

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: SEDONA State: AZ

ZIP: 86336 Country: USA

Latitude: 34.85N Longitude: 111.79W

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

Accident/Incident Date/Time

Date: 05/01/2019 Local Time: 9:45 AM
mm/dd/yyyy

Time Zone: MST

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

AIRCRAFT INFORMATION

Registration Number: N6864Q

Manufacturer: BEECHCRAFT

Model: S35

Serial Number: D-7479

Year of Manufacture: 1964

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

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

Maximum Gross Weight: 3300 lbs

Weight at Time of Accident/Incident: 2700 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 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 | 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	TELEDYNE CONTINENTAL	IO 520 BA 23	822910 R	11/24/2004	285	877	21	877
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 08/25/2018
mm/dd/yyyy

Airframe Total Time: 5906 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: MACAULEY

Model: 3A32C406-C

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

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: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: D.L. SCHAEFER CO., LLCCity: SEDONA
State: AZ ZIP: 86351
Country: USAFractional Ownership Aircraft: ☐ Yes ☒ No**Operator of Aircraft** ☐ Same As Registered OwnerName: DONALD L. SCHAEFER☒ Same Address as Registered OwnerCity: SEDONA
State: AZ ZIP: 86351
Country: USA

Doing Business As: _____

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

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: SEDONA
Airport Identifier: KSE2
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 0 sm
Direction From Airport: N.E. degrees true
Airport Elevation: 4830 ft. msl**Runway Information**Runway ID: 321 (L/R/C) Length: 5132 ft Width: 100 ft**Runway/Landing Surface** (Check all that apply)

- ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

Condition of Runway/Landing Surface (Check all that apply)

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☒ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown)
☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

- ☐ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR ☐
☐ 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: DONALD

City of Residence: SEDONA

Middle Initial: L

State: AZ

ZIP: 86351

Last Name: SCHAEFER

Country: USA

Age at time of Accident/Incident: 75

Date of Birth: 1943 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

06/15/2017
 mm/dd/yyyy

Medical Certificate Limitations

MUST HAVE GLASSES AVAILABLE FOR NEAR VISION

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 11/14/2016
 mm/dd/yyyy

Flight Review Aircraft

Make: PIPER
 Model: PA28-181

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	1075.2	0	1074.3	.9	8.7		3.2			
Pilot in Command (PIC)	997.5	0	997.5		8.7		3.2			
Time as Instructor										
This Make/Model										
Last 90 Days	0									
Last 30 Days	0									
Last 24 Hours	0									

"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: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ 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 style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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 style="width: 100%;"> <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		Medical Certificate Validity <table style="width: 100%;"> <tr> <td>☐ Without limitations/waivers</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ With limitations/waivers</td> <td>☐ N/A</td> </tr> <tr> <td>☐ Special Issuance</td> <td></td> </tr> </table>		☐ Without limitations/waivers	☐ Unknown	☐ With limitations/waivers	☐ N/A	☐ Special Issuance	
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☐ Special Issuance																					
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Class 3</td> </tr> <tr> <td>☐ Class 1</td> <td>☐ Driver's License (Sport Pilot only)</td> </tr> <tr> <td>☐ Class 2</td> <td>☐ Unknown</td> </tr> </table>		☐ None	☐ Class 3	☐ Class 1	☐ Driver's License (Sport Pilot only)	☐ Class 2	☐ Unknown	Date of Last Medical _____ mm/dd/yyyy												
☐ None	☐ Class 3																				
☐ Class 1	☐ Driver's License (Sport Pilot only)																				
☐ Class 2	☐ Unknown																				

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) <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Instrument Airplane</td> </tr> <tr> <td>☐ Airplane Single-Engine</td> <td>☐ Instrument Helicopter</td> </tr> <tr> <td>☐ Airplane Multi-Engine</td> <td>☐ Helicopter</td> </tr> <tr> <td>☐ Gyroplane</td> <td>☐ Glider</td> </tr> <tr> <td>☐ Powered Lift</td> <td>☐ Sport</td> </tr> </table>	☐ None	☐ Instrument Airplane	☐ Airplane Single-Engine	☐ Instrument Helicopter	☐ Airplane Multi-Engine	☐ Helicopter	☐ Gyroplane	☐ Glider	☐ Powered Lift	☐ Sport
☐ 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 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 ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KSE2
 City: SEDONA
 State: AZ
 Country: USA

Time of Departure

Time: 9:45
 Time Zone: MST

Destination

Airport ID: KSE2
 City: SEDONA
 State: AZ
 Country: USA

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 ☐ Altitude of In-Flight Occurrence: _____ ft msl
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☒ Class E ☐ Restricted Area ☐ FAR 93

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility

Facility ID: KSE2
 Observation Time: 9:35 AM
 Time Zone: MST
 Distance from Accident Site: 0 nm
 Direction from Accident Site: N.A. degrees true

Basic Conditions

☒ VMC
☐ IMC
☐ Unknown

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

☒ Clear ☐ Thin Broken
☒ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling

☒ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Temperature: _____ (C) or _____ (F)

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

Altimeter Setting: _____ in. Hg
 or _____ MB

Lowest Cloud Condition Height

_____ ft agl

Ceiling Height

_____ ft agl

Wind Direction

☐ Variable

Wind Speed

☐ Calm
☐ Light and Variable

Wind Gusts

☒ Not Gusting

Visibility MORE THAN 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Direction: 120 degrees true

Speed: 6 kts

Speed: _____ kts

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

Icing Forecast

Amount ☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Icing Actual

Amount ☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence

Type (Check all that apply) ☒ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective Turbulence ☐ Extreme

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)*

LEFT WING BENT, MAIN & NOSE LANDING GEAR
DESTROYED ON IMPACT, BELLY DAMAGE, PROPELLOR
BLADE DAMAGE
PHOTOS ATTACHED

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.

SEE ATTACHED - NEXT PAGE (3 PAGES)

From: Larry's Macbook Pro [REDACTED]
Subject: N6864Q
Date: May 3, 2019 at 5:24 PM
To: Don Schaefer [REDACTED]

Hi Don,

Following, is a copy of the accident report I submitted to Mr. John Schroeder from the FAA during our meeting with him yesterday. It summarizes to the best of my knowledge, what I recall occurred prior to and during the event.

Dear Mr. Schroeder,

As to the accident that occurred this morning, I met Mr. Don Schaefer, owner of N6864Q this morning at the hangar where the aircraft is located at about 7:40 A.M. Prior to today I was aware that Mr. Schaefer had recently purchased the aircraft, that the insurance company told him because of his lack of prior experience in the make and model he would need ten hours dual with an instructor, and five hours solo before taking passengers. Also, that the insurance binder was now in effect. Mr. Schaefer also informed me previously that although he had owned a Cessna C-172 previously, he was not "current" and would need a Flight Review prior to his five hours solo time in the airplane.

When we met at his hangar this morning Mr. Schaefer informed me that he had read the P.O.H., that it was in the aircraft along with the Airworthiness Certificate and the temporary registration form. We then spent nearly one hour reviewing a number of issues concerning this particular Beechcraft Bonanza model, such as fuel sumps, tire pressures, oleo strut spacing, cabin door opening in flight, and a number of other items before pulling the airplane out of the hangar.

This mornings flight would be the first time the airplane had flown since Mr. Moore did a pre-buy inspection on it the previous week. Upon my arrival this morning at the hangar, Mr. Schaefer also told me that he had already done a pre-flight inspection and that everything appeared to be as it should be and in proper working order. He said that the airplane had been topped off with fuel last week by the previous owner at the Deer Valley Airport before it was flown to Sedona for the pre-buy and we opened the fuel cap on the left wing to visibly observe the fuel level since it had been flown to Sedona using that tank.

After pulling the airplane out of the hangar Mr. Schaefer and I sat in the cockpit for an estimated 30 minutes before starting the engine, reviewing the location of all switches, circuit breakers, instruments and a number of other items called for on the Prior To Engine Start check list. I also reviewed with him other things such as proper closing of the cabin door, stowing of the emergency gear extension handle, what to do in the event that the cabin door should open after lift-off, etc. It was also at that time that we decided to switch the fuel selector from the left wing to the tank on the right wing and then I told Mr. Schaefer that not all fuel selectors were designed the same in that some have the long end of the handle designed to point to or indicate the tank selected and that others were designed to use the short end as the tank selected. He confirmed

that on this make and model Bonanza the indicator was the short end of the handle and that he was turning it to select the right tank.

Prior to today during one of our conversations we also discussed the unique considerations that pilots should be aware of when flying from the Sedona Airport. Such as, at what point on the take-off roll and under what circumstances should an aborted take-off be considered and what are the available options should an emergency present itself after departing the airport boundary because of the surrounding hostile terrain. Having flown a C-172 to and from Sedona on a number of occasions previously, he said he was aware of the problem this airport presented in the event of such an emergency and after listening to him I felt that he had a reasonable understanding of the alternatives.

The check list was carefully followed item by item for the engine start, taxi and movement to the runup area short of Runway 21. At that point we spent another 15 - 20 minutes carefully going over the pre-takeoff procedures because everything was a new learning experience for Mr. Schaefer since he had not previously owned or flown a Beechcraft Bonanza.

The engine run-up prior to takeoff was normal as we adjusted the mixture for best operation considering the density altitude at the Sedona Airport, the magnetos check out properly with little loss of RPM and the propeller was cycled as called for. Everything done in accordance with the checklist indicated to me that the aircraft was operationally safe for flight. Prior to today's flight I told Mr. Schaefer that because he was not familiar with this make and model airplane, the primary purpose of this first flight was to allow him time to become familiar with the handling and flight characteristics and that one of the goals of this and future instructional flights was to help him achieve a satisfactorily level of comfort and proficiency in flying the airplane.

There was only one other pilot that called on the unicom frequency to report that she was four miles from the airport and intended to fly a left-hand pattern and land on Runway 3. I advised Mr. Schaefer that there would be ample time for us to depart and he then announced on the unicom frequency that we were going to depart on Runway 21. Mr. Schaefer then proceeded to taxi onto the runway and when the aircraft was aligned with the center line he slowly advanced the throttle as I monitored the engine instruments and announced that the airspeed indicator "was alive". We discussed beforehand what our rotation speed would be (between 75 and 80) and that the airspeed indicator showed both MPH's and knots. Acceleration appeared to be normal and when Mr. Schaefer called out "80" he applied increased back pressure on the dual control column as I confirmed because I also had my hands lightly held on the column in order to provide assistance quickly if I felt the rotation and initial pitch attitude was not proper.

Immediately after rotation I heard the engine RPM be reduced suddenly and it sounded exactly as if the throttle was being pulled aft from a full forward position to that of idle. It did not sound at all as if there had been a sudden engine stoppage. Because the aircraft had just rotated off the runway in a normal pitch-up attitude, the airspeed quickly deteriorated because of the sudden reduction of thrust and almost immediately the stall horn sounded

reduction of thrust and almost immediately the stall horn sounded. Instinctively, both I and Mr. Schaefer pushed forward on the control column and we were probably not more than ten feet off the ground. Also, at that point the stall warning horn was continuously sounding and the right wing had lowered. In retrospect, I suspect that by then the right wing had begun to stall and as such the aircraft heading was beginning to turn to the right and I saw that we were now passing over the bare ground between the runway and taxi-way.

It happened so quickly that there was no time to take other evasive action but to brace for impact. The investigation will no doubt conclude what actually happened but these words can best describe at this moment my recollection of the event. Neither Mr. Schaefer or I sustained any noticeable injuries and we were most fortunate that things happened at the time they did in our takeoff roll rather than a moment or two later when the terrain would have resulted in other circumstances.

I look forward to seeing you in person tomorrow and will be available if you or any other members of the FAA's team assigned to investigate this accident, has any further questions.

Sincerely,
Larry F. Stoffers

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

Operator/Owner Safety Recommendation

I DO NOT KNOW. FIA ON-SITE REPRESENTATIVE
(JOHN SCHROEDER) INDICATED THAT THE
PROPELLER WAS NOT TURNING AT TIME OF
IMPACT AND LIKELY CAUSE WAS FUEL
STARVATION.

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.)

POSSIBLE FUEL PUMP MALFUNCTION

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)

70

Gallons

Fuel Type

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

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

EXITED DOOR ON RIGHT SIDE OF CABIN

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

05/08/2019
mm/dd/yyyy

Name of Pilot/Operator:

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.
WPR19LA128Reviewed by NTSB Regional Office
WPRName of Investigator
Michael HuhnDate Report Received
5/9/19