

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: Tucumcari State: NM

ZIP: 88401 Country: USA

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 09/25/2021 Local Time: 1:35 pm
mm/dd/yyyy

Time Zone: MST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N216 FC

Manufacturer: Cirrus

Model: SR22

Serial Number: 22-4377

Year of Manufacture: 2016

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

IFR-Equipped and Certified ☒
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 3600 lbs

Weight at Time of Accident/Incident: 3,000 lbs

Number of Seats: 5 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1

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)

Tricycle

Amphibian

Emergency Float

Float

Hull

Other Launch/Recovery System

None

Tailwheel

High Skid

Skid

Ski

Ski/Wheel

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	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	<u>Continental</u>	<u>20550 N68B</u>	<u>1032518</u>	<u>06/08/16</u>	<u>310</u>	<u>500</u>	<u>50</u>	<u>N/A</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

AAIP

Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 01/01/2021
mm/dd/yyyy

Airframe Total Time: _____ 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: on board Fire Extinguisher
(hand held)

Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: Hartzell

Model: PHC-J3YF-1RF/F7693DF

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

ELT Installed: Yes No

If Yes:

ELT Manufacturer: Artex

Model or Part No.: ELT 1000

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: F. C. Air, LLCFractional Ownership Aircraft: Yes ☐ No ☒City: MemphisState: TN ZIP: 38125Country: USA**Operator of Aircraft**Same As Registered OwnerSame 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)

None.

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 FlightYes ☐ 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: Tucumcari AirportAirport Identifier: KTCCProximity to Airport: Off Airport/Airstrip ☐ ☒ On Airport/Airstrip N/ADistance From Airport Center: 0.2 smDirection From Airport: SW degrees trueAirport Elevation: 4065 ft. msl**Runway Information**Runway ID: 21 (L/R/C) Length: 7104 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 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" 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>FEIYU CHEN</u> Middle Initial: _____ Last Name: <u>CHEN</u> City of Residence: <u>Memphis</u> State: <u>TN</u> ZIP: <u>38125</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>59</u> Date of Birth: [REDACTED] 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 <u>Basic Med</u> ☐ 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>06/27/2021</u> mm/dd/yyyy																																																																																														
Medical Certificate Limitations <u>Basic Med</u>																																																																																																				
Medical Certificate Special Issuance <u>has completed the FAA-approved BasicMed online course on 4/15/2021</u> <u>seen by my primary care doctor on 6/27/21.</u>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/01/2021</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Cirrus</u> Model: <u>SR22</u>																																																																																																	
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																																																																																											
Type Ratings <u>IFR</u>						Student Endorsements (Include dates) <u>None</u>																																																																																														
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"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident <i>None.</i> Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying Yes No																																																																																																				
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address None.					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	
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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 None.				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 <i>If Under 5,</i> 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 <i>If Under 5,</i> Child Restraint Lap-Held Unknown	
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KDVT</u> City: <u>Deer Valley (Phoenix)</u> State: <u>AZ</u> Country: <u>USA</u>	Time of Departure Time: <u>10:00</u> Time Zone: <u>MST</u>	Destination Airport ID: <u>KTCC</u> City: <u>Tucson</u> State: <u>NM</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 VFR ☐	Special VFR ☒ IFR	Special IFR VFR On Top ☐	VFR Flight Following Traffic Advisory ☐	Cruise Unknown / NA ☐
Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence:
Class A ☐	Class G ☒	Military Operations Area (MOA) ☐	Special Air Traffic Control Area ☐	<u>4100</u> ft msl
Class B ☐	Demo Area ☐	Airport Advisory Area ☐	Unknown ☐	
Class C ☐	Warning Area ☐	Jet Training Area ☐		
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)	Weather Observation Facility
☒ National Weather Service ☒ Flight Service Station ☒ TV/Radio ☒ Automated Report Commercial Weather Service (DUATS) ☐ ☒ On-Board Weather	Facility ID: <u>KTCC ASOS</u> Observation Time: <u>1:30 pm</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>20</u> nm Direction from Accident Site: <u>West</u> degrees true
Company ☐ Military ☐ Internet ☒ None ☐ Unknown ☐	

Basic Conditions ☒ VMC IMC ☐ Unknown ☐	Light Condition Dawn ☐ Dusk ☐ Day ☒ Night ☐ Dark Night ☐ Unknown ☐ Bright Night ☐
Sky/Lowest Cloud Condition ☒ Clear Few ☐ Thin Broken ☐ Partial Obscuration ☐ Thin Overcast ☐ Scattered ☐ Unknown ☐	Ceiling ☒ None (Clear) Broken ☐ Obscured ☐ Overcast ☐ Indefinite ☐ Unknown ☐
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl
Temperature: <u>29</u> (C) or _____ (F)	Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction Variable ☐ - or - Direction: <u>200</u> degrees true	Wind Speed Calm ☐ Light and Variable ☐ - or - Speed: <u>10</u> kts	Wind Gusts Not Gusting ☐ - or - Speed: <u>15</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>6000</u> ft
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Intensity of Precipitation Light ☐ Moderate ☐ Heavy ☐ ☒ N/A Unknown ☐	Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
None ☒ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐	Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐	None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐
	Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle ☐	Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown ☐

Icing Forecast	Icing Actual	Turbulence
Amount ☒ None Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown ☐	Amount ☒ None Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown ☐	Type (Check 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:

None

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)

Airplane Caught on Fire on ground. then totally Destroyed

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

I departed on 9/25/2021 at KDVT about 1000 Am
ATC → RV to SJN VOR then Direct to KTCC, it is a
IFR Flight. all has been going well. After Airport
(TCC) in sight, I canceled IFR, and then VFR to pattern
Altitude about 5100. went to Left downwind to Runway
21. then base + final. may have some Gust wind
on final. I had a hard landing on Runway 21
bounce back twice. then I tried to go around
but can't fly very high, maybe stall & fell to the
grass ground about 200-300 ft from Runway.
About 20-30 seconds ^{later} black smoke was seen from the
engine, then small fire. I decided to get out of
the airplane ASAP. released the seatbelt. opened ~~the~~ Left
door, then run out to the grass. then met ^{local} Airport
manager, he called 911. I was stayed there for 2-3
hr, talked to more than 10 different persons.

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

Operator/Owner Safety Recommendation

*practice more go around.***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
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)*92* 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

*None.***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

*open left door, exited the door.***OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

09/30/2021
mm/dd/yyyyName of Pilot/Operator: FEIYU CHENSignature: [REDACTED]

-- 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.

WPR21LA355

Reviewed by NTSB Regional Office

WPR-AS

Name of Investigator

E Simpson

Date Report Received

10/1/21