

NATIONAL TRANSPORTATION SAFETY BOARD NTSB Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.nts.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a) **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

Form 6120.1 (rev. 10/2006). This form replaces 6120.1/2.

B. DEFINITIONS

1. —Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage.

2. —Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowlings, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered —substantial damage" for purposes of this report.

3. —Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. —Fatal Injury" means any injury that results in death within (30) days of the accident.

5. —Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the

date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM It is necessary that **ALL** questions on this report be answered completely and accurately. If more space is needed, continue on a blank sheet.

was conducted by Federal, State, or Local government.

Nearest City/Place: Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

Air Medical Flight: Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Date & Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

Max Gross Weight: Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Airworthiness Certificate: For light sport aircraft, if aircraft certified as "Light Sport - Experimental", check both the —Light Sport" and —Experimental" check boxes.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Engine: Enter engine make and model information as indicated on the engine data plate.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including —Doing Business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under FAR Part 91 at the time of the accident.

Public Use: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight

use of Flight (FAR 91, 103, 133, 137): Indicate the type of operation was being conducted at the time of the occurrence using the following definitions:

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

BUSINESS—Includes all personal flying **without** a paid, professional fee for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying **with** a paid, professional fee.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

ERRY—Non-revenue flight under a special flight or —ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

POSITIONING—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

ERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include cultural, health, forestry, cloud seeding, firefighting, insect control, etc.

ERIAL OBSERVATION—Aerial mapping/photography, patrol, search

and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

PUBLIC USE—See definition above.

UNKNOWN—Use only if the primary purpose of flight is not known.

Other Aircraft œ Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check —Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identification: Provide the official 3 or 4 character airport identifier.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

Pilot Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators —Pilot A" and —Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate —none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as —Pilot-in-Command (PIC)" and all dual flight instruction given should be included as —Time as Instructor".

Additional Flight Crew Members: Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered —Revenue" passengers if they were being carried for compensation or hire. The option —FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public

use aircraft accidents and incidents BASIC INFORMATION Accident/Incident Location

Nearest City/Place: Ogden, State: Utah

ZIP: 84405 Country: United States

Latitude: 41-12.052903N (dd:mm:ss N/S) Longitude: 112-00.898063W (ddd:mm:ss E/W)

Date/Time

Date: Jan. 23, 2019 Local Time: 5:30

mm/dd/yyyy

Time Zone: MTN

Phase of Operation

Standing Takeoff (incl. initial climb) Cruise Hover Taxi Climb Maneuvering Other Descent Landing Approach Unknown

Collision with Other Aircraft

Midair On-ground **None**

Altitude of In-Flight Occurrence

4,436 ft MSL **AIRCRAFT INFORMATION**

Manufacturer: Cessna Model: R172K

Serial Number: R1722766 Registration Number: Amateur-built: Yes **No**

Max Gross Weight: 2550 lbs Weight at Time of Accident/Incident: lbs Location of

Center of Gravity at Time of Accident/Incident:

inches from nose or datum -or- Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

Airplane Balloon Blimp/Dirigible Glider Gyrocraft Helicopter Powered lift Ultralight Unknown

Type of Airworthiness Certificate (Check all that apply) **Standard Special**

Normal Restricted **Utility** Limited Acrobatic Provisional Transport Experimental

Special Flight Light Sport

Number of Seats: 4

Landing Gear

Fixed

If Large Aircraft, how many seats for:

Check any additional landing gear configuration that applies:

Flight Crew:

Tricycle Tailwheel

Cabin Crew:

Amphibian High Skid

Passengers:

Emergency Float Skid Float Ski Hull Ski/Wheel Unknown **Type of Maintenance Program**

Date Last Inspection: June 12, 2018 Annual *mm/dd/yyyy* Conditional (Amateur-built only) Manufacturer's

Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify:

Last Inspection Type

100 Hour Continuous Airworthiness AAIP Conditional Inspection Annual Unknown **Airframe Total Time:** 7082.6 hrs

hours measured at (*check one*)

Last Inspection Time of Accident/Incident

IFR Equipped

Yes No Unknown

Stall Warning System Installed **Yes** No Unknown

Type of Fire Extinguishing System

None Specify

ELT Installed **Yes** No

ELT Activated

Yes No

ELT Aided in Locating Accident/Incident

Yes No

ELT Manufacturer: _____ Model/Serial Number: _____

Battery Type: _____ Battery Exp. Date: _____ Engine Type

Reciprocating Turbo Jet Turbo Shaft Turbo Fan Turbo Prop Unknown

Reciprocating Fuel System Type

Carburetor Fuel Injected

Propeller Fixed Pitch

Controllable Pitch

Manufacturer: _____ McCauley _____ Model: _____

Engine Engine Manufacturer CONT.

Engine Rated Power Measured as (check one)

Horsepower or lbs of Thrust

Time Since Inspection (hours)

Time Since Overhaul (hours) Eng. 1

Eng. 2

Eng. 3

Eng. 4

Date

Total Engine

of Mfg.

Time Model/Serial IO-360 SER

(hours) Manufacturer's Serial Number

3

OWNER/OPERATOR INFORMATION Registered Aircraft Owner

Name: _____ Whitesands Inc _____

Fractional Ownership Aircraft: Yes No

Owner Address

City: _____ South Jordan _____ State: _____ Utah _____ ZIP: _____ 84095-4404 _____ Country:

_____ United States _____ Operator of Aircraft Same As Registered Owner

Name: _____ Axiom Aviation _____ Doing Business As:

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

Operator Address Same As Registered Owner

City: _____ Ogden _____ State: _____ Utah _____ ZIP: _____ 84405 _____ Country:

_____ Regulation Flight Conducted Under

Revenue Sightseeing Flight

FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type)

Yes No

FAR 103 FAR 133 Non-US, Commercial *Federal State Local* FAR 121 FAR 135 Non-US, Non-commercial Unknown FAR 125 FAR 137 Armed Forces

Air Medical Flight Yes No

Purpose of Flight

Revenue Operation

Type of Commercial Operating Certificate Held for FAR 91, 103, 133, 137 (Select one)

for FAR 121, 125, 129, 135 (Select one)

(Check all that apply)

Personal

Scheduled or Commuter Business

Non-Scheduled or Air Taxi Executive/Corporate Other Work Use Instructional

Domestic or International Ferry Domestic International Positioning Aerial Application

None Flag Carrier Operating Certificate (121) Supplemental Air Cargo Foreign Air Carriers (129) Commuter Air Carrier (135) On-Demand Air Taxi (135) Large Helicopter (127) Aerial Observation Air Drop Air Race / Show Flight Test

Rotorcraft External Load (133) - or - Agricultural Aircraft (137)

Public Use Unknown

Cargo Operation

Passenger/Cargo Passenger _____ How many? Cargo _____ lbs Mail Other Operator of Large Aircraft

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed Minor Substantial None **Registered Owner of Other Aircraft**

First Name: _____ Middle Initial: _____ Last Name: _____

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

Pilot of Other Aircraft

First Name: _____ Middle Initial: _____ Last Name: _____

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

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No Unknown

Total Time/Cycles (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage

None Substantial Minor Destroyed

Aircraft Fire

None Both Ground and In-Flight In-Flight Unknown Origin On-Ground

Aircraft Explosion

None Both Ground and In-Flight In-Flight Unknown Origin On-Ground

4

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

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: _____ KOGD _____ Airport Name: _____ Ogden Hickley Airport _____

Proximity to Airport Off Airport/Airstrip On Airport On Airstrip

Distance From Airport Center: _____ .01 _____ SM Direction From Airport: _____ degrees MAG

Airport Elevation: _____ 4473 _____ ft. MSL Approach Segment (Select one)

On Instrument Approach Landing Base leg Final Go Around Crosswind Downwind Low Approach Aborted Landing (after touchdown) **IFR**

Approach (Check all that apply)

None PAR MLS Practice ADF/NDB Sidestep LDA GPS SDF ILS ASR Loran VOR/TVOR Localizer Only Visual Unknown VOR/DME

LOC-back course Contact TACAN RNAV Circling

VFR Approach (Check all that apply)

None Stop and Go Traffic Pattern Touch and Go Straight-In Simulated Forced Landing Valley/Terrain Following Forced Landing Go Around

Precautionary Landing Full Stop Unknown

Runway InformationRunway ID: 17 (L/R/C) Length: 5195 ft Width: 100 ft**Runway/Landing Surface** (Check all that apply)Asphalt Grass/Turf Macadam Water Concrete Gravel Metal/Wood Unknown Dirt Ice Snow**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 Unknown Slush Covered Vegetation

FLIGHT ITINERARY INFORMATION Last Departure PointAirport ID: KOGDCity: OgdenState: UtahCountry: USA**Time of Departure**Time: 4:15 pmTime Zone: MT**Destination**Airport ID: KOGDCity: OgdenState: UtahCountry: USA**Type Flight Plan Filed**None VFR/IFR Company VFR IFR Military VFR Unknown VFR **Activated?** Yes No**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 E Prohibited Area Jet Training Area Special Class B Class G Restricted Area TRSA Air Traffic Control Area Class C Demo Area

Military Operations Area (MOA) FAR 93 Unknown Class D Warning Area Airport Advisory Area**Aircraft Load Description** (Check all that apply)None Towing Glider Parachutists Livestock Passengers Towing Banner Water Unknown Cargo Other External Chemical/Fertilizer/Seeds**FUEL & SERVICES INFORMATION Fuel on Board at Last Takeoff** (convert from pounds, as necessary) Gallons**Fuel Type**80/87 115/145 JP3 Other, specify 100 Low Lead Jet A JP4 100/130 Automotive JP5 **Other Services, if Any,****Prior to Departure**

5

EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed?** Yes No**Method of Exit** æ Describe how the occupants exited and how many occupants evacuated each location

“Right door was jammed shut, so both Student and I exited the plane through left door.”

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE Weather Observation FacilityFacility ID: KOGDObservation Time: 23:53 UTC Time Zone: MTDistance from Accident Site: 0 NMDirection from Accident Site: 0 degrees MAG**Method of Briefing** (Check all that apply)

In Person Teletype Telephone/Computer Aircraft Radio TV/Radio Unknown

Briefing Type/Completeness

Full Abbreviated Partial / Limited By Pilot Unknown Partial / Limited By Briefer Not Pertinent

Source of Weather Information (Check all that apply)

National Weather Service Company Flight Service Station Military TV/Radio Internet Automated Report Unknown Commercial Weather Service (DUATS)

Visibility10SM miles

Sky/Lowest Cloud ConditionClear Thin **Broken** Few Thin Overcast Partial Obscuration Unknown Scattered**Light Condition**Dawn Dusk **Day** NightDark Night Bright Night Not Reported **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**Wind Direction**Indicated: 0 degrees MAG

Variable

Ceiling None (clear) Obscured **Broken** Indefinite Overcast Unknown**Lowest Cloud Condition Height** 2000 ft AGL**Ceiling Height** 2500 ft AGL**Wind Speed** 0**Wind Gusts** 0**Type of Turbulence** (Check all that apply)Velocity: 0 KTSVelocity: 0 KTS**None** In Clouds -or- Clear Air Vicinity of Thunderstorm**Calm** Gusting **Severity of Turbulence** Light and Variable

Not Gusting

Extreme Moderate Light Severe Moderate Chop **NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident****Icing Forecast****Amount Type** **None** Moderate Rime Trace Severe Clear Light Mixed**Type of Precipitation** (Check all that apply) **Temperature:** -1 (C) or _____ (F)**None** Drizzle Rain Ice Pellets **Altimeter Setting:** 3020 in. HG

or _____ MB

Snow Snow Pellets Hail Snow Grains Rain Showers Ice Crystals **Density Altitude:** _____ ft

Freezing Rain Ice Pellets Shower

Dew Point: -8 (C)

Snow Shower Freezing Drizzle

or _____ (F)

Icing Actual**Amount Type** **None** Moderate Rime Trace Severe Clear**Intensity of Precipitation** Light Mixed Light Moderate Heavy

6

PILOT —A— INFORMATION Pilot —A— Responsibilities at the Time of Accident/IncidentPilot Co-Pilot Student Pilot **Flight Instructor** Check Pilot Flight Engineer Other Flight Crew**Pilot —A— Identification**First Name: Travis Middle Initial: J Last Name: RadmallCity: South Ogden State: UT ZIP: 84403 Country: USAAge at time of Accident/Incident: 26 Date of Birth: 92 Certificate Number:03/31/2021**Degree of Injury****None** Fatal Minor Unknown Serious**Seat Occupied**Left Front Unknown **Right Front** Rear Center Single**Seat Belt** Used **Yes** No Available **Yes** No

Shoulder Harness Used Yes No Available Yes No

Pilot Certificate(s) (Check all that apply)

None Student Recreational Commercial Flight Engineer Foreign Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation

Pilot Other Unknown

Medical Certificate

Date of Last Medical None Class 3 Class 1 Driver's License (Sport Pilot only)

_____ Class 2 Unknown

June 9, 2017

Medical Certificate Limitations NONE

Medical Certificate Waivers

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

12/13/2018

Medical Certificate Validity

Without limitation/waivers With limitations/waivers Unknown

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 Free 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 **Instrument number of hours in each box**)

Airplane All 247.6

This Make 231.4

Single Aircraft 247.6

& Model

Engine

Airplane Multiengine 0

Night 32.3

Actual 0

Simulated 40.3

Rotorcraft 0

Glider 0

Lighter Than Air 0

Total Time Pilot in Command (PIC) 179

Time as Instructor 41.4

This Make/Model 231.4

Last 90 Days 34.6

Last 30 Days 24.2

Last 24 Hours 3.9

7

PILOT —B— INFORMATION Pilot —B— Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot —B— Identification

First Name: _____ Gabino _____ Middle Initial: _____ Last Name: _____ Romero _____

City: _____ Roy _____ State: _____ Utah _____ ZIP: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____99____ Certificate Number:

10-27-2018 **Degree of Injury**

None Fatal Minor Unknown Serious

Seat Occupied

Left Front Unknown Right Rear Center Single

Seat Belt Used **Yes** No Available **Yes** No

Shoulder Harness Used Yes No Available Yes No

Pilot Certificate(s) (Check all that apply)

None **Student** Recreational Commercial Flight Engineer Foreign Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation

Pilot Other **Unknown**

Medical Certificate

Date of Last Medical None Class 3 **Class 1** Driver's License (Sport Pilot only)

Class 2 Unknown

08-2018

Medical Certificate Limitations Wear corrective lenses

Medical Certificate Waivers

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

mm/dd/yyyy

Medical Certificate Validity

Without limitations/waivers With limitations/waivers Unknown

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 Free 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 **Instrument** number of hours in each box)

Airplane All 22.6

This Make 22.6

Single Aircraft

& Model

Engine

Airplane Multiengine Night Actual Simulated Rotorcraft Glider

Lighter Than Air

Total Time Pilot in Command (PIC)

Time as Instructor 0

This Make/Model 22.6

Last 90 Days

Last 30 Days 15

Last 24 Hours 0

8

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information) Pilot

Name and Address

First Name: _____ Middle Initial: _____ Last Name: _____

Degree of Injury

None Fatal Minor Unknown Serious

Pilot Certificate(s) *(Check all that apply)*

None Student Recreational Commercial Flight Engineer Foreign Private Flight Instructor Sport Airline Transport U.S. Military **Type**

Rating/Endorsement for Accident/Incident Aircraft? Yes No

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

Seat Occupied

Left Front Right Rear Center Single

Unknown

Pilot Name and Address

First Name: _____ Middle Initial: _____ Last Name: _____

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Degree of Injury

None Fatal Minor Unknown Serious

Pilot Certificate(s) *(Check all that apply)*

None Student Recreational Commercial Flight Engineer Foreign Private Flight Instructor Sport Airline Transport U.S. Military **Type**

Rating/Endorsement for Accident/Incident Aircraft? Yes No

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

Seat Occupied

Left Front Right Rear Center Single

Unknown

Pilot Name and Address

First Name: _____ Middle Initial: _____ Last Name: _____

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Degree of Injury

None Fatal Minor Unknown Serious

Pilot Certificate(s) *(Check all that apply)*

None Student Recreational Commercial Flight Engineer Foreign Private Flight Instructor Sport Airline Transport U.S. Military **Type**

Rating/Endorsement for Accident/Incident Aircraft? Yes No

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

Seat Occupied

Left Front Right Rear Center Single

Unknown

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address ^t

ae_Sw

er_C-

no_Ne

uneve_Re

uneve_R-

no_Nt napucc_OA

A_FI

ata_Ps

uoire_Sy

rujn_Ir

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rujn_{lo} Nⁿ wonkn_U First Name: _____ Middle Initial: _____ Last Name: _____

Total Flight Time at the Time of this Accident/Incident: _____ hrs

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

First Name: _____ Middle Initial: _____ Last Name: _____

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

First Name: _____ Middle Initial: _____ Last Name: _____

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

First Name: _____ Middle Initial: _____ Last Name: _____

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

First Name: _____ Middle Initial: _____ Last Name: _____

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

First Name: _____ Middle Initial: _____ Last Name: _____

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

First Name: _____ Middle Initial: _____ Last Name: _____

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

First Name: _____ Middle Initial: _____ Last Name: _____

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

9

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 time and point of departure, intended destination, and services obtained.

See Attachment

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

Operator/Owner Safety Recommendation “Could have been prevented had I as the instructor been ready with to controls and pull power and re align the aircraft with the runway.”

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

Signature and Name of Pilot/Operator _____ 01-12-2020
 Signature: _____ Type or Print Name:
 _____ Travis Radmall _____ **Signature and Name of Person Filing Report if**
Other than Pilot/Operator
 Signature: _____ Type or Print Name:
 _____ Title:

FOR NTSB USE ONLY NTSB Accident/Incident No. Reviewed by NTSB Regional Office Name of Investigator
 Date Report Received

WPR19CA072 WPR LINK 1/16/2020

Travis Radmall Statement

My student and I were doing a training flight and inbound from doing maneuvers and we had a little extra time so we decided to work on landings for a few touch and goes. We entered the pattern on a right base for 17. Once we landed the plane, we put flaps up and then added the throttle. We added throttle before we were lined up with the runway and the plane accelerated off the runway and after trying to pull up the plane hit a snow bank and flipped over. I did not sustain any injuries and was able to climb out of the plane.

Travis Radmall

Gabino Romero Statement

My teacher and I were doing some maneuvers in the practice area in Ogden when we decided to go back in to Ogden because of the weather. When we arrived we decided we can practice some touch and go. The first touch and go we went around and we continued in the pattern the second one we actually landed. We put our flaps up and I put in power to start climbing. When I putted power the plane went of course we so we pulled back on the yoke but it didnt seem to have any affect, at this point we were in the snow. We pushed the breaks to stop and we hit a snow bank crossing us to flip over. We both were not injured.

Gabino Romero

Jason Child

President

Axiom Aviation LLC

