

**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: SANDY VALLEY State: NV
 ZIP: 89019 Country: USA
 Latitude: 35.47.7659N Longitude: 115.37.8255W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 5/5/19 Local Time: 0800
mm/dd/yyyy
 Time Zone: PACIFIC

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

AIRCRAFT INFORMATION

Registration Number: N175LM
 Manufacturer: FLIGHT DESIGN
 Model: CTLSI
 Serial Number: F-12-03-10
 Year of Manufacture: 2012
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans Make: ☐ Original Design

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

Maximum Gross Weight: 1320 lbs
 Weight at Time of Accident/Incident: 1296 lbs
 Number of Seats: 2 Flight Crew Seats: 2
 Cabin Crew Seats: N/A Passenger Seats: N/A
 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
☐ Certificate of Authorization or Waiver (COA)
☐ None

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

Landing Gear

(Check all that apply)
☐ Retractable
☒ Tricycle
☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull
☐ Other Launch/Recovery System
☐ None
☐ Tailwheel
☐ High Skid
☐ Skid
☐ Ski
☐ Ski/Wheel
☐ Unknown

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

☐ Carburetor ☒ Fuel-Injected

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	ROTAX	912 ULS	4.417.104	0712012	100	491	45	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 10/29/2018
mm/dd/yyyy

Airframe Total Time: 491 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: FLIGHT DESIGN
INSTALLED BEHIND SEAT (BOTTLE)

Propeller 1

☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: NEUFORTH

Model: CR3

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ARTEX

Model or Part No.: ELT-345

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

Propeller 2

☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

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: JOHN WHITESIDE

Fractional Ownership Aircraft: ☐ Yes ☐ No

City: LAS VEGAS

State: NV ZIP: 89101

Country: USA

Operator of Aircraft

☒ Same As Registered Owner

☒ Same Address as Registered Owner

Name: JOHN WHITESIDE

Doing Business As: PRIVATE OWNER

Air Carrier/Operator Designator (4 Character Code): _____

City: Plus SANDY VALLEY

State: NV ZIP: 89019

Country: USA

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: SKY RANCH

Airport Identifier: 3L2

Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: 2/3 sm

Direction From Airport: 180 degrees true

Airport Elevation: 2599 ft. msl

Runway Information

Runway ID: 12 (L/R/C) Length: 3300 ft Width: 105 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 ☐ Visual
- ☐ VOR/DME ☐ Localizer Only ☐ Contact
- ☐ TACAN ☐ LOC-back course ☐ Circling
- ☐ RNAV ☐ 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: JOHN ~~WHITE~~

City of Residence: LAS VEGAS/SANDY VALLEY

Middle Initial: M

State: NV

ZIP: 89101/89019

Last Name: WHITESIDE

Country: USA

Age at time of Accident/Incident: 67 Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

BUT OPERATING UNDER LIGHT SPORT

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 RETIRED
☐ 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

2003?
mm/dd/yyyy

Medical Certificate Limitations

N/A LIGHT SPORT

Medical Certificate Special Issuance

N/A

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

05/05/2019
mm/dd/yyyy

Flight Review Aircraft

Make: FLIGHT DESIGN
Model: CTLSI

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

B-737 B 757/67
LEAP JET

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	24500	1000	4000	20500	4000	2000	500	0	0	0
Pilot in Command (PIC)	10,000	1000	3950	6000	2000	6000	100			
Time as Instructor	1500	0	1500	0	200	300	400			
This Make/Model					0	0	0			
Last 90 Days	25	25	25	0	0	0	0			
Last 30 Days	0-5	0-5	0-5	0	0	0	0			
Last 24 Hours	.5	.5	.5	0	0	0	0			

THESE ARE CLOSE ESTIMATES, THE LOGBOOK IS BELIEVED TO BE LODGED AND FOR NOW UNREACHABLE DUE TO NOSC GEAR BLOCKING ACCESS TO BETWEEN THE LOGS STORAGE AREA.

"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: BO (JAMES)

City of Residence: SANDY VALLEY

Middle Initial: G

State: NV ZIP: 89019

Last Name: GRITZ, SR

Country: USA

Age at time of Accident/Incident: 80 Date of Birth: [REDACTED] 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 RETIRED
☐ Other MILITARY
☐ 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

11/13/2017
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

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

11/13/17
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
Model: 172

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)

GROUND INSTRUCTOR

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	12,000	✓	10,000	2,000	2,000	750		✓	✓	✓
Pilot in Command (PIC)	10,000	✓	10,000	2,000	2,000	750		✓	✓	✓
Time as Instructor	8,000		3,000	0	3,000	0				
This Make/Model					8	0				
Last 90 Days	20	✓	20	0	1	0		✓	✓	✓
Last 30 Days	10	✓	10	0		0		✓	✓	✓
Last 24 Hours		✓	0	0		0				✓

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 ☐ Unknown	☐ 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	Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown	☐ 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	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 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
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: <u>3LZ</u> City: <u>SANDY VALLEY</u> State: <u>NV</u> Country: <u>USA</u>	Time of Departure Time: <u>0720</u> Time Zone: <u>PAC</u>	Destination Airport ID: <u>3LZ</u> City: <u>SANDY VALLEY</u> State: <u>NV</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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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	Altitude of In-Flight Occurrence: <u>2750</u> ft msl <u>JUST INSIDE 30 MILE ARC FOR LAS VEGAS</u>
☐ 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		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☒ 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: <u>NONE AT SITE, TERMINAL AREA</u> Observation Time: <u>FORECAST FOR LAS CALLED</u> Time Zone: <u>FOR LIGHT WINDS AND</u> Distance from Accident Site: <u>CLEAR SKYS</u> Direction from Accident Site: _____ degrees true
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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 80 (F)

Dew Point: _____ (C) or 25? (F)

Altimeter Setting: _____ in. Hg
or _____ MB

SET TO FIELD ELEVATION
2600'

Lowest Cloud Condition Height

_____ ft agl

Ceiling Height

_____ ft agl

Wind Direction

☒ Variable

Direction: _____ degrees true

Wind Speed

☐ Calm
☐ Light and Variable

Speed: 5-15? kts

Wind Gusts

☐ Not Gusting

Speed: 15+ kts

Visibility 50 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 3000 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 OCCASIONAL
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog DUST
☐ Blowing Spray ☐ Smoke DEVILS
☐ 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 (Check all that apply): ☐ 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 AT AIRPORT. WINDS POSSIBLE IN MTNS.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
☐ Minor
☒ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

- ☒ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Fire at Unknown Time
☐ Unknown

Aircraft Explosion

- ☒ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Explosion at Unknown Time
☐ Unknown

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

PROP DESTROYED, FRONT WINDSHIELD DESTROYED, GEAR (3) COLLAPSED, RIGHT WING TIP 2 FEET DESTROYED, LEFT WINGLET DESTROYED. RIGHT DOOR WILL NOT OPEN, FUSELAGE PROBABLY HAS DAMAGE FROM GEAR COLLAPSE. COWLING DESTROYED. FLAPS BROKEN (ONE 30° DOWN, ONE 0°)

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.

THIS FLIGHT WAS MY BI-ANNUAL CHECK RIDE. INSTRUCTOR BRIEFED WHAT WE WERE GOING TO DO, I BRIEFED OPERATIONAL DATA AND SAFETY ISSUES. WE TOOK OFF RW 21 WITH A SKT SLIGHT X-WIND AT ABOUT 0745 MAR 5, 2019, AT 3KZ SANDY VALLEY NV. CLIMBED TO 4000' AND CIRCLED AIRPORT AS INSTRUCTED. NEXT ENTERED DOWNWIND FOR 21 BUT WENT AROUND ON FINAL DUE TO GOLF CART ON RUNWAY. APPROACH END 21 WIND SEEMED THE SAME, BUT DEPARTURE END 21 WAS A DIRECT X-WIND AT EST 5-8 KTS. SECOND APPROACH PREBRIEFED AS TOUCH+GO FOLLOWED BY SIM. ENGINE FAILURE TO LAND ON RW 12 WHICH INTERSECTS WITH DEPARTURE END OF 21 WITH APPROX 2500' REMAINING OF A 3300' X 100 DIRT STRIP. AFTER TOUCH+GO (SAME SKT WIND SLIGHT RT XWIND) CLEARED A/C TO BEST GLIDE FLAP SETTING, PULLED POWER OFF AT 400' AND SET UP FOR RW 12 LANDING. THE X WIND AT (TO THE DEPARTURE END WAS STRONG, AS I OVERSHOT RW 12 AND BANKED TO 40°. AS SOON AS I OVERBANKED I FELT A VERY STRONG SINK. ADDED FULL POWER AFTER LEVELING WINGS AT ABOUT 150-200 FT AGL. THE SINK GOT EVEN STRONGER WITH FULL POWER. THE AIRPLANE NEVER STALLED AND AS A WIND SHEAR TRAINED PILOT KNEW I HAD TO KEEP WINGS LEVEL AND RIDE IT IN. INSTRUCTOR STATED HE CONSIDERED TAKING CONTROL BUT FELT I WAS DOING ALL I COULD (OR HE COULD) THE AIRCRAFT TOUCHED DOWN HARD BUT EVERYTHING WAS OK UNTIL 52' AFTER TOUCHDOWN RIGHT GEAR HIT RABBIT HOLE, DUG IN AND PUSHED AIRCRAFT RIGHT. LEFT MAIN & NOSE GEAR SHEARED OFF TO THE LEFT, THIS WAS APPROX. 150' RIGHT OF RW 12, WITH APPROX 1500' REMAINING ON RW 12. SHUT DOWN, IGNITION & FUEL WHILE INSTRUCTOR OPENED LEFT DOOR. RIGHT DOOR BLOCKED BY RABBIT HOLE. COULD NOT TURN OFF BATTERY AS CB WAS NOW BEHIND INST. PANEL. SEAT BELT AIRBAGS DID NOT DEPLOY BECAUSE DID NOT HIT ANYTHING. ELT DISCONNECTED IN BAGGAGE COMPARTMENT. APPROX 45 MINUTES AFTER ACCIDENT CALLED FAA. (0928) WAS RETURNING TO ACCIDENT SITE AND SAW LV METRO POLICE WHO PARKED ON 12-30 RUNWAY. AIRPORT ASSIST. MANAGER MET AT POLICE AS NOW SOMEONE WANTED TO LAND ON 30th WHICH WAS NOW CLEARLY THE PROPER RUNWAY WITH A QUARTERLY LEFT X-WIND. WHILE TALKING TO POLICE A DUST DEVIL WAS NOTICED DIRECTLY OVER ACCIDENT AIRCRAFT BY SEVERAL PEOPLE, INCLUDING ME, POSSIBLY THE POLICE ALSO. POLICE HANDLED ME THE PHONE TO TALK TO THE FAA. I STATED WHAT HAPPENED, BUT USING THE TERM "APPROACH TURN STALL" WAS IN REFLECTION INCORRECT. THE A/C NEVER STALLED, NO BUFFET, NO WING DROP, JUST A VERY SEVERE WIND SHEAR, WHICH WAS NOTICED ONCE THE SINK WAS FELT. ENGINE RESPONDED NORMALLY.

NOTE: TOUCHDOWN RT OF RW 12 HEADING 120°

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

Operator/Owner Safety Recommendation

A ROTAX 915S ENGINE has 45 more horsepower AND IS TURBO which would have helped - But it is not allowed in Light Sport (this one) because with it the level speed exceeds the 120KT Level flight restriction for light sport. keep the 120KT restriction but ~~let the~~ make it the light sport pilot's responsibility to not exceed 120KTS.

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.)

FLAPS FAILED BUT AFTER GEAR. failed

Total Time/Cycles
On Part

491 Hours

UNK Cycles

Time Since This Part
Inspected/Overhauled

491 Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

9 Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☐ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☒ Automotive

92 OCTANE

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

Both pilots Left door, Right door blocked By RABBIT HOLE

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

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

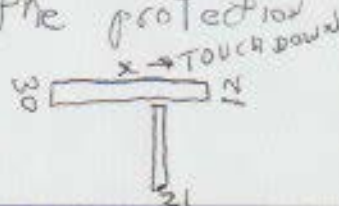
Use this space if additional space is needed for any answers.

INSTRUCTOR / BI ANNUAL REVIEW PILOT GRITZ IS A RESPECTED FORMER ARMY LT. COLONEL. I WAS ALSO RETIRED FROM THE MILITARY AS BOTH A MARINE NAVAL AVIATOR AND AIR FORCE SENIOR COMMAND PILOT, ~~NE~~ RETIRED AS A RESERVIST LT. COLONEL.

MR. GRITZ WAS A PERFECT INSTRUCTOR, NEVER PULLED POWER OR "SURPRISED" ME IN ANY WAY. I FELT "AT EASE" WITH HIM, AND FEEL VERY FORTUNATE THAT NEITHER OF US WERE HURT.

THE CTLSi WAS SOLD TO ME BECAUSE OF THE CARBON FIBER "PROTECTION CAPSULE" FOR THE OCCUPANTS. THE "PROTECTION CAPSULE" PROTECTED US FROM INJURY. THE NOSE GEAR PENETRATED THE ~~SPRUE~~ OUTER SKIN BUT WAS STOPPED FROM DAMAGING THE OCCUPANTS BY THE PROTECTION CAPSULE.

I WILL BUY ANOTHER CTLSi ONE DAY.



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

Date of this Report

5/9/2019
mm/dd/yyyy

Name of Pilot/Operator:

TAMM WHITEHEAD

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.

GAA19CA242

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kate Benhoff

Date Report Received

5/10/2019