

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: BYRON AIRPORT (C83) State: CA

ZIP: 94514 Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 01/08/2024 Local Time: 12:20
mm/dd/yyyy

Time Zone: PST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N9938V

Manufacturer: Mooney

Model: M20E

Serial Number: 700004

Year of Manufacture: 1970

Amateur-Built: Yes If Yes: Kit/Plans Make: _____

No Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2575 lbs

Weight at Time of Accident/Incident: 2300 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 2

Number 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

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

Landing Gear

(Check all that apply)

Retractable

Tricycle

Amphibian

Emergency Float

Float

Hull

Other Launch/Recovery System

None

Tailwheel

High Skid

Skid

Ski

Ski/Wheel

Unknown

Engine Type (Select one)

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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>LYCOMING</u>	<u>10360A1B6</u>	<u>L-7703-B1A</u>		<u>200</u>	<u>1960.3</u>	<u>8</u>	<u>8</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

AAIP

Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 01/02/2023

mm/dd/yyyy

Airframe Total Time: 5530.5 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: _____

Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: HARTZELL

Model: HCC2YR-1B

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)

C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft? Yes No

If not activated:

Indicate Reason:

Impact Damage

Fire Damage

Battery Expired/Damaged

Unknown

Additional Equipment (Check all that apply)

ADS-B

Airframe Parachute

Angle of Attack Indicator

Autopilot

Data Recorder

Electronic Flight Bag or Handheld Device

Electronic Multifunction Display

Electronic Primary Flight Display

Handheld GPS

Heads Up Display

Onboard Weather

Satellite Tracking Device

Stall Warning System

Video Recording Device

Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Nicholas PheedaraCity: San MateoState: CA ZIP: 94402Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**Same As Registered OwnerSame 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: BYRON

Distance From Airport Center: _____ sm

Airport Identifier: C93

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

Runway InformationRunway ID: 30 (L/R/C) Length: _____ ft Width: _____ ft**Runway/Landing Surface (Check all that apply)**☒ Asphalt☐ Grass/Turf☐ Macadam☐ Water☐ Concrete☐ Gravel☐ Metal/Wood☐ Dirt☐ Ice☐ Snow☐ Unknown**Condition of Runway/Landing Surface (Check all that apply)**☒ Dry☐ Moles☐ Ice Covered☐ Rough☐ Rubber Deposits☐ Slush-Covered☐ Snow-Compacted☐ Snow-Crusted☐ Snow-Dry☐ Snow-Wet☐ Soft☐ Vegetation☐ Water-Calm☐ Water-Choppy☐ Water-Glassy☐ Wet☐ Unknown**Approach/Departure Segment (Select one)**Taxi
Takeoff
Initial ClimbVFR Departure
IFR Departure Procedure/ClearanceOn Instrument Approach
LandingDownwind
Base
Final
Crosswind☒ Low Approach
☐ Go Around
☐ Aborted Landing (after touchdown)
☐ Unknown**IFR Approach (Check all that apply)**☒ None☐ ADF/NDB☐ PAR☐ MLS☐ Practice☐ SDF☐ Sidestep☐ LDA☐ GPS☐ VOR/TVOR☐ ILS☐ ASR☐ VOR/DME☐ Localizer Only☐ Visual☐ TACAN☐ LOC-back course☐ Contact☐ RNAV☐ Circling☐ Unknown**VFR Approach (Check all that apply)**☒ None☒ Traffic Pattern☐ 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: NICHOLAS City of Residence: SAN MATEO
 Middle Initial: L State: CA ZIP: 94402
 Last Name: DHEEDENIE Country: USA
 Age at time of Accident/Incident: 60 Date of Birth: 1/19/63 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 <table border="0"> <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>☒ 3-point</td> <td>☒ 3-point</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	☒ 3-point	☒ 3-point	☐ 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																			
☒ 3-point	☒ 3-point																			
☐ 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>07/22/2023</u> mm/dd/yyyy																

Medical Certificate Limitations
Corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/21/2023</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Cessna</u> Model: <u>175A</u>
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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 ☐ Glider ☐ Sport
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Type Ratings **Student Endorsements** (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	367.1	8	365	1.5	15.3	24	14.8	-	-	-
Pilot in Command (PIC)	296.2									
Time as Instructor										
This Make/Model										
Last 90 Days	14									
Last 30 Days	7.2									
Last 24 Hours	0									

"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: Greg

City of Residence: Enos Hills

Middle Initial: J

State: CA ZIP: 94062

Last Name: Blanch

Country: USA

Age at time of Accident/Incident: 61 Date of Birth: 07/16/62 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 <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>☒ 3-point</td> <td>☒ 3-point</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	☒ 3-point	☒ 3-point	☐ 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																			
☒ 3-point	☒ 3-point																			
☐ 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>3/28/2023</u> mm/dd/yyyy														

Medical Certificate Limitations

Must wear corrective lenses to meet vision requirements at all distance

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 9/16/2022
mm/dd/yyyy

Flight Review Aircraft

Make: Beechcraft

Model: A36

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

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	4733	10	9505	232	256	115	67			
Pilot in Command (PIC)	4560	10	4357	201	0	115	0			
Time as Instructor	475	6	475	0	0	0	0			
This Make/Model					0	0	0			
Last 90 Days	126	6	125	1	4.1	2.7	0			
Last 30 Days	43	6	43	0	1.1	1.5	0			
Last 24 Hours	1.5	1.5	1.5	1.5	0	0	0			

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) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				Restraint Type: Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
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) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				Restraint Type: Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
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>TIFFANY</u> City: <u>SAN MATEO</u> Middle Initial: <u>M</u> State: <u>CA</u> ZIP: <u>94402</u> Last Name: <u>DHEEDENE</u> Country: <u>USA</u> Crew <u>Passenger</u> Other	Left Center Right Unknown Row: _____	<u>None</u> 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	<u>Not Installed</u> Installed Not Deployed Deployed Unknown	<u>53</u> 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>KSAL</u> City: <u>San Carlos</u> State: <u>CA</u> Country: <u>USA</u>	Time of Departure Time: <u>11:10</u> Time Zone: <u>PST</u>	Destination Airport ID: <u>C83</u> City: <u>BYRON</u> State: <u>CA</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)				Altitude of In-Flight Occurrence: _____ ft msl
Class A	Class G	Military Operations Area (MOA)	Special Air Traffic Control Area	
Class B	Demo Area	Airport Advisory Area	Unknown	
Class C	Warning Area	Jet Training Area		
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true

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

Wind Direction Variable ☒ -or- Direction: _____ degrees true	Wind Speed Calm ☒ Light and Variable ☐ -or- Speed: _____ kts	Wind Gusts Not Gusting ☒ -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
	None ☒ Rain Snow Hail Rain Showers	None ☒ Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust
	Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals	Fog Ground Fog Haze Ice Fog Smoke Unknown
	Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	

Icing Forecast	Icing Actual	Turbulence
Amount Type None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown	Amount Type None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown	Type (Check all that apply) Severity None Light Clear Air Moderate Terrain-Induced Severe Convective Turbulence Extreme

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

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

RIGHT LANDING GEAR
NOSE LANDING GEAR
LEFT AELIROM
PROPELLER

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 an Instructional Flight we performed a Full Stop landing on Rwy 30 at BYRON. The weather was good.

Did a normal take off and did a return in the pattern. Normal, stable approach but had some oscillation on touch down and advanced the throttle to initiate a go around. The aircraft veered to the left and did not climb, we departed the runway into the grass in field on the left.

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)

40 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

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

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
Substantial

Minor
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

01/09/2024
mm/dd/yyyy

Name of Pilot/Operator:

NICHOLAS DHEEDENE

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.
WPR24LA066

Reviewed by NTSB Regional Office
WPR-AS

Name of Investigator
Albert Nixon

Date Report Received
1/09/2024