

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: Brigham City State: UT

ZIP: 84302 Country: USA

Latitude: 41.5543056 Longitude: -112.0622500

(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time

Date: 04/27/2021 Local Time: 1545
mm/dd/yyyy

Time Zone: Mountain

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

AIRCRAFT INFORMATION

Registration Number: N350TS

Manufacturer: Diamond

Model: DA-42

Serial Number: 42-061

Year of Manufacture: 2006

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 3935 lbs

Weight at Time of Accident/Incident: 3411 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

Number of Engines: 2

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

☐ Tailwheel

☐ Amphibian

☐ High Skid

☐ Emergency Float

☐ Skid

☐ Float

☐ Ski

☐ Hull

☐ Ski/Wheel

☐ Other Launch/Recovery System

☐ None

☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

☐ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Continental	TAE 125-02-99	02-02-05164	03/27/2020	135	663.8	72.2	N/A
Eng 2	Continental	TAE 125-02-99	02-02-05163	03/26/2020	135	663.8	72.2	N/A
Eng 3								
Eng 4								

Last Inspection Type

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

Date Last Inspection: 04/09/2021
mm/dd/yyyy

Airframe Total Time: 5336.5 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: MT Propellers

Model: MTV-6-A-C-F/CF187-129

Propeller 2

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: MT Propellers

Model: MTV-6-A-C-F/CF187-129

ELT Installed: ☒ Yes ☐ No

If Yes

ELT Manufacturer: Artex

Model or Part No.: C-406-1

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: Utah State UniversityCity: LoganFractional Ownership Aircraft: ☐ Yes ☒ NoState: UT ZIP: 84321Country: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address 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: Brigham City Regional AirportDistance From Airport Center: 0 smAirport Identifier: KBMCDirection From Airport: N/A degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 4229 ft. msl**Runway Information**Runway ID: 35 (L/R/C) Length: 8900 ft Width: 100 ft**Runway/Landing Surface** (Check all that apply)

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

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

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

- ☒ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach (Check all that apply)

- ☐ None
- ☒ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☒ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: Chandler City of Residence: Draper
 Middle Initial: W State: UT ZIP: 840
 Last Name: Zimmerman Country: USA
 Age at time of Accident/Incident: 24 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				
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Principal Occupation ☐ Pilot ☒ Other ☐ Unknown	Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical <u>1/23/2018</u> mm/dd/yyyy																		

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/26/2020</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Diamond</u> Model: <u>DA-40CS</u>
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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	Student Endorsements (Include dates) <u>04/09/2021 Solo DA-42 aircraft PDPIC flight with instructor on board</u>
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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	200	27	27	27	16		47			
Pilot in Command (PIC)	120	0	120	0	3		43			
Time as Instructor										
This Make/Model										
Last 90 Days	28	27	2	27	7		3			
Last 30 Days	19	19	0	19	5		3			
Last 24 Hours	0	0	0	0	0		0			

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No

"Flight Crewmember 2" Identification

First Name: Mason

City of Residence: Logan

Middle Initial: D

State: UT ZIP: 84321

Last Name: Tuttle

Country: USA

Age at time of Accident/Incident: 22 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				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01/21/2021</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>Diamond</u> Model: <u>DA-42</u>																			

Medical Certificate Limitations

None

Medical Certificate Special Issuance

N/A

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

01/21/2021
mm/dd/yyyy

Flight Review Aircraft

Make: Diamond

Model: DA-42

Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Instrument Airplane</td> </tr> <tr> <td>☒ Airplane Single-Engine</td> <td>☐ Instrument Helicopter</td> </tr> <tr> <td>☒ Airplane Multi-Engine</td> <td>☐ Helicopter</td> </tr> <tr> <td>☐ Gyroplane</td> <td>☐ Glider</td> </tr> <tr> <td>☐ Powered Lift</td> <td>☐ Sport</td> </tr> </table>	☐ None	☐ Instrument Airplane	☒ Airplane Single-Engine	☐ Instrument Helicopter	☒ Airplane Multi-Engine	☐ Helicopter	☐ Gyroplane	☐ Glider	☐ Powered Lift	☐ Sport
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☐ Powered Lift	☐ Sport												

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	546	121	425	121	89	0	56			
Pilot in Command (PIC)	487	80	379	80	69	0	10			
Time as Instructor	265	68	197	68	85	0	28			
This Make/Model					40	0	7			
Last 90 Days	114	68	46	68	31	0	0			
Last 30 Days	60	40	19	40	27	0	0			
Last 24 Hours	2	2	0	2	0	0	0			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					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		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					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		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ 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 Row: _____	☐ 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 Row: _____	☐ 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 Row: _____	☐ 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>KLGU</u> City: <u>Logan</u> State: <u>UT</u> Country: <u>USA</u>	Time of Departure Time: <u>15:15</u> Time Zone: <u>MT</u>	Destination Airport ID: <u>KLGU</u> City: <u>Logan</u> State: <u>UT</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 G	☐ Military Operations Area (MOA)	☐ Special	Altitude of In-Flight Occurrence: _____ ft msl
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area	
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown	
☐ Class D	☐ Prohibited Area	☐ TRSA		
☒ Class E	☐ Restricted Area	☐ FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

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

Weather Observation Facility

Facility ID: KBMC
 Observation Time: 1535
 Time Zone: Mountain
 Distance from Accident Site: 0 nm
 Direction from Accident Site: N/A degrees true

Basic Conditions

☒ VMC
☐ IMC
☐ Unknown

Light Condition

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

Sky/Lowest Cloud Condition

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

Lowest Cloud Condition Height

5,500 ft agl

Ceiling

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

Ceiling Height

_____ ft agl

Temperature: 14 (C) or _____ (F)

Dew Point: 02 (C) or _____ (F)

Altimeter Setting: 2995 in Hg
 or _____ MB

Wind Direction

☐ Variable

-or-
Direction: 330 degrees true

Wind Speed

☐ Calm
☐ Light and Variable

-or-
Speed: 12 kts

Wind Gusts

☐ Not Gusting

-or-
Speed: 21 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:

None

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)*

On the left wing: The pitot tube and fairing on the underside of the wing were broken loose and one static wick was ground off. All three propeller blades were damaged.

On the right wing: A two inch circle on the leading edge of the wing was de-laminated, the corner of the outer flap and aileron were scraped. All three propeller blades were damaged.

On the fuselage: The lower section of the tail (2ft wide by 1.5ft tall) was broken and bent to the right side of the airplane. The lower 1.5ft of the rudder was broken and bent to the right side of the airplane.

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.

The purpose of the flight was a preparation flight for the student's MEL Commercial checkride with a departure in KLGU and KLGU as the destination. The weather was fair with moderate wind and few to scattered clouds. I was filling in for another instructor at the flight school. We departed RW 28 at KLGU at approximately 1515 local. We flew around the valley for a few minutes as we climbed to 11,500 ft. We then departed west, past the LHO VOR and then south towards KBMC to practice short field landings. Before entering a 45 to left downwind for runway 35 at KBMC we checked the weather and then practiced an emergency decent and then entered a 45 to RW 35 behind a single engine Piper. We completed a touch and go and stayed in the pattern for a second. On the first touch and go we noticed a moderately strong and gusty quartering headwind from the north west. The student completed the second landing and touched down on the 1000 ft markers at approximately 65 knots. The student then slowed the plane in preparation for reconfiguring the plane. The student said "flaps up" which I heard and audibly confirmed, as I was making sure we were maintaining centerline and looking at the departing traffic ahead of us. I then felt the right side of the plane sink and thought we had popped a tire or that the right oleo strut had collapsed. I looked over to the gear lever and saw that it was in the "up" position. I immediately put the lever into the "down" position. As this was happening the left gear partially retracted and the plane slid diagonally off the runway to the right. In the process of sliding off the runway a runway sidelight was removed by the right wing. The plane came to rest just before the 6,000 ft remaining sign (but on the opposite side of the runway as the sign) and about 40-50 feet from the center of the plane to the side of the runway. Both propellers struck the ground and were damaged, and the left engine stopped. The right engine remained running and I shut it off with the master switch. No one was hurt.

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

Operator/Owner Safety Recommendation

Performing the aircraft reconfiguration while the aircraft was stopped then having both pilots confirm that the right lever was being manipulated before takeoff would have prevented the accident.

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)

30 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

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

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed

☐ Minor

☐ Substantial

☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

05/5/2021

mm/dd/yyyy

Name of Pilot/Operator: Mason Tuttle

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.

WPR21LA178

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Eric M. Gutierrez

Date Report Received

5/5/2021