

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: Petaluma State: CA.
 ZIP: 94954 Country: SONOMA
 Latitude: 38.25688°N Longitude: 112.60480°W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 07/03/2022 Local Time: 18:45
mm/dd/yyyy
 Time Zone: PACIFIC

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: 8414 S
Manufacturer: CESSNA
Model: 182 H
Serial Number: 18256514
Year of Manufacture: 1965
Amateur-Built: Yes ☐ If Yes: Kit/Plans Make: _____
 No ☒ Original Design

IFR-Equipped and Certified ☒
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2800 lbs
Weight at Time of Accident/Incident: 2092 lbs
Number of Seats: 4 Flight Crew Seats: 2
 Cabin Crew Seats: _____ Passenger Seats: 2
Number of Engines: 1

Category of Aircraft Airplane ☒ Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td>Normal ☒</td> <td>Restricted</td> </tr> <tr> <td>Aerobatic</td> <td>Limited</td> </tr> <tr> <td>Balloon</td> <td>Provisional</td> </tr> <tr> <td>Commuter</td> <td>Special Flight</td> </tr> <tr> <td>Transport</td> <td>Experimental</td> </tr> <tr> <td>Utility</td> <td>Special Light-Sport</td> </tr> <tr> <td></td> <td>Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None ☐ Unknown ☒	Standard	Special	Normal ☒	Restricted	Aerobatic	Limited	Balloon	Provisional	Commuter	Special Flight	Transport	Experimental	Utility	Special Light-Sport		Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> Retractable Tricycle ☒ Tailwheel Amphibian Emergency Float Float Hull 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
Standard	Special																		
Normal ☒	Restricted																		
Aerobatic	Limited																		
Balloon	Provisional																		
Commuter	Special Flight																		
Transport	Experimental																		
Utility	Special Light-Sport																		
	Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	CONTINENTAL	O-470-R	131598-S-R	07/22/15	230	7850.14	35.2	144.77
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour AAIP ☒ Continuous Airworthiness Annual ☒ Conditional Inspection Unknown Date Last Inspection: <u>12/16/2021</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>4814.74</u> hrs hours measured at (Select one) Last Inspection ☒ Time of Accident/Incident	Propeller 1 Fixed Pitch Controllable Pitch ☒ Ground Adjustable Manufacturer: <u>HARTZELL</u> Model: <u>BHC-GZYK-1B</u>	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	
Type of Maintenance Program (Select one) Annual ☒ Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-04 ELT</u> 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		
Description of Fire Extinguishing System None ☒ Specify: _____	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: DAVID ALAN HOFFMAN

Fractional Ownership Aircraft: Yes ☐ No ☒

City: FAIRFAX
 State: CA. ZIP: 94930
 Country: USA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____

Doing Business As: _____

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

City: _____

State: _____ ZIP: _____

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: Petaluma Muni

Airport Identifier: 069

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip ☒ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: 90 ft. msl

Runway Information

Runway ID: 29 (L/R/C) Length: 3600 ft Width: 75 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 ☒
 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: DAVID City of Residence: FAIRFAX
 Middle Initial: A State: CA. ZIP: 94930
 Last Name: HOFFMAN Country: USA
 Age at time of Accident/Incident: 56 Date of Birth: 1/19/65 mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None ☒ Fatal ☐ Minor ☐ Unknown ☐ Serious ☐	Seat Occupied Left ☒ Front ☒ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single ☐	Restraint Type <table border="0"> <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) 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 <u>03/22/2022</u> mm/dd/yyyy														

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENS

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 12/18/2021
 mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
 Model: C172

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	413.3	409.5	413.3	0	11.1	0	5.7	0	0	0
Pilot in Command (PIC)	264.5	260.7	264.5	0	3.1	0	5.7	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	5.6	5.6	5.6	0	0	0	0	0	0	0
Last 30 Days	3.4	3.4	3.4	0	0	0	0	0	0	0
Last 24 Hours	2.1	2.1	2.1	0	0	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 <table border="1"><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) 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	Commercial	US Military	
Private	Recreational	Airline Transport	Foreign	
Student	Sport	Flight Engineer		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
		Available	Used	
		None	None	
		Lap Only	Lap Only	
		3-point	3-point	
		4-point	4-point	
		5-point	5-point	
		Unknown	Unknown	

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	Commercial	US Military	
Private	Recreational	Airline Transport	Foreign	
Student	Sport	Flight Engineer		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
		Available	Used	
		None	None	
		Lap Only	Lap Only	
		3-point	3-point	
		4-point	4-point	
		5-point	5-point	
		Unknown	Unknown	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City : _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	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		
			3-point	3-point		
			4-point	4-point		
Crew Passenger Other			5-point	5-point		
			Unknown	Unknown		
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		
			3-point	3-point		
			4-point	4-point		
Crew Passenger Other			5-point	5-point		
			Unknown	Unknown		
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		
			3-point	3-point		
			4-point	4-point		
Crew Passenger Other			5-point	5-point		
			Unknown	Unknown		
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		
			3-point	3-point		
			4-point	4-point		
Crew Passenger Other			5-point	5-point		
			Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KLLR</u> City: <u>LITTLE RIVER</u> State: <u>CA.</u> Country: <u>USA</u>	Time of Departure Time: <u>17:49</u> Time Zone: <u>PDT</u>	Destination Airport ID: <u>069</u> City: <u>PETALUMA</u> State: <u>CA.</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)				Altitude of In-Flight Occurrence: _____ ft msl
Class A ☐	Class G ☒	Military Operations Area (MOA) ☐	Special ☐	
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)	Weather Observation Facility
National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☒ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐	Facility ID: <u>069</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true

Basic Conditions VMC ☐ IMC ☐ Unknown ☐	Light Condition Dawn ☐ Day ☒ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown ☐
Sky/Lowest Cloud Condition Clear ☐ Few ☒ Partial Obscuration ☐ Scattered ☐	Ceiling None (Clear) ☒ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown ☐
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl
Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.00</u> in. Hg or _____ MB	

Wind Direction Variable ☒ <u>240 - 310</u> -or- Direction: _____ degrees true	Wind Speed Calm ☐ Light and Variable ☐ -or- Speed: <u>11</u> kts	Wind Gusts Not Gusting ☐ -or- Speed: <u>16</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ 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 ☐	None ☒ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐
	Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐	Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown ☐
	Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle ☐	

Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown ☐	Type N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☐	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown ☐	Type N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☐	Turbulence Type (Check all that apply)	Severity
				None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence ☐	Light ☐ Moderate ☐ Severe ☐ Extreme ☐

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

None
Minor
Substantial ☒
Destroyed
Unknown

Aircraft Fire

None ☒
In-Flight
On-Ground
Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None ☒
In-Flight
On-Ground
Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

SUBSTANTIAL FUSELAGE DAMAGE TO PLANE SUBSTANTIAL
DAMAGE TO HANGER

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.

ON 07/03/2022 I DEPARTED KLLR AT APPROXIMATELY 17:49 PDT
HEADED TOWARDS 069, I FLEW A DIRECT ROUTE TO PYE VOR AT
WHICH POINT I TURNED EAST TOWARDS 069. AT ABOUT 5 MILES
FROM THE AIRPORT I CHECKED WEATHER AT 069, IT REPORTED
WINDS FROM 270 @ 11 GUSTING 16 VARIABLE 240 TO 310. I
ANNOUNCED I WAS FLYING OVER MID FIELD SETTING UP FOR A TIE-
DROP MID FIELD RIGHT 45 DOWNWIND ENTRY FOR 29. I
APPLIED 20° OF FLAPS AND FLEW A STANDARD APPROACH.
THE WIND SOCK WAS SHOWING A CROSSWIND AT TOUCHDOWN, I
FELT A GUST PUSH THE PLANE TO THE RIGHT AT WHICH
TIME I APPLIED FULL POWER FOR A GO AROUND AS
SOON AS THE PLANE LIFTED IT PIVOTED TO THE LEFT
AND WAS HEADED FOR THE HANGER, I TURNED TO AVOID
COLLISION TO NO AVAIL.

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

Operator/Owner Safety Recommendation

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

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

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

48 Gallons

Fuel Type

80/87

100 Low Lead ✓

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

DOOR WAS OPEN HARNESS RELEASED AND EXIT TO GROUND
WAS MADE

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

07/08/2022

mm/dd/yyyy

Name of Pilot/Operator:

DAVID ALAN HOFFMAN

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 ONLYNTSB Accident/Incident No.
WPR22LA241Reviewed by NTSB Regional Office
WPRName of Investigator
E SimpsonDate Report Received
7/8/22