

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/Town: <u>Phoenix</u> State: <u>AZ</u> ZIP: <u>85002</u> County: <u>USA</u> Latitude: <u>32.05980°N</u> Longitude: <u>108.48920°W</u> (Enter in decimal degrees or degrees minutes seconds)		Accident/Incident Date/Time Date: <u>04/12/2024</u> Local Time: <u>09:45 AM</u> mm/dd/yyyy Time Zone: <u>Mountain</u> Collision with Other Aircraft: ☐ Mid-air ☐ On-ground ☒ None
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AIRCRAFT INFORMATION

Registration Number: <u>N599YV</u> Manufacturer: <u>RANS</u> Model: <u>S7 COURIER</u> Serial Number: <u>0510343</u> Year of Manufacture: <u>2019</u> Amateur-Built: ☒ Yes ☐ No ☐ Yes ☒ Kit Plan ☐ Original Design Make: <u>RANS S7 COURIER</u>	☐ IFR-Equipped and Certified ☐ Commercial Spill Flight ☐ Unmanned Aircraft Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td> ☐ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility ☐ Certificate of Authorization or Waiver (COA) ☐ None </td> <td> ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☒ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Unknown </td> </tr> </table>	Standard	Special	☐ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility ☐ Certificate of Authorization or Waiver (COA) ☐ None	☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☒ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Unknown	Landing Gear (Check all that apply) ☐ Retractable ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Tail ☐ Other Launch/Recovery System ☐ None ☐ 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
Standard	Special						
☐ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility ☐ Certificate of Authorization or Waiver (COA) ☐ None	☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☒ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Unknown						

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)	Time Since Overhaul (hours)
Eng. 1	LY POWER	35015	152201		130	43.1	43.1	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☒ 100-Hour ☐ ANP ☐ Annual ☐ Continuous Airworthiness ☒ Conditional Inspection ☐ Unknown Date Last Inspection: <u>04/12/2024</u> mm/dd/yyyy Airframe Total Time: <u>39.5</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident	Propeller 1 ☐ Fixed Pitch ☐ Controllable Pitch ☒ Ground Adjustable Manufacturer: <u>SENSENICH</u> Model: <u>ZEUS/C600E</u> ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-04</u> TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☒ C126 (406 MHz) Was ELT still connected 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	Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____ Additional Equipment (Check all that apply) ☒ A/P-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: _____
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OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: [REDACTED]

City: WHITEHALL

State: MT ZIP: 59759

Fractional Ownership Aircraft: ☐ Yes ☒ No

Country: USA

Operator of Aircraft

☒ Same As Registered Owner

☐ Same Address as Registered Owner

Name: _____

City: WHITEHALL

Doing Business As: _____

State: MT ZIP: 59759

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

Country: USA

Operating Certificates Held

(Check all that apply)

- ☒ None
- ☐ Flag Carrier Operating Certificate (FAR 121)
- ☐ Supplemental
- ☐ Air Cargo
- ☐ Foreign Air Carrier (FAR 129)
- ☐ Remote/External Load (FAR 131)
- ☐ Commuter Air Carrier (FAR 135)
- ☐ On-Demand Air Taxi (FAR 135)
- ☐ Commercial Air Taxi (FAR 136)
- ☐ Agricultural Aircraft (FAR 137)
- ☐ Pilot School (FAR 141)
- ☐ Certificate of Authorization or Waiver (CCA)
- ☐ 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 418
- ☐ 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: BENSON

Distance From Airport Center: 3-4 mi

Airport Identifier: E95

Direction From Airport: 285° degrees true

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

Airport Elevation: 3881 ft. msl

Runway Information

Runway ID: 20-28 (L/R/C) Length: 4100 ft. Width: 75 ft.

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

Runway/Landing Surface (Check all that apply)

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

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm
- ☐ Frozen ☐ Snow-Crusted ☐ Water-Choppy
- ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glasy
- ☐ Rough ☐ Snow-Wet ☐ Wet
- ☐ Rubber Deposits ☐ Soft ☐ Unknown
- ☐ Shale-Covered ☐ Vegetation

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/MEB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sideslip ☐ LDA ☐ GPS
- ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual
- ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ Contact
- ☐ TACAN ☐ LOC-back course ☐ Colding ☐ Unknown
- ☐ RNAV

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: [REDACTED]

City of Residence: WHITEHALL

Middle Initial: [REDACTED]

State: MT ZIP: 59759

Last Name: [REDACTED]

Country: USA

Age at time of Accident/Incident: 67 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 ☐ Corner ☐ 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 <u>BASIC MED</u> ☐ 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>APR 04/05/2024</u> <u>07/19/2022</u> mm/dd/yyyy														

Medical Certificate Limitations READING GLASSES

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 12/14/2022
mm/dd/yyyy

Flight Review Aircraft

Make: PIPER
 Model: PA18-150

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	Simulator			
Total Time	235.1	34.5	233.6							
Pilot in Command (PIC)	158.9	38.5								
Time as Instructor	0	0	0							
This Make/Model	[REDACTED]									
Last 90 Days	0	0	0							
Last 30 Days	0	0	0							
Last 24 Hours	0	0	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: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury ☐ None ☐ Total ☐ 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
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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 1
☐ 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
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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										
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ 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: ☐ None ☐ Used ☐ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ 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: ☐ None ☐ Used ☐ 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
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Row: _____ ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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 ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Row: _____ ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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 ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Row: _____ ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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 ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Row: _____ ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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>E95</u> City: <u>Benson</u> State: <u>AZ</u> Country: <u>USA</u>	Time of Departure Time: <u>9:45</u> Time Zone: <u>MDT/CDT</u>	Destination Airport ID: <u>E-95</u> City: <u>Benson</u> State: <u>AZ</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 ☐ 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: _____ ft msl ☐ Class B ☐ Class D ☐ Airport Advisory Area ☐ Special ☐ Air Traffic Control Area ☐ Class C ☐ Class E ☐ Warning Area ☐ Air Training Area ☐ Unknown ☒ Class D ☐ Prohibited Area ☐ TRSA ☐ Unknown ☐ Class E ☐ Restricted Area ☐ FAR 47
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Select all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (CWA) ☐ Unknown ☐ On-Board Weather	Weather Observation Facility Facility ID: <u>E95</u> Observation Time: <u>09:00</u> Time Zone: <u>MDT/CDT</u> Distance from Accident Site: <u>3</u> mi Direction from Accident Site: <u>105°</u> degrees true
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Basic Conditions ☐ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Day ☐ Night ☐ Day ☐ Night ☐ Day ☐ Night ☐ Unknown
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Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Thin Overcast ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Scattered	Ceiling ☐ None (Clear) ☐ Obscured ☐ Indefinite ☐ Broken ☐ Unknown ☐ Overcast	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.03</u> in. Hg or _____ mm
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Wind Direction ☐ Variable Direction: <u>280</u> degrees true	Wind Speed ☒ Calm ☐ Light and Variable Speed: <u>4</u> kts	Wind Gusts ☒ Not Gusting Speed: _____ kts	Visibility <u>7.5</u> miles RVR _____ feet RVR _____ miles Density Altitude: _____ ft
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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 ☐ Ice Pellets 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 ☐ Ground Fog ☐ Blowing Dust ☐ Haze ☐ Ice Fog ☐ Blowing Sand ☐ Smoke ☐ Unknown ☐ Blowing Snow ☐ Unknown ☐ Blowing Spray ☐ Unknown ☐ Dust
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Icing 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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NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>NONE</u>
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
☐ Minor
☒ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

BOTH MAIN LANDING GEAR
 LOWER ENGINE COWL
 WING STRUTS

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.

TOOK OFF FROM E-95 BENSON MUNICIPAL AIRPORT (HOME BASE) DID RLY ABOUT 9:30
 DEPARTED TO THE NORTH ABOUT 5-6 MILES THEN HERDED WEST AND THEN SOUTH WEST
 ABOUT 6000' ASL. WAS MONITORING VSI AND AIRSPEED FOR LEVEL FLIGHT AND RPM
 ENGINE STARTED LEAKING PWR AND QUIT. HEARD DYON SAID CAGE ENGINE AND NOTICED
 I THOUGHT WAS FUEL PRESSURE BLEEDING. I SWITCHED TO ECU 2 AND FUEL PUMP 2 FROM
 ECU 1 AND PUMP 1. GOT ENGINE STARTED AND WAS POINTED TOWARDS AIRPORT.
 COULD NOT ADVANCE THROTTLE AS ENGINE STARTED DIE AGAIN. THEN ENGINE QUIT AGAIN
 TRIED STARTING TO NO AVAIL. DETERMINED FROM VISUAL THAT I WOULD NOT MAKE
 AIRPORT SO I STARTED LOOKING FOR A LANDING SPOT. FOUND A ROAD BELOW ME AND
 DECIDED TO TRY AND LAND ON THE ROAD. FIELD AIRCRAFT TO THE GROUND LAND HARD
 COLLAPSED THE LANDING GEAR. I CRAWLED OUT OF THE AIRCRAFT AND GOT A CALL FROM
 MOAN/SARANT TELL ME MY BET WAS GOING OFF. EXPLAINED THAT I WAS IN A BEESA AND
 THEY ASKED IF I WAS ALRIGHT. I SAID YES. THEY NOTIFIED AUTHORITIES AND THEY CAME
 FOUND ME. I GAVE THEM A PIN OF WHERE I WAS. I NOTICED FUEL COMING OUT OF THE
 LOWER ENGINE COWL AREA. I WENT BACK IN THE AIRCRAFT AND SHUT OFF PWR AND
 ECU 2 AND FUEL PUMP 2. I THREW SHOT OF FUEL TO THE ENGINE. I CALL RLY WHO WORKS
 AT THE AIRPORT AND HE CAME OUT TO THE CRASH SITE. THE CRASH SITE IS ABOUT
 3-4 MILES WEST OF THE AIRPORT. BUSH, CACTUS IN THE AREA I LANDED IN. I SKID
 AFTER LANDING ABOUT 60'.

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
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

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

12-13 Gallons

Fuel Type

☐ 10/87
☐ 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 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

RIGHT MAIN SWING UP DOOR JET PILOT

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: _____

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 very answers.

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

Date of this Report

04/29/2024
slm:dlb/ys

Name of Pilot/Operator

Signature:

- or -

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Signature:

- or -

☐ Check here to electronically sign this document

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR24LA130

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Zoë Keliher

Date Report Received

04/30/2024