed back in the airplane and started the engines. At the end of the runway I did do a run up, however, I did not follow the published checklist for taxi, take off, or climb. The weather conditions at Horseshoe Bay at the time of takeoff was VFR. As I climbed out I picked up my IFR clearance from Houston Center. As I approached Llano the overcast cloud layer had moved more East and Llano was IFR.

As I reached my planned altitude of 8,000 feet, I began to set the aircraft up for the short flight back to San Angelo. As I began to adjust the throttles I realized that the right fuel gage was indicating "0". At first I believed that the gage must be incorrect. We had done this same trip multiple times always landing with an hour of fuel left. I looked at the left fuel gage and it indicated 45 +/- gallons. I just immediately believed that that gage was incorrect as well. The thought never entered my mind that I moved the cross feed lever and had never turned on the heat. About that time the engines sputtered a bit and then quit. I believed the aircraft was out of fuel and did not think that the left fuel gage was actually correct. I feathered the props and pitched the aircraft to hold 80 knots.

It was about 9:50pm give or take, very dark and IFR when the engines quit. It did cross my mind that my chances for survival were low. I asked Houston Center for the nearest airport and a vector. I then put the nearest airport in my Garmin 430 and realized that I was 12 miles west of Llano. I knew that at my altitude I would not be able to glide as far as the runway at Llano. I asked the controller if he could point me towards a road and he said that I would be coming up on Highway 71 in a few miles. I zoomed in the range on the 430 and could see where highway 71 met highway 29 and began to position the aircraft towards the intersection of the two highways. I broke out at about 1,600 feet AGL and just southwest of the intersection. Within a couple of minutes the intersection lights came in view. At that time I was about 500 feet AGL. I positioned the aircraft to line up with the direction that highway 29 looked like it went out of the intersection. As I crossed over the intersection a car was stopped on highway 71 at the intersection. He saw my plane and knew that I was in trouble. He put his headlights on high beam and proceeded to chase me as I tried to line up with the road. In the last few seconds of flight he was able to light up the reflectors on the center of the road. If he had not done that I would have most likely landed in the field on the north side of the road. Also, in those last few seconds I glided just over a set of powerlines. The plane settled smoothly on the centerline of the road, gear up. The plane slid to a stop and I was able to open the door and get out uninjured.

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

Operator/Owner Safety Recommendation

Over the past few weeks since the accident, I have given thought to what happened, why it happened, and to what could have and should have been done differently.

After a few days and with the help and council of a local CFI that had owned a Seneca, I realized what I had done. Knowing why it happened really helped me feel like flying again. I have gone over the links that could have been broken and how that if any one link had been broken the accident would not have happened. I have openly talked with other pilots about the event hoping to help them avoid any similar situations. I have become a fanatical advocate for the use of checklists in every phase of flight. I became complacent especially the last half of the trip that night. I am the type of pilot that uses checklists and teaches others to do the same. Unfortunately, that night I did not practice what I teach and it could have cost me my life.

I plan to work with my local FSDO by hosting a WINGS event and helping other pilots avoid experiencing what happened to me. Some of the things that I feel would be helpful to me and others is talking about establishing personal standard operating procedures for our flights. Much like establishing personal minimums, having a set of personal SOPs and following them may aid in avoiding an incident or accident.

I am grateful for the caring and helpful attitudes that have been shown from the FAA and the NTSB. It is clear that the ultimate goal is safety. I am willing to do what I can to help fellow pilots learn from this accident.

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.)

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)

50 +/- _____ 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
None

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
Opened the cockpit door and climbed out

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

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.

LINK – Trip Delayed

Had the trip gone as scheduled it would have been day time. If the trip took place as scheduled heat may not have been needed. Even if the heat was needed it would have been daylight and the correct lever would have been identified.

This link could have been broken by rescheduling the trip for the next morning. First, given the fact that the delay caused the trip to be very late in the evening and I had not flown the airplane in several months. The risk was increased by continuing with the trip after the delays. Also, we would have landed in Horseshoe Bay when the FBO would have been open and I would have gotten some courtesy fuel. Undoubtedly, I would have noticed the problem at that time.

LINK – Engaging the Cabin Heater

The complaint that it was cold in the back prompted me to turn on the cabin heat. I reached down between the seats and thought that I had engaged the cabin heater.

This link could have been broken with a simple check with the flashlight to verify that the correct lever was engaged.

Link – Lack of Checklist Usage

Leaving Horseshoe Bay I did a quick run up and took off without reference to the printed checklist.

This link could have been broken by simply using the checklist before takeoff. The checklist calls for checking the cross feed valves. If the printed checklist had been followed line-by-line then the position of the lever would have been caught.

LINK – Distrust of Fuel Gages

It has been said that you only trust a fuel gage when it is empty. In the case of this accident it would have been prudent to give more consideration to the left fuel gage that showed 40 -45 gallons remaining. It was correct! Instead I looked at the right and saw "0" and could not believe that it was correct and then looked at the left and saw the 45 gallons and could not believe that it was correct either. When in fact both gages were correct.

This link could have been broken if I had believed the gages. If believing that I did in fact have 45 gallons in the left tank and 0 in the right. I would have investigated the cross feed and realized my mistake. Even after the engines had quit I could have restarted the left engine by changing the position of the cross feed lever. Then I could have started the right engine by positioning the right cross feed lever. At that point I would have diverted to Llano and refueled the right side.

LINK – Forgetting the Landing Gear

At the last moments of flight 100% of my attention and focus was on making the road. I was not thinking of the gear until the belly of the plane settled on the road.

To break this link it could be said that I could have used an emergency landing checklist. However, If the gear had been extended at the normal time the rate of descent would have increased and I would not have made the road. I would have landed before the intersection against a small rock hill. The outcome would almost definitely have been fatal. The only way would have been to have calculated extending the gear just a few feet above the road. In the end not putting it down may have saved my life.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

05/03/2017

mm/dd/yyyy

Name of Pilot/Operator: _____**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**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

GAA17CA233

Reviewed by NTSB Regional Office

GAAID

Name of Investigator

HICKS, M.

Date Report Received

03MAY2017