

WPR 24 FA 252

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: KNEELAND State: CA
 ZIP: 95549 Country: U.S.A.
 Latitude: 40.72° N Longitude: 123.93° W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 07/23/2024 Local Time: 1104
mm/dd/yyyy Time Zone: PDT

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATIONRegistration Number: N460DCManufacturer: CESSNAModel: T206HSerial Number: T20609660Year of Manufacture: 2021

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

☒ TFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 3806 lbsWeight at Time of Accident/Incident: 3200 lbsNumber of Seats: 4 Flight Crew Seats: 1Cabin Crew Seats: 0 Passenger Seats: 3Number of Engines: 1**Category of Aircraft**

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

Type of Airworthiness Certificate*(Check all that apply)*

- Standard** **Special**
☒ Normal ☐ Restricted
☐ Aerobatic ☐ Limited
☐ Balloon ☐ Provisional
☐ Commuter ☐ Special Flight
☐ Transport ☐ Experimental
☐ Utility ☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear*(Check all that apply)*

- ☐ 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/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 (hours)	Overhaul (hours)
Eng. 1	LYCOMING	T10-540-A51A	L-14617-61E	10/13/21	310	534	47	534
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 07/03/2024
mm/dd/yyyy

Airframe Total Time: 487 hrs
 hours measured at *(Select one)*

☒ Last Inspection ☐ Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

- ☐ None
☒ Specify: HANDHELD
FACTORY FIRE BOTTLE

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: MACAULEYModel: B3D36C432ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ARTEXModel or Part No.: C406-N

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☒ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☐ Yes ☒ NoWas ELT still connected to antenna? ☐ Yes ☒ NoDid 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

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

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: MYNORP INTERNATIONAL INC.City: MCCLELLANState: CAZIP: 95652Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

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

Regulation Flight Conducted Under

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

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

- ☐ Public Aircraft (Select one)
☐ Armed Forces
☐ Federal
☐ State
☐ Local

☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International

☐ Passenger
☐ Cargo
☐ Mail Contract Only

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

(Select one)

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

Revenue Sightseeing 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: KNEELANDAirport Identifier: 019Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 3 smDirection From Airport: ~ 345 degrees trueAirport Elevation: 2741 ft. msl**Runway Information**Runway ID: 33 (L/R/C) Length: 2250 ft Width: 50 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 ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VORTVOR ☐ 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: GABRIEL City of Residence: GRASS VALLEY
 Middle Initial: J State: CA ZIP: 95945
 Last Name: KULP Country: USA
 Age at time of Accident/Incident: 49 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury None ☐ ☒ Fatal Minor ☐ Unknown ☐ Serious ☐	Seat Occupied ☒ Left Front Unknown Right Rear Center Single	Restraint Type Available None ☐ Lap only ☐ ☒ 3-point 4-point ☐ 5-point ☐ Unknown ☐ Used None ☐ Lap only ☐ ☒ 3-point 4-point ☐ 5-point ☐ Unknown ☐	Inflatable Restraints Not Installed ☐ ☒ Installed Not Deployed ☐ Deployed ☐ Unknown ☐
Pilot Certificate(s) (Check all that apply) None ☐ Flight Instructor ☐ ☒ Commercial US Military ☐ Private ☐ Recreational ☐ Airline Transport Foreign ☐ Student ☐ Sport ☐ Flight Engineer ☐			
Principal Occupation ☒ Pilot Other ☐ Unknown ☐	Medical Certificate None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ ☒ Class 2 ☐ Unknown ☐	Medical Certificate Validity ☒ Without limitations/waivers Unknown ☐ With limitations/waivers N/A ☐ Special Issuance ☐	Date of Last Medical <u>05/23/2024</u> mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 03/2024
 mm/dd/yyyy

Flight Review Aircraft

Make: _____
 Model: _____

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

NONE

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	1200	120	900	300	70	53	60			
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days		120								
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied		Injury
First Name: _____	City of Residence: _____	☐ Left	☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right	☐ Single	☐ Serious
			☐ Unknown	☐ Fatal
				☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	
☐ Student	☐ Sport	☐ Flight Engineer		
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: _____	☐ Left	☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right	☐ Single	☐ Serious
			☐ Unknown	☐ Fatal
				☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	
☐ Student	☐ Sport	☐ Flight Engineer		
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>THOMAS</u> City: <u>CARMICHAEL</u>	☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>1</u>	☐ None ☐ Minor ☒ Serious ☒ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☒ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: <u>CA</u> ZIP: <u>95608</u>			☐ None	☐ None		
Last Name: <u>SMITH</u> Country: <u>USA</u>			☐ Lap Only	☐ Lap Only		
☐ Crew ☒ Passenger ☐ Other			☒ 3-point	☒ 3-point		
			☐ 4-point	☐ 4-point		
	☐ 5-point	☐ 5-point				
	☐ Unknown	☐ Unknown				
First Name: _____ City: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____			☐ None	☐ None		
Last Name: _____ Country: _____			☐ Lap Only	☐ Lap Only		
☐ Crew ☐ Passenger ☐ Other			☐ 3-point	☐ 3-point		
			☐ 4-point	☐ 4-point		
	☐ 5-point	☐ 5-point				
	☐ Unknown	☐ Unknown				
First Name: _____ City: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____			☐ None	☐ None		
Last Name: _____ Country: _____			☐ Lap Only	☐ Lap Only		
☐ Crew ☐ Passenger ☐ Other			☐ 3-point	☐ 3-point		
			☐ 4-point	☐ 4-point		
	☐ 5-point	☐ 5-point				
	☐ Unknown	☐ Unknown				
First Name: _____ City: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____			☐ None	☐ None		
Last Name: _____ Country: _____			☐ Lap Only	☐ Lap Only		
☐ Crew ☐ Passenger ☐ Other			☐ 3-point	☐ 3-point		
			☐ 4-point	☐ 4-point		
	☐ 5-point	☐ 5-point				
	☐ Unknown	☐ Unknown				

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KMCC

City: McCLELLAN

State: CA

Country: USA

Time of Departure

Time: 0949

Time Zone: PDT

Destination

Airport ID: 019

City: KNEELAND

State: CA

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)

☐ 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:

2700 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: KFOT
 Observation Time: 1055
 Time Zone: PDT
 Distance from Accident Site: 14 nm
 Direction from Accident Site: 045 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

Lowest Cloud Condition Height

_____ ft agl

Ceiling

☒ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Ceiling Height

_____ ft agl

Temperature: 17 (C) or _____ (F)

Dew Point: 14 (C) or _____ (F)

Altimeter Setting: 29.94 in. Hg
 or _____ MB

Wind Direction

☐ Variable

-or-
 Direction: 310 degrees true

Wind Speed

☐ Calm
☐ Light and Variable

-or-
 Speed: 7 kts

Wind Gusts

☒ Not Gusting

-or-
 Speed: _____ kts

Visibility

6 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 3100 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:

NONE IN EFFECT (HELIBASE NOTAM HAD JUST BEEN REMOVED; WE WERE COMMUNICATING WITH HELIBASE MANAGER THROUGH OUR CALFIRE)

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☐ Substantial
☐ Minor ☒ Destroyed
 ☐ Unknown

Aircraft Fire

- ☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☒ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

DESTROYED - POST CRASH FIRE

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.

SEE PRELIMINARY REPORT WPR24FA252

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/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

87

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

NONE

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

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

08/26/2024
mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: DAEMON EDWARDSTitle: LEAD SUPPORT PILOT

Signature: _____

-- or -- ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**NTSB Accident/Incident No.
WPR24FA252Reviewed by NTSB Regional Office
WPR - Federal WayName of Investigator
S. SteinDate Report Received
8/26/2024