

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>Firebaugh</u> State: <u>Ca</u> ZIP: <u>93622</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)					Accident/Incident Date/Time Date: <u>5/15/17</u> Local Time: <u>2:430pm</u> mm/dd/yyyy Time Zone: _____					
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None										
AIRCRAFT INFORMATION										
Registration Number: <u>65</u> Manufacturer: <u>Lancair Evolution</u> Model: <u>Evolution</u> Serial Number: <u>65</u> Year of Manufacture: <u>2015</u> Amateur-Built: ☒ Yes ☐ No If Yes: ☒ Kit/Plans ☐ Original Design Make: _____					☒ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft <u>4550</u> Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: <u>3950</u> lbs Number of Seats: <u>5</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>1</u> Passenger Seats: <u>3</u> Number of Engines: <u>1</u>					
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 ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System ☐ None ☐ Unknown ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel			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. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)		
Eng. 1	<u>Pratt</u>	<u>PT6A135-A</u>			<u>750</u>	<u>200</u>	<u>7</u>			
Eng. 2										
Eng. 3										
Eng. 4										
Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☒ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>5/11/17</u> mm/dd/yyyy Airframe Total Time: <u>200</u> hrs hours measured at (Select one) ☐ Last Inspection ☒ Time of Accident/Incident			Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: _____			Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____				
Type of Maintenance Program (Select one) ☐ Annual ☒ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☐ OC126 (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: _____				
Description of Fire Extinguishing System ☐ None ☒ Specify: <u>Handheld</u>										

Registered Aircraft Owner Name: <u>Evolution Air LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Salem</u> State: <u>OR</u> ZIP: _____ Country: <u>USA</u>	
Operator of Aircraft Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificate Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carrier (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 Sightseeing Flight ☐ Yes ☒ No		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 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 accident or clearance issued or proposed landing, takeoff, departure, or within 5 miles of an airport)</i>			
Airport Name: <u>Firebaugh</u> Airport Identifier: <u>F34</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ sm Direction From Airport: <u>120°</u> degrees true Airport Elevation: <u>157'</u> ft. msl	
Runway Information Runway ID: <u>12</u> R/C Length: <u>3102</u> ft Width: <u>60</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 ☐ Takeoff ☐ VFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Initial Climb ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ AR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ LS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ OC-back course ☐ Contact ☐ NAV ☐ Circling ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ 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	

PILOT INFORMATION																			
"Flight Crewmember 1" ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew		Responsibilities at the Time of Accident/Incident "Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																	
"Flight Crewmember 1" Identification First Name: <u>Josh</u> Middle Initial: <u>M</u> Last Name: <u>Herndon</u>		City of Residence: <u>Oro Valley</u> State: <u>AZ</u> ZIP: <u>85737</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>39</u> 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 ☒ Private ☐ Student		☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ 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 <u>2/23/17</u> mm/dd/yyyy											
Medical Certificate Limitations <u>Must wear corrective lenses</u>																			
Medical Certificate Special Issuance																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>3/11/17</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>Lancaster</u> Model: <u>Evaluation</u>																	
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	
Total Time		1133		110		1123				10		8 55				5			
Pilot in Command (PIC)		1120		110		1120				10		8 55							
Time as Instructor																			
This Make/Model										3		1 3							
Last 90 Days		34		34		34						1							
Last 30 Days		10		10		10													
Last 24 Hours		3.7		3.7		3.7													

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 <u>Wife</u>																			
"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No																			
"Flight Crewmember 2" Identification First Name: <u>Jennifer</u> Middle Initial: <u>A</u> Last Name: <u>Hendon</u> Age at time of Accident/Incident: <u>39</u> Date of Birth: [REDACTED] mm/dd/yyyy City of Residence: <u>Oro Valley</u> State: <u>AZ</u> ZIP: <u>85737</u> Country: <u>USA</u> Certificate Number: _____																			
Degree of Injury ☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td> ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>				Available	Used	☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown							
Available	Used																		
☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown																		
Pilot Certificate(s) (Check all that apply) ☒ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign																			
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 ☐ 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 ☐ 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																			

ADDITIONAL CREWMEMBERS (Exclusive of Captain, complete the following information)							
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	☐ Serious		
			☐ Unknown	☐ Unknown	☐ Fatal		
					☐ Unknown		
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints		
☐ None ☐ Private ☐ Student			Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		
☐ Flight Instructor ☐ Recreational ☐ Sport			☐ Commercial ☐ Airline Transport ☐ Flight Engineer		☐ US Military ☐ Foreign		
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	☐ Serious		
			☐ Unknown	☐ Unknown	☐ Fatal		
					☐ Unknown		
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints		
☐ None ☐ Private ☐ Student			Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		
☐ Flight Instructor ☐ Recreational ☐ Sport			☐ Commercial ☐ Airline Transport ☐ Flight Engineer		☐ US Military ☐ Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs				
PASSENGERS / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)							
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	☒ Lap Only	☒ Lap Only	☐ Installed	
Last Name:	Country:	☒ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	If Under 5,
		☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint
		Row: 2	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held
☐ Crew	☒ Passenger	☐ Other					
First Name:	City:	☐ Left	☒ None	Available	Used	☒ Not Installed	☐ Under 5 years
Middle Initial:	State: ZIP:	☒ Center	☐ Minor	☒ Lap Only	☒ Lap Only	☐ Installed	
Last Name:	Country:	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	If Under 5,
		☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint
		Row: 2	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held
☐ Crew	☒ Passenger	☐ Other					
First Name:	City:	☒ Left	☐ None	Available	Used	☒ Not Installed	☐ Under 5 years
Middle Initial:	State: ZIP:	☐ Center	☒ Minor	☒ Lap Only	☒ Lap Only	☐ Installed	
Last Name:	Country:	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	If Under 5,
		☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint
		Row: 2	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held
☐ Crew	☒ Passenger	☐ Other					
First Name:	City:	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial:	State: ZIP:	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	
Last Name:	Country:	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	If Under 5,
		☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint
		Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held
☐ Crew	☐ Passenger	☐ Other					

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>KLVK</u> City: <u>Livermore</u> State: <u>Ca</u> Country: <u>USA</u>		Time of Departure Time: <u>~ 4:00</u> Time Zone: _____		Destination Airport ID: <u>KAVG</u> City: <u>Marana</u> State: <u>AZ</u> Country: <u>USA</u>	
Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☒ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☒ Yes ☐ No ☐ Unknown					
Type of ATC Clearance Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA					
Airspace where the accident/incident occurred (Check all that apply) ☒ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ 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: <u>25,000</u> ft msl					
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			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 ☐ Few ☐ Partial Obscuration ☐ Scattered Lowest Cloud Condition _____ ft agl			Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		
Wind Direction ☐ Variable Direction: _____ degrees true			Wind Speed ☐ Calm ☐ Light and Variable Speed: _____ kts		
Wind Gusts ☐ Not Gusting Speed: _____ kts			Visibility _____ 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 ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Dust ☐ Unknown			Wind <u>no wind shield</u>		
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: 		

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 <i>(Use additional sheet if necessary)</i> attached					
NARRATIVE HISTORY OF FLIGHT <i>(See Appendix B for format)</i> 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. attached					

Operator/Owner Safety Recommendation	
If front window did not explode	
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) 191 _____ Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify _____ ☐ 100 Low Lead ☐ Jet A ☐ JP8 ☐ 100/130 ☒ Jet A-1 <i>Prist</i> ☐ Automotive
Other Services, if Any, Prior to Departure Conditional Inspection prior. Top off day before.	
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 Pilot door stuck, ripped handle back and shoved door open. All 5 occupants exited out pilot door.	
OTHER AIRCRAFT COLLISION (If air or ground collision occurred, complete this section for other aircraft)	
Aircraft Registration Number 70-2424	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 (Continuation of Form 8800)

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

5/18-5/20/17

mm/dd/yyyy

Name of Pilot/Operator:

Josh Herndon

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.
WPR17LA104Reviewed by NTSB Regional Office
WPR - Federal WayName of Investigator
S. SteinDate Report Received
May 20, 2017

Description of Damage

- Propeller bent
- Windshield destroyed
- Both wings severed
- Fence ripped down
- Farmland disturbed
- Inside of cabin ripped up

Narrative

The airplane had been in its conditional inspection for about a month in April. During the conditional inspection, there was an issue with the pilot's window needing to be re-bonded due to it becoming un-bonded. There were also a couple of issues with the left main landing gear and the nose landing gear. On May 14th we headed up to Livermore for a family funeral.

My wife and I and our three boys departed from Livermore on 5-15-17 under an IFR flight plan. We climbed to 25,000 feet. After some time leveling off at 25,000 the front windshield exploded. There was no visual or audible cue. I checked the pressure differential about 100 times per flight and we were at a steady 6.1. The windshield just exploded out in a fraction of a second. It was extremely windy, extremely noisy, and extremely cold. We were travelling at 360 mph and it was about -15[°] degrees Fahrenheit. My headset was sucked off my head. I immediately reached over and turned on the auxiliary oxygen and then reached down to grab my oxygen mask under my legs. The seatbelt had locked because of the sudden jolt and I had to sit back in my seat to loosen it and then reach for it again. I put the oxygen mask on and put the airplane in a steep descent. The engine was not running. It was difficult to see but my main priority was to find a safe landing site and get down to about 12,000 feet. I could not communicate with anyone because my headset was gone and it was extremely loud.

While descending I found the closest airport that had a hard runway over 3,000 ft. long. I decided to head for this airport, which ended up being Firebaugh. There were other airports available, but I did not want to stretch my glide and possibly land short. Firebaugh had a hard runway over 3,000 ft. and I knew that was plenty. So, my concentration was to find that airport. I did a direct-to on the G900 and was focused on finding that airport. My thoughts were that I did not

want to land on a road with a lot of people and cars and power and telephone lines, and I did not want to land in a field for fear of a flip-over. I really wanted to find that airport. After levelling off at about 12,000 feet I was searching for the airport, but it was very difficult to find. After finally locating the airport I tried to maneuver to try and get into a position for an emergency landing. I couldn't find the windsock, and there was a very large cement canal full of water to the left of runway 12 and another canal behind runway 12. I decided to land on runway 12. After levelling off I was really trying to maintain best glide airspeed at 110 kts and continued to try to maintain that speed throughout. On a left downwind to runway 12 I put down one notch of flaps, still trying to maintain 110. At the right distance and height, I decided to make my turn to final. I was really counting on that landing gear coming down to slow me down to the correct landing speed. While on final I put the gear down. The nose and the right gear came down and illuminated green. The left gear did not come down and did not indicate green. I cycled the gear up and made a 360 degree turn to the left trying to lose altitude and get into a better position in case the gear didn't come down again. During all the maneuvering I was really trying to maintain my airspeed and not stall, and I didn't know what the stall speed or characteristics were without a windshield. So, trying not to stall and getting into better position I tried the landing gear again. The nose gear and the right main came down and illuminated green, and the left main gear did not come down and did not illuminate green. I then pushed on the left rudder and the right rudder very firmly a number of times to try to swing the left gear down. It still did not illuminate green. I was running out of altitude and was getting close to the runway so I decided to put the gear up and land on the belly. With the left gear not indicating down, I did not want to have to try to fight to control the airplane on the ground and not veer left into the canal. I also couldn't radio anyone to check if the gear was down because there wasn't time and it was too loud. I tried to maneuver to land as close to the

beginning of the runway as possible. We touched down fast but that was because I was counting on the gear to come down and slow us down to landing speed. We touched down level, flat, and straight and it was very smooth landing. We skidded down the runway and it was very smooth and level. We then went off the end of the runway, through a fence, over a road, and into a field. The fence got caught on the airplane and we were turned 90 deg from our path to a stop. I remember hitting the bumps after we left the runway and just trying to fly the airplane the entire time until we stopped. I looked back and my youngest child was screaming, and all of my family was visibly upset. I tried to open the pilot door but it was stuck, so I ripped the handle back and shoved open the door. We then exited the plane out the pilot door and walked away from the airplane to the road.