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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: <u>Blandina</u> State: <u>UT</u> ZIP: <u>84511</u> Country: <u>USA</u> Latitude: <u>37°37'24"N</u> Longitude: <u>109°28'44"W</u> (Enter in decimal degrees or degrees:minutes:seconds)					Accident/Incident Date/Time Date: <u>05/02/2024</u> Local Time: <u>4:02 PM</u> mm/dd/yyyy Time Zone: <u>MST</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None					
AIRCRAFT INFORMATION										
Registration Number: <u>50101</u> Manufacturer: <u>Cessna</u> Model: <u>T206H (with STOL installed)</u> Serial Number: <u>T20608899</u> Year of Manufacture: <u>2006</u> Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____					☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>3614</u> lbs Weight at Time of Accident/Incident: <u>3092</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>					
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 ☐ Certificate of Authorization or Waiver (COA) ☒ None ☐ Unknown Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport		Landing Gear (Check all that apply) ☐ Retractable ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System ☒ None ☐ Unknown ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel		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/Series	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	Textron Lycoming	TIO-540-AJ1A	L-13178-61E	10/27/06	310	1556.7	140.5			
Eng. 2										
Eng. 3										
Eng. 4										
Last Inspection Type ☐ 100-Hour ☐ AAIP ☒ Annual ☐ Continuous Airworthiness ☐ Conditional Inspection ☐ Unknown Date Last Inspection: <u>12-23-23</u> mm/dd/yyyy Airframe Total Time: <u>1556.7</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident			Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>McCaughey</u> Model: <u>B3B36C432-C</u>		Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: <u>N/A</u>					
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☒ Other, specify: <u>Pre Trip 04-29-24</u>			ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☐ OC126 (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: <u>G1000</u>					
Description of Fire Extinguishing System ☐ None ☒ Specify: <u>Hand held</u>										

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner		City: <u>Pagosa Springs</u>	
Name: <u>Barry Adventure Travel Inc. (John Barry III)</u>		State: <u>CO</u>	ZIP: <u>81147</u>
Fractional Ownership Aircraft: ☐ Yes ☒ No		Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner		☒ Same Address as Registered Owner	
Name: <u>John Barry III</u>		City: <u>Pagosa Springs</u>	
Doing Business As: <u>Barry Adventure Travel, Inc.</u>		State: <u>CO</u>	ZIP: <u>81147</u>
Air Carrier/Operator Designator (4 Character Code): <u>None</u>		Country: <u>USA</u>	
Operating Certificates Held (Check all that apply)		Regulation Flight Conducted Under	
☒ 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		☐ 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 Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)		Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	
☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only		☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race/Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☐ Flight Test ☐ Glider Tow ☐ Instructional ☒ Personal ☐ Other Work Use ☐ Positioning ☐ Skydiving ☐ Unknown	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>Nokai Dome</u>		Distance From Airport Center: <u>100 yards</u> can	
Airport Identifier: <u>038</u>		Direction From Airport: <u>South West</u> degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>5946'</u> ft. msl	
Runway Information		Condition of Runway/Landing Surface (Check all that apply)	
Runway ID: <u>038</u> (L/R/C) Length: <u>2237</u> ft Width: <u>50'</u> ft		☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush-Covered ☐ Vegetation	
Runway/Landing Surface (Check all that apply)			
☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☒ Dirt ☐ Ice ☐ Snow ☐ 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 ☐ Crosswind ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/VOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Contact ☐ Circling ☐ TACAN ☐ LOC-back course ☐ RNAV ☐ Unknown		☐ 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: <u>Angelene</u> City of Residence: <u>Pagosa Springs</u> Middle Initial: <u>V</u> State: <u>CO</u> ZIP: <u>81147</u> Last Name: <u>Talamante</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>49</u> Date of Birth: <u>[REDACTED]</u> mm/dd/yyyy Certificate Number: <u>33.4 Student hours</u>																			
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>03/2022</u> mm/dd/yyyy												
Medical Certificate Limitations																			
Medical Certificate Special Issuance																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>Ongoing Student</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>Cessna</u> Model: <u>182</u>																	
Airplane Rating(s) (Check all that apply) ☒ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift		☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport											
Type Ratings <u>Student</u>					Student Endorsements (Include dates) <u>None</u>														
Flight Time (Enter appropriate number of hours in each box)		All Aircraft		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument		Rotocraft		Glider		Lighter Than Air	
Total Time		33.4		C182		✓		—		—		—		—		—		—	
Pilot in Command (PIC)																			
Time as Instructor																			
This Make/Model																			
Last 90 Days																			
Last 30 Days																			
Last 24 Hours																			

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"Flight Crewmember 1" Identification First Name: <u>John</u> City of Residence: <u>Pagosa Springs</u> Middle Initial: <u>J</u> State: <u>CO</u> ZIP: <u>81147</u> Last Name: <u>Barry III</u> Country: _____ Age at time of Accident/Incident: <u>71</u> 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 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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Type Ratings <u>Private</u> <u>10/28/1999 certified to be proficient in the operation and systems of a high performance airplane.</u>					Student Endorsements (Include dates)																																																																																														
<table border="1"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>2,966.5</td> <td>2,939.6</td> <td>2,966.5</td> <td></td> <td>932.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>2,966.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>19.7</td> <td>19.7</td> <td>19.7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>13.2</td> <td>13.2</td> <td>13.2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										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	2,966.5	2,939.6	2,966.5		932.5						Pilot in Command (PIC)	2,966.5										Time as Instructor											This Make/Model											Last 90 Days	19.7	19.7	19.7								Last 30 Days	13.2	13.2	13.2								Last 24 Hours	2	2	2							
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
"Flight Crewmember 2" Identification First Name: <u>none</u> City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
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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 ☐ Helicopter ☐ Glider ☐ Sport																																																																																												
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address None				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	☐ Unknown	☐ Fatal				
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 ☐ 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		
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	☐ Unknown	☐ Fatal				
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 ☐ 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		
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: _____ 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						
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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: <u>KPSO</u> City: <u>Pagosa Springs</u> State: <u>CO</u> Country: <u>USA</u>		Time of Departure Time: <u>1:49 PM</u> Time Zone: <u>MT2</u>		Destination Airport ID: <u>038</u> City: <u>Blanding</u> State: <u>UT</u> Country: <u>USA</u>
		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown		
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 Flight Occurrence: <u>5946</u> ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☒ TV/Radio ☒ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☒ On-Board Weather		Weather Observation Facility Facility ID: <u>096</u> Observation Time: <u>1:40 PM</u> Time Zone: <u>MT2</u> Distance from Accident Site: <u>20</u> nm Direction from Accident Site: <u>North West</u>		
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 <u>None</u> ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>61°</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.15</u> in. Hg or _____ MB
Wind Direction ☐ Variable -or- Direction: <u>240</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>16</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>unlimited</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>6,049</u> ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Icing Forecast Amount ☒ None ☐ Trace ☐ 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	
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>None</u>				

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) Propeller bent, front smashed in, right wing bent, Tail almost broken off, all parts of aircraft dented and damaged.		
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 and location, services obtained, and intended destination. Provide as much detail as possible.		
We were on the first leg of our yearly back country flying vacation. Before take off my mechanic (AP) changed the oil and gave the plane a brief inspection. I performed an extensive preflight inspection including the brakes. No leaking brake fluid was found. We performed before take off check list including two firm braking tests. The brakes worked perfectly! Our destination airstrip was an easy airstrip that we have landed on many times over the years. The wind was straight down runway 24 at 16 mph. We circled the runway three times to inspect conditions. We entered the pattern on left down wind. Our approach angle was perfect, speed was perfect with my student co-pilot calling out speed, altitude, etc, and our touch down was right on the first few feet of the runway. Smooth landing. No bouncing and plenty of runway. Much more than we needed. I applied the brakes smoothly at first but found we had no braking action. Both right and left brakes failed. My co-pilot worked her brakes with also no result. I pushed in the throttle and my co-pilot put in 10° flaps. We started to climb out but we clipped a cedar tree and then crashed to the ground. We bounced down three small cliffs and finally stopped in sand with extensive damage. I've been flying back country for 31 years and have taken several back country courses. I'm a safe pilot.		

RECOMMENDATION (How could this accident/incident have been prevented?)	
Operator/Owner Safety Recommendation I can't think of anything that I could have done better.	
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.) We lost both right and left brakes during Touch down.	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) full, 87 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 Brief mechanic inspection and very careful pre flight inspection by myself and my co pilot.	
EVACUATION OF AIRCRAFT	
Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No NOT YET	
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location We exited via left side pilot door.	
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)	
Aircraft Registration Number None	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.

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

Date of this Report

05/07/2024
mm/dd/yyyyName of Pilot/Operator: John Barry IIISignature: 

-- or --

If a Person Other than Pilot/Operator is Filing Report

Name: None

Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**NTSB Accident/Incident No.
WPR24LA141Reviewed by NTSB Regional Office
WPRName of Investigator
HICKSDate Report Received
5/7/2024