

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: KSBP State: CA

ZIP: 93401 Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 05-01-2023 Local Time: 6:00 PM±
mm/dd/yyyy

Time Zone: PDT

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N 29TR

Manufacturer: Cessna

Model: 210N

Serial Number: 21064570

Year of Manufacture: 1982

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 6 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard Normal Special
Aerobatic Restricted
Balloon Limited
Commuter Provisional
Transport Special Flight
Utility Experimental
Special Light-Sport
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

Retractable
Tricycle Tailwheel
Amphibian High Skid
Emergency Float Skid
Float Ski
Hull Ski/Wheel

Other Launch/Recovery System

None Unknown

Engine Type (Select one)

Reciprocating Liquid Rocket
Turbo Shaft Solid Rocket
Turbo Prop Hybrid Rocket
Turbo Jet None
Turbo Fan Unknown
Electric

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>T510AFB 3B R78</u>	<u>245247R</u>	<u>327-98</u>	<u>310</u>	<u>894</u>	<u>34</u>
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 11-22-2022
mm/dd/yyyy

Airframe Total Time: _____ hrs
hours measured at (Select one)
Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

Annual (Amateur-built only)
Manufacturer's Inspection Program
Other Approved Inspection Program (AAIP)
Continuous Airworthiness
Other, specify: _____

Description of Fire Extinguishing System

None
Specify: Fire EXT

Propeller 1

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: McCaughey
Model: D3A34C402

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: Dos Rivers Ventures

City: 6

State: CA ZIP: 93401

Fractional Ownership Aircraft: Yes ☒ No ☐

Country: USA

Operator of Aircraft

Same As Registered Owner

Name: David Scary

Same Address as Registered Owner

City: 510

State: CA ZIP: 93401

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

Country: USA

Operating Certificates Held

(Check all that apply)

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

Regulation Flight Conducted Under

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

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

Public Aircraft (Select one)

Armed Forces
Federal
State
Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter 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

Personal Flight

Revenue Sightseeing Flight

Yes ☐ No ☒

Air Medical Flight

Yes ☐ No ☒

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

Airport Name: San Luis Obispo

Distance From Airport Center: 0 sm

Airport Identifier: KSBP

Direction From Airport: 0 degrees true

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

Airport Elevation: 200' ft. msl

Runway Information

Runway ID: 29 (L/R/C) Length: ft Width: ft

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

Runway/Landing Surface (Check all that apply)

☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

Approach/Departure Segment (Select one)

Taxi VFR Departure On Instrument Approach Downwind Low Approach
Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
Initial Climb Final Aborted Landing (after touchdown)
Crosswind Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

None
☒ Traffic Pattern ☐ 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: DAVID Searry City of Residence: San Luis Obispo
 Middle Initial: C State: CA ZIP: 93401
 Last Name: Searry Country: USA
 Age at time of Accident/Incident: 59 Date of Birth: 1963 mm/dd/yyyy

Certificate Number

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Right ☐ Center ☐ Front ☐ Rear ☐ Single ☐ Unknown		Restraint Type Available: ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☒ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign							
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 1 ☐ Class 2 ☒ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown		Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A		Date of Last Medical <u>11-17-2021</u> mm/dd/yyyy	

Medical Certificate Limitations

None

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 12-5-2021 mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: Cherokee 140

Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1694	862	1694							
Pilot in Command (PIC)	1694	862								
Time as Instructor										
This Make/Model										
Last 90 Days	26	26	26		0	1	1.5			
Last 30 Days	26	26	26		0	1	1.5			
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																					
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																					
"Flight Crewmember 2" was pilot flying Yes ☐ No ☐																																																																																																					
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____																																																																																																					
Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____ mm/dd/yyyy																																																																																																					
Degree of Injury None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious ☐				Seat Occupied Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown ☐				Restraint Type Available None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Used None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐				Inflatable Restraints Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐																																																																																									
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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 Unknown	Serious Fatal Unknown
Pilot Certificate(s) <i>(Check all that apply)</i>						Restraint Type:		Inflatable Restraints
None		Flight Instructor		Commercial		Available	Used	
Private		Recreational		US Military		None	None	
Student		Sport		Foreign		Lap Only	Lap Only	
						3-point	3-point	
						4-point	4-point	
						5-point	5-point	
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs		Unknown	Unknown	Not Installed Installed Not Deployed Deployed Unknown
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) <i>(Check all that apply)</i>				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	
				3-point	3-point	
				4-point	4-point	
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs		5-point	5-point	Not Installed
Yes	No			Unknown	Unknown	Installed
						Not Deployed
						Deployed
						Unknown

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)	
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Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
None First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KNYK</u> City: <u>Yuma</u> State: <u>AZ</u> Country: <u>USA</u>	Time of Departure Time: <u>3:00 PM</u> Time Zone: <u>PDT</u>	Destination Airport ID: <u>KSBP</u> City: <u>San Luis Obispo</u> State: <u>CA</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR VFR/IFR IFR Unknown Unknown Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

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

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

Class A Class 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: _____ ft msl
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

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

Weather Observation Facility

Facility ID: KSBP ATIS
Observation Time: 6:00 PM +
Time Zone: PDT
Distance from Accident Site: 0 nm
Direction from Accident Site: 0 degrees true

Basic Conditions

☒ VMC
☐ IMC
Unknown

Light Condition

☒ Dawn
☐ Day
Dusk
Night
Dark Night
Bright Night
Unknown

Sky/Lowest Cloud Condition

Clear	Thin Broken
Few	Thin Overcast
Partial Obscuration	Unknown
Scattered	

Lowest Cloud Condition Height

_____ ft agl

Ceiling

None (Clear)	Obscured
☒ Broken	Indefinite
Overcast	Unknown

Ceiling Height

_____ ft agl

Temperature: _____ (C) or _____ (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
or _____ MB

Wind Direction

Variable

-or-
Direction: _____ degrees true

Wind Speed

Calm
Light and Variable

-or-
Speed: _____ kts

Wind Gusts

Not Gusting

-or-
Speed: _____ kts

Visibility

_____ miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft

Intensity of Precipitation

Light
Moderate
Heavy
N/A
Unknown

Type of Precipitation (Check all that apply)

☒ None	Drizzle	Freezing Rain
☐ Rain	Ice Pellets	Snow Shower
☐ Snow	Snow Pellets	Ice Pellets Shower
☐ Hail	Snow Grains	Freezing Drizzle
☐ Rain Showers	Ice Crystals	

Restriction to Visibility (Check all that apply)

☒ None	Fog
☐ Blowing Dust	Ground Fog
☐ Blowing Sand	Haze
☐ Blowing Snow	Ice Fog
☐ Blowing Spray	Smoke
☐ Dust	Unknown

Icing Forecast

Amount	Type
☒ None	N/A
☐ Trace	Rime
☐ Light	Clear
☐ Moderate	Mixed
☐ Severe	Unknown
☐ Unknown	

Icing Actual

Amount	Type
None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

Turbulence

Type (Check all that apply)	Severity
☐ None	Light
☐ Clear Air	Moderate
☐ Terrain-Induced	Severe
☐ Convective Turbulence	Extreme

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
Minor☒ Substantial
Destroyed
Unknown**Aircraft Fire**☒ None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**☒ None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Wing tips Damaged
Prop strike
Wing Root Damaged
Nose wheel Bent

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

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

approach was normal wind more or less
down runway touched down plane pulled
hand right added some power to try to
get some rudder control but veered
across runway to left and off runway

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.)

Unknown front Trunion is now cracked

Total Time/Cycles
On Part

____ Hours
____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

80 Gallons 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

Fuel and Parking in Tucson
Fuel in Luma

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

Shut off power - fuel exited plane

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

Aircraft Registration Number

None

Manufacturer:

Model:

Damage to Other Aircraft

Destroyed Minor
Substantial None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report 05/19/2023 Name of Pilot/Operator: Dario Scary
mm/dd/yyyy Signature: [REDACTED]
-- 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. WPR23LA174	Reviewed by NTSB Regional Office WPR	Name of Investigator Kristyn Blocher	Date Report Received 5/22/2023
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