

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: BENSON State: AZ

ZIP: 85602 Country: UNITED STATES

Latitude: 31 59 58 N Longitude: 110 21 29 W

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

Accident/Incident Date/Time

Date: 12-19-2022 Local Time: 0930

mm/dd/yyyy

Time Zone: MST

Collision with Other Aircraft: Midair On-ground (None)

AIRCRAFT INFORMATION

Registration Number: N518DT

Manufacturer: AUTO-GYRO

Model: CAVALON

Serial Number: _____

Year of Manufacture: 2016

Amateur-Built: Yes (If Yes) Kit/Plans Make: AUTO-GYRO
No Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 1320 lbs

Weight at Time of Accident/Incident: 1003 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 1 Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard Special
Normal 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)

Tricycle Retractable 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/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>ROTAX</u>	<u>914 UL</u>	<u>9575262</u>		<u>115</u>	<u>424.6</u>	<u>10.3</u> <u>-</u>
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: _____

mm/dd/yyyy

Airframe Total Time: 424.6 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: HAND EXTINGUISHER -
HALON TYPE

Propeller 1

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: IVOPROP
Model: MEDIUM 3 BLADE

Propeller 2

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

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 L. THOMPSONFractional Ownership Aircraft: Yes ☐ No ☒City: BENSONState: AZ ZIP: 85602Country: UNITED STATES**Operator of Aircraft**

Same As Registered Owner

Name: DAVID L. THOMPSON

Same Address as Registered Owner

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

None
Flag Carrier Operating Certificate (FAR 121)
Supplemental
Air Cargo
Foreign Air Carriers (FAR 129)
Rotorcraft External Load (FAR 133)
Commuter Air Carrier (FAR 135)
On-Demand Air Taxi (FAR 135)
Commercial Air Tour (FAR 136)
Agricultural Aircraft (FAR 137)
Pilot School (FAR 141)
Certificate of Authorization or Waiver (COA)
Commercial Space Transportation
Experimental Permit
Commercial Space Transportation License
Other Operator of Large Aircraft

Regulation Flight Conducted Under

FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)
Armed Forces
Federal
State
Local
Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

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

(Select one)

Aerial Application Firefighting Unknown
Aerial Observation Flight Test
Air Drop Glider Tow
Air Race/Show Instructional
Banner Tow Other Work Use
Business Personal
Executive/Corporate Positioning
External Load Skydiving
Ferry

Revenue Sightseeing FlightYes ☐ No ☒**Air Medical Flight**Yes ☐ No ☒**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: BENSON MUNICIPAL AIRPORTAirport Identifier: E95Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/ADistance From Airport Center: .1 smDirection From Airport: 271 degrees trueAirport Elevation: 3829 ft. msl**Runway Information**Runway ID: 10 (L/R/C) Length: 4,000 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 Takeoff VFR Departure On Instrument Approach Downwind Low Approach
Initial Climb IFR Departure Procedure/Clearance Landing Base Go Around
Final Aborted Landing (after touchdown)
Crosswind Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying Yes No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>DAVID L. THOMPSON</u> Middle Initial: <u>L.</u> Last Name: <u>THOMPSON</u> City of Residence: <u>BENSON</u> State: <u>AZ</u> ZIP: <u>85602</u> Country: <u>UNITED STATES</u> Age at time of Accident/Incident: <u>79</u> Date of Birth: <u>1943</u> mm/dd/yyyy Certificate Number: <u> </u>																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☒ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																												
Pilot Certificate(s) (Check all that apply) ☒ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer																																																																																																				
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ 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>5/2017</u> mm/dd/yyyy																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>9-24-2019</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>AUTO GYRO</u> Model: <u>CAUA 10N</u>																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☒ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift					Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																									
Type Ratings <u>TAIL WHEEL 11-02-2001</u> <u>COMPLEX 10-03-2009</u> <u>HIGH PERFORMANCE 10-03-2009</u> <u>INSTRUMENT 6-07-2006</u>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td><u>1233.6</u></td> <td><u>424.6</u></td> <td><u>809</u></td> <td><u>-</u></td> <td><u>16.2</u></td> <td><u>59</u></td> <td><u>61</u></td> <td><u>424.6</u></td> <td><u>-</u></td> <td><u>-</u></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td><u>1132.6</u></td> <td><u>424.6</u></td> <td><u>697</u></td> <td><u>-</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td><u>10.1</u></td> <td><u>10.1</u></td> <td><u>-</u></td> <td><u>-</u></td> <td><u>-</u></td> <td><u>10.1</u></td> <td><u>-</u></td> <td><u>10.1</u></td> <td><u>-</u></td> <td><u>-</u></td> </tr> <tr> <td>Last 30 Days</td> <td><u>6.1</u></td> <td><u>6.1</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td><u>-</u></td> <td><u>-</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	<u>1233.6</u>	<u>424.6</u>	<u>809</u>	<u>-</u>	<u>16.2</u>	<u>59</u>	<u>61</u>	<u>424.6</u>	<u>-</u>	<u>-</u>	Pilot in Command (PIC)	<u>1132.6</u>	<u>424.6</u>	<u>697</u>	<u>-</u>							Time as Instructor											This Make/Model											Last 90 Days	<u>10.1</u>	<u>10.1</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>10.1</u>	<u>-</u>	<u>10.1</u>	<u>-</u>	<u>-</u>	Last 30 Days	<u>6.1</u>	<u>6.1</u>									Last 24 Hours	<u>-</u>	<u>-</u>								
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N/A

"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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ 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 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) <i>(Check all that apply)</i> 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) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport					
Type Ratings 						Student Endorsements <i>(Include dates)</i> 					
Flight Time <i>(Enter appropriate number of hours in each box)</i>		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											

N/A

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	Available	Used		
Private		Recreational		Airline Transport	Foreign	None	None		
Student		Sport		Flight Engineer		Lap Only	Lap Only	Not Installed	
						3-point	3-point	Installed	
						4-point	4-point	Not Deployed	
						5-point	5-point	Deployed	
						Unknown	Unknown	Unknown	
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		Commercial	US Military	Available	Used		
Private		Recreational		Airline Transport	Foreign	None	None		
Student		Sport		Flight Engineer		Lap Only	Lap Only	Not Installed	
						3-point	3-point	Installed	
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						5-point	5-point	Deployed	
						Unknown	Unknown	Unknown	
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
NONE						Available	Used		
First Name: _____		City: _____		Left	None	None	None	Not Installed	Under 5 years
Middle Initial: _____		State: _____ ZIP: _____		Center	Minor	Lap Only	Lap Only	Installed	
Last Name: _____		Country: _____		Right	Serious	3-point	3-point	Not Deployed	If Under 5,
				Unknown	Fatal	4-point	4-point	Deployed	Child Restraint
Crew		Passenger Other		Row: _____	Unknown	5-point	5-point	Unknown	Lap-Held
						Unknown	Unknown		Unknown
First Name: _____ City: _____				Left	None	Available	Used		
Middle Initial: _____ State: _____ ZIP: _____				Center	Minor	Lap Only	Lap Only	Not Installed	Under 5 years
Last Name: _____ Country: _____				Right	Serious	3-point	3-point	Installed	
				Unknown	Fatal	4-point	4-point	Not Deployed	If Under 5,
Crew Passenger Other				Row: _____	Unknown	5-point	5-point	Deployed	Child Restraint
						Unknown	Unknown	Unknown	Lap-Held
									Unknown
First Name: _____ City: _____				Left	None	Available	Used		
Middle Initial: _____ State: _____ ZIP: _____				Center	Minor	Lap Only	Lap Only	Not Installed	Under 5 years
Last Name: _____ Country: _____				Right	Serious	3-point	3-point	Installed	
				Unknown	Fatal	4-point	4-point	Not Deployed	If Under 5,
Crew Passenger Other				Row: _____	Unknown	5-point	5-point	Deployed	Child Restraint
						Unknown	Unknown	Unknown	Lap-Held
									Unknown
First Name: _____ City: _____				Left	None	Available	Used		
Middle Initial: _____ State: _____ ZIP: _____				Center	Minor	Lap Only	Lap Only	Not Installed	Under 5 years
Last Name: _____ Country: _____				Right	Serious	3-point	3-point	Installed	
				Unknown	Fatal	4-point	4-point	Not Deployed	If Under 5,
Crew Passenger Other				Row: _____	Unknown	5-point	5-point	Deployed	Child Restraint
						Unknown	Unknown	Unknown	Lap-Held
									Unknown

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>E95</u> City: <u>BENSON</u> State: <u>AZ</u> Country: <u>USA</u>		Time of Departure Time: <u>0930</u> Time Zone: <u>MST</u>		Destination Airport ID: <u>E95</u> City: <u>BENSON</u> State: <u>AZ</u> Country: <u>USA</u>
		Type Flight Plan Filed ☒ None Company VFR Military VFR VFR VFR/IFR IFR Unknown Unknown		
Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D Class E ☒ Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 ☐ Special Air Traffic Control Area Unknown				Altitude of In-Flight Occurrence: <u>3829</u> ft msl <u>0 - AGL</u>
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service Flight Service Station TV/Radio ☒ Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military Internet None Unknown			Weather Observation Facility Facility ID: <u>E95 AWOS</u> Observation Time: <u>0900 - 0925</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>0.5</u> nm Direction from Accident Site: <u>350</u> 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 ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown		Temperature: _____ (C) or <u>42</u> (F) Dew Point: _____ (C) or <u>20</u> (F) Altimeter Setting: <u>30.26</u> in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl		
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>CAVU</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>3829</u> ft	
Intensity of Precipitation Light Moderate ☒ Heavy ☒ N/A Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		Restriction to Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
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) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: NONE				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor

Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

NO PROPERTY DAMAGE
SUBSTANTIAL TO AIRCRAFT - ROTOR - FUSelage - TAIL

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

MONDAY 12/19/2022 AT APPROX 0930 I REMOVED THE GYROPLANE (MS18DT) FROM MY HANGER (B-2) BENSON AIRPORT (ERS) - DID NORMAL PRE-FLIGHT- START- FLIGHT INSPECTION.

STARTED ENGINE TO WARM-UP PER ROTAX 914 REQUIREMENTS (POH) DURING WARM-UP I TURNED ON ALL SYSTEMS INCL. ADDB-IN AND OUT AND MONITORED WX.

WHEN WARM I CHECKED WIND DIRECTION - CALM, OTHER TRAFFIC USING RUNWAY 10 - I HEADED THAT DIRECTION. BRAKE AND STEERING CHECK DURING TAXI TO RUN UP AREA.

I TOOK RUNWAY FOR DEPARTURE (ANNOUNCED ON 122.8 CHAN) SPUN ROTOR TO 200 RPM AND STARTED TAKE OFF ROLL. NOSE GETS LIGHT JUST PRIOR TO LIFT OFF. 45-50 MPH - 230-250 ROTOR RPM NORMALLY.

NOSE SUDDENLY DROPPED HARD TO RUNWAY AND ACFT SLEWED LEFT I FOUGHT THE RUDDER VERY HARD - ACFT ROLLED LEFT - ROTOR STRUCK RUNWAY SURFACE - ACFT LEFT RUNWAY TO THE NORTH SIDE - HIT THE DIRT AND ROLLED TO ITS RIGHT SIDE. AIRCRAFT ENDED ABOUT 1000' DOWN RUNWAY - 50' FROM RUNWAY EDGE NOSE FACING

ABOUT 180° MAG. ON ITS RIGHT SIDE. NO FUEL SPILL OR FIRE. WHEN ROTOR HIT RUNWAY SURFACE, I CAUSED EXTREME STICK SIDE TO SIDE MOTION BADLY BRUISING MY KNEES AND THIGHS.

NO MEDICAL REQ. NO EMERGENCY RESPONSE USED. AIRCRAFT MOVED TO HANGER B-2 AND IN (AS ACCIDENT) CONDITION.

MICHAEL ORMEROD OF FAA INSPECTED AIRCRAFT AND TOOK FAILED COMPONENT WITH HIM.

DAVID THOMPSON

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

Operator/Owner Safety Recommendation

I DON'T KNOW. ACFT INSPECTED CAREFULLY, CHECK LIST ALWAYS USED.
HAVE NOT FOUND OR BEEN INFORMED OF REASON OF FAILURE.
SAME METHODS OF OPERATION WITH THIS AIRCRAFT FOR OVER 600+ TAKEOFFS AND LANDINGS.

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.)

NOSE WHEEL COLLAPSED ON STRAIGHT ROLL. STRUT TUBE APPEARS TO HAVE BENT REARWARD ABOVE RUBBER SHOCK CUSHION. RECENT INSPECTION SHOWED NO FAULTS. MY PUSHING RODDER VERY HARD TRYING TO CONTROL ACFT MAY HAVE CAUSED THE NOSE WHEEL TO TWIST RIGHT AFTER TUBE FAILURE. NOSE FORK/STRUT ASSY # VFA201
AUTO GYRO - GERMANY

Total Time/Cycles
On Part

424.6 Hours

600+ Cycles

Time Since This Part
Inspected/Overhauled

10 Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

12 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

NORMAL PRE FLIGHT CHECKS -

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

PILOT (ME) RELEASED - OPENED LEFT DOOR - AFT ON RIGHT SIDE
AND CLIMBED OUT.

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: N/A

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
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

01/10/2023
mm/dd/yyyy

Name of Pilot/Operator

DAVID L. THORPSON

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 ONLY

NTSB Accident/Incident No.

WPR23LA085

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Starr Blum

Date Report Received

1/10/2023