

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: Trout Creek State: MT

ZIP: 59874 Country: U.S.A.

Latitude: [REDACTED] Longitude: [REDACTED]
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 07/30/2019 Local Time: 9:15 am
mm/dd/yyyy

Time Zone: Mountain

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

AIRCRAFT INFORMATION

Registration Number: N4819W

Manufacturer: Avid Flyer

Model: Mark IV

Serial Number: 1918

Year of Manufacture: _____

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

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

Maximum Gross Weight: 143.94 lbs 1250

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate (Check all that apply)

- | Standard | Special |
|------------------------------------|---|
| ☐ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☐ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☒ Experimental |
| ☐ Utility | ☐ Special Light-Sport |
| | ☐ Experimental Light-Sport |
- ☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

- (Check all that apply)
- ☐ 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	<u>Jabiru</u>	<u>2200</u>			<u>85</u>	<u>275.8</u>		
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: _____
mm/dd/yyyy

Airframe Total Time: _____ hrs
hours measured at (Select one)
☐ Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program (Select one)

- ☐ Annual
☒ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Description of Fire Extinguishing System

- ☒ None
☐ Specify: _____

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Sensenich

Model: Wood

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Ameri-King Corp.

Model or Part No.: AK 450

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: <u>James W. Williams</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Thompson Falls</u> State: <u>MT</u> ZIP: <u>59873</u> Country: <u>U.S.A</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>James W. Williams</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ 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 ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ 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 ☐ Aerial Observation ☐ Air Drop ☐ Air Race/Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☐ Flight Test ☐ Glider Tow ☒ Instructional ☐ Other Work Use ☐ Personal ☐ Positioning ☐ Skydiving ☐ Unknown			

AIRPORT INFORMATION	
Airport Name: _____ Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A	Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: <u>2,500</u> ft. msl
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft	Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☒ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown	
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☐ Landing ☐ Downwind ☐ Base ☐ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown	
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ SDF ☐ VORTVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ 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 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: James Everett Craik

City of Residence: Trout Creek

Middle Initial: E

State: MT

ZIP: 59874

Last Name: Craik

Country: U.S.A.

Age at time of Accident/Incident: 67

Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: [REDACTED]

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

01/14/2019
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:

08/04/2018
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 ☐ Instrument Airplane
☒ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

NONE

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	8,951	6	8,350	601	390	130	160	0	0	0
Pilot in Command (PIC)	8,650	1	8,270	400	390	130				
Time as Instructor	1,340	5	1,340	0	110	0				
This Make/Model					0	0				
Last 90 Days	35	6	49	0	0	0				
Last 30 Days	12	6	15	0	0	0				
Last 24 Hours	1	1	1	0	0	0				

FLIGHT CREWMEMBER 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: James

City of Residence: Thompson Falls

Middle Initial: W.

State: MT ZIP: 59873

Last Name: Williams

Country: U.S.A.

Age at time of Accident/Incident: 69 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 <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☒ 3-point	☒ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																			
☐ None	☐ None																			
☐ Lap only	☐ Lap only																			
☒ 3-point	☒ 3-point																			
☐ 4-point	☐ 4-point																			
☐ 5-point	☐ 5-point																			
☐ Unknown	☐ Unknown																			
Pilot Certificate(s) (Check all that apply) ☒ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ 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: None 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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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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 <u>43</u>	43									
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	<u>2.7</u>									
Last 30 Days	<u>1.3</u>									
Last 24 Hours	<u>.1</u>									

ADDITIONAL FLIGHT CREW MEMBERS

Crew Name and Address		Seat Occupied		Injury
First Name: _____	City of Residence: _____	☐ Left	☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right	☐ Single ☐ Unknown	☐ Serious
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used	☐ Not Installed
☐ Private	☐ Recreational	☐ None	☐ None	☐ Installed
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only	☐ Not Deployed
	☐ Commercial	☐ 3-point	☐ 3-point	☐ Deployed
	☐ Airline Transport	☐ 4-point	☐ 4-point	☐ Unknown
	☐ Flight Engineer	☐ 5-point	☐ 5-point	
	☐ US Military	☐ Unknown	☐ 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: _____	☐ Left	☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right	☐ Single ☐ Unknown	☐ Serious
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used	☐ Not Installed
☐ Private	☐ Recreational	☐ None	☐ None	☐ Installed
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only	☐ Not Deployed
	☐ Commercial	☐ 3-point	☐ 3-point	☐ Deployed
	☐ Airline Transport	☐ 4-point	☐ 4-point	☐ Unknown
	☐ Flight Engineer	☐ 5-point	☐ 5-point	
	☐ US Military	☐ Unknown	☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		

PASSENGERS/OTHER PERSONS

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Williams Private Airstrip</u> City: _____ State: _____ Country: <u>U.S.A.</u>	Time of Departure Time: <u>9:05</u> Time Zone: <u>Mountain</u>	Destination Airport ID: <u>Williams Private Airstrip</u> City: _____ State: _____ Country: <u>U.S.A.</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown 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 ☐ 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: _____ 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: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm 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 Lowest Cloud Condition Height _____ ft agl	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl
Temperature: _____ (C) or <u>60°</u> (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: <u>N/A</u> feet RVV: <u>N/A</u> miles Density Altitude: <u>2500'</u> ft
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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
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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
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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)

One wing separated at the wing root. The fuselage was substantially bent in the area of the cockpit.

NARRATIVE HISTORY OF FLIGHT (See Instructions on page 1)

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.

We departed the Williams Private Airstrip approximately 9:05am to practice landings and takeoffs at that location. On final approach to landing to the east on the grass, the stabilized approach began to steepen as airspeed began to bleed off. Corrections were made, but not sufficient enough to prevent a hard, bounced landing. On approximately 1200' trying sloping uphill to the east, the direction of landing. Full power was applied, the airplane was stabilized about 15' from the ground, with about 500' to the small trees, which were 20-30' tall. The student then made a second attempt at landing, but impacted the trees before reaching the ground. Left wing touched the trees first, rapidly decelerating the aircraft, the right wing struck trees milliseconds later, stopping the aircraft & inverting the aircraft. The aircraft was suspended approximately 5' off the ground.

RECOMMENDATION

Operator/Owner Safety Recommendation

More practice at a conventional airstrip prior to practice at the restricted airstrip.

MECHANICAL MALFUNCTION/FAILURE

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)

10 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ Jet B ☒ Other, specify 91 Octane
☐ 100 Low Lead ☐ Jet A ☐ JP8 Non-ethanol
☐ 100/130 ☐ Jet A-1 ☐ Automotive

Other Services, if Any, Prior to Departure

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

Both occupants exited through the co-pilot's door, aided by family and neighbors.

OTHER AIRCRAFT COLLISION

Aircraft Registration Number

Manufacturer:

Model:

Damage to Other Aircraft

☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

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

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

ADDITIONAL INFORMATION (Please print or type)

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

08/09/2019
mm/dd/yyyy

Name of Pilot/Operator:

James E. Craig

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.

GAA19CA475

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kate Benhoff

Date Report Received

8/12/2019