

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 cowlings, 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.ntsbgov.

THIS FORM TO BE USED FOR REPORTING CIVIL AND PUBLIC AIRCRAFT ACCIDENTS AND INCIDENTS

Accident/Incident Location Nearest City/Place: <u>Yuma</u> State: <u>AZ</u> ZIP: <u>85364</u> Country: _____ Latitude: <u>32.72231°N</u> Longitude: <u>114.62084°W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>		Accident/Incident Date/Time Date: <u>11/17/2023</u> Local Time: <u>830 PM</u> <i>mm/dd/yyyy</i> Time Zone: <u>Mountain</u>	
		Collision with Other Aircraft: Midair On-ground <u>None</u>	

Registration Number: <u>N 2024 C</u> Manufacturer: <u>Beechcraft (B/C-95)</u> Model: <u>Travelair</u> Serial Number: <u>N/A</u> Year of Manufacture: <u>1959</u> Amateur-Built: Yes ☐ If Yes: Kit/Plans ☐ Make: _____ No ☒ Original Design ☐	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>4000</u> lbs Weight at Time of Accident/Incident: <u>3300</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>—</u> Passenger Seats: <u>2</u> Number of Engines: <u>2</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 Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☒ Retractable ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel ☐ Other Launch/Recovery System ☐ None ☐ Unknown	☐ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown
			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	N/A							
Eng. 2	N/A							
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection Annual Unknown Date Last Inspection: <u>N/A</u> mm/dd/yyyy Airframe Total Time: <u>N/A</u> hrs hours measured at (Select one) Last Inspection Time of Accident/Incident	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>N/A</u> Model: _____	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>N/A</u> Model: _____
Type of Maintenance Program (Select one) <u>Annual</u> Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	ELT Installed: <u>Yes</u> No <i>If Yes:</i> ELT Manufacturer: <u>N/A</u> Model or Part No.: <u>N/A</u> TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? <u>Yes</u> No Was ELT still connected to antenna? <u>Yes</u> No Did ELT Activate? Yes <u>No</u> <i>If activated:</i> Did ELT Aid in Locating Aircraft: Yes <u>No</u> <i>If not activated:</i> Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged <u>Unknown</u>	Additional Equipment (Check all that apply) <u>ADS-B</u> 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: _____
Description of Fire Extinguishing System <u>None</u> Specify: _____		

OWNER/OPERATOR INFORMATION																																											
Registered Aircraft Owner Name: <u>Joseph Sheble</u> Fractional Ownership Aircraft: Yes No		City: <u>Kingman</u> State: <u>AZ</u> ZIP: <u>86401</u> Country: <u>U.S</u>																																									
Operator of Aircraft <i>Same As Registered Owner</i> Name: <u>Anthony Silva</u> Doing Business As: <u>flight instruction</u> Air Carrier/Operator Designator (4 Character Code): _____		<i>Same Address as Registered Owner</i> City: <u>Lake Havasu City</u> State: <u>AZ</u> ZIP: <u>86403</u> Country: <u>U.S</u>																																									
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 <table style="width: 100%; border: none;"> <tr> <td>FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown	FAR 91	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table style="width: 100%; border: none;"> <tr> <td>Scheduled or Commuter</td> <td>Domestic</td> </tr> <tr> <td>Non-Scheduled or Air Taxi</td> <td>International</td> </tr> </table> Passenger Cargo Mail Contract Only		Scheduled or Commuter	Domestic	Non-Scheduled or Air Taxi	International																								
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Revenue Sightseeing Flight Yes ☒ No	Air Medical Flight Yes ☒ No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table style="width: 100%; border: none;"> <tr> <td>Aerial Application</td> <td>Firefighting</td> <td>Unknown</td> </tr> <tr> <td>Aerial Observation</td> <td>Flight Test</td> <td></td> </tr> <tr> <td>Air Drop</td> <td>Glider Tow</td> <td></td> </tr> <tr> <td>Air Race/Show</td> <td>☒ Instructional</td> <td></td> </tr> <tr> <td>Banner Tow</td> <td>Other Work Use</td> <td></td> </tr> <tr> <td>Business</td> <td>Personal</td> <td></td> </tr> <tr> <td>Executive/Corporate</td> <td>Positioning</td> <td></td> </tr> <tr> <td>External Load</td> <td>Skydiving</td> <td></td> </tr> <tr> <td>Ferry</td> <td></td> <td></td> </tr> </table>		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															
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AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>																																											
Airport Name: <u>Yuma Marine Corps Air station</u> Airport Identifier: <u>KNYL</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>14</u> sm Direction From Airport: <u>350°</u> degrees true Airport Elevation: <u>5000</u> ft. msl																																									
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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																																									
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IFR Approach <i>(Check all that apply)</i> ☒ None <table style="width: 100%; border: none;"> <tr> <td>ADF/NDB</td> <td>PAR</td> <td>MLS</td> <td>Practice</td> </tr> <tr> <td>SDF</td> <td>Sidestep</td> <td>LDA</td> <td>GPS</td> </tr> <tr> <td>VOR/TVOR</td> <td>ILS</td> <td>ASR</td> <td></td> </tr> <tr> <td>VOR/DME</td> <td>Localizer Only</td> <td>Visual</td> <td></td> </tr> <tr> <td>TACAN</td> <td>LOC-back course</td> <td>Contact</td> <td></td> </tr> <tr> <td></td> <td>RNAV</td> <td>Circling</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Unknown</td> </tr> </table>		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 <i>(Check all that apply)</i> ☐ None <table style="width: 100%; border: none;"> <tr> <td>Traffic Pattern</td> <td>Stop and Go</td> </tr> <tr> <td>☒ Straight-In</td> <td>Touch and Go</td> </tr> <tr> <td>Valley/Terrain Following</td> <td>Simulated Forced Landing</td> </tr> <tr> <td>Go Around</td> <td>Forced Landing</td> </tr> <tr> <td>Full Stop</td> <td>Precautionary Landing</td> </tr> <tr> <td></td> <td>Unknown</td> </tr> </table>		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
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"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: Anthony City of Residence: Lake Havasu

Middle Initial: J State: AZ ZIP: 86403

Last Name: Silva Country: U.S.

Age at time of Accident/Incident: 31 Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

Degree of Injury

None Fatal
Minor Unknown
Serious

Seat Occupied

Left Front Unknown
Right Rear
Center Single

Restraint Type

Available	Used
<u>Lap only</u>	<u>Lap only</u>
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 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

11/01/2021
mm/dd/yyyy

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

10/28/2023
mm/dd/yyyy

Flight Review Aircraft

Make: Beechcraft (MEI checkride)
Model: Travelair (B6-95)

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

N/A

Student Endorsements (Include dates)

08/2023 (Comm multi)
10/2023 (MEI)

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	1100	70	1030	70	70	—	90	—	—	—
Pilot in Command (PIC)	980	50	930	50	50	—	2	—	—	—
Time as Instructor	635	30	600	30	25	—	—	—	—	—
This Make/Model					4	—	2.2			
Last 90 Days	164	70	94	70	5	—	—	—	—	—
Last 30 Days	67	27	40	27	3	—	—	—	—	—
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: Brian

City of Residence: Lake Havasu City

Middle Initial: _____

State: AZ ZIP: 86403

Last Name: Bandy

Country: U.S.

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 <table border="1"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td><u>3-point</u></td> <td><u>4-point</u></td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>		Available	Used	None	None	Lap only	Lap only	<u>3-point</u>	<u>4-point</u>	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☒ Unknown
Available	Used																			
None	None																			
Lap only	Lap only																			
<u>3-point</u>	<u>4-point</u>																			
4-point	4-point																			
5-point	5-point																			
Unknown	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>N/A</u> mm/dd/yyyy																				

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

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 ☐ 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

N/A

Student Endorsements (Include dates)

N/A

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										
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				Seat Occupied		Injury
First Name: _____		City of Residence: _____		Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Middle Initial: _____		State: _____ ZIP: _____				
Last Name: _____		Country: _____				
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				Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes No						

Crew Name and Address				Seat Occupied		Injury
First Name: _____		City of Residence: _____		Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Middle Initial: _____		State: _____ ZIP: _____				
Last Name: _____		Country: _____				
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				Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes No						

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
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
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
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
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>KNYL</u> City: <u>Yuma</u> State: <u>AZ</u> Country: <u>U.S.</u>	Time of Departure Time: <u>0805</u> Time Zone: <u>Mountain</u>	Destination Airport ID: <u>KIGM</u> City: <u>Kingman</u> State: <u>AZ</u> Country: <u>U.S.</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 ☐ 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 ☐ Altitude of In-Flight Occurrence: <u>5000</u> ft msl ☐ 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
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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: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☒ Dark Night ☐ Unknown ☐ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Thin Overcast ☐ Unknown ☐ Few ☐ Partial Obscuration ☐ Scattered	Ceiling ☒ None (Clear) ☐ Broken ☐ Obscured ☐ Indefinite ☐ Unknown ☐ Overcast
Lowest Cloud Condition Height <u>N/A</u> ft agl	Ceiling Height <u>N/A</u> ft agl

Wind Direction ☐ Variable Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable Speed: _____ kts	Wind Gusts ☒ Not Gusting Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles
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Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Drizzle ☐ Freezing Rain ☐ Snow ☐ Ice Pellets ☐ Snow Shower ☐ Hail ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Rain Showers ☐ Snow Grains ☐ Freezing Drizzle ☐ Ice Crystals	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust
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Forecast Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply): ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity: ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
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DTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

N/A

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
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)

Rudder trim rod broke & windshield missing.

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.

ON November 17th, I, Anthony Silva, was conducting an instructional flight from KHEB to KUYL at night. After completing our night requirements, we parked the airplane and went into FBO to check weather. After checking weather we continued on to our next destination, KSLM. we Departed runway 35, on departure we picked up right following. Approximately 15 miles north of the airport, my student felt the rudder pedals moving back and forth very softly. He advised me and I took controls to see if I could. Shortly after I could feel my rudder pedals pulsating back and forth and getting worse. I advised my student to declare an emergency as I turned back around to the airport. while turning around, the rudder pedals were bouncing back and forth. As I leveled out, the airplane was violently shaking, & the rudder pedals were going left to right. while on our way back, the plane continued to shake violently. The windshield flew off without cause, approximately 2-3 min after turning around. I was able to safely land on Runway 17, Straight in. we taxied the airplane to the FBO and met by airplane personnel.


Anthony Silva.

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

Operator/Owner Safety Recommendation

Unknown.

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.)

Rudder trim appeared broken

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

55

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

☒ 100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

N/A

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

Exited aircraft through door + walked behind plane

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

11/26/2023
mm/dd/yyyy

Name of Pilot/Operator: Anthony Silva

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.

WPR24LA038

Reviewed by NTSB Regional Office

AS-WPR

Name of Investigator

Eric M. Gutierrez

Date Report Received

11/29/2023