

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowlings, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to www.nts.gov.

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: Boulder City State: NEV
 ZIP: 89005 Country: USA
 Latitude: 36.95N Longitude: 114.86W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/13/21 Local Time: 11:15
 mm/dd/yyyy Time Zone: PST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N50525

Manufacturer: Piper

Model: ARROW

Serial Number: 28R-35784

Year of Manufacture: 1970

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

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: _____ Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

Category of Aircraft

Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard	Special
<u>Normal</u>	Restricted
Aerobatic	Limited
Balloon	Provisional
Commuter	Special Flight
Transport	Experimental
Utility	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	<u>Cummins</u>				<u>2000P</u>	<u>5100</u>	<u>5100</u>	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 12/20
 mm/dd/yyyy

Airframe Total Time: 5700 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: _____
 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:

Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
Unknown

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____
 Model: _____

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: Stanley A GibsonFractional Ownership Aircraft: Yes ☐ No ☒City: DraperState: UTZIP: 84020Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: Stanley A GibsonDoing Business As: Self

Air Carrier/Operator Designator (4 Character Code): _____

Same Address as Registered Owner

City: DraperState: UTZIP: 84020Country: USA**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

Non-Scheduled or Air Taxi

Domestic

International

Passenger

Cargo

Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

Aerial Application

Aerial Observation

Air Drop

Air Race/Show

Banner Tow

Business

Executive/Corporate

External Load

Ferry

Firefighting

Flight Test

Glider Tow

Instructional

Other Work Use

☒ Personal

Positioning

Skydiving

Unknown

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: Boulder City MuniAirport Identifier: KBVNProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/ADistance From Airport Center: 5 smDirection From Airport: 270 degrees true

Airport Elevation: _____ ft. msl

Runway InformationRunway ID: 27R (L/R/C) Length: 5703 ft Width: 75 ft**Runway/Landing Surface (Check all that apply)**☒ Asphalt

Grass/Turf

Macadam

Water

Concrete

Gravel

Metal/Wood

Unknown

Dirt

Ice

Snow

Unknown

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

Holes

Ice Covered

Rough

Rubber Deposits

Slush-Covered

Snow-Compacted

Snow-Crusted

Snow-Dry

Snow-Wet

Soft

Vegetation

Water-Calm

Water-Choppy

Water-Glassy

Wet

Unknown

Approach/Departure Segment (Select one)

Taxi

Takeoff

Initial Climb

VFR Departure

IFR Departure Procedure/Clearance

On Instrument Approach

☒ Landing☒ Downwind

Base

Final

Crosswind

Low Approach

Go Around

Aborted Landing (after touchdown)

Unknown

IFR Approach (Check all that apply)

None

ADF/NDB

SDF

VOR/TVOR

VOR/DME

TACAN

PAR

Sidestep

ILS

Localizer Only

LOC-back course

RNAV

MLS

LDA

ASR

Visual

Contact

Circling

Practice

GPS

Unknown

VFR Approach (Check all that apply)

None

☒ Traffic Pattern

Straight-in

Valley/Terrain Following

Go Around

Full Stop

Stop and Go

Touch and Go

Simulated Forced Landing

☒ Forced Landing

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: Stanley A Gibson

City of Residence: Draper

Middle Initial: A

State: UT

ZIP: 84020

Last Name: Gibson

Country: USA

Age at time of Accident/Incident: 67

Date of Birth: 54 mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

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

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 ☒ Flight Engineer

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☒ 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

07/23/2020
mm/dd/yyyy

Medical Certificate Limitations

~~None~~ Must have Available glasses for near vision
must wear corrective lenses

Medical Certificate Special Issuance

N/A

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

04/19/2021
mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: Arrow

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

A-310, B-727, B-737, B-757, B-767,
B-777, L-382

Student Endorsements (Include dates)

N/A

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	18000	30	150	17500	9500	5000	1200			
Pilot in Command (PIC)	6000	20	100	8000	9500	500	1200			
Time as Instructor	1600	10	50	1690	1000	500	100			
This Make/Model					200	10	5			
Last 90 Days	60	-	50	-	-	-	-			
Last 30 Days	30	-	15	-	-	-	-			
Last 24 Hours	-	-	-	-	-	-	-			

"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 Right Rear Center Single Unknown	Restraint Type <table style="width: 100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
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 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 _____ 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) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings

Student Endorsements (Include dates)

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 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	Single	Serious	
					Unknown	Fatal	
						Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
None		Flight Instructor		Available		Used	
Private		Recreational		None		None	
Student		Sport		Lap Only		Lap Only	
		Commercial		3-point		3-point	
		Airline Transport		4-point		4-point	
		Flight Engineer		5-point		5-point	
		US Military		Unknown		Unknown	
		Foreign					
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes		No					

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	Single	Serious	
					Unknown	Fatal	
						Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
None		Flight Instructor		Available		Used	
Private		Recreational		None		None	
Student		Sport		Lap Only		Lap Only	
		Commercial		3-point		3-point	
		Airline Transport		4-point		4-point	
		Flight Engineer		5-point		5-point	
		US Military		Unknown		Unknown	
		Foreign					
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes		No					

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: <u>Samantha</u> City: <u>Sandy</u>		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: <u>R</u> State: <u>WI</u> ZIP: <u>84092</u>				None	None		
Last Name: <u>Gibson</u> Country: <u>USA</u>				Lap Only	Lap Only		
Crew ☐ Passenger ☒ Other ☐				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
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	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held 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		
				5-point	5-point		
				Unknown	Unknown		
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	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held 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		
				5-point	5-point		
				Unknown	Unknown		
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	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held 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		
				5-point	5-point		
				Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KSMX</u> City: <u>Santa Maria</u> State: <u>CA</u> Country: <u>USA</u>	Time of Departure Time: <u>1045Z</u> Time Zone: <u>PST</u>	Destination Airport ID: <u>KBVU</u> City: <u>Boulder City Muni</u> State: <u>NEVADA</u> Country: <u>USA</u>	Type Flight Plan Filed None ☐ VFR/IFR ☒ Company VFR ☐ IFR ☒ Military VFR ☐ Unknown ☐ VFR ☐ Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

None ☐	Special VFR ☒	Special IFR ☐	VFR Flight Following ☐	Cruise ☐
VFR ☐	IFR ☒	VFR On Top ☐	Traffic Advisory ☐	Unknown / NA ☐

Airspace where the accident/incident occurred (Check all that apply)

Class A ☐	Class G ☐	Military Operations Area (MOA) ☐	Special ☐	Altitude of In-Flight Occurrence: <u>3500</u> ft msl
Class B ☐	Demo Area ☐	Airport Advisory Area ☐	Air Traffic Control Area ☐	
Class C ☐	Warning Area ☐	Jet Training Area ☐	Unknown ☐	
Class D ☐	Prohibited Area ☐	TRSA ☐		
Class E ☒	Restricted Area ☐	FAR 93 ☐		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)

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

Weather Observation Facility

Facility ID: <u>KBVU</u>
Observation Time: <u>1355L</u>
Time Zone: <u>PST</u>
Distance from Accident Site: <u>5</u> nm
Direction from Accident Site: <u>270</u> degrees true

Basic Conditions

VMC ☒
IMC ☐
Unknown ☐

Light Condition

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

Sky/Lowest Cloud Condition

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

Lowest Cloud Condition Height

ft agl

Ceiling

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

Ceiling Height

ft agl

Temperature: 6 (C) or 62 (F)

Dew Point: 15 (C) or 59 (F)

Altimeter Setting: 29.92 in. Hg
or MB

Wind Direction

Variable ☒
-or- ☐
Direction: <u> </u> degrees true

Wind Speed

Calm ☒
Light and Variable ☐
-or- ☐
Speed: <u> </u> kts

Wind Gusts

Not Gusting ☒
-or- ☐
Speed: <u> </u> kts

Visibility 5.7 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
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Mangled both parts wing damage both sides. Tail damage
2 Runway edge lights damaged.

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.

Enroute to BNU fuel stop on way to SLC.

Upon arrival gear failed to extend on right main.

Confirmed from below on CTAF. Numerous attempts to
dislodge gear unsuccessfully. Flaw approved to runway 27.

Landed on left side of runway. Killed engine on contact
along with fuel. Slid on right wing. Friction caused
airplane to turn 90° and slide off runway on the
right and end up in a ditch. No injuries were
sustained. Plane was towed after right gear was
dislodged. Significant damage to body & wings.

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

Operator/Owner Safety Recommendation

None

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.)

Gear door Jammed onto wheel wheel

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)

56 Gallons

Fuel Type

80/87

100 Low Lead

100/T30

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

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

Departed 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
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

11/23/21
mm/dd/yyyyName of Pilot/Operator: Stanley A. GibsonSignature: 

-- 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 ONLYNTSB Accident/Incident No.
WPR22LA040Reviewed by NTSB Regional Office
AS-WPRName of Investigator
Andrew SwickDate Report Received
01/06/2022