

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>Heber, Utah</u> KHCN State: <u>UT</u> ZIP: _____ Country: _____ Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)				Accident/Incident Date/Time Date: <u>05/27/2024</u> Local Time: <u>16:40</u> mm/dd/yyyy Time Zone: <u>MST</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None																																																
AIRCRAFT INFORMATION																																																				
Registration Number: <u>N7995</u> Manufacturer: <u>Boeing Stearman</u> Model: <u>PT17</u> Serial Number: <u>75-7995</u> Year of Manufacture: <u>1942/43</u> Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Make: _____ ☐ Original Design				☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>3,200</u> lbs Weight at Time of Accident/Incident: <u>3,000</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: _____																																																
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) <table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility ☐ Certificate of Authorization or Waiver (COA) ☐ None </td> <td style="vertical-align: top;"> Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Unknown </td> </tr> </table>		Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility ☐ Certificate of Authorization or Waiver (COA) ☐ None	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Unknown	Landing Gear (Check all that apply) ☐ Retractable ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Foot ☐ Ski/Wheel ☐ Hull ☐ Other Launch/Recovery System ☐ None ☐ Unknown		Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-Injected																																												
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Serial</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Rated Power ☒ Horsepower or ☐ lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>Lycoming</u></td> <td><u>R-680-13</u></td> <td><u>7232</u></td> <td><u>6/1980</u></td> <td><u>300</u></td> <td><u>607</u></td> <td><u>3</u></td> <td><u>607</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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	<u>Lycoming</u>	<u>R-680-13</u>	<u>7232</u>	<u>6/1980</u>	<u>300</u>	<u>607</u>	<u>3</u>	<u>607</u>	Eng. 2									Eng. 3									Eng. 4									Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>04/10/2024</u> mm/dd/yyyy Airframe Total Time: <u>43,800.0</u> hrs hours measured at (Select one) ☐ Last Inspection ☐ Time of Accident/Incident					
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)																																												
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Type of Maintenance Program (Select one) ☐ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____		Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hamilton Standard</u> Manufacturer: <u>N/A</u> Model: <u>TB 20-329</u> 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 <u>Insufficient</u> <u>G-force</u>		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: _____																																																
Description of Fire Extinguishing System ☐ None ☐ Specify: _____		(This section is blank in the original image)																																																		

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner			
Name: <u>59 Squadron</u>		Country: <u>USA</u>	
Fractional Ownership Aircraft: ☒ Yes ☐ No			
Operator of Aircraft ☒ Same As Registered Owner		☐ Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
Operating Certificates Held <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) ☐ 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 125 ☐ FAR 425 ☐ 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 Sighting Flight ☐ Yes ☐ No		Air Medical Flight ☐ Yes ☐ No	
Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☒ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only			
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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			
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>Hesher Valley</u>		Distance From Airport Center: _____ mi	
Airport Identifier: <u>K HCR</u>		Direction From Airport: _____ degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>5627</u> ft. msl	
Runway Information Runway ID: <u>22</u> L/R/C Length: <u>6,818</u> ft Width: <u>75</u> ft			
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
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 ☐ Soil ☐ Slush-Covered ☐ Vegetation ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ None ☐ ADF/NDP ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/T/VOR ☐ ILS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ 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>Timothy</u> City of Residence: <u>Park City</u> Middle Initial: <u>C</u> State: <u>Utah</u> ZIP: <u>84060</u> Last Name: <u>LaPage</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>74</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																			
Degree of Injury ☒ Minor ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☒ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ 1-in 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>06/30/2023</u> mm/dd/yyyy																																																																																											
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks <u>07/06/2023</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> <u>182</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																																																																																													
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"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: <u>Wayne C. Larsen</u> City of Residence: <u>Tremonton</u> Middle Initial: <u>C</u> State: <u>Utah</u> ZIP: <u>84307</u> Last Name: <u>Larsen</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>71</u> Date of Birth: [REDACTED]																	
Degree of Injury ☒ None ☐ Fatal ☐ Unknown ☐ Minor ☐ Serious		Seat Occupied ☐ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Single ☐ Center		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		Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Driver's License (Sport Pilot only) ☒ Class 1 ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ N/A ☒ With limitations/waivers ☐ Special Issuance		Date of Last Medical <u>06/24/2023</u> mm/dd/yyyy	
Medical Certificate Limitations <u>Must use corrective lenses to meet vision standards at all required distances.</u>																	
Medical Certificate Special Issuance																	
Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: <u>12/26/2022</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper</u> Model: <u>Wanadoo PA-28-151</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 ☐ Glider ☐ Sport											
Type Ratings <u>T-33</u>				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		Intercraft	Glider	Lighter Than Air							
						Actual	Simulated										
Total Time	38,676	24,150	30,727	1,767	25,500	5,500	5,700										
Pilot in Command (PIC)	32,000	150	30,000	1,800	25,450	5,500	5,700										
Time as Instructor	12,195	60	12,000	195	5,300	5	5,500										
This Make/Model																	
Last 90 Days	141.5	3.2	102.4	54.1		18.2											
Last 30 Days	61.8	3.2	38.9	27.9		9.1											
Last 24 Hours	2.2	2.2				1.0											

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)					
Crew Name and Address		Seat Occupied		Injury	
First Name: <u>N/A</u> 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)		Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ None ☐ 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	
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: <u>N/A</u> 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)		Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ None ☐ 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	
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	Used ☐ None ☐ None ☐ 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 If Under 5, ☐ Child Restraint ☐ Lap-Field ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	Used ☐ None ☐ None ☐ 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 If Under 5, ☐ Child Restraint ☐ Lap-Field ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	Used ☐ None ☐ None ☐ 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 If Under 5, ☐ Child Restraint ☐ Lap-Field ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	Used ☐ None ☐ None ☐ 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 If Under 5, ☐ Child Restraint ☐ Lap-Field ☐ Unknown

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>K HCR</u> City: <u>Hesper</u> State: <u>Utah</u> Country: <u>USA</u>		Time of Departure Time: <u>15:15</u> Time Zone: <u>MST</u>	
Destination Airport ID: <u>K HCR</u> City: <u>Hesper</u> State: <u>Utah</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 In-Flight Occurrence: <u>5637</u> ft msl <u>surface</u>			
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>K HCR</u> Observation Time: <u>continuous A603</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Obscured ☐ Few ☐ Thin Overcast ☐ Broken ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl	
Wind Direction ☐ Variable Direction: <u>200</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>5</u> kts	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Wind Gusts ☒ Not Gusting Speed: _____ kts	
Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Heavy ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Temperature: _____ (C) or <u>70</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.09</u> in. Hg or _____ MB	
Icing Forecast Amount ☒ None ☐ N/A ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ None ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Ground Fog ☐ Blowing Dust ☐ Haze ☐ Ice Fog ☐ Blowing Sand ☐ Ice Fog ☐ Smoke ☐ Blowing Snow ☐ Smoke ☐ Unknown ☐ Dust	
Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ None ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence (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 ☐ Substantial ☒ Minor ☐ Destroyed ☐ Unknown		Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown		Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown	
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> Damage to RH lower wing and attached aileron Rt Tire rolled off rim and ^{one} side and popped tube bead					
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>					
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.					

RECOMMENDATION (How could this accident/incident have been prevented?)	
Operator/Owner Safety Recommendation Had I maintained physical contact on the flight controls I would have had better perception of what was happening and ^{be} quicker to respond	
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) <u>64.30</u> 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 None
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 <u>N/A</u>	Manufacturer: _____ Model: _____ Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)			
Use this space if additional space is needed for any answers.			
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE			
Date of this Report <u>06/18/24</u> mm/dd/yyyy	Name of Pilot/Operator [Redacted]	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. WPR24LA164	Reviewed by NTSB Regional Office OAS WPR	Name of Investigator S. B. Johnson	Date Report Received 06/18/24

Narrative History of Flight (on page 9):

We began our recurrency flight a little before noon with a flight in the local Heber area before beginning pattern work. We did stop and go 3 point landings for a little over 2 hours before breaking for lunch and rest. We refueled and returned to stop and go patterns and 3 point landings. Tim's take off's had become consistent, smooth and straight. His landings were also doing well except for occasional slight drift left and skipping the main tires just slightly before getting to 3 point attitude and then finishing the flair to a smooth 3 point landing.

On the landing just prior to the accident, Tim commented, as I came on the controls to help finish the flair to 3 point touch down, that he was right with me and making the same corrections. I said okay, you have the aircraft. He then made a smooth and straight take off as he had been and came around the pattern to land. On approach lined up on the runway center, we started to drift slightly left which I called out and he immediately stopped. We skipped the mains just slightly and finished the flair to 3 point attitude. I waited for the tires to touch expecting a smooth straight rollout as they had all been before but as the tires touched the runway the right tire began to screech. At that moment, I went full right rudder and left aileron mirroring Tim's response but we were instantly beyond enough control effect to stop the ground loop. The aircraft stayed fairly level as we arched toward the runway left edge but as the tire left the asphalt it dug into the softer dirt and gravel putting enough force on the tire to push the bead off the rim and blew out the tube. With the tire deflated, it dropped the right wing down, driving the bottom right wing into the dirt which broke both front and rear spars inboard of the N strut and made a matching bend in the right aileron.

Tim shut the engine down and secured the cockpit and we exited the aircraft. There was no prop strike or other damage to the aircraft.

Photo 10 -