

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: Albuquerque State: NM

ZIP: 87106 Country: United States of America

Latitude: 35.04°N Longitude: 106.61°W

(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time

Date: 08/15/2021 Local Time: 1517

mm/dd/yyyy

Time Zone: MST

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

AIRCRAFT INFORMATION

Registration Number: N8029G

Manufacturer: Cessna

Model: 177RG

Serial Number: 177RG0029

Year of Manufacture: 1970

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2,800 lbs

Weight at Time of Accident: 2,052 lbs

Number of Seats: Four Flight Crew Seats: Two

Cabin Crew Seats: _____ Passenger Seats: Two

Number of Engines: One

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/Serial	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	Lycoming	O-360-A1B6	L-17893-51A	05/19/1977	200 HP	1355.9	8.1	
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

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

Date Last Inspection: 06/17/2021

mm/dd/yyyy

Airframe Total Time: 2436.3 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: McCaughey

Model: B2D34C207

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☐ Yes ☐ No

If Yes

ELT Manufacturer: _____

Model or Part No.: _____

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

Reason:
Impact not hard
enough to set
ELT off

- ☐ 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: Bryce Joseph AndersonCity: Pa nweState: M ch ganZIP: 49080Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: Un ted States of Amer ca**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: Abu uer ue nternat ona SunportDistance From Airport Center: 0 smAirport Identifier: KABQDirection From Airport: NA degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 5,355 ft. msl**Runway Information**Runway ID: 21 (L/R/C) Length 10,000 ft Width: 150 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 Final 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" 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>Bryce</u> City of Residence: <u>Port and</u> Middle Initial: <u>J</u> State: <u>M</u> ZIP: <u>48875</u> Last Name: <u>Anderson</u> Country: _____ Age at time of Accident/Incident: <u>23</u> Date of Birth: [REDACTED] <u>mm/dd/yyyy</u> 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 ☒ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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 Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>12/23/2020</u> <i>mm/dd/yyyy</i>			
Principal Occupation ☐ Pilot ☐ Class 3 ☐ Other ☐ Driver's License (Sport Pilot only) ☐ Unknown ☐ Class 2 ☐ Unknown		Medical Certificate									
Medical Certificate Limitations None											
Medical Certificate Special Issuance NA											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/14/2020</u> <i>mm/dd/yyyy</i>			Flight Review Aircraft Make: <u>Fairchild</u> Model: <u>SA-227 Metro II</u>								
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> ☒ None ☐ Airplane Single-Engine ☐ Instrument Airplane ☐ Airplane Multi-Engine ☐ Instrument Helicopter ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Glider ☐ Sport					
Type Ratings EMB-120 S C Pr v eges On y SA-227						Student Endorsements (Include dates)					
Flight Time (Enter appropriate number of hours in each box)		All Aircraft	This Make	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time		1525	400+	934	591	452	171	60+	0	0	0
Pilot in Command (PIC)		1156	400+	870	286	402	150	60+	0	0	0
Time as Instructor		0	0	0	0	0	0	0	0	0	0
This Make/Model						50+	20+	30+			
Last 90 Days		68	8	8	60	2	8	0	0	0	0
Last 30 Days		48	8	8	40	2	6	0	0	0	0
Last 24 Hours		8	8	8	0	2	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: _____ 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) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Medical Certificate ☐ None Class 3 Class 1 Driver'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 _____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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

Flight Review Aircraft

Make: _____
 Model: _____

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> ☐ 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 <i>(Enter appropriate number of hours in each box)</i>	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 (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 ☐ Center ☐ Right		Front Rear 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 ☐ Center ☐ Right		Front Rear 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>KSJN</u> City: <u>St. Johns</u> State: <u>AZ</u> Country: <u>Un ted States of Amer ca</u>	Time of Departure Time: <u>1150</u> Time Zone: <u>MST</u>	Destination Airport ID: <u>304</u> City: <u>Sayre</u> State: <u>OK</u> Country: <u>Un ted States of Amer ca</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: 5,316 _____ 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	☐ Company
☐ Flight Service Station	☐ Military
☐ TV/Radio	☐ Internet
☒ Automated Report	☐ None
☐ Commercial Weather Service (DUATS)	☐ Unknown
☐ On-Board Weather	

Weather Observation Facility

Facility ID: KABQ
 Observation time 1952
 Time Zone: Zu u
 Distance from Accident Site: 0 nm
 Direction from Accident Site: NA degrees true

Basic Conditions

☐ VMC
☐ IMC
☐ Unknown

Light Condition

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

Sky/Lowest Cloud Condition

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

Lowest Cloud Condition Height

7,000 ft agl

Ceiling

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

Ceiling Height

_____ ft agl

Temperature: 27.8 (C) or 82 (F)

Dew Point: 10 (C) or 50 (F)

Altimeter Setting: 30.20 in Hg
 or 1022.8 MB

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:

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)*

Aircraft was landed with the nose gear extended and the main gear failed. This caused damage to the tail of the aircraft including sheet metal, and stabilator, potential damage to bulkheads in the tail from the impact, and a wire was not secured in the lower engine cowling that may indicate potential damage within the engine compartment. Engine oil is now leaking from cowling and was not leaking previously.

Superficial marks left on runway from the trail of the dragging tail of the aircraft.

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.

Fuel tanks were topped off by attendant at KSJN. Flight departed normally with no issues, ETD 1150 MST. Flight was operating normally and at 1240 EST began climbing from 9,500' to 11,500' in order to allow adequate altitude to clear the mountain ridge near Mosca Peak. During the climb noticed that my ground speed was a little slow and my climb rate was not as good as it usually was. But at the time attributed that to a high density altitude of 13,552' as we as the headwind had been fighting a day. At approximately 1305 MST looked out the right window of the aircraft and noticed the landing gear was sagging out of the wheels. Immediately checked the gear circuit breaker to see if it had tripped and turned back toward KABQ so that in the case of an immediate emergency and would already be facing the right direction. Had been monitoring KABQ approach while passing by the airspace so when turned back toward the airspace called them to make them aware that was beginning to work through some checks for my landing gear that could present a potential emergency. Worked through the emergency check sheet to extend the gear to no avail. Then called Bob Russe at Avation Plus in Kenosha Wisconsin because he is known all over the U.S. as the number one Cardiac Mechanic. (FAR 91.21 (b) (5)) and (FAR 91.3 (b)). Figured that since he is so knowledgeable it would be advisable to get his help in case he had some ideas that had not. Since had already followed the procedure in the POH with no success, we decided it would be worth trying the hand pumping and so running the pump at the same time, but unfortunately that didn't work either. His last recommendation was to attempt to pull some positive Gs to get the gear to come down so I hoped that might lock the nose gear down at least and allow for a safer landing and less chance of a prop strike on landing. Unfortunately at the time the positive Gs were unsuccessful in locking the nose gear down. It was at that point that called approach back and declared an emergency and gave them my one hour on board and 4 hours of fuel remaining. Approach was very helpful and was able to assign me my own frequency to talk with them so they could give me any help needed without interruption. They asked me if I had been through the check sheets for the emergency and responded that I had been through the check sheets and stated the aforementioned steps had worked through and that I had been in contact with a mechanic just in case I had missed something. They indicated that they would like to get a mechanic of their own on the phone to recommend some possible other options to try and asked if I would be able to do a low approach down runway 03 so they could visually check the status of the gear. Agreed to both. At 1343 MST did a low approach to runway 03 and they confirmed my gear did not appear to be fully extended and locked. Then flew back south away from the active arrival corridor to continue troubleshooting and to burn fuel. The mechanic the tower used recommended the same maneuvers and procedures I had already tried and we agreed that I had exhausted my options for extending the gear. The tower and I agreed that it would be best to try to burn off my extra fuel since I had full control over the aircraft and extra fuel on landing would not only be a cause for more damage to the aircraft because of the extra weight, but also would carry a greater fire hazard if I had extra fuel and expressed the notion that I would prefer not to catch on fire. At the start of the emergency I had about 40 gallons of fuel on board. Pushed the throttle, prop, and mixture full and that coupled with the extra drag was able to help me burn fuel pretty quickly. Tower gave me a fix to stay within 10 miles of to burn the fuel (B BQU) and proceeded to do so from about 1410 MST to 1503 MST. Throughout that time approach and I would check in back and forth to make sure everything was going as planned. At 1503 MST felt I had burned a good amount of fuel and having 8 gallons left requested the visual approach to runway 21 and they started giving me vectors for the approach. Chose 8 gallons of fuel because that would have allowed me at least two approaches to and I had to go around on the first attempt. At 1507 while being vectored for the visual approach, proceeded one last time to try to pull some Gs and was finally able to get the nose gear to lock into place at +3Gs. At 1517 MST touched down safely on runway 21. 100' above touchdown turned off my battery master switch as to mitigate any potential sparks. When I was in the flare over the runway and was confident the runway was made and wouldn't be attempting a go-around pulled my mixture and shut down the engine again to minimize any potential sparking. The ABQ fire trucks were on scene in about 30 seconds and I had already vacated the apron and was standing by the side of the runway giving them a thumbs up to indicate that I was uninjured and safe. No fires were started on landing and just to be safe the Fire department cut the negative lead on my battery. That was the end of the emergency.

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

Operator/Owner Safety Recommendation

There were no indications in advance that could have indicated that the gear was going to fail.

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.)

Unknown mechanical failure of the landing gear

**Total Time/Cycles
On Part**

Unknown Hours

Unknown Cycles

**Time Since This Part
Inspected/Overhauled**

8.1 Hours

Gear inspected in annual

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

51 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 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

So e occupant exited through left main cabin door

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

08/16/2021
mm/dd/yyyy

Name of Pilot/Operator: Bryce Joseph Anderson

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.

WPR21LA323

Reviewed by NTSB Regional Office

AS-WPR

Name of Investigator

Eric M. Gutierrez

Date Report Received

8/17/2021