

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: ROCK SPRINGS State: WY
ZIP: 82901 Country: USA
Latitude: 41.59 (dd mm ss N/S) Longitude: 109.07 (ddd mm ss E/W)

Date/Time

Date: 07/24/2021 Local Time: 1 pm
mm/dd/yyyy Time Zone: MOUNTAIN

Phase of Operation ABORTED TAKE OFF

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

6775 ft MSL

AIRCRAFT INFORMATION

Manufacturer: CESNA

Model: 340

Serial Number: 340-0091

Registration Number: N469TT Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 6390 lbs

Weight at Time of Accident/Incident: 6354 lbs

Location of Center of Gravity at Time of Accident/Incident:

155.1 inches from ☐ nose or ☒ datum
-or- Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport
Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport

Number of Seats: 5

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☒ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type

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

Date Last Inspection: 5/17/2021
mm/dd/yyyy

Airframe Total Time: 5634.4 hrs

hours measured at (check one)

☒ Last Inspection ☐ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify HAND 1+20

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: MERC

Model/Series: PIR BP-1015

Serial Number: I DON'T HAVE THAT

Battery Type: ALKALINE

Battery Exp. Date: JUNE 2022

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☒ Fuel Injected

Propeller

☐ Fixed Pitch
☒ Controllable Pitch

(1) PHL-C34F-2-F/C 7613 DFB

Manufacturer: WAGGON

(2) Model: PHL-C34F-20F/C 7693 DFB

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	TCM	T510520-NB	L-146702-B-P		335	3674	10	1310.3
Eng. 2	TCM	T510520-NB	L-145702-B-P		335	4044	10	1310.3
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>MCDONALD, FRED. SPURBAN, TIM. O'NEILL, FRANK</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Country: <u>[REDACTED]</u>
Operator of Aircraft ☐ Same As Registered Owner Name: <u>BRYAN KERRY - PCC</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Country: <u>[REDACTED]</u>
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft) <u>NONE</u>		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (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
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

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

See Added Sheet

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KRKS Distance From Airport Center: Runway 29 SM 09
 Airport Name: Southwest Wyoming Regional Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: 6765 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

ABORTED TAKE OFF

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: 09 (L/R/C) Length: 10K ft Width: 150 ft

Runway/Landing Surface (Check all that apply)

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

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 ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KRKS
 City: Rock Springs
 State: WY
 Country: USA

Time of Departure

Time: 1 PM
 Time Zone: MTN

Destination

Airport ID: KPSO
 City: Snake Falls
 State: SP
 Country: USA

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No

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 E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

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

180 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

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

LT AND RT WINGS DAMAGED
 Tail cone fairing and strake DAMAGED
 Rubber and Trim TAB DAMAGED
 LANDING GEAR - POTENTIAL DAMAGE

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KRKS Distance From Airport Center: Runway 09 SM 09
 Airport Name: SOUTHWEST WYOMING REGIONAL Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: 6765 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

ABORTED TAKE OFF

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
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VFR Approach (Check all that apply)

☒ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
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☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: 09 (L/R/C) Length: 10K ft Width: 150 ft

Runway/Landing Surface (Check all that apply)

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

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 ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KRKS</u> City: <u>ROCK SPRING</u> State: <u>WY</u> Country: <u>USA</u>	Time of Departure Time: <u>1 PM</u> Time Zone: <u>MTN</u>	Destination Airport ID: <u>KPSO</u> City: <u>SARIE FALL</u> State: <u>SD</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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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 E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

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

180 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

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

Four occupants exited in normal manner via
air stair upon return to FBO

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID KPHIObservation Time 1245ZTime Zone MTNDistance from Accident Site ON SITE NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

- | | |
|---|-----------------------------------|
| ☐ National Weather Service | ☐ Company |
| ☐ Flight Service Station | ☐ Military |
| ☐ TV/Radio | ☐ Internet |
| ☒ Automated Report | ☐ Unknown |
| ☐ Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--|
| ☐ In Person |
| ☐ Teletype |
| ☐ Telephone/Computer |
| ☒ Aircraft Radio |
| ☐ TV/Radio |
| ☐ Unknown |

Briefing Type/Completeness

- | | |
|---|--|
| ☒ Full | ☐ Abbreviated |
| ☐ Partial / Limited By Pilot | ☐ Unknown |
| ☐ Partial / Limited By Briefer | ☐ Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| ☐ Dawn | ☐ Dusk | ☐ Dark Night |
| ☒ Day | ☐ Night | ☐ Bright Night |
| | | ☐ Not Reported |

Visibility10 miles**Sky/Lowest Cloud Condition**

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

Ceiling

- | | |
|--|-------------------------------------|
| ☒ None (clear) | ☐ Obscured |
| ☐ Broken | ☐ Indefinite |
| ☐ Overcast | ☐ Unknown |

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 |

Lowest Cloud Condition HeightNONE ft AGL**Ceiling Height**NONE ft AGL**Wind Direction**

- ☐ Indicated
FF degrees MAG
- ☐ Variable CALM

Wind Speed

- Velocity: _____ KTS
- or-
- ☒ Calm
- ☐ Light and Variable

Wind Gusts

- Velocity: _____ KTS
- ☐ Gusting
- ☒ Not Gusting

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| ☒ None | ☐ In Clouds |
| ☐ Clear Air | ☐ Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| ☐ Extreme | ☐ Moderate | ☐ Light |
| ☐ Severe | ☐ Moderate Chop | |

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Runway C - adjacent construction north side

Temperature: _____ (C)
or 82 (F)Altimeter Setting: _____ in. HG
or _____ MBDensity Altitude: 9700 ftDew Point: _____ (C)
or _____ (F)**Icing Forecast**

Amount

- | | |
|--|-----------------------------------|
| ☒ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Icing Actual

Amount

- | | |
|--|-----------------------------------|
| ☒ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Type of Precipitation (Check all that apply)

- | | |
|--|---|
| ☒ None | ☐ Drizzle |
| ☐ Rain | ☐ Ice Pellets |
| ☐ Snow | ☐ Snow Pellets |
| ☐ Hail | ☐ Snow Grains |
| ☐ Rain Showers | ☐ Ice Crystals |
| ☐ Freezing Rain | ☐ Ice Pellets Shower |
| ☐ Snow Shower | ☐ Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| ☐ Light | ☐ Moderate | ☐ Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: BYRON RAY KRAY City: LAFAYETTE
 Middle Initial: R State: CA ZIP: 94549
 Last Name: KRAY Country: USA
 Age at time of Accident/Incident: 56 Date of Birth: [REDACTED] Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

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/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

01/07/2021
 mm/dd/yyyy

Medical Certificate Limitations

MUST HAVE AVAILABLE GLASSES FOR NEAR VISION

Medical Certificate Waivers

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 07/08/2021
 mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
 Model: 340

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
☐ Free 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ 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	1212.6	189.3	1003.9	200.7	32.0	44.6	130.6			
Pilot in Command (PIC)	1085.6	180.3	992.3	180.3	27.2	44.6	127.2			
Time as Instructor	0	0			0	0	0			
This Make/Model										
Last 90 Days	17.2	2.0	15.2	2.0	0	0	2			
Last 30 Days	6.3	2.0	4.3	2.0			2			
Last 24 Hours	0	0	0	0	0	0	0			

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: _____ City: _____
 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	Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No	Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No
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Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

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/waivers ☐ With limitations/waivers ☐ Unknown	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Waivers

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

Flight Review Aircraft

Make: _____
 Model: _____

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 ☐ Free 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 in each box)	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 CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied

☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for
 Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time
 of this Accident/Incident: _____ hrs

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied

☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for
 Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time
 of this Accident/Incident: _____ hrs

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied

☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ 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 flight attendants; continue on separate sheet if necessary)

Name and Address

First Name: KEITH LUCIA City: PLACENT HILL CA
 Middle Initial: _____ State: CA ZIP: 94523
 Last Name: LUCIA Country: US

Seat _____ Crew _____ Non-
 Revenue _____ Revenue _____
 Non-Occupant _____ FAA _____
 Fatal _____ Serious _____
 Injury _____ Minor _____
 Injury _____ No Injury _____
 Unknown _____

First Name: FLORA City: PLACENT HILL CA
 Middle Initial: _____ State: CA ZIP: 94523
 Last Name: O'Neil Country: US

Seat _____ Crew _____ Non-
 Revenue _____ Revenue _____
 Non-Occupant _____ FAA _____
 Fatal _____ Serious _____
 Injury _____ Minor _____
 Injury _____ No Injury _____
 Unknown _____

First Name: DOREEN City: PLACENT HILL CA
 Middle Initial: _____ State: CA ZIP: 94523
 Last Name: O'Neil Country: US

Seat _____ Crew _____ Non-
 Revenue _____ Revenue _____
 Non-Occupant _____ FAA _____
 Fatal _____ Serious _____
 Injury _____ Minor _____
 Injury _____ No Injury _____
 Unknown _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat _____ Crew _____ Non-
 Revenue _____ Revenue _____
 Non-Occupant _____ FAA _____
 Fatal _____ Serious _____
 Injury _____ Minor _____
 Injury _____ No Injury _____
 Unknown _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat _____ Crew _____ Non-
 Revenue _____ Revenue _____
 Non-Occupant _____ FAA _____
 Fatal _____ Serious _____
 Injury _____ Minor _____
 Injury _____ No Injury _____
 Unknown _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat _____ Crew _____ Non-
 Revenue _____ Revenue _____
 Non-Occupant _____ FAA _____
 Fatal _____ Serious _____
 Injury _____ Minor _____
 Injury _____ No Injury _____
 Unknown _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat _____ Crew _____ Non-
 Revenue _____ Revenue _____
 Non-Occupant _____ FAA _____
 Fatal _____ Serious _____
 Injury _____ Minor _____
 Injury _____ No Injury _____
 Unknown _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat _____ Crew _____ Non-
 Revenue _____ Revenue _____
 Non-Occupant _____ FAA _____
 Fatal _____ Serious _____
 Injury _____ Minor _____
 Injury _____ No Injury _____
 Unknown _____

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 time and point of departure, intended destination, and services obtained.

SEE WRITTEN STATEMENT

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

Operator/Owner Safety Recommendation

Paying closer attention to density
altitude and performance

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

09/18/2021

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name:

BRYAN KROY

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLYNTSB Accident/Incident No.
WPR21LA345Reviewed by NTSB Regional Office
OAS WPRName of Investigator
SMITH, M.Date Report Received
10/4/2021

Written statement regarding aircraft accident.

Aircraft: N419TT. 1972 Cessna 340.

Where: Rock Springs, Wyoming. KRKS. Date: July 24, 2021. Time: approx. 1 pm mountain time.

Myself and two other adults and a child were enroute to the airshow in Oshkosh, WI. We had departed KCCR in Concord, California around 8 am pacific time. We arrived uneventfully at KRKS and stopped for fuel and lunch. After fuel and lunch and a break of about an hour we boarded the plane for departure to Sioux Falls, South Dakota. Density altitude was 9700 ft and temperature was 82. I was left seat PIC.

I taxied to the runup of runway 09. Runway is 10,000 by 150. Wind was calm and it was VFR. Went thru the normal runup checklist and all seemed in order. Prior to taking the runway I did my normal flow check of all items by going from bottom to top, right to left. All seemed in order.

I took centerline of runway 09. I ran the engines up to 20 inches of manifold pressure while holding brakes. One last look at engine parameters. Looked, felt and sounded good. I released brakes and accelerated to blue line or 120 mph. I rotated at 120 mph. That felt normal for a second or two but quickly it felt nose high. The stall warning horn was going off intermittently and the airplane had a shake or shudder feeling. At the first sound of the stall horn I immediately tried to put the nose down to pickup airspeed. I found it very difficult to push the nose down. I tried again but it was not improving. I decided to abort the takeoff. I pulled power back and started forcing the nose down. At about 10 feet above the runway the airplane stalled. It felt as if we were dropping straight down to the runway. We landed tail first then a hard bounce on the main tires. It felt like we bounced a bit but I'm not certain. The airplane at that point showed no signs of damage. I quickly got onto centerline and slowed down. We taxied off the runway onto a normal taxiway and then returned to the FBO to park. There were no injuries to myself or passengers. We parked and exited the airplane in the normal manner via the airstair. We walked around the plane. The only damage we could be certain of was a damaged tail cone.

We talked amongst the group. Ultimately we did not feel safe flying the plane until it had a proper inspection as we could not be certain there was any other damage that was not visible. Things started happening quickly. The airport staff could not have been more kind and helpful in a very stressful situation. There was one commercial flight departing the airport in a couple hours. We still wanted to get to Oshkosh so we quickly unloaded the plane and got over to the commercial terminal to make arrangements. I had no time to take a look at the plane. We just parked it indoors and left, hoping to then arrange an inspection soon.

I am unaware of any mechanical anomalies with the airplane that would cause the accident. I did look at the autopilot settings when we were taxiing back to confirm it was off. Just wondering why I could not control the plane in the normal manner. I did not look at the trim setting after the fact so I can't 100 % confirm it was set correctly. All I have is my memory of doing the runup checklist and a final flow to check all settings which includes trim setting for takeoff.

It was not a terribly hot day at 82 F, but the density altitude at 9700 ft was high. I have to assume that that played a role in aircraft performance. If the trim was set incorrectly that would also contribute.

Bryan Krey