

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: Great Falls State: MT
 ZIP: 59404 Country: U.S.
 Latitude: 47-29.9 Longitude: 111-22.2
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 07/22/2018 Local Time: 0915
 mm/dd/yyyy Time Zone: MST

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N7845V

Manufacturer: MOONEY

Model: M20E

Serial Number: 466

Year of Manufacture: 09/02/1964

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

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 2575 lbs

Weight at Time of Accident/Incident: 2300 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 2

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

- ☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

☒ Retractable

- ☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel

☐ Other Launch/Recovery System

☐ None

☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating ☐ 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)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	IO-360-A2A	RL-14123-51A	05/20/1985	200	2226.96	43.27	2226.94
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 01/12/2018

mm/dd/yyyy

Airframe Total Time: 6447.87 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: _____

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: HARTZELL

Model: HC-CZYK-1BF 1F7666A-2

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

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: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner			
Name: _____		City: _____	
Fractional Ownership Aircraft: ☐ Yes ☐ No		State: _____ ZIP: _____	
		Country: _____	
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> ☐ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☐ No	Air Medical Flight ☐ Yes ☐ No	Purpose of Flight for FAR 91, 103, 133, 137 <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	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>GREAT FALLS INTERNATIONAL AIRPORT</u>		Distance From Airport Center: <u>NA</u> sm	
Airport Identifier: <u>KGTF</u>		Direction From Airport: <u>NA</u> degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>NA</u> ft msl	
Runway Information Runway ID: <u>21</u> (L/R/C) Length: <u>10500</u> ft Width: <u>150</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☐ 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**

☐ 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: _____

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) (Check all that apply)

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

Principal Occupation

☐ Pilot
☐ Other
☐ 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

____ 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)

☐ 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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

Actual

Simulated

Rotorcraft

Glider

**Lighter
Than Air**

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

"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: STEVEN

Middle Initial: M

Last Name: MAHONEY

City of Residence: GREAT FALLS

State: MT

ZIP: 59405

Country: US

Age at time of Accident/Incident: 55 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) (Check all that apply)

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

Principal Occupation

☐ Pilot
☒ Other
☐ 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

07/13/2017
 mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/18/2017
 mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA

Model: 340

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

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	2,485	0	2,467	18	129	6	59			
Pilot in Command (PIC)	2,388									
Time as Instructor	2,253									
This Make/Model										
Last 90 Days	20		20				1			
Last 30 Days	10		10				2			
Last 24 Hours	3		3							

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

☐ Left ☐ Front
☐ Center ☐ Rear
☐ Right ☐ Single
☐ Unknown

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

Crew Name and Address

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

☐ Left ☐ Front
☐ Center ☐ Rear
☐ Right ☐ Single
☐ Unknown

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

☐ Crew ☐ Passenger ☐ Other

Seat

☐ Left
☐ Center
☐ Right
☐ Unknown

Row: _____

Injury

☐ 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

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Age

☐ 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 **Used**
☐ None ☐ None
☐ Lap Only ☐ Lap Only
☐ 3-point ☐ 3-point
☐ 4-point ☐ 4-point
☐ 5-point ☐ 5-point
☐ Unknown ☐ Unknown

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

☐ 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 **Used**
☐ None ☐ None
☐ Lap Only ☐ Lap Only
☐ 3-point ☐ 3-point
☐ 4-point ☐ 4-point
☐ 5-point ☐ 5-point
☐ Unknown ☐ Unknown

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

☐ 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 **Used**
☐ None ☐ None
☐ Lap Only ☐ Lap Only
☐ 3-point ☐ 3-point
☐ 4-point ☐ 4-point
☐ 5-point ☐ 5-point
☐ Unknown ☐ Unknown

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

☐ Under 5 years
 If Under 5,
☐ Child Restraint
☐ Lap-Held
☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KGTF
 City: GREAT FALLS
 State: MT
 Country: US

Time of Departure

Time: 0800
 Time Zone: MST

Destination

Airport ID: KGTF
 City: GREAT FALLS
 State: MT
 Country: US

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) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☒ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence:

3680 ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility

Facility ID: KGTF
 Observation Time: 0755
 Time Zone: MST
 Distance from Accident Site: NA nm
 Direction from Accident Site: NA 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

Ceiling

☒ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Temperature: _____ (C) or _____ (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
 or _____ MB

Lowest Cloud Condition Height

_____ ft agl

Ceiling Height

_____ ft agl

Wind Direction

☒ Variable

-or-
 Direction: _____ degrees true

Wind Speed

☐ Calm
☒ Light and Variable

-or-
 Speed: _____ kts

Wind Gusts

☐ Not Gusting

-or-
 Speed: _____ kts

Visibility P6SM miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ 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 ☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Icing Actual

Amount ☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence

Type (Check all that apply)
☒ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective Turbulence ☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

LOCAL NOTAMS FOR KGTF

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)*

DAMAGE TO UNDERSIDE SHEET METAL AND SUPPORT STRUCTURE

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.

HAVING HAD 10 HRS IN A MOONEY M20J, I WAS UNFAMILIAR WITH THE M20E. THE FLIGHT WAS BRIEFED AS A FAMILIARIZATION FLIGHT FOR MYSELF WITH THE HELP OF THE PILOT WHO HAD BEEN FLYING THE AIRPLANE. THE INTENT WAS TO BECOME FAMILIAR WITH THE PERFORMANCE AND LIMITATIONS OF THIS PARTICULAR MODEL BEFORE THE PILOT AND MYSELF WERE TO BEGIN COMMERCIAL TRAINING.

ENTERING THE DOWNWIND, I ASKED THE PILOT FLYING TO SHOW ME THE MECHANICS OF PLACING THE GEAR IN THE DOWN POSITION WHEN COMPLETING THE LANDING CHECKLIST (GUMPS). THE PF FLYING RELEASED THE GEAR HANDLE (JOHNSON BAR) FROM THE RELEASE WITH MY ASSIST AND PLACED THE GEAR HANDLE IN THE DOWN (HORIZONTAL) POSITION, VERIFYING THAT IT LOCKED IN PLACE. WITH THE "GUMPS" CHECK COMPLETED, I ASSUMED "GEAR DOWN/HANDLE DOWN" AS THE "GUMPS" CHECK WAS COMPLETED ON BASE AND FINAL. THE GEAR LIGHTS (2) ARE POSITIONED ABOVE THE AIRSPEED INDICATOR ON LEFT SIDE OF CONSOLE FOR EITHER "UNLOCK" OR "LOCK DN". MY ATTENTION WAS DRAWN AWAY WITH THE OPERATION OF THE FLAPS, WHICH ARE PUMPED DOWN WITH THE FLAP POSITION INDICATOR BEING LOCATED BELOW AND TO THE LEFT OF THE FLAP HANDLE. TO MY KNOWLEDGE AND THE PF THE GEAR HORN DID NOT SOUND OR BLENDED IN WITH THE STALL HORN AS WE SLOWED TO LANDING SPEED. THE AIRPLANE SKIDDED ABOUT 600-800 FEET COMING TO REST RIGHT OF CENTERLINE. AIRPORT FIRE RESCUE AND AIRFIELD MANAGEMENT ASSISTED WITH THE LIFTING AND REMOVAL OF THE AIRCRAFT FROM THE RUNWAY.

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

Operator/Owner Safety Recommendation

CRM - FAILURE TO CONFIRM WITH THE PILOT FLYING THAT THE GEAR WAS IN THE CORRECT POSITON EVEN THOUGH IT WAS VERBALIZED ON 3 OCCASIONS DURING THE APPROACH.

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)

FULL TANKS Gallons**Fuel Type**☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF 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

THE METHOD OF EXIT WAS NORMAL. BOTH OCCUPANTS EXITED THROUGH THE CABIN DOOR LOCATED ON THE PASSENGER SIDE

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft☐ Destroyed☐ Minor☐ Substantial☐ None**Registered Owner of Other Aircraft****Pilot of Other Aircraft**

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

07/29/2018

mm/dd/yyyy

Name of Pilot/Operator: STEVE MAHONEY

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.

GAA18CA438

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Eric Swenson

Date Report Received

07/29/2018