

**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

Invoice City/State: PACIFIC GYM - CA

Alt: 76267 Country: USA

Latitude: 34.35N Longitude: 114.19W

(Show in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time

Date: 10/09/2020 Local Time: 11:54 AM

(UTC offset)

Time Zone: PACIFIC

Collision with Other Aircraft: ☐ Mid-air ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N32RK

Manufacturer: RALPH C. KIMBALL

Model: SEARCY

Serial Number: 10K351C

Year of Manufacture: _____

Assembly-Built: ☒ Yes ☐ No ☐ Kit/Parts ☐ Nonstandard ☐ Original Design

☐ IFR Equipped and Certified

☐ Commercial Sport Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 1510 lb

Weight at Time of Accident/Incident: 1340 lb

Number of Seats: 2 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1

Category of Aircraft

- ☒ Single-engine
- ☐ Multi-engine
- ☐ Single-engine turboprop
- ☐ Helicopter
- ☐ Gyroplane
- ☐ Blower
- ☐ Powered Lift
- ☐ Rocket
- ☐ Unmanned
- ☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

☐ Normal

☐ Airframe

☐ Builders

☐ Commercial

☐ Transport

☐ Utility

Special

☐ Restricted

☐ Limited

☐ Provisional

☐ Special Flight

☐ Experimental

☐ Special Light Sport

☐ Experimental Light Sport

☐ Certificate of Authorization or Waiver (COTAW)

☐ None

☐ Unknown

Landing Gear

(Check all that apply)

☒ Retractable

☐ Tricycle

☐ Conventional

☐ Amphibious

☐ Emergency Float

☐ Float

☐ Skid

☐ Other Launch/Recovery System

☐ None

☒ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ Other

☐ Unknown

Engine Type (Select one)

☒ Reciprocating

☐ Turbo Shaft

☐ Turbo Prop

☐ Turbo Jet

☐ Turbo Fan

☐ Other

☐ Unknown

☐ Liquid Rocket

☐ Solid Rocket

☐ Hybrid Rocket

☐ None

☐ Unknown

Fuel System Type (Reciprocating)

☐ Carburetor

☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Type	Manufacturer's Serial Number	Date of Mfg. (month/year)	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	ROTX	912 IS	4417259		100	3023	20.6	N/A
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

☐ 20-Hour

☐ AIP

☐ Annual

☐ Continuous Airworthiness

☒ Conditional Inspection

☐ Unknown

Date Last Inspection: _____

(month/year)

Airframe Total Time: _____ hr

(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 (AIP)

☐ Continuous Airworthiness

☐ Other, specify: _____

Description of Fire Extinguishing System

☒ None

☐ Specify: _____

Propeller 1

☐ Fixed Pitch

☐ Constant Speed

☒ Ground Adjustable

Manufacturer: WASP DRIVE

Model: 3 BLADE AD3-3LH

Propeller 2

☐ Fixed Pitch

☐ Constant Speed

☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACK

Model or Part No.: E-04 ELT

TXO 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

☐ Airborne 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: <u>MICHAEL NEFF</u>		City: <u>LAVEN</u> State: <u>AZ</u> ZIP: <u>85339</u> Country: <u>USA</u>
Fractional Ownership Aircraft: ☐ Yes ☒ No		
Operator of Aircraft: ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____

Operating Certificate Held (Check all that apply) ☒ Private ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carrier (FAR 129) ☐ Remoteport External Load (FAR 135) ☐ Commercial Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Taxi (FAR 135) ☐ Approved Aircraft (FAR 135) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COW) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 413 ☐ FAR 101 ☐ FAR 111 ☐ FAR 413 ☐ FAR 121 ☐ FAR 135 ☐ FAR 413 ☐ FAR 135 ☐ FAR 137 ☐ FAR 417 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft (Select one) ☐ Armed Force ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) ☐ Scheduled or Comuter ☐ Charter ☐ Non-Scheduled or Air Taxi ☐ Noncommercial ☐ Passenger ☐ Cargo ☐ Mail Contract Only
Purpose of Flight for FAR 91, 101, 135, 137 (Select one) ☐ Aerial Application ☐ Firefighting ☐ Unknown ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Base/Shore ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☒ Personal ☐ Executive/Corporate ☐ Flightseeing ☐ Aerial 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: _____ Airport Identifier: _____ Proximity to Airport: ☒ Off Airport/Annap ☐ On Airport/Annap ☐ N/A	Distance From Airport Center: _____ mi Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl
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Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft Runway/Landing Surface (Check all that apply) ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☒ Dirt ☐ Concrete ☐ Gravel ☐ Moss/Wood ☐ Unknown ☐ Snow ☐ Ice ☐ Sand ☐ Unknown	Condition of Runway/Landing Surface (Check all that apply) ☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Rain ☐ Snow-Crusted ☒ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glasy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Silt ☐ Unknown ☐ Shrub-Covered ☐ Vegetation
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Approach/Departure Segment (Select one) ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Descent ☒ Takeoff ☐ IFR Departure Procedure Clearance ☐ Landing ☐ Base ☐ Low Approach ☐ Initial Climb ☐ Final ☐ Crosswind ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown		
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IFR Approach (Check all that apply) ☒ None ☐ ASR/NDR ☐ PAR ☐ MLS ☐ Precision ☐ SDF ☐ Safety ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ Contact ☐ TACAN ☐ LOC back course ☐ Circling ☐ RNAV ☐ 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
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FLIGHT CREWMEMBER 1st INFORMATION

*Flight Crewmember 1st Responsibilities at the Time of Accident/Incident

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

*Flight Crewmember 1st was pilot during ☐ Yes ☐ No

*Flight Crewmember 1st Identification

First Name: MICHAEL

City of Residence: LAVEN

Middle Initial: J

State: AZ ZIP: 25719

Last Name: NEFF

Country: USA

Age at time of Accident/Incident: 45 Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Faint ☐ Minor ☐ Unknown ☐ Serious	Feet Occupied ☐ Left ☐ Feet ☐ Right ☐ Feet ☐ Cross ☐ 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		Medical Certificate ☐ None ☐ Class 1 ☐ Class 2 ☒ Class 1 ☐ Doctor's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical <u>05/05/2020</u> MM/DD/YYYY	

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 08/22/2020

Flight Review Aircraft

Make: AIRBUS

Model: A320

Aircraft 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	Endorsement 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 Rating(s)

A320, B-757, B-767

SPORT ENDORSEMENT AIRPLANE SINGLE ENGINE SEA

Student Endorsements (Include date):

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	15000	130	2500	12500	5000	3000	1000	N/A	N/A	N/A
Pilot in Command (PIC)	5000	125	2400	2500	1000	1000	1500	N/A	N/A	N/A
Time as Instructor	0.0	0.0	0.0	0.0	0.0	0.0	0.0	N/A	N/A	N/A
This Make/Model	130	130	130	0.0	0.0	0.0	0.0			
Last 90 Days	180	100	100	70	5	2	4	N/A	N/A	N/A
Last 30 Days	50	30	35	25	3	1.5	0.0	N/A	N/A	N/A
Last 24 Hours	2.5	2.5	2.5	0.0	0.0	0.0	0.0	N/A	N/A	N/A

"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: _____ month/year

Certificate Number: _____

Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☐ 3-point	☐ 3-point																
☐ 4-point	☐ 4-point																
☐ 5-point	☐ 5-point																
☐ Unknown	☐ Unknown																
Pilot Certificate(s) (Check all that apply) ☐ 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/restrictions ☐ Unknown ☐ With limitations/restrictions ☐ N/A ☐ Special Issuance	Date of Last Medical _____ month/year														

Medical Certificate Limitations:

Medical Certificate Special Issuance:

Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: _____ month/year

Flight Review Aircraft:

Make: _____

Model: _____

Aircraft 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 ☐ Aerobics ☐ 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:

Student Endorsements (Include dates):

Flight Time (Enter appropriate number of hours on each line)	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 (Include all cabin crew; continue on separate sheet if necessary)

Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Unknown	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Pilot Certificate(s) (Check all that apply) ☐ Pilot ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	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
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
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Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Unknown	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Pilot Certificate(s) (Check all that apply) ☐ Pilot ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	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
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
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PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
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First Name: <u>BRIAN</u> City: <u>TIBURON</u> Middle Initial: <u>D.</u> State: <u>CA</u> ZIP: <u>94920</u> Last Name: <u>NICHOLS</u> Country: <u>USA</u> ☐ 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 3, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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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 3, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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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 3, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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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 3, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>AZ90</u> City: <u>LAVERN</u> State: <u>AZ</u> Country: <u>USA</u>	Time of Departure Time: <u>0915</u> Time Zone: <u>MST</u>	Destination Airport ID: <u>KH11</u> City: <u>LAPE HAVAN</u> State: <u>AZ</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/VFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Additional: ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Other ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Class C ☐ Restricted Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class E ☐ Warning Area ☐ Air Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TFR ☐ Unknown ☐ Class F ☐ Restricted Area ☐ FAF SI	Altitude of Top of Flight Deck/cockpit _____ ft and _____ in
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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 ☐ Phone ☐ Commercial Weather Service (CWA) ☐ Unknown ☒ On Board Weather	Weather Observation Facility Facility ID: <u>KH11</u> Observation Time: <u>1630</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>5</u> nm Direction from Accident Site: <u>140°</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Clear ☐ Day ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
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Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Obscured ☐ Few ☐ Thin Overcast ☐ Indefinite ☐ Partial Overcast ☐ Unknown ☐ Overcast ☐ Scattered	Temperature : _____ (C) = <u>85°</u> (F) Dew Point : _____ (C) = <u>87°</u> (F) Altimeter Setting : _____ in. Hg or _____ mb
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl

Wind Direction ☐ Variable Direction: <u>120</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>10</u> kt	Wind Gusts ☒ Not Gusting Speed: _____ kt	Visibility : <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude : _____ ft
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Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Sleet ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Ground Fog ☐ Blowing Dust ☐ Haze ☐ Blowing Sand ☐ Ice Fog ☐ Blowing Snow ☐ Smoke ☐ Blowing Spray ☐ Brakes ☐ Dust ☐ Unknown
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Icing Forecast Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply): ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity: ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
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NOTAMS (B and FDC), AIRMETs, SIGMETs, FIREPs in effect at the time of the accident/incident:

NONE NOTED.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
- ☒ Substantial
- ☐ Minor
- ☐ Destroyed
- ☐ Unknown

Aircraft Flt

- ☒ None
- ☐ In-Flight
- ☐ On-Ground
- ☐ Both Ground and In-Flight
- ☐ Time of Unknown Time
- ☐ Unknown

Aircraft Explosion

- ☒ None
- ☐ In-Flight
- ☐ On-Ground
- ☐ Both Ground and In-Flight
- ☐ Explored at Unknown Time
- ☐ Unknown

Description of Damage to Aircraft and Other Property (Be additional sheet if necessary)

WING AND TAIL AND FUSELAGE DAMAGED. PICKUP TRUCK ON SITE OF ACCIDENT RECEIVED DAMAGE TO TAILGATE AND BED. WHERE AIRCRAFT CAME TO REST, A POTABLE WATER TANK AND FENCE WERE DAMAGED.

NARRATIVE HISTORY OF FLIGHT (Please type or print name)

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 end location, services obtained, and intended destination. Provide as much detail as possible.

THIS LEG OF THE FLIGHT STARTED FROM A STRETCH OF THE COLORADO RIVER NEAR PARKER, AZ. CHECKED KHII WEATHER, CHECKED WEIGHT AND BALANCE, AND VERIFIED FUEL ON BOARD. PERFORMED EXTERIOR PREFLIGHT OF AIRCRAFT ON BEACH. AFTER ACCOMPLISHING NORMAL TAKEOFF CHECKLISTS, WE DEPARTED FOR KHII AT APPROXIMATELY 11:30 MST.

ENROUTE, WE MADE A LANDING AT THE BAY NORTH OF THE BLACKMEADOW LANDING RESORT AT APPROXIMATELY 11:45. AFTER BACKTAXIING AND GIVING WAY TO LOCAL BOAT TRAFFIC, I PERFORMED TAKEOFF CHECKLISTS AND CONFIGURED AIRCRAFT FOR A NORMAL WATER TAKEOFF. AFTER VERIFYING VISUALLY THAT WE HAD SUFFICIENT WATER RUNWAY AND THAT ALL PERTINENT CHECKS WERE COMPLETE, I INITIATED THE TAKEOFF, TO THE SOUTH, INTO THE PREVAILING SURFACE WINDS, AT APPROXIMATELY 11:52 MST.

AT AN ADVANCED STAGE OF THE TAKEOFF WE ENCOUNTERED UNFORESEEN WAVES THAT CAUSED A DECAY IN FLYING SPEED. ALREADY COMMITTED TO TAKEOFF WITH THE BERM OF THE SHORE CLOSE, I CLIMBED THE AIRCRAFT AT BEST RATE, MANEUVERING TO MISS OBSTRUCTIONS. THE LEFT WING TIP STRUCK A VEHICLE AND THE AIRCRAFT CAME TO REST BETWEEN 2 WATER TANKS WITH THE NOSE OF THE FUSELAGE 180° FROM THE DIRECTION OF FLIGHT. MYSELF AND MY PASSENGER EXITED THE AIRCRAFT NORMALLY WITH NO INJURIES. AIRCRAFT WAS SUBSTANTIALLY DAMAGED.

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

Operator/Owner Safety Recommendation

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

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

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)

15

Gallons

Fuel Type

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

91 OCTANE

MOGAS

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

NORMAL EXIT FOR BOTH OCCUPANTS.

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

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

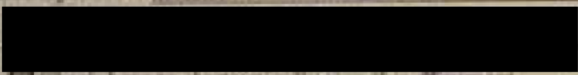
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

10/15/2020
month/day/yearName of Pilot/Operator: MICHAEL NEFFSignature: 

- 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.

WPR21LA013

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Joshua Cawthra

Date Report Received

10/15/2020