

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: Village of ENCINO State: NM
ZIP: 88321 Country: USA
Latitude: 34.653491N Longitude: 105.4459883W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 03/04/2020 Local Time: ~ 12:00
mm/dd/yyyy Time Zone: MTN

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

AIRCRAFT INFORMATION

Registration Number: N505MA

Manufacturer: Flight Design

Model: CTLS

Serial Number: F-08-05-08

Year of Manufacture: 2008

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

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

N/A

Maximum Gross Weight: 1320 lbs

Weight at Time of Accident/Incident: ~ 1025 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 1

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)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	<u>Rotax</u>	<u>912 ULS</u>	<u>5650808</u>	<u>unk</u>	<u>100</u>	<u>~ 638</u>	<u>unk</u>	<u>N/A</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/06/2019
mm/dd/yyyy

Airframe Total Time: ~ 638 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: hand held

Propeller 1

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

Manufacturer: Neuforg

Model: CR3-65-47-101,6"

Propeller 2

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

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: AMERI-KING

Model or Part No.: AK-450

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

N/A

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: Panel Mtd. GPS

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Mauldin Aviation LLC</u>		City: <u>Marietta</u> State: <u>NM</u> ZIP: <u>87035-2812</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
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 <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <u>N/A</u> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <u>N/A</u> ☐ Aerial Application ☐ Firefighting ☐ Unknown ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Race/Show ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☒ Personal ☐ Executive/Corporate ☐ Positioning ☐ External Load ☐ Skydiving ☐ Ferry			
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>NONE</u> Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A		Distance From Airport Center: <u>N/A</u> sm Direction From Airport: <u>N/A</u> degrees true Airport Elevation: <u>N/A</u> ft. msl	
Runway Information <u>N/A</u> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush-Covered ☐ Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water <u>N/A</u> ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> <u>N/A</u> ☐ 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 <i>(Check all that apply)</i> <u>N/A</u> ☐ 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 <i>(Check all that apply)</i> <u>N/A</u> ☐ 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: Robert

City of Residence: Estancia

Middle Initial: L

State: NM ZIP: 87016

Last Name: Adams

Country: USA

Age at time of Accident/Incident: 79 Date of Birth: 1940 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 Retired
☐ 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

4/11/2003
mm/dd/yyyy

Medical Certificate Limitations

Valid/current NEW MEXICO Drivers License [REDACTED]

Medical Certificate Special Issuance

N/A

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

09/27/2019
mm/dd/yyyy

Flight Review Aircraft

Make: Flight Design
Model: CTLS

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings N/A**Student Endorsements** (Include dates)

N/A

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>2173</u>	<u>329</u>	<u>2169.9</u>	<u>3.1</u>	<u>79.9</u>	<u>0.6</u>	<u>48.3</u>	<u>0</u>	<u>0</u>	<u>0</u>
Pilot in Command (PIC)	<u>2034.8</u>	<u>32.9</u>	<u>2034.8</u>	<u>0</u>	<u>79.9</u>	<u>0.6</u>	<u>48.3</u>	<u>0</u>	<u>0</u>	<u>0</u>
Time as Instructor	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
This Make/Model										
Last 90 Days	<u>14.6</u>	<u>11.8</u>	<u>14.6</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last 30 Days	<u>3.9</u>	<u>3.9</u>	<u>3.9</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last 24 Hours	<u>2</u>	<u>0.5</u>	<u>0.5</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

"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 **N/A**

"Flight Crewmember 2" Identification

First Name: **NONE**

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 **N/A**

Seat Occupied

☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Single ☐ Center **N/A**

Restraint Type**Available**

☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown **N/A**

Used

☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown **N/A**

Inflatable Restraints

☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown **N/A**

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer **N/A**

Principal Occupation

☐ Pilot ☐ Other ☐ Unknown **N/A**

Medical Certificate

☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown **N/A**

Medical Certificate Validity

☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance **N/A**

Date of Last Medical

mm/dd/yyyy **N/A**

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: mm/dd/yyyy **N/A**

Flight Review Aircraft

Make: **N/A**

Model: **N/A**

Airplane Rating(s)

(Check all that apply)

☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea **N/A**

Other Aircraft Rating(s)

(Check all that apply)

☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift **N/A**

Instrument Rating(s)

(Check all that apply)

☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift **N/A**

Instructor Rating(s)

(Check all that apply)

☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport **N/A**

Type Ratings

N/A

Student Endorsements (Include dates)

N/A

Flight Time (Enter appropriate number of hours in each box)

All Aircraft **N/A**

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

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

FLIGHT ITINERARY INFORMATION						
Last Departure Point Airport ID: <u>ØEØ</u> City: <u>Moriarty</u> State: <u>NM</u> Country: <u>Torrance</u>		Time of Departure Time: <u>≈ 12:00</u> Time Zone: <u>MTN</u>		Destination Airport ID: <u>ØEØ</u> City: <u>Moriarty</u> State: <u>NM</u> Country: <u>Torrance</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>N/A</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 <u>ØEØ</u> ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather			Weather Observation Facility (<u>Leidos used or most likely used</u>) Facility ID: <u>KCQC</u> Observation Time: <u>10:36</u> (<u>my call time</u>) Time Zone: <u>MTN</u> Distance from Accident Site: <u>≈ 20</u> nm Direction from Accident Site: <u>≈ 312</u> 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 Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>≈ 55</u> (F) Dew Point: _____ (C) or <u>unk</u> (F) Altimeter Setting: <u>≈ 30.00</u> in. Hg or _____ MB		
Wind Direction ☐ Variable <u>N/A</u> -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>40</u> miles RVR: <u>N/A</u> feet RVV: <u>N/A</u> miles Density Altitude: <u>≈ 7,500</u> ft			
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ 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: <u>None N/A</u>						

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>ØEØ</u>	Time: <u>≈ 12:00</u>	Airport ID: <u>ØEØ</u>	☒ None ☐ VFR/IFR
City: <u>Mariarty</u>		City: <u>Mariarty</u>	☐ Company VFR ☐ IFR
State: <u>NM</u>	Time Zone: <u>MTN</u>	State: <u>NM</u>	☐ Military VFR ☐ Unknown
Country: <u>Torrance</u>		Country: <u>Torrance</u>	☐ VFR
			Activated? ☐ Yes ☐ No ☐ Unknown

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☒ Unknown / NA

☐ 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

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility (Leidos used or most likely used)
☐ National Weather Service ☒ Flight Service Station ☐ TV/Radio ☒ Automated Report QEF ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Facility ID: KCRQ Observation Time: 10:36 (my call time) Time Zone: MTN Distance from Accident Site: 20 nm Direction from Accident Site: 312 degrees true

☒ VMC
☐ IMC
☐ Unknown

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

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

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

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

Altimeter Setting: 30.00 in. Hg
or MB

☐ Variable *N/A*

-or-

Direction: _____ degrees true

☒ Calm
☐ Light and Variable
-or-
 Speed: _____

☐ Not Gusting
 -or-
 Speed: _____ kts

Visibility	40	miles
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RVR: *N/A* feet

RVV: *N/A* miles

Density Altitude 7500 ft

☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers

☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals

☐ Freezing Rain
☐ Snow Shower
☐ Ice Pellets Shower
☐ Freezing Drizzle

☒ None	☐ Fog
☐ Blowing Dust	☐ Ground Fog
☐ Blowing Sand	☐ Haze
☐ Blowing Snow	☐ Ice Fog
☐ Blowing Spray	☐ Smoke
☐ Dust	☐ Unknown

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

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

Type (Check all that apply)

☐ None

☐ Clear Air

☐ Terrain-Induced

☒ Convective Turbulence

Severity

☒ Light

☐ Moderate

☐ Severe

☐ Extreme

NONE N/A

About 10:00 local Mtn time I had looked on line at the NOAA 7 day for OE0 and 04 (Wednesday) looked the best option. I listened to the OE0 AWOS-3 by phone. I contacted Leidos FSS for a standard wx. Briefing for a 40 mile radius of OE0. I scheduled the airplane with the owner for a 1 hour local flight.

My wife and I traveled from home to the airport in separate vehicles as after my launch, she was going to get groceries and take them home. As we had done many times before, worked together on hangar doors, chocks, removing protective pads, installing headset etc. The preflight was never rushed, I do the checks that might require a "halt" first. Such as visible check fuel level, check the engine oil level, coolant level, Zoon battery level, examine fuel at the gascolater quick drain. Then do the checklist.

The CTLS has an aprox. 5 inch horseshoe shaped "tygon tubing" visual fuel level site gauge in each wing root. I used the site gauge to determine the right wing had well above the 5 gallon mark, the left wing also above the 5 gallon mark. I told my wife 7 right 6 left, do not need to add fuel for a one hour local flight.

Normal taxi: run up: Waited a few minutes for the Dynon EMS-D120 RPM band to turn green as the oil temp reaches 122 degrees. Both Electronic ignition boxes and carb heat check is normal.

Take off on Runway 18 was normal, climbed out at about 4950 RPM (owner prefers engine operation below 5000) turned to a heading of about 120 degrees. I touched the function button on the transponder to check new flight time is being recorded, it was. Air was light/moderate chop so I decided to climb up to 9500. Air was still unstable at 9500 so I tried 4860 RPM level flight, and then tried to hold plus minus 50 feet only varying pitch. As I started to make out N17 (Vaughn, NM) I began a descending right turn towards the village of Encino, NM. (I had scheduled a local fight)

At 8500 feet and a couple of miles from Encino the engine losses some RPM's, recovers, and I roll the airplane a few degrees to the left and the engine runs normal for some number of seconds, I roll to the right and engine runs normal for some number of seconds, going to 71 knots glide, I hold 8500 for a while, I pick my emergency landing site, the county road N out of Encino. I do the emergency check list from memory. I had the road "made" with enough altitude to over fly East to West, fly a short downwind, a left base to final, North towards the ranch.

As my left downwind was close in my left base going to be almost like a circle to land. On left base I raised the nose to slow down to approach speed, (I had not retarded the throttle to idle nor turned the ignition to off), the engine surged to life and the end of the road/runway was no longer my option. I flew East, made a 45 degree left bank turn of about 170 degrees back towards the road. I tried to hold the nose gear off with elevator but was not successful. I think the small diameter main gear tires caught in the "clump grass" of the pasture.

Airplane came to a stop inverted approximately 1 and 1/3 miles North of the village of Encino, NM. I unhooked, dropped down, check all electrics off, ignition off, crawled out copilots window. Called wife with cell phone. When that was successful I reset the ELT. Called the owner, called Leidos FSS for more info on who to call next.

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)

Nose gear snapped off, Propeller 2 blades destroyed, main gear wheel
Pants off, TOP of TAIL smashed. Firewall cracked.
Pasture has shallow scar(s) along Landing path

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 sheet.

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

Operator/Owner Safety Recommendation

- 1) Had a 2nd person confirm what the pilot said was the Level
- 2) Encourage LSA manufacturer to ask for a gross weight increase -
Flight Design, Tecnam, Bristelle, etc. are very capable machines.
But, legal operation is always a struggle to carry a useful passenger
load along with a useful fuel load.
- 3) Training or Emergency chk. List change: With an intermittent
engine at the landing site, turn off mags/ignition, close throttle,
ie: complete landing as a glider.

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

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

Please have investigators look for, mixture enrich valves/enrich
cable problem, fuel pump cracked diaphragm, failed hose/fitting,
pressure x dcr., gascolator, anywhere fuel could have gotten away.

Total Time/Cycles
On Part N/A____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled N/A

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)Pilot Recorded 13 Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☒ Other, specify 91 AKI☐ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

Other Services, if Any, Prior to Departure

N/A**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Pilot exited the co-pilot's window**OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number

N/AManufacturer: N/A

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☒ None

Registered Owner of Other Aircraft

N/A

Pilot of Other Aircraft

N/A

Name: _____

Name: _____

City: _____

City: _____

State: _____

ZIP: _____

State: _____

ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

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

Date of this Report

03/16/2020
mm/dd/yyyyName of Pilot/Operator: Robert Lee Adams

Signature: _____

-- or --

☒ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report** N/A

Name: _____

Title: _____

Signature: _____

-- or --

☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

WPR20LA098

Reviewed by NTSB Regional Office

OAS WPR

Name of Investigator

SMITH, M.

Date Received

3-23-2020