

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: LARAMIE State: WY

ZIP: 82070 Country: USA

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 2/10/2019 Local Time: 4:00 PM
mm/dd/yyyy

Time Zone: MOUNTAIN

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

AIRCRAFT INFORMATION

Registration Number: 549 CJ

Manufacturer: LANCAIR

Model: LANCAIR 4P

Serial Number: LIV 218

Year of Manufacture: 201

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 3550 lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 2

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard

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

Special

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

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

Landing Gear

(Check all that apply)

☐ Retractable

- ☒ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None
- ☐ 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. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>CONTINENTAL</u>	<u>T510-550 E</u>	<u>803033</u>	<u>4/5/14</u>	<u>356</u>	<u>307</u>	<u>91.6</u>	<u>307</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 3/1/2018
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: HARTZEL

Model: HC-H3XF-1RF/F7693DF Serial: LX 655P

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
 - ☐ Fire Damage
 - ☐ Battery Expired/Damaged
 - ☐ Unknown
- NORMAL
LANDING

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: CARL F LIFE

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: Aurora

State: CO ZIP: 80014

Country: US

Operator of Aircraft☒ Same As Registered Owner☐ Same Address as Registered Owner

Name: _____

Doing Business As: _____

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

City: _____

State: _____ ZIP: _____

Country: _____

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: LARAMIE Regional Airport

Airport Identifier: KLAR

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

Distance From Airport Center: 20 AIM NM

Direction From Airport: NW degrees true

Airport Elevation: 7283 ft. msl

Runway Information

Runway ID: 3/21 (L/R/C) Length: 8562 ft Width: 150 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
- ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base
- ☐ Initial Climb ☐ Final ☐ Crosswind
- ☐ Low Approach
- ☐ Go Around
- ☐ Aborted Landing (after touchdown)
- ☐ Unknown

IFR Approach *(Check all that apply)*

- ☐ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
- ☐ VOR/TVOR ☐ ILS ☐ ASR
- ☐ VOR/DME ☐ Localizer Only ☐ Visual
- ☐ TACAN ☐ LOC-back course ☐ Contact
- ☐ RNAV ☐ Circling
- ☐ Unknown

VFR Approach *(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: CARL E LIPE

Middle Initial: F

Last Name: LIPE

City of Residence: Aurora

State: CO

ZIP: 80014

Country: U.S.

Age at time of Accident/Incident: 62 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

1/28/19
mm/dd/yyyy

Medical Certificate Limitations

GLASSES

Medical Certificate Special Issuance

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

9/18
2/18
mm/dd/yyyy

Flight Review Aircraft

Make: 9/18- Beech Baron Pressurized
Model: 2/18 LANCAIR 4P

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

Multi Engine, IFR, COMM

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>2700</u>	<u>400</u>	<u>400</u>	<u>2200</u>	<u>200</u>	<u>150</u>				
Pilot in Command (PIC)	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>				
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: _____
 Middle Initial: _____
 Last Name: _____
 City of Residence: _____
 State: _____ ZIP: _____
 Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <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) <table border="0"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☐ Commercial</td> <td>☒ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☐ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☐ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>							☐ None	☐ Flight Instructor	☐ Commercial	☒ US Military	☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☐ Student	☐ Sport	☐ Flight Engineer			
☐ None	☐ Flight Instructor	☐ Commercial	☒ US Military																	
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign																	
☐ Student	☐ Sport	☐ Flight Engineer																		
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical _____ mm/dd/yyyy														

Medical Certificate Limitations

Medical Certificate Special Issuance

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

_____ mm/dd/yyyy

Flight Review Aircraft

Make: _____
 Model: _____

Airplane Rating(s) (Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, 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	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ 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	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ Foreign		
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: <u>Julian</u> City: <u>Aurora</u>	☐ Left	☒ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: <u>CO</u> ZIP: <u>80014</u>	☐ Center	☐ Minor	☐ None	☐ None	☐ If Under 5,
Last Name: <u>Lyons-Lipe</u> Country: <u>US</u>	☒ Right	☐ Serious	☒ 3-point	☒ 3-point	☐ Child Restraint
☐ Crew ☒ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown
			☐ Unknown	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ If Under 5,
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Child Restraint
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ If Under 5,
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Child Restraint
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ If Under 5,
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Child Restraint
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>CPR</u> City: <u>Casper</u> State: <u>WY</u> Country: <u>US</u>	Time of Departure Time: <u>3:30 pm</u> Time Zone: <u>MDT</u>	Destination Airport ID: <u>KFTG</u> City: <u>Watson</u> State: <u>CO</u> Country: <u>U.S.</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 ☐ 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>15,500</u> 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
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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 _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction ☐ Variable -or- <u>35 NE</u> Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- <u>35</u> kts Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- _____ kts Speed: _____ kts	Visibility <u>100</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft <u>-1000</u>
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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:

None

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)

WINDSHIELD blew out. RIGHT STABILIZER minor damage due to GLASS HITTING.

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.

2/10/19 - Trip to Casper, WY to see son & go to lunch.

Trip to Casper (Approx 4hr) non eventful.

Trip home, normal start, after walk around, fuel check
oil check WNL. START, TAXI, RUNUP - OK.

TAKEOFF OK. Pressurization set to 16,000' climb

to 15,500. About 20 NW of ~~CASPER~~ LARAMIE,

Level FLIGHT, ALL engine parameters WNL,

press-WNL. WINDSHIELD suddenly Blows out.

GS APPROX (255 KTS) Blew Headset into Back

Seat & unable to keep on head. Pulled Airplane

NOSE up to bleed Airspeed, Got Gear out

to slow & stabilize flight. Flew STRAIGHT INTO

RUNWAY 21 @ LARAMIE, Tried to ANNOUNCE but

couldn't hear much. LANDED, non eventfully,

TAXI to Ramp - Put in HANGAR. LEFT AIRPLANE

CONTACTED FAA, NTSB NEXT DAY

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

Operator/Owner Safety Recommendation ?

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.)

Separation of WIND SCREEN from fuselage. BONDING
AGENT? HYSOL? Method?Total Time/Cycles
On Part

N/A Hours

Cycles

Time Since This Part
Inspected/Overhauled

condition Insp

Hours

5 mo Ago

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

70

Gallons

Fuel Type

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

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

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.

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

Date of this Report

2/25/2019
mm/dd/yyyyName of Pilot/Operator: CHAD F LIPKSignature: 

-- 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.
WPR19LA088Reviewed by NTSB Regional Office
WPRName of Investigator
Zoë KeliherDate Report Received
02/28/2019