

FLIGHT CREWMEMBER II INFORMATION

Flight Crewmember II Responsibilities at the Time of Accident/Incident

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

Flight Crewmember II was pilot flying ☒ Yes ☐ No

Flight Crewmember II Identification

First Name: JOSEPH

City of Residence: Concord

Middle Initial: D

State: CA ZIP: 94520

Last Name: CHAGAS

Country: USA

Age at time of Accident/Incident: 79 Date of Birth: 1941 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 <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) ☐ None ☒ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance															
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown	Date of Last Medical 10-12-2019 mm/dd/yyyy															

Medical Certificate Limitations

Must wear lenses for distance -carry glasses for near vision

Medical Certificate Special Issuance

none

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01-12-2020 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 172 L

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
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Type Ratings

LR-JET

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	21K+	485+/-	8K+	10+	1850+	3K+	200			
Pilot in Command (PIC)	19K+	480								
Time as Instructor	3.500	100+								
This Make/Model										
Last 90 Days	40	25								
Last 30 Days	25	11				2.0	6.0			
Last 24 Hours	2.0	2.0								

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Keer</u> City: <u>Concord</u> State: <u>USA</u> Country: <u>CA</u>	Time of Departure Time: <u>10:35</u> Time Zone: <u>Pacific</u>	Destination Airport ID: <u>KBIH</u> City: <u>Bishop</u> State: <u>CA</u> Country: <u>USA</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 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: _____ ft msl
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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	☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown
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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: 85 (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

-or-
 Direction: _____ degrees true

Wind Speed

☐ Calm
☒ Light and Variable

-or-
 Speed: _____ kts

Wind Gusts

☒ Not Gusting

-or-
 Speed: _____ kts

Visibility

10 + miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ 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	Type
☒ None	☐ N/A
☐ Trace	☐ Rime
☐ Light	☐ Clear
☐ Moderate	☐ Mixed
☐ Severe	☐ Unknown
☐ Unknown	

Icing Actual

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

Turbulence

Type (Check all that apply)	Severity
☒ 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:

Runways closures at Departure and destination airport
IFR conditions mountain areas, smoke and Haze

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)

The engine and propellers were totaled. The right side of engine cowling was pushed back including the cowl flap on this side.
The gear doors were not damaged and the gear was lowered normally after aircraft was lifted. All doors opened and closed normally.
The belly skins were damaged to the gear enclosure pods.
The tail hook is missing and one of the belly antennae was recovered smashed.

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.

On September 25, 2020 a VFR flight plan was filed from KCCR to KBIH, direct to Tioga Pass, direct Bishop, California. Also, an IFR flight plan was filed from RBRTS intersection to KBIH, because of smoke and low visibility in valley. The flight plan was activated at 17:35 and near KSCK, climbing to 11,500 feet, we called NORCAL and was given a transponder code. The aircraft was NOT showing on his screen and after recycling the transponder it remained blank. A turn to a heading of 130° was given for radar identification and after that was clear to resume own navigation.
After passing the Yosemite Valley area, near the Pass, we scanned the valley and it was very dense smoke toward destination.
The condition was discussed and without a reliable transponder we did not ask for the IFR clearance. A landing at an airport nearby in clear weather, arrange for ground transportation and continue by land was suggested and accepted. The owner earlier mentioned canceling the flight and returning to home base.
Lee Vining, (024) the nearest airport was not chosen because of lack of ground support and Bryant near Bridgeport (057), was the destination. I attempted to call Riverside radio to update the flight plan, but it was not a clear communication and decided to call when landed.
Arriving at the vicinity of Bridgeport we descended to traffic pattern altitude of 7,500 feet and configured N300JC for the landing at runway 16 by extending the gear and approach flaps. Speed brakes used to loose altitude. On base the runway centerline was overshot and corrected for alignment. Asked for full flaps. At this point, I found myself too low and increased power, already approaching the runway had to make a correction to the right to stay on centerline. At the approach speed of 80 and in this unstable condition, and at a high density altitude airport, I decided to go-around. Applied full power adjusted the pitch, started to climb and raised the gear. At this moment, the passenger, also a pilot, INADVERTENTLY and PREMATURELY retracted the flaps causing the aircraft to settle down. Adjusting the pitch was useless because the Cessna 210 reacts this way, even with only the approach setting of 10°. I kept the wings level and use the rudders to stay on the runway, but once the props contacted the runway she started going to the right and came to a stop about half way, and off the pavement. From full power to a complete stop no more than 10 seconds elapsed.

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

Operator/Owner Safety Recommendation

The incident would be avoided if flaps stayed down and raised at a higher altitude.
A better prior to land debriefing is recommended.

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

____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

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

____ 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 ☒ NoMethod 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

10-01-20
mm/dd/yyyy

Name of Pilot/Operator:

Joseph D. Chagas

Signature:

-- or --

☐ Check

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.

WPR20LA325

Reviewed by NTSB Regional Office

WPR-AS

Name of Investigator

Albert Nixon

Date Report Received

10/01/2020