

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: <u>TUCSON</u> State: <u>AZ</u> ZIP: <u>85756</u> Country: <u>UNITED STATES</u> Latitude: <u>N32° 8.53'</u> Longitude: <u>W 110° 10.47'</u> (Enter in decimal degrees or degrees minutes seconds)					Accident/Incident Date/Time Date: <u>05/08/2021</u> Local Time: <u>10:27 AM</u> mm dd/yyyy Time Zone: <u>MST</u>				
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None									
AIRCRAFT INFORMATION									
Registration Number: _____ Manufacturer: _____ Model: _____ Serial Number: <u>S/N 74887</u> Year of Manufacture: <u>1981</u> Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Make ☐ Original Design					☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2400</u> lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>3</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>				
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Daigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility ☐ None ☐ Certificate of Authorization or Waiver (COA) ☐ None		Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Unknown		Landing Gear (Check all that apply) ☐ Retractable ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ 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 Eng. 1 Eng. 2 Eng. 3 Eng. 4		Engine Manufacturer Eng. 1 Eng. 2 Eng. 3 Eng. 4		Engine Model/Serial Eng. 1: <u>1-320-D2J</u> Eng. 2: _____ Eng. 3: _____ Eng. 4: _____		Manufacturer's Serial Number Eng. 1: <u>S/N RL-17843-39A</u> Eng. 2: _____ Eng. 3: _____ Eng. 4: _____		Date of Mfg. Eng. 1: <u>07/29/1999</u> Eng. 2: _____ Eng. 3: _____ Eng. 4: _____	
Last Inspection Type ☒ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>05/03/2021</u> mm dd/yyyy Airframe Total Time: <u>7103.7</u> hrs hours measured at (Select one) ☐ Last Inspection ☐ Time of Accident/Incident		Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____		Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____		ELT Installed: ☐ Yes ☐ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☐ OC126 (406 MHz)		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: _____	
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: _____		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					

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>NELSON DALEY</u>		City: <u>ST. DAVID</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No		State: <u>AZ</u> ZIP: <u>85630</u>	
Operator of Aircraft ☐ Same As Registered Owner		Country: <u>UNITED STATES</u>	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		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 417 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft (Select one) ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	
Revenue Sightseeing Flight ☐ Yes ☐ No		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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 ☐ Internal Load ☐ Skydiving ☐ Ferry			
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>RYAN AIRFIELD</u>		Distance From Airport Center: <u>0</u> sm	
Airport Identifier: <u>RYN</u>		Direction From Airport: <u>N/A</u> degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>2,418</u> ft. msl	
Runway Information Runway ID: <u>06L</u> (L/R/C) Length: <u>4,900</u> ft Width: <u>75</u> 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 ☐ Slush-Covered ☐ Vegetation ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
Approach/Departure Segment <i>(Select one)</i> ☐ 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> ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TWOR ☐ ILS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ 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: <u>ERIC</u> Middle Initial: <u>C</u> Last Name: <u>MIRARCHI</u>			City of Residence: <u>SIERRA VISTA</u> State: <u>AZ</u> ZIP: <u>85650</u> Country: <u>UNITED STATES</u> Age at time of Accident/Incident: <u>50</u> Date of Birth: [REDACTED] mm dd/yyyy																																																																																																
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 ☐ Private ☒ Student ☐ Flight Instructor ☐ Recreational ☐ Sport		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>10/20/2020</u> mm dd/yyyy																																																																																												
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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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"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																			
"Flight Crewmember 2" Identification First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm dd/yyyy Certificate Number: _____																																																																																																			
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																													
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer																																																																																																			
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Class 2 ☐ Class 1 ☐ Class 2 ☐ Driver's License (Sport Pilot only) ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical mm dd/yyyy																																																																																													
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name _____ City of Residence _____					Left _____ Front _____		None _____		
Middle Initial _____ State _____ ZIP _____					Center _____ Rear _____		Minor _____		
Last Name _____ Country _____					Right _____ Unknown _____		Serious _____		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					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		
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 _____					Left _____ Front _____		None _____		
Middle Initial _____ State _____ ZIP _____					Center _____ Rear _____		Minor _____		
Last Name _____ Country _____					Right _____ Unknown _____		Serious _____		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					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		
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 _____			☐ Left ☐ Center ☐ Right ☐ Unknown Row _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available		Used		☐ Under 5 years ☐ Under 5, Child Restraint ☐ Lap-Belt ☐ Unknown
Middle Initial _____ State _____ ZIP _____					☐ None	☐ None			
Last Name _____ Country _____					☐ Lap Only	☐ Lap Only			
☐ Crew ☐ Passenger ☐ Other					☐ 3-point	☐ 3-point			
					☐ 4-point	☐ 4-point	☐ Not Installed	☐ Under 5 years	
					☐ 5-point	☐ 5-point	☐ Installed	☐ Under 5, Child Restraint	
					☐ Unknown	☐ Unknown	☐ Not Deployed	☐ Lap-Belt	
							☐ Deployed	☐ Unknown	
First Name _____ City _____			☐ Left ☐ Center ☐ Right ☐ Unknown Row _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available		Used		☐ Under 5 years ☐ Under 5, Child Restraint ☐ Lap-Belt ☐ Unknown
Middle Initial _____ State _____ ZIP _____					☐ None	☐ None			
Last Name _____ Country _____					☐ Lap Only	☐ Lap Only			
☐ Crew ☐ Passenger ☐ Other					☐ 3-point	☐ 3-point			
					☐ 4-point	☐ 4-point	☐ Not Installed	☐ Under 5 years	
					☐ 5-point	☐ 5-point	☐ Installed	☐ Under 5, Child Restraint	
					☐ Unknown	☐ Unknown	☐ Not Deployed	☐ Lap-Belt	
							☐ Deployed	☐ Unknown	
First Name _____ City _____			☐ Left ☐ Center ☐ Right ☐ Unknown Row _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available		Used		☐ Under 5 years ☐ Under 5, Child Restraint ☐ Lap-Belt ☐ Unknown
Middle Initial _____ State _____ ZIP _____					☐ None	☐ None			
Last Name _____ Country _____					☐ Lap Only	☐ Lap Only			
☐ Crew ☐ Passenger ☐ Other					☐ 3-point	☐ 3-point			
					☐ 4-point	☐ 4-point	☐ Not Installed	☐ Under 5 years	
					☐ 5-point	☐ 5-point	☐ Installed	☐ Under 5, Child Restraint	
					☐ Unknown	☐ Unknown	☐ Not Deployed	☐ Lap-Belt	
							☐ Deployed	☐ Unknown	

FLIGHT ITINERARY INFORMATION			
Last Depository Point Airport ID: <u>RYN</u>		Time of Departure: <u>18100</u>	
City: <u>TUCSON</u>		Destination: <u>RYN</u>	
State: <u>AZ</u>		City: <u>TUCSON</u>	
Country: <u>UNITED STATES</u>		State: <u>AZ</u>	
Type of ATC Clearance/Service (if both all that apply) ☒ VFR ☐ Special VFR ☐ IFR ☐ VFR Flight Following ☐ Other		Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR	
Altitude where the accident/incident occurred (if both all that apply) ☐ V-Class A ☐ Class II ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Class III ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Class D ☐ Warning Area ☐ Test Training Area ☐ Unknown ☐ Class E ☐ Restricted Area ☐ FAS 93		Altitude of In-Flight Occurrence: _____ ft and _____ ft	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (if both all that apply) ☐ National Weather Service ☐ Company ☐ Military ☐ Flight Service Station ☐ Internet ☐ TV Radio ☐ None ☐ Automated Report ☐ Commercial Weather Service (CWA/TS) ☐ Unknown ☐ No Report Weather		Weather Observation Facility Facility ID: <u>RYAN ATIS</u> Observation Time: <u>18100</u> <u>LOCAL</u> Time Zone: <u>PACIFIC MST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>N/A</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Day ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Dawn ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Overcast ☐ Partly Obscured ☐ Unknown ☐ Scattered		Ceiling ☒ None (Clear) ☐ Obscured ☐ Indefinite ☐ Overcast ☐ Unknown	
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl	
Wind Direction ☒ Variable ☐ Calm ☐ Light and Variable		Wind Gusts ☒ Not Gusting ☐ Gusting	
Direction: _____ degrees true		Speed: _____ kts	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Type of Precipitation (if both 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 (if both all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Other ☐ Unknown		Density Altitude: _____ ft	
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 (if both 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:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☐ Minor ☒ Substantial ☐ Destroyed ☐ Unknown		Aircraft Fire ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Fire at Unknown Time ☐ Unknown	
		Aircraft Explosion ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Explosion at Unknown Time ☐ Unknown	

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

PROP STRIKE
FIREWALL BUCKLING

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.

My CFI and I met at Benson airfield at 8 AM on Saturday 8 MAY 2021. Our lesson for the day was two-fold. First, we would practice Tower communications. This consisted of communications with Tucson International airport. (Tucson Approach) Second, we would fly over Tucson airport, and switch to communications with Ryan tower with the intention of landing @ Ryan airfield, and then working on patterns (landings @ Ryan airfield).

We executed our intended lesson, and upon landing @ Ryan Airfield, we proceeded to perform 5 landings together on Ryan airfield. Provided I demonstrated the 5 landings to the standard expected by my instructor, I would then perform 3 solo patterns/landings before our return to Benson airfield.

CONTINUED AT THE TOP
OF PAGE 11.

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

Operator/Owner Safety Recommendation

I have given the section much consideration. The most important recommendation I concluded is this: Practice, Practice, Practice... Practice perfecting the craft of flying... stay the course, study harder & longer. Continue to develop the skills instilled to me by my CFI... I do not want to accept less than the superb skill - let my CFI be tutoring me to expect of myself. I had a dream of flying a plane - I turned that

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.)

I separated that goal into Messerschmitt STG, LIG & completing the journey toward my private pilot's license... that is the goal.

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)

40

Gallons

Fuel Type

☐ 80/87

☒ 100 Low Lead

☐ 100/130

☐ 115/145

☐ Jet A

☐ Jet A-1

☐ Jet B

☐ JP8

☐ Automotive

☐ Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF 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

Manufacturer:

Model:

Damage to Other Aircraft

☐ Destroyed

☐ Substantial

☐ Minor

☐ None

Registered Owner of Other Aircraft

Name:

City:

State:

Country:

ZIP:

Pilot of Other Aircraft

Name:

City:

State:

Country:

ZIP:

ADDITIONAL INFORMATION (Please type or print in ink)

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

NARRATIVE HISTORY CONTINUED FROM PAGE 9:

My instructor exited the plane, and I prepared for the 3 landings. The first pattern/landing was completed correctly, and without incident. As time passed, it was becoming very warm, and light updrafts/downdrafts were experienced during my second pattern. The final approach for my second landing was uneventful; however, upon touch down, I felt wind lift the wing, therefore I employed a "slip maneuver" to counteract the bank of the wings. As I was using the rudders to steer & brake, I began to veer to the left side of the runway. I then employed full power, and determined that a "go around" would be safer, and then I would collect myself and complete the next landing. I resumed pattern altitude and then the landing procedure as instructed at Mountain. Again, final approach was aligned properly, and I adjusted power, pitch to maintain proper airspeed. I let the plane come down, flatten out, maintain a nose up →

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

Date of this Report

05/12/2021
mm dd yyyy

Name of Pilot/Operator:

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.

WPR21LA186

Reviewed by NTSB Regional Office

WPR

Name of Investigator

HICKS

Date Report Received

17MAY2021

ADDITIONAL INFORMATION (Please type or print in ink)

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

CONTINUED FROM PREVIOUS PAGE 11

position as I entered ground effect, and prepared to touch down, and land. It is then that in an instant, I felt a "pull" and the nose drop, and a series of 3 "porpoise type" (nose up/down) movements occur. I was passed the number of the runway, and I was able to brake, and stop the plane before the intended taxi way was reached. I taxied back to my instructor's aid, however, upon reaching the holding area, he noted the damage to the prop, and fire seat, thus we were not flying back to Benson. I was not injured nor was there any damage to the runway, or anything else. The plane was towed into the hangar, and the damage assessed. It was near 10:30 AM.

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

Date of this Report mm/dd/yyyy	Name of Pilot/Operator: 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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
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ADDITIONAL INFORMATION (Please type or print in ink)

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

CONTINUED FROM PREVIOUS PAGE 11

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

Date of this Report mm/dd/yyyy	Name of Pilot/Operator: 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	

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NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
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