

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: PHOENIX State: AZ
 ZIP: 85027 Country: UNITED STATES
 Latitude: 33-41-17.9000N Longitude: 112-04-57.2000W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 12/11/2019 Local Time: 08:15
 mm/dd/yyyy
 Time Zone: GMT/UTC-7

Collision with Other Aircraft: Midair On-ground (None)

AIRCRAFT INFORMATION

Registration Number: N2822F
 Manufacturer: PIPER
 Model: PA-34-200T
 Serial Number: 34-7970260
 Year of Manufacture: _____
 Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 4750 lbs
 Weight at Time of Accident/Incident: _____ lbs
 Number of Seats: _____ Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
 Number of Engines: _____

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/Serial	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							
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: _____
 mm/dd/yyyy

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

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

None
 Specify: _____

Propeller 1

Fixed Pitch
 Controllable Pitch ☒
 Ground Adjustable

Manufacturer: _____
 Model: _____

Propeller 2

Fixed Pitch
 Controllable Pitch ☒
 Ground Adjustable

Manufacturer: _____
 Model: _____

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

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: FLYING POWDEROSA LLCCity: LOS ALAMOS
State: NM ZIP: 87544
Country: UNITED STATES

Fractional Ownership Aircraft: Yes No

Operator of Aircraft *Same As Registered Owner*

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

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: DEER VALLEY AIRPORT

Distance From Airport Center: _____ sm

Airport Identifier: KDVT

Direction From Airport: _____ degrees true

Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 1478.1 ft. msl**Runway Information**Runway ID: 2R (L/R/C) Length: 8196 ft Width: 100 ft**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

Runway/Landing Surface (Check all that apply)

Asphalt ☒ Grass/Turf Macadam Water
Concrete ☐ Gravel Metal/Wood
Dirt ☐ Ice Snow 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
Straight-In
Valley/Terrain Following
Go Around
Full Stop ☒
Stop and Go
Touch and Go
Simulated Forced Landing
Forced Landing
Precautionary Landing
Unknown

"FLIGHT CREWMEMBER 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: DOAN City of Residence: GLENDALE

Middle Initial: J State: _____ ZIP: _____

Last Name: ZIMMERMAN Country: _____

Age at time of Accident/Incident: 48 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 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 <u>06/05/2018</u> mm/dd/yyyy

Medical Certificate Limitations

MUST HAVE AVAILABLE GLASSES FOR NEAR VISION.

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/20/2019
mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) (Choose all that apply) None ☐ Single-Engine Land ☒ Single-Engine Sea ☐ Multiengine Land ☒ Multiengine Sea ☐	Other Aircraft Rating(s) (Choose all that apply) None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐	Instrument Rating(s) (Choose all that apply) None ☐ Airplane ☒ Helicopter ☐ Powered Lift ☐	Instructor Rating(s) (Choose 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)	3775									
Time as Instructor	3361	1157	2204	1157						
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: _____ 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					
None	Flight Instructor	Commercial	US Military														
Private	Recreational	Airline Transport	Foreign														
Student	Sport	Flight Engineer															
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	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		Date of Last Medical _____ mm/dd/yyyy	
None	Class 3																
Class 1	Driver's License (Sport Pilot only)																
Class 2	Unknown																
Without limitations/waivers	Unknown																
With limitations/waivers	N/A																
Special Issuance																	

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) <i>(Check all that apply)</i>				Restraint Type:		Inflatable	
None		Flight Instructor	Commercial	US Military	Available	Used	Restraints
Private		Recreational	Airline Transport	Foreign	None	None	
Student		Sport	Flight Engineer		Lap Only	Lap Only	Not Installed
					3-point	3-point	Installed
					4-point	4-point	Not Deployed
					5-point	5-point	Deployed
					Unknown	Unknown	Unknown
Type Rating/Endorsement for			Total Flight Time at the Time				
Accident/Incident Aircraft?			of this Accident/Incident: _____ hrs				
Yes	No						

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
				Available	Used	Restraints
None	Flight Instructor	Commercial	US Military	None	None	
Private	Recreational	Airline Transport	Foreign	Lap Only	Lap Only	Not Installed
Student	Sport	Flight Engineer		3-point	3-point	Installed
				4-point	4-point	Not Deployed
				5-point	5-point	Deployed
				Unknown	Unknown	Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident:			
Yes	No		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>JAMES</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>SUNDER</u> Country: _____ Crew _____ Passenger ☒ Other _____	Left Center Right ☒ Unknown	None ☒ Minor Serious Fatal Unknown	Available None Lap Only 3-point ☒ 4-point 5-point Unknown	Used None Lap Only 3-point ☒ 4-point 5-point 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	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point 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	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point 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	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point 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: <u>KSEB</u> City: <u>SEDONA</u> State: <u>AZ</u> Country: <u>UNITED STATES</u>		Time of Departure Time: <u>07:45</u> Time Zone: <u>PAT-7</u>		Destination Airport ID: <u>KGEU</u> City: <u>GLENDALE</u> State: <u>AZ</u> Country: <u>UNITED STATES</u>		Type Flight Plan Filed None ☒ VFR/IFR Company VFR ☐ IFR Military VFR ☐ Unknown VFR ☐ Activated? Yes ☐ No ☐ Unknown ☐	
Type of ATC Clearance/Service (Check all that apply) None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☒ Cruise VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA ☐							
Airspace where the accident/incident occurred (Check all that apply) Class A ☐ Class B ☐ Class C ☐ Class D ☒ Class E ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown ☐ Altitude of In-Flight Occurrence: <u>APPROX. 1,800</u> ft msl							
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE							
Source of Pilot Weather Information (Check all that apply) National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true				
Basic Conditions VMC ☒ IMC ☐ Unknown ☐		Light Condition Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Day ☒ Night ☐ Bright Night ☐					
Sky/Lowest Cloud Condition Clear ☒ 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		Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft			
Wind Direction Variable ☐ -or- Direction: _____ degrees true		Wind Speed Calm ☐ Light and Variable ☐ -or- Speed: _____ kts				Wind Gusts Not Gusting ☐ -or- 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 ☒ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown ☐ Type N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☐		Icing Actual Amount None ☒ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown ☐ Type N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☐		Turbulence Type (Check all that apply) None ☒ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence ☐ Severity Light ☐ Moderate ☐ Severe ☐ Extreme ☐			
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 							

Aircraft DamageNone
MinorSubstantial ☒
Destroyed
Unknown**Aircraft Fire**None ☒
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None ☒
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

SUPPORT CABLE FOR POWER OR TELEPHONE POLE, MULTIPLE
CARS.

RELATIVE 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.

- Donn Zimmerman, CFI, CFII, MEI
- Logged PIC 3775 hrs. (1280hrs multi engine)
- 3,361 hours of dual given (2204 single engine, 1157 hours multi engine in PA34-200T)
- All multi engine time in a Piper Seneca, Piper Seminole)
- Last 90 days 3 hours, last 12 months 5 hours (checkout flight with CFI in Diamond DA-40)
- Checklists were utilized during all legs and run ups were performed before each take off.
- On December 10th, 2019, I prepared for a flight of a Piper Seneca II N2822F to KSEZ. Total flight time for the trip was 2.8 hours, which included a currency flight before departure on the first leg.
- After the preflight inspection, James Snider and I washed the aircraft and added enough fuel to bring the indicated fuel level to 40 gallons per side.
- After some solo touch and gos/full stop landings at KGEU for currency, I picked up James at the ramp and we departed on a direct flight to KSEZ.
- I dropped off James at KSEZ and flew direct to KPAN and left the aircraft there overnight.
- December 11th I flew direct from KPAN to KSEZ, picked up James on the ramp and departed for KGEU. The engines were not shut down during the pickup, but a runup check was still performed before departure.
- Shortly after departure, we decided to head to KDVT instead and picked up flight following north of Back Canyon City.
- Around the time we picked up flight following, I noticed that the fuel in the left tank was indicating 22 gallons and the right tank was indicating 20. I used it as an opportunity to show James, who had inquired about fuel controls the previous day, how to crossfeed by switching the right engine fuel selector to draw from the left tank. I held my hand on the right engine fuel selector for a few minutes with the intention of moving it back to the full forward position, but do not have a specific memory of doing so.
- On approach to Deer Valley, we were cleared for the north runway, but, after letting them know that we would be going to the south ramp, we were told to expect the south runway. For spacing, we were asked to widen our base leg.
- My passenger noted on the base to final turn that we were on glideslope, but when established on final with 40 degrees of flaps, I noticed that we were below the PAPI's with a 600fpm descent rate. I made a power adjustment at that time to shallow the descent and get back on glideslope.
- I noticed the descent rate had increased significantly despite the previous power increase and immediately heard my passenger say that he thought we had lost an engine. I followed the procedure for engine failure and applied full power to verify that there was a failure and to identify which engine had failed. There was no noticeable yaw to confirm which engine had failed and my immediate thought was dual failure -fuel starvation, assuming that the right engine fuel selector was still on crossfeed and that the indicated fuel for the left tank had not been accurate. While looking for a landing area, I reached down and made sure that both fuel selectors were in full forward position before attempting a restart. I do not have a memory of whether the right engine fuel selector was still in the crossfeed position at that time.
- Seeing that there was no clear area to land, I spent a few seconds trying to restart the engines, but, moments later, a forced landing was clearly unavoidable due to obstacles and powerlines beyond the area our glidepath was holding.
- After landing, I secured the aircraft before exiting.

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

Operator/Owner Safety Recommendation

If the cause had been fuel starvation, my recommendation would be to always double check fuel indications.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No

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

Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

____ 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

passenger first, then pilot through main door.

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☐ Substantial☐ Minor☐ 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**03/10/2020
mm/dd/yyyy**Name of Pilot/Operator:**DOWN CAMPBELL (Pilot)**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.**

WPR20LA038

Reviewed by NTSB Regional Office

AS-WPR

Name of Investigator

Joshua Cawthra

Date Report Received

3/11/2020