

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

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

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

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

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS—includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying with a paid, professional crew.

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

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

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

UNKNOWN—Use only if the primary purpose of flight is not known.

Other Aircraft—Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

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

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

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

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to www.nts.gov.

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

Accident/Incident Location		Accident/Incident Date/Time	
Nearest City/Place: <u>Kanab</u>	State: <u>UT</u>	Date: <u>08/30/2013</u>	Local Time: <u>9:42</u>
ZIP: <u>84741</u>	Country: _____	<i>mm/dd/yyyy</i>	
Latitude: <u>37.0475°N</u>	Longitude: <u>112.5263°W</u>		Time Zone: <u>MDT</u>
<i>(Enter in decimal degrees or degrees:minutes:seconds)</i>			
		Collision with Other Aircraft:	Midair On-ground ☒ None

Registration Number: <u>N 33094</u> Manufacturer: <u>Piper</u> Model: <u>PA 28 180</u> Serial Number: _____ Year of Manufacture: <u>1975</u> 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: <u>4</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>
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Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)	Landing Gear (Check all that apply)	Engine Type (Select one)
☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport	Retractable ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel	☒ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown
	Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	☐ Other Launch/Recovery System ☐ None ☐ Unknown	Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYcoming	O&VO-360 SEP			180			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection Annual Unknown	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
Date Last Inspection: _____ mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at (Select one) Last Inspection Time of Accident/Incident	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)	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: _____
Type of Maintenance Program (Select one) Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	Was ELT still mounted in aircraft? Yes No Was ELT still connected to antenna? Yes No Did ELT Activate? Yes No If activated: Did ELT Aid in Locating Aircraft: Yes No If not activated: Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown	
Description of Fire Extinguishing System None Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner DAVID HOUSTON
Name: TIMOTHY SCOTT CLARKSON
Fractional Ownership Aircraft: Yes ☒ No ☐ UNKNOWN

City: Kanab Hurricane
State: UT ZIP: 84741
Country: USA

Operator of Aircraft Same As Registered Owner
Name: TIMOTHY SCOTT CLARKSON
Doing Business As: _____
Air Carrier/Operator Designator (4 Character Code): _____

Same Address as Registered Owner
City: Kanab
State: UT ZIP: 84741
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		

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: KANAB
Airport Identifier: KKNB
Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A ☐
.5 Miles

Distance From Airport Center: .5 sm
Direction From Airport: 490 010° degrees true
Airport Elevation: 4868 ft. msl

Runway Information

Runway ID: 01 (L/R/C) Length: 6200 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

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

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry	☐ Snow-Compacted	☐ Water-Calm
☐ Holes	☐ Snow-Crusted	☐ Water-Choppy
☐ Ice Covered	☐ Snow-Dry	☐ Water-Glassy
☐ Rough	☐ Snow-Wet	☐ Wet
☐ Rubber Deposits	☐ Soft	
☐ Slush-Covered	☐ Vegetation	☐ Unknown

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Timothy Scott Clarkson</u> Middle Initial: <u>A</u> Last Name: <u>A</u> City of Residence: <u>Kanab</u> State: <u>UT</u> ZIP: <u>84741</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>44</u> Date of Birth: <u>1978</u> mm/dd/yyyy Certificate Number: XXXXXXXXXX																																																																																																				
Degree of Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		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					Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A			Date of Last Medical <u>08/19/2021</u> mm/dd/yyyy																																																																																												
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 1 ☐ Class 2 ☒ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown			Medical Certificate Limitations N/A			Medical Certificate Special Issuance N/A																																																																																												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/14/2023</u> mm/dd/yyyy					Flight Review Aircraft Make: <u> Piper </u> Model: <u> PA 28 180 </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						Student Endorsements (Include dates)																																																																																														
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"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 <u>No</u>											
"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 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) <i>(Check all that apply)</i> None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign											
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 Actual Simulated		Rotorcraft	Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Center Right Front Rear Single Unknown		Injury None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Center Right Front Rear Single Unknown		Injury None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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		
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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew <u>Passenger</u> Other			Seat Left Center Right Unknown Row: _____	Injury None Minor Serious Fatal 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	Age Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: <u>Matthew</u> City: <u>Kanab</u> Middle Initial: <u>T.</u> State: <u>UT</u> ZIP: <u>84741</u> Last Name: <u>Clarkson</u> Country: <u>USA</u> Crew <u>Passenger</u> Other			Left Center <u>Right</u> Unknown Row: <u>1</u>	None Minor Serious Fatal Unknown	Available: None Lap Only <u>3-point</u> 4-point 5-point Unknown Used: None Lap Only <u>3-point</u> 4-point 5-point Unknown		<u>Not Installed</u> Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: <u>Andrew</u> City: <u>Kanab</u> Middle Initial: <u>E</u> State: <u>UT</u> ZIP: <u>84741</u> Last Name: <u>Clarkson</u> Country: <u>USA</u> Crew <u>Passenger</u> Other			Left Center <u>Right</u> Unknown Row: <u>2</u>	None Minor Serious Fatal Unknown	Available: None Lap Only <u>3-point</u> 4-point 5-point Unknown Used: None Lap Only <u>3-point</u> 4-point 5-point Unknown		<u>Not Installed</u> Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: <u>Isaac</u> City: <u>Kanab</u> Middle Initial: <u>S.</u> State: <u>UT</u> ZIP: <u>84741</u> Last Name: <u>Clarkson</u> Country: <u>USA</u> Crew <u>Passenger</u> Other			<u>Left</u> Center Right Unknown Row: <u>2</u>	None Minor Serious Fatal Unknown	Available: None Lap Only <u>3-point</u> 4-point 5-point Unknown Used: None Lap Only <u>3-point</u> 4-point 5-point Unknown		<u>Not Installed</u> Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, 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 If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KKNB</u> City: <u>Kanab</u> State: <u>UT</u> Country: <u>USA</u>	Time of Departure Time: <u>9:42</u> Time Zone: <u>MDT</u>	Destination Airport ID: <u>1L8</u> City: <u>Hurricane</u> State: <u>UT</u> Country: <u>USA</u>	Type Flight Plan Filed None ☐ VFR/IFR Company VFR ☐ IFR Military VFR ☐ Unknown VFR ☒ Activated? Yes ☐ No ☒ Unknown
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Type of ATC Clearance/Service (Check all that apply) None ☒ 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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☒ Restricted Area ☐ FAR 93 ☐				Altitude of In-Flight Occurrence: <u>60</u> ft msl

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: <u>KKNB</u> Observation Time: <u>9:40 AM</u> Time Zone: <u>MDT</u> Distance from Accident Site: <u>.5</u> nm Direction from Accident Site: <u>190°</u> degrees true
---	---

Basic Conditions VMC ☐ IMC ☐ Unknown ☐	Light Condition Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Day ☒ Night ☐ Bright Night ☐
Sky/Lowest Cloud Condition Clear ☒ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered ☐	Ceiling None (Clear) ☒ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown ☐
Lowest Cloud Condition Height <u>12000</u> ft agl	Ceiling Height _____ ft agl
Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction <u>Variable</u> -or- Direction: _____ degrees true	Wind Speed <u>Calm</u> Light and Variable -or- Speed: _____ kts	Wind Gusts <u>Not Gusting</u> -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>7360</u> 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 ☒ None Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐	Icing Actual Amount ☒ None Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐	Turbulence Type (Check all that apply) None ☒ Clear Air ☐ Severity Light Terrain-Induced ☐ Moderate Convective Turbulence ☐ Severe Extreme
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NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

N/A

None
Minor

Substantial
Destroyed
Unknown

None

In-Flight On-Ground

Both Ground and In-Flight Fire at Unknown Time Unknown

Note

In-Flight On-Ground

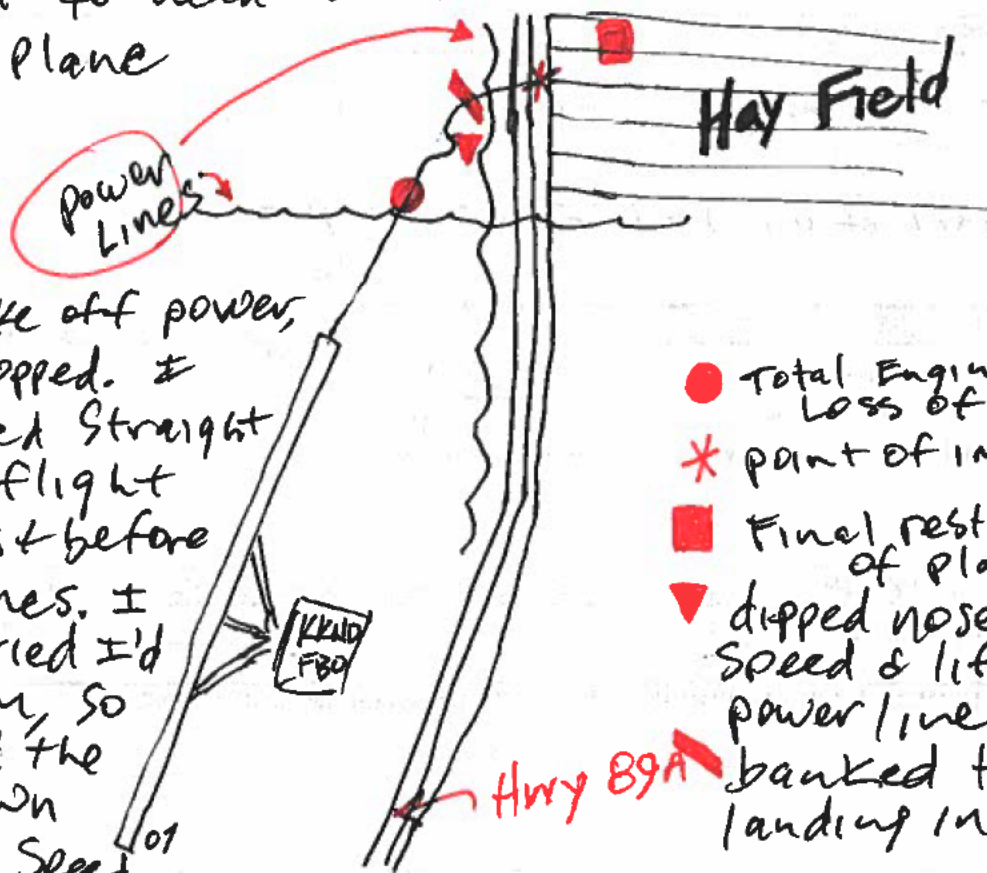
**Both Ground and In-Flight
Explosion at Unknown Time
Unknown**

Right & Left gear ~~the~~ broke off at impact.

Right & Left wings damaged by cedar posts of fencing.

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.

* Flew from Hurricane (1L8) to Kanab (KKNB) 7:00 to 7:30 AM on 08/30/2023. After a Full Stop ± boarded 3 passengers & took a 15-20 min scenic flight 'around Kanab returning to KKNB for a Full Stop Landing. @ Appx 8:30 did the same thing with 3 new passengers. @ Appx 9:00 did the same thing with 3 new passengers. @ Appx 9:40 taxied for take off to head to Hurricane to return the rented plane



After take off power,
speed dropped. I
maintained straight
& level flight
until just before
power lines. I
was worried I'd
hit them, so
I pushed the
nose down
to gain speed.

- Total Engine Failure & Loss of power
- * point of impact
- Final resting location of plane
- ▼ dipped nose to gain speed & lift to clear power line.
- A banked to attempt landing in Hay Field

then pulled up over
power line, then all lift was ^{emergency} lost & landed aiming for field

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

Operator/Owner Safety Recommendation

- (1) Not taken off.
- (2) Possibly built more speed before take off, giving chance to gain more Altitude, to clear buildings & powerlines & land safely in the field
- (3) Taken off to the South vs North. There's a slightly lower elevation slope of runway & to the South, less obstructions.

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.)

I'm not sure name of part or part no.

All I know is the engine & power cut out during ~~take~~ initial climb.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)

30-35

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

Add a quart of oil just before flight

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

Out the main door, as usual.

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

Aircraft Registration Number

N5520941

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Substantial

Minor

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

Take off (V_r) speed was reached prior to take off.

I remained in Ground Effect to build speed to Best Angle of Climb (V_x) speed prior to climb.

Immediately speed dropped as well as loss of altitude necessitating the emergency landing procedures.

Max altitude reached was appx 60 feet before full power loss. An audio

recording has been provided the NTSB documenting the timeline the last 20 seconds of flight & the engine sputter & stop 8 seconds before impact.

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

Date of this Report

09/01/2023

mm/dd/yyyy

Name of Pilot/Operator:

Timothy Scott Clarkson

Signature:

- or -

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

- or -

Check here to electronically sign this document

FOR NTSB USE ONLYNTSB Accident/Incident No.
WPR23LA329Reviewed by NTSB Regional Office
OAS WPRName of Investigator
S. B. JohnsonDate Report Received
06 SEP 2023