

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.ntsb.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. 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, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

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.**

Nearest City/Place: Use the name of the nearest community that has a Post Office 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 manufacturer of the kit or plans when appropriate.

Max Gross Weight: Enter the certificated max 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.

Airworthiness Certificate: For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

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,

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 C.F.R. 830.2.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which 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 cowl, 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.

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

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

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 FAR Part 91 at the time of the accident.

Public Use: 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. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

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

Purpose of Flight (FAR 91, 103, 133, 137): Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

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.

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.

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

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.

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

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

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—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.

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.

PUBLIC USE—See definition above.

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, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

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

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 site.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident 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 (reported as broken or overcast).

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

Pilot Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" 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 Crew Members: Complete this section if there were more than two required flight crew members 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: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

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 the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: San Clemente Island (KNUC) State: CA
 ZIP: _____ Country: United States
 Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: 05/10/2023 Local Time: 0748
 mm/dd/yyyy Time Zone: PST

Phase of Operation

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

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

15,000 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Gates Learjet

Model: 36A

Serial Number: 023

Registration Number: N56PA

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

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

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

Category of Aircraft

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

Type of Airworthiness Certificate (Check all that apply)

Standard

☐ Normal
☐ Utility
☐ Acrobatic
☐ Transport

Special

☒ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 3

If Large Aircraft, how many seats for:

Flight Crew: 2

Cabin Crew: 1

Passengers: _____

Landing Gear

☒ Retractable

Check any additional landing gear configuration that applies:

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

Type of Maintenance Program

☐ Annual
☐ Conditional (Amateur-built only)
☒ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☒ Other, specify: 300HR INSP

Last Inspection Type

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

Date Last Inspection: 08/31/2022
 mm/dd/yyyy

Airframe Total Time: 18,807 hrs

hours measured at (check one)

☒ Last Inspection ☐ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☐ None HALON
☒ Specify _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: ARTEX

Model/Series: C406-2

Serial Number: 210-05791

Battery Type: 5 year Lithium (LiMnO2, solid cathode) Battery Exp. Date: 10/2024

Engine Type

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

Reciprocating Fuel System Type

☐ Carburetor
☐ Fuel Injected

Propeller

☐ Fixed Pitch
☐ Controllable Pitch

Manufacturer: _____

Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☐ Horsepower or ☒ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	GARRETT	TFE-731	P74358	10/22/1976	3500	19,740	187	3,941
Eng. 2	GARRETT	TFE-731	P89674C	11/16/1988	3500	9,799	187	1,513
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>PHOENIX AIR GROUP, INC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>CARTERSVILLE</u> State: <u>GA</u> ZIP: <u>30120</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>PHOENIX AIR GROUP, INC</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>ESPA</u>		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☒ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International	Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☒ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number _____	Manufacturer: _____ Model: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No ☐ Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> INFLIGHT FIRE, REASON UNKNOWN.			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☒ Destroyed	Aircraft Fire ☐ None ☐ Both Ground and In-Flight ☒ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> AIRCRAFT IMPACTED THE WATER, HAS NOT BEEN RECOVERED AT THIS TIME. NO DAMAGE TO PERSONS OR PROPERTY ON THE GROUND.			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: _____		Distance From Airport Center: _____ SM	
Airport Name: _____		Direction From Airport: _____ degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip		Airport Elevation: _____ ft. MSL	
Approach Segment <i>(Select one)</i> ☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ Circling ☐ TACAN ☐ RNAV		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Stop and Go ☐ Traffic Pattern ☐ Touch and Go ☐ Straight-In ☐ Simulated Forced Landing ☐ Valley/Terrain Following ☐ Forced Landing ☐ Go Around ☐ Precautionary Landing ☐ Full Stop ☐ Unknown	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush Covered ☐ Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KNTD</u> City: <u>POINT MUGU (NAS)</u> State: <u>CA</u> Country: <u>USA</u>		Time of Departure Time: <u>0721</u> Time Zone: <u>PST</u>	
Destination Airport ID: <u>KNTD</u> City: <u>POINT MUGU (NAS)</u> State: <u>CA</u> Country: <u>USA</u>		Type Flight Plan Filed ☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☒ IFR ☐ Unknown Activated? ☒ Yes ☐ No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Class D ☒ Warning Area ☐ Airport Advisory Area ☐ Special ☐ Air Traffic Control Area ☐ Unknown			
Aircraft Load Description <i>(Check all that apply)</i> ☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock ☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown ☐ Cargo ☒ Other External ☐ Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> _____ Gallons		Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____ ☐ 100 Low Lead ☒ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5	
Other Services, if Any, Prior to Departure CREW UNLOADED 700 GALLONS AT 1331L ON 9MAY23 AT KNTD (PT. MUGU). TOTAL FUEL ON BOARD IS UNKNOWN.			

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			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>NUC</u> Observation Time: <u>1456Z</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>16</u> NM Direction from Accident Site: <u>160</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ Company ☒ Military ☒ Internet ☐ Unknown	
Briefing Type/Completeness ☐ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer ☐ Abbreviated ☒ Unknown ☐ Not Pertinent		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported	
Visibility <u>10</u> miles			
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☒ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☐ None (clear) ☒ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	
Lowest Cloud Condition Height <u>1,600</u> ft AGL		Ceiling Height <u>2,400</u> ft AGL	
Wind Direction ☒ Indicated: <u>300</u> degrees MAG ☐ Variable		Wind Speed Velocity: <u>13</u> KTS -or- ☐ Calm ☐ Light and Variable	
Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting		Restriction to Visibility <i>(Check all that apply)</i> ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Type of Turbulence <i>(Check all that apply)</i> ☒ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm		Severity of Turbulence ☐ Extreme ☐ Severe ☐ Moderate ☐ Moderate Chop ☐ Light	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident			
Temperature: <u>14</u> (C) or _____ (F) Altimeter Setting: <u>3007</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: <u>10</u> (C) or _____ (F)		Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	
Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed		Type of Precipitation <i>(Check all that apply)</i> ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Freezing Rain ☐ Snow Shower ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Ice Pellets Shower ☐ Freezing Drizzle	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy			

PILOT "A" INFORMATION

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

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

Pilot "A" Identification

First Name: ERIC City: MARIETTA
 Middle Initial: A State: GA ZIP: 30062
 Last Name: TATMAN Country: _____

Age at time of Accident/Incident: 48 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy 

Degree of Injury ☐ None ☒ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Seat Belt Used ☐ Yes ☐ No Available ☒ Yes ☐ No	Shoulder Harness Used ☐ Yes ☐ No Available ☒ Yes ☐ No
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Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☒ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

01/10/2023
 mm/dd/yyyy

Medical Certificate Limitations

MUST USE CORRECTIVE LENS(ES) TO MEET VISION STANDARDS AT REQUIRED DISTANCES.

Medical Certificate Waivers

N/A

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

02/10/2023
 mm/dd/yyyy

Flight Review Aircraft

Make: SIMULATOR
 Model: FSI ATL LJ31

Airplane Rating(s)

(Check all that apply)
☐ None
☐ Single-Engine Land
☒ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☒ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

LR-JET, G-159, G-1159

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	10,300	5,700		9,900			374			
Pilot in Command (PIC)	9,900				2,750	900				
Time as Instructor										
This Make/Model										
Last 90 Days	127									
Last 30 Days	14									
Last 24 Hours	5									

PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident/Incident**

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

Pilot "B" IdentificationFirst Name: SPENCERCity: NEWMANMiddle Initial: SState: GA ZIP: 30263Last Name: GEERLINGSCountry: USAAge at time of Accident/Incident: 28Date of Birth: mm/dd/yyyyCertificate Number: mm/dd/yyyy**Degree of Injury**

☐ None ☒ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

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

Seat Belt

Used ☐ Yes ☐ No
 Available ☒ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
 Available ☒ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☒ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☒ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical09/27/2022mm/dd/yyyy**Medical Certificate Limitations**

NONE

Medical Certificate Waivers**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**10/17/2022mm/dd/yyyy**Flight Review Aircraft**Make: SIMULATORModel: FSI ATL LJ31**Airplane Rating(s)**

(Check all that apply)

☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)

☐ None ☐ Instrument Airplane
☒ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

LR-JET (SIC PRIVILEGES ONLY)

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	1,013						66			
Pilot in Command (PIC)	844			33	78	0				
Time as Instructor										
This Make/Model										
Last 90 Days	104									
Last 30 Days	22									
Last 24 Hours	5									

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: RONALD City: TAYLORSVILLE Middle Initial: S State: GA ZIP: 30178 Last Name: GARNER Country: USA						REAR	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐		

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained. PLEASE SEE ATTACHED COLLABORATIVE STATEMENT FROM THE CREW OF FENIX02 (N544PA).

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

Operator/Owner Safety Recommendation
ANY CONCLUSIONS ARE PREMATURE AT THIS TIME.

ADDITIONAL INFORMATION (Please type or print in ink)

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

GARNER WAS ON BOARD THE AIRCRAFT ACTING IN HIS ROLE AS THE TOW REEL OPERATOR THOUGH NO TOW OR EW SERVICES WERE SCHEDULED DURING THIS EVENT.

NO SPECIAL MISSIONS EQUIPMENT WAS REQUESTED DURING THIS EVENT.

ACTUAL WEIGHT & BALANCE INFORMATION WAS IN THE CAPTAINS POSSESSION.

THIS WAS NOT AN AIR CARRIER OPERATION. NO TRANSPORTATION SERVICES WERE BEING PROVIDED.

AIRCRAFT WAS ON A MISSION TO PERFORM AERIAL WORK FOR A U.S. NAVAL VESSEL AS PRESCRIBED IN THEIR BRIEFED PROFILES.

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

Date of this Report

05/16/2023
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: _____

JEFFREY F. COGGINS, Chief Pilot

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

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.
WPR23FA185

Reviewed by NTSB Regional Office
AS-WPR

Name of Investigator
D.Baker

Date Report Received
5/16/2023

Wednesday May 10, 2023

FENIX01

Captain - Eric Tatman

F.O. - Spencer Geerlings

SSO (Backseater) - Shane Garner

FENIX02

Captain - Matt Conway

F.O. - Ian Robertson

SSO (Backseater) - John Kookogey

This entire document is in collaborative statement from the crew of FENIX02 (N544PA, Learjet 35). Both FENIX01 (N56PA, Learjet 36) & FENIX02 were collaborative in our efforts to carry out the subject training mission for the US Navy. As to FENIX 01, I (Matt) and others saw that Eric was flying left seat as Captain, Spencer was in the right seat as SIC, and Shane (as SSO) was in the back. This was not a Part 135 or air carrier mission. The purpose of this exercise for FENIX01 and FENIX02 that we were to fly was simply maintaining certain headings, speeds and altitudes doing aerial work training for the US Navy. No target towing or special electronic equipment was to be utilized during the mission. It was also our plan to recover back into Pt. Mugu NAS (KNTD) after our mission of a couple of hours, the same airport/base from which we had departed earlier that day. In other words, we were an airplane flying around doing aerial work for the US Navy. No one was onboard other than Phoenix Air pilots and back seater. No persons were being transported from one point to another, and this was not an air carrier mission. It was solely a training mission for the US Navy.

Eric in FENIX01 and Matt in FENIX02 briefed the mission and agreed on "FENIX Flight" out to the op area. Our takeoff time was 14:21z from Pt Mugu NAS (KNTD). We joined up shortly after takeoff and proceeded to enter Warning Area W291. FENIX01 & FENIX02 climbed to 15,000 feet and were handed off to "Beaver" FASFAC SD (Navy air controller for this military op area). Both transited to W291E3.

We believe we entered the area around 14:40Z. I (Matt) was watching FENIX01, as is normal procedure.

FENIX02 observed what appeared to be an inadvertent partial deployment of flaps, and immediately told FENIX01 of that observation, over the VHF radio. FENIX01 responded with what sounded like a surprised utterance and appeared to then retract the flaps. Seconds later FENIX01 radioed that he smelled something in the cabin. Seconds later, We (FENIX02 crew) then saw white/gray (not black) smoke or some other type of gas coming from "around the left side AFT Cabin area" on the FENIX01 aircraft, although we could not tell the exact location of the source. FENIX02 Matt then recalls seeing what appeared to be pink hydraulic fluid (or Ian may have also seen some sort of clear fluid) trailing the FENIX01 aircraft. At this point, FENIX01

was no longer maintaining altitude and heading (and FENIX01 may have turned off the autopilot at this point). FENIX02 radioed to FENIX01 when FENIX02 saw each of these events.

FENIX02 then recalls seeing flames coming out from around the Aft Equipment door and extend about a foot or so behind that position. FENIX02 then radioed to FENIX01 that "you've got a fire; you need to land ASAP." We then heard FENIX01 declare an emergency with Beaver and FENIX01 also said "We need to land at San Clemente (KNUC)." Shortly after we saw the drag chute come out of the aircraft. We could not tell if it was intentionally deployed or not, but we would not expect that it was intentionally deployed.

At some point FENIX01 started a left turn towards KNUC and appeared to be in a descent. FENIX01 then asked if FENIX02 could take the lead. FENIX02 accepted and accelerated to lead, passing on FENIX01's right side. Beaver did not appear able to communicate with FENIX01 at that point, and FENIX02 told FENIX01 that FENIX02 was taking the lead and passing on FENIX01's right, and we understood that FENIX01 needed FENIX02 to help guide it to KNUC. Beaver then instructed FENIX02 to turn to an assigned heading of 350, which we did and understood FENIX01 to be in trail behind. Then FENIX01 asked FENIX02 to keep its speed up. At this time, our altitude would have been passing through about 9 thousand. FENIX02 then further accelerated to keep the lead. Then FENIX02's SSO back seater (John K) reported that he saw FENIX01 at FENIX02's 7 o'clock position and overtaking FENIX02 below. This was the last time FENIX02 saw FENIX01. FENIX02 radioed to FENIX01 "are you still with me?" FENIX01 responded "barely." At this time, Matt believes our FENIX flight was still above and nearing the actual island of San Clemente.

FENIX02 continued on its assigned heading for maybe a minute without any further radio transmissions heard from FENIX01. Since FENIX02 did not hear any further radio transmissions from FENIX01 and the back seater did not report further sightings of FENIX01, then FENIX02 made a right 180 turn at around 6 to 7 thousand feet altitude to go back and find FENIX01. FENIX02 then did not see FENIX01. FENIX02 tried radioed to FENIX01 again and received no response. FENIX02 radioed to Beaver and asked if it was still showing FENIX01 up on radar and Beaver said "yes." Beaver then directed FENIX02 toward FENIX01 as FENIX02 was descending.

The weather in the area was a broken ceiling was between 2,000 – 4,000 feet and visibility was unrestricted underneath. FENIX02 saw a hole and descended through that to further search for FENIX01.

At this point FENIX02 asked Beaver for FENIX01's last known radar position so as to get us closer, and FENIX02 continued to that position and believe that FENIX01's last position would have been somewhere off the southern end of the island and perhaps with FENIX01 heading about NW. About a mile past FENIX01's last known radar location, FENIX02's crew saw fuel in the water, and also small pieces of white, yellow and red debris. FENIX02 circled back to look at it further. FENIX02 then contacted Beaver to initiate a search and rescue. Beaver asked FENIX02 if they could be the "on-scene-commander" until the Coast Guard arrived, and FENIX02 agreed to do so. FENIX02 gave Beaver Phoenix Air HQ phone number so that they

could call HQ and tell them what was going on. FENIX02 continued searching and coordinating with a nearby small Piper aircraft as well as a USC King Air in the area until the Coast Guard Helicopter showed up. After about an hour, FENIX02 considered returning to KNTD, but as per relay from HQ through Beaver, FENIX02 then proceeded to Brown Field, San Diego (KSDM) and when on the ground, contacted HQ by phone.