

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.

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.

20594.

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 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.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

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.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

FORM APPROVED FOR USE THROUGH 4/30/2018 BY OMB NO. 3147-0001

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.

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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: <u>Strawberry Reservoir</u> State: <u>Utah</u> ZIP: <u>84032</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date Date: <u>3/11/2023</u> Time: <u>11:30am</u> Zone: <u>Mtn</u>	Date/Time <u>3/11/2023</u> <u>11:30am</u> <u>Mtn</u>
Collision with Other Aircraft: Midair On-ground None		

AIRCRAFT INFORMATION

Registration Number: <u>N553AT</u> Manufacturer: <u>Trendak</u> Model: <u>Taurus</u> Serial Number: <u>T&S F26917S</u> Year of Manufacture: <u>9/19/2017</u> Amateur-Built: Yes <i>If Yes:</i> <u>Kit/Plans Make: Taurus</u> Original Design No	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>1320</u> lbs Weight at Time of Accident/Incident: <u>1,169.5</u> lbs Number of Seats: <u>3</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>
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Category of Aircraft Airplane Balloon Blimp/Dirigible Glider X Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown		Type of Airworthiness Certificate (<i>Check all that apply</i>) Standard Special Normal Restricted Aerobatic Limited Balloon Provisional Commuter Special Flight Transport X Experimental Utility Special Light-Sport Experimental Light-Sport Certificate of Authorization or Waiver (COA) None Unknown		Landing Gear (<i>Check all that apply</i>) Retractable X Tricycle Tailwheel Amphibian High Skid Emergency Float Skid Float Ski Hull Ski/Wheel Other Launch/Recovery System None Unknown		Engine Type (<i>Select one</i>) Liquid Rocket Reciprocating Solid Rocket X Turbo Shaft Hybrid Rocket Turbo Prop Turbo Jet None Turbo Fan Unknown Electric Fuel System Type (<i>Reciprocating</i>) Carburetor X Fuel-Injected			
Engine	Engine Manufacturer	Engine Model/Series	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 Overhaul (hours) (hours)		
Eng. 1	Rotax	912 UL 2-01	#9580148	2017	160hp	140		7.5	
Eng. 2									
Eng. 3									
Eng. 4									

Last Inspection Type

Continuous Airworthiness

100-Hour

AAIP

Conditional Inspection

Annual

Unknown

Date Last Inspection: Jan 7, 2023

mm/dd/yyyy

Airframe Total Time:

140 hrs hours measured at (Select one)

Last Inspection Time of Accident/Incident

Fixed Pitch

Propeller 1

X Controllable Pitch

Ground Adjustable

Manufacturer: Kaspar

Model: 3 blade

Fixed Pitch

Propeller 2

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: Larry G AndrewCity: MapletonState: Utah ZIP: 84664Fractional Ownership Aircraft: Yes No Country: USA**Operator of Aircraft Same As Registered Owner***Same Address as Registered Owner*Name: same as owner

City: _____

Doing Business As: _____

ZIP: _____

State: _____

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

Revenue Sightseeing Flight

Yes No

Regulation Flight Conducted Under**FAR 91 FAR 129**FAR 415
FAR 431FAR 103 FAR 133
FAR 121 FAR 135FAR 435
FAR 125 FAR 137

FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercialPublic Aircraft *(Select one)*
Armed Forces
Federal
State
Local
Unknown**Air Medical Flight**

Yes No

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*Domestic
Scheduled or Commuter
Non-Scheduled or Air Taxi
InternationalPassenger
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

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name:**

_____ Airport

Identifier: _____

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

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees

true Airport Elevation: _____ ft.
msl**Runway Information**

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Unknown Without limitations/waivers N/A With limitations/waivers corrective lenses Special Issuance	Date of Last Medical <u>5/14/2021</u> <i>mm/dd/yyyy</i>							
Medical Certificate Limitations Corrective Lenses										
Medical Certificate Special Issuance										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>		Flight Review Aircraft Make: Experimental VariEze _____ 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 Instrument Airplane Airplane Single-Engine Instrument Helicopter Airplane Multi-Engine Helicopter Gyroplane Glider Powered Lift Sport							
Type Ratings Private Pilot and Tail Wheel Endorsement						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	550.3	33.2	473.2	2.7	10.1		1.5	65.8		
Pilot in Command (PIC)	489									
Time as Instructor										
This Make/Model										
Last 90 Days	13.1							6.2		
Last 30 Days	10							5.2		
Last 24 Hours	0.7							0.7		

IFLIGHT CREWMEMBER 2i INFORMATION

IFlight Crewmember 2i Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew IFlight Crewmember 2i was pilot

IFlight Yes No

IFlight Crewmember 2i 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

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

Pilot Certificate(s) (Check all that apply)

None	Flight Instructor		
		Commercial	US Military
Private Foreign	Airline Transport		
	Recreational	Flight Engineer	
Student	Sport		

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
Special Issuance
Unknown
N/A

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

Other Aircraft Rating(s)

(Check all that apply)
None
Airship
Balloon

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

Multiengine Land Multiengine Sea		Glider Gyroplane Helicopter Powered Lift								
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										

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ADDITIONAL FLIGHT CREWMEMBERS <i>(Exclusive of cabin crew, complete the following information)</i>				
Crew Name and Address			Seat Occupied Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Left Front Center Rear Right Single Unknown Unknown	None Minor Serious Fatal Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Private Foreign Student Commercial Recreational Sport US Military Airline Transport Flight Engineer			Restraint Type: Available Used None Lap Only 3-point 4-point 5-point Unknown None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Crew Name and Address			Seat Occupied	Injury

First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Left Front Center Rear Right Single Unknown Unknown	None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Commercial US Military Flight Instructor Airline Transport Recreational Flight Engineer Sport Student		Restraint Type: Available Used None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No Total Flight Time at the Time of this Accident/Incident: _____ hrs					
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)					
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Nathan Andrew</u> City : <u>Boise</u> State: <u>ID</u> ZIP: <u>83702</u> Middle Initial: <u>Larry</u> Last Name: <u>Andrew</u> Country: <u>USA</u> Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown 27 y/o male
First Name: _____ City : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

First Name: _____ City : _____ State: _____ ZIP: _____ Middle Initial: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None Lap Only 3-point 4-point 5-point Unknown None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
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FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: __PVU_____ City: _____ Provo _____ State: Utah _____ Country: _USA_____	Time of Departure Time: 10:49 am _____ Time Zone: _MTN_____ _____	Destination Airport ID: __PVU_____ City: _____ Provo _____ State: _Utah_____ Country: _____ _USA_____	Type Flight Plan Filed None VFR/IFR Company VFR IFR Military VFR Unknown VFR Activated? Yes No Unknown
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 11,000ft Military Operations Area (MOA) Class A Class G Special Occurrence: 7595 ft Airport Advisory Area Demo Area Air Traffic Control Area Jet Training Area Warning Area Unknown _____ ft msl Class B Class C TRSA Class D Prohibited Area Class E Restricted Area FAR 93			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			

Source of Pilot Weather Information <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td style="width: 50%;">National Weather Service</td> <td style="width: 50%;">Company</td> </tr> <tr> <td>Flight Service Station</td> <td>Military</td> </tr> <tr> <td>TV/Radio</td> <td>Internet</td> </tr> <tr> <td>Automated Report</td> <td>None</td> </tr> <tr> <td>Commercial Weather Service (DUATS)</td> <td>Unknown</td> </tr> <tr> <td>On-Board Weather</td> <td></td> </tr> </table>		National Weather Service	Company	Flight Service Station	Military	TV/Radio	Internet	Automated Report	None	Commercial Weather Service (DUATS)	Unknown	On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
National Weather Service	Company														
Flight Service Station	Military														
TV/Radio	Internet														
Automated Report	None														
Commercial Weather Service (DUATS)	Unknown														
On-Board Weather															
Basic Conditions VMC IMC Unknown		Light Condition Dawn Dusk Day Night Dark Night Bright Night Unknown													
Sky/Lowest Cloud Condition Clear Few Thin Broken Partial Obscuration Thin Overcast Scattered Unknown Lowest Cloud Condition Height _____ ft agl		Ceiling None (Clear) Obscured Broken Indefinite Overcast Unknown Ceiling Height _____ 6,000 _____ ft agl At crash site													
Wind Direction Variable -or- Direction: _____ degrees true		Wind Speed Calm Light and Variable -or- Speed: _____ kts	Wind Gusts Not Gusting -or- Speed: _____ kts												
Intensity of Precipitation Light Moderate Heavy N/A Unknown		Type of Precipitation <i>(Check all that apply)</i> None Drizzle Rain Ice Pellets Snow Snow Pellets Hail Snow Grains Rain Showers Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle													
Icing Forecast Amount Type None Trace Rime Light Clear Moderate Severe Unknown N/A Mixed Unknown		Icing Actual Amount Type None Trace Rime Light Clear Moderate Severe Unknown N/A Mixed Unknown													
Restriction to Visibility <i>(Check all that apply)</i> None Fog Blowing Dust Ground Fog Blowing Sand Haze Blowing Snow Ice Fog Blowing Spray Smoke Dust Unknown															
Turbulence Type <i>(Check all that apply)</i> 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 for this area

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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None Substantial

Minor Destroyed

Unknown

Aircraft Fire

None

In-Flight

On-Ground Unknown

Both Ground and In-Flight
Fire at Unknown Time

Aircraft Explosion

None

In-Flight

On-Ground Unknown

Both Ground and In-Flight

Explosion at Unknown Time

Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)* Engine and instruments are fine and intact w/o damage, 3 bladed prop 50% broken each blade, oil reservoir, fuel pumps, battery, instruments, alternators, main wheels all intact. Roll cage frame around pilot and passenger held up well however the front tore off and the rear supportive beams with rudders tore away, main rotor was pulled off, front wheel and mount were torn away. Front and left plexiglas windows were torn off.

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

My son and I took off for a sightseeing trip from Provo airport to Strawberry reservoir then to Heber and finally back to Provo airport. When we arrived at Strawberry reservoir we flew around for a bit, taking in the sights of the ice fishermen, snowmobilers, cabins and flew down closer to the iced over lake for a closer view before flying out but due to snow everywhere and sun reflection my depth perception was off and we were closer than I thought, my son looking out the side window said dad were too low pull up and so I pushed the throttle in and pulled up but it was too late, my front tire hit the deep snow and tossed us —rolled us 3 times then to a stop on our left side. We were upside down, but alright, I unbuckled both of our seat belts and turned off the main power to the gyrocopter and we slide out the front window (or where it used to be) I saw fuel spilling in the rear so we walked away in the deep snow a little bit and 10-15min later a snowmobiler came over and took us one by one to the strawberry marina.

During the flight there were a few thin clouds to our right side then broken higher up but completely clear in front of , to the left and below us. We had left the airport with 21 gallons of fuel, enough for 3 hrs flight with reserve to spare, It was a morning, flight, both had slept well, had normal breakfast, no medications, no physical limitations, no pressing events to get back home to, no significant stresses, just out to try out the Gyrocopter with its turbocharged engine, new heater system, double alternator, new variable pitch prop, new paint job. The middle of the lake was completely flat but rolling hills and mountains all around it, all covered with thick snow. Wind was calm, no precipitation, no turbulence, we were warm in the cockpit but we also had warm jackets on, our hands were not cold, we wore beanie caps and our headsets. Engine was smooth and working great, instruments all functioned normally, plenty of remaining fuel on board, No cyclic restrictions, We were more than 500 ft away in any direction from any person, craft, building, structure.

Injuries: some bruises, I have mild left ankle sprain, left forearm contusion/strain, few small cuts, 1 small 1 1/2cm long left leg laceration. My son has some bruises, sore muscles, went to chiropractor and no significant issues, few small cuts, both of us walked away from the accident on our own.

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.

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/Overhaul
ed

Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

21 Gallons

Fuel Type

80/87 115/145 Jet B Other, specify 96 unleaded 100 Low Lead Jet A JP8
100/130 Jet A-1 Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit ñ Describe how the occupants exited and how many occupants evacuated each location. By themselves slid out through the front broken window

OTHER AIRCRAFT ñ 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

Date of this Report <u>3/15/2023</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: _____ Larry G Andrew _____ 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. WPR23LA126	Reviewed by NTSB Regional Office WPR	Name of Investigator Kristyn Blocher	Date Report Received 3/15/23