

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
 Nearest City/Place: Chico State: CA
 ZIP: 95928 Country: USA
 Latitude: 39.25°N Longitude: 121.80°W
 (Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time (Approximate)
 Date: 10/07/2024 Local Time: 4:00pm
 mm/dd/yyyy HH:MM
 Time Zone: Pacific

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N726CA
 Manufacturer: AutoGyro/RotorSport UK LTD
 Model: Cavalon
 Serial Number: RSUK-V00426
 Year of Manufacture: 2018

Amateur-Built: ☐ Yes ☒ No ☐ Original Design ☐ Kit/Plans Make: _____

☐ IFR Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1234 lbs.
 Weight at Time of Accident/Incident: 1,058 lbs.
 Number of Seats: 2 Flight Crew Seats: 1
 Cabin Crew Seats: 0 Passenger Seats: 1
 Number of Engines: 1

Category of Aircraft (Select one)
☐ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☒ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)
 Standard ☒ Normal ☐ Restricted
☐ Aerobatic ☐ Limited
☐ Balloon ☐ Provisional
☐ Commuter ☐ Special Flight
☐ Transport ☐ Experimental
☐ Utility ☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear (Check all that apply)
☐ Retractable ☐ High Skid
☒ Tricycle ☐ Skid
☐ Tailwheel ☐ Ski/Wheel
☐ Emergency Float ☐ Hull
☐ Float ☐ Ski
☐ Amphibian ☐ 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

Engine	Engine Manufacturer	Engine Model/Series	Engine 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	ROTAX	915 iS Turbo		2018	141	20710		
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
☒ 100-Hour
☐ AAIP
☐ Annual
☐ Continuous Airworthiness
☐ Condition Inspection
☐ Unknown
 Date of Last Inspection: 09/24/2024
 mm/dd/yyyy

Airframe Total Time: _____ hrs
 Hours measured at: (Select one)
☐ Last Inspection ☐ Time of Accident/Incident

Additional Equipment
☒ ADS-B
☐ Airframe Purchase
☐ Angle of Attack Indicator
☐ Autopilot
☐ Autopilot/FMS Model
☐ Coupled Flight Director
☐ Data Recorder
☐ Device Stall Warning System
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Flight Management System
☐ Handheld GPS
☒ Heads Up Display
☐ Night Vision Goggles
☐ Onboard Weather
☐ Primary Flight Display
☐ SAS, Number of Axes: _____ Model: _____
☒ Satellite Tracking Device (GPS)
☐ Stall Warning System
☐ Video Recording Device
☐ Wire Strike Detection
☐ Wire Strike Protection
☐ Other: Specify _____

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

Propeller 1 ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable
 Manufacturer: _____
 Model: _____

Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable
 Manufacturer: _____
 Model: _____

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: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: David B. Kuperman / John Maretti
City: Chico State: CA
ZIP: 95928 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☐ No**Operator of Aircraft**☐ The Operator is also the Registered Owner☐ Same address as Registered Owner

Name: David B. Kuperman
City: Chico State: CA
ZIP: 95928 Country: USA

Doing Business As: _____

Air Carrier/Operator Designator (4-character code): _____

Operating Certificates Held

(Check all that apply)

- ☐ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotocraft 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 450
☐ 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
☐ 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 ☐ Unknown

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 airport)**Airport Name: ~~Chico Regional Airport~~Airport Identifier: ~~KCI~~ KCIProximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A6.6 miles From KCI

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft MSL

Runway Information

Runway ID: _____ Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

- ☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
☐ Concrete ☐ Gravel ☐ Macadam ☐ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Heliport ☐ Helipod ☐ Off-site landing area

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

- ☐ 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

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)

- ☐ None
☐ ADF/NDP ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVD ☐ ILS ☐ ASR ☐ Unknown
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling

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

☒ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 2" Identification

City of Residence: _____

State: _____ ZIP: _____

Country: _____ /

Date of Birth: (mm/dd/yyyy)

Certificate Number: _____

☐ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Available

☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☒ 5-point
☐ Unknown

- ☐ Not Installed
- ☐ Installed
- ☐ Not Deployed
- ☐ Deployed
- ☐ Unknown

☐ None ☐ Flight Instructor ☐ Commercial
☐ US Military ☐ Private ☐ Recreational
☐ Airline Transport ☐ Foreign ☐ Sport
☐ Student ☐ Flight Engineer

☐ Pilot
☐ Other
☐ Unknown

☐ None
 ☐ Class 3
 ☐ Unknown
☐ Class 1
 ☐ BasicMed
☐ Class 2
 ☐ Driver's License (Sport Pilot Only)

☐ Without limitations/waivers ☐ Unknown
☐ With limitations/waivers ☐ N/A
☐ Special Issuance

math. 1432 1999

Medical Certificate Special Limitations

☐ Fire resistant flight suit ☐ Helmet ☒ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☒ Personal flotation ☐ Other: _____

Make: _____
Model: _____

☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

☐ None
☐ Airplane Single-Engine
☐ Airplane Multiengine
☐ Gyroplane
☐ Powered lift

☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Student Endorsements *(Include dates)*

All Aircraft

This Mak
& Model

Airplane
Single
Engine

**Airplane
Multiengine**

Night

Instrument

Test	Rate
1	100%
2	100%
3	100%
4	100%
5	100%
6	100%
7	100%
8	100%
9	100%
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11	100%
12	100%
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92	100%
93	100%
94	100%
95	100%
96	100%
97	100%
98	100%
99	100%
100	100%

Gliders

Lighter
Than Air

Multi engine Rating	
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Tail-wheel

Total Time	
Pilot in Command (PIC)	

Time as Instructor /

This Make/Model

Test 90 Days

~~Last 90 Days~~

~~Last 30 Days~~

Last 24 Hours

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)																	
Additional Crewmember Information First Name: <u>Floriedith</u> City of Residence: <u>chico</u> Middle Initial: <u>G</u> State: <u>CA</u> Zip: <u>95928</u> Last Name: <u>Kuperman</u> Country: <u>USA</u>		Seat Occupied ☒ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown														
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:																	
Pilot Certificate(s) (Check all that apply) ☒ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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																
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.															
Supplemental Restraint, specify: _____																	

ADDITIONAL CREWMEMBER INFORMATION																	
First Name: <u>Floriedith</u> City of Residence: <u>chico</u> Middle Initial: <u>G</u> State: <u>CA</u> Zip: <u>95928</u> Last Name: <u>Kuperman</u> Country: <u>USA</u>		Seat Occupied ☒ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown														
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:																	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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																
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.															
Supplemental Restraint, specify: _____																	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)																			
Number of Passengers <u>1</u>																			
Passenger Information First Name: <u>Floriedith</u> City: <u>chico</u> Middle Initial: <u>G</u> State: <u>CA</u> Zip: <u>95928</u> Last name: <u>Kuperman</u> Country: _____ ☐ Crew ☒ Passenger ☐ Other	Seat ☒ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown	Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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	Age ☐ Under 5 years If under 5 years: ☐ Child Restraint ☐ Lap-held ☐ Unknown
Available	Used																		
☐ None	☐ None																		
☐ Lap Only	☐ Lap Only																		
☐ 3-point	☐ 3-point																		
☐ 4-point	☐ 4-point																		
☒ 5-point	☒ 5-point																		
☐ Unknown	☐ Unknown																		
Supplemental Restraint, specify: _____																			
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____																			

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 years: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Supplemental Restraint, specify: _____						
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						

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 years: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Supplemental Restraint, specify: _____						
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						

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 years: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Supplemental Restraint, specify: _____						
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KSQ L</u> City: <u>San Carlos</u> State: <u>CA</u> Country: <u>USA</u>	Time of Departure Time: <u>1:45pm</u> HH MM Time Zone: <u>P</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>KGIC</u> City: <u>Chico</u> State: <u>CA</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown
communicated with ATC for Flight Following when leaving KSQ L				

Type of ATC Clearance/Service (Check all that apply)

- ☐ Certificate of Authorization ☐ Special VFR ☐ Special IFR ☒ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA
☐ None

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 *GND - 2700* ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence: When *at was flying at ~ 1100' lost altitude* 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
☐ Electronic Flight Bag/Application ☐ Unknown

Weather Observation Facility

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

☒ On-Board Weather**Basic Conditions**

- ☐ VMC *Clear*
☐ IMC *Greater than 3 mile vis in*
☐ Unknown *all directions*

Lowest Cloud ConditionHeight: _____ ft. AGL *NO clouds***Light Condition**

- ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition**Ceiling****Ceiling Height**

ft. AGL

- ☒ Clear
☐ Few
☐ Partial
☐ Obscured
☐ Scattered

- ☐ Thin Broken
☐ Thin Overcast
☐ Unknown

- ☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Temperature: _____ (°C) or _____ (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:29.92 (Hg) or _____ (mb)**Wind Direction**

☐ Variable
 or
 Direction: 130°
 degrees true

Wind Speed

☒ Calm
☐ Light and Variable
 or
 Speed: _____ kts

Wind Gusts

☒ Not Gusting
 or
 Speed: _____ kts

Visibility

Greater than 3 miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: _____ ft.

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

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

Icing Actual

- Amount**
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
☐ Unknown
Type
☐ N/A
☐ Rime
☐ Clear
☐ Mixed
☐ Unknown

Turbulence (Check all that apply)

- Type**
☒ None
☐ Clean Air
☐ Terrain-Induced
☐ Convective
 Turbulence
Severity
☐ Light
☐ Moderate
☐ Severe
☐ Extreme

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

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
☐ Fire at Unknown Time
☐ Unknown

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

Aircraft a total loss

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.

See attached Narrative
 Provided to FAA as
 Part of their investigation
 of the incident. This was
 a summary based on a conversation
 with 2 investigators. It was
 prepared by one of the investigators,
 Dana J. ^{Meilwain} ~~Meilwain~~, and signed by me, as
 I was physically challenged at the time
 and requested her assistance in drafting
 the document.

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

1. I should not have deviated from my Flight Plan
2. I should have gained altitude before spinning the gyro and coming back for a second pass
3. I should not have stared at the redwoods in my backyard during 2nd pass, as it inadvertently caused me to lose altitude & airspeed
4. I should have had the VPP (Variable Pitch Prop) Fully pushed in since I was under 1500'

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)

24

Gallons

Fuel Type

☒ 100 Low Lead

☐ Automotive

☐ Jet A

☐ Jet A-1

☐ Unleaded AV

☐ 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:

EMS came to scene. Both occupants (PIC & Passenger) had to be removed from craft & brought to ~~the~~ emergency room. PIC was unconscious, Passenger in & out of consciousness.

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

Aircraft Registration Number

Manufacturer:

Damage to Other Aircraft:

☐ Destroyed

☐ Substantial

☐ Minor

☐ None

Model:

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name:

Name:

City:

City:

State:

ZIP:

State:

ZIP:

Country:

Country:

ADDITIONAL INFORMATION (Additional space for answers to any question.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
I understand that the information provided may be subject to public release.

Date of this report:

12/31/2024

mm/dd/yyyy

Name of Pilot/Operator:

David B. Kuperman

Signature:

-or- ☐ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name: _____

Title: _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR25LA005

Reviewed by NTSB AS Division

WPR

Name of Investigator

ZANE BROWN

Date Report Received

12/31/2024

RECORD OF ☐ VISIT ☐ CONFERENCE OR ☐ TELEPHONE CALL		TIME 1030 L	DATE 10/28//2024
NAME (S) OF PERSON (S) CONTACTED OR IN CONFERENCE AND LOCATION		ROUTING	
		SYMBOL	INITIALS
David Kuperman - Pilot			
Dana McIlwain - Operations Inspector			
Nathan Kuhuski - Airworthiness Inspector			
SUBJECT N726CA Accident 10/07/2024			
DIGEST			
The pilot reported in a telephone statement that he was cleared to land and on final approach for Chico on 10/7/2024. The pilot decided to deviate from the approach and obtained ATC clearance to overfly his wooded property at 1100 AGL. The pilot circled the wooded area at this low altitude. After multiple rotations, the pilot lost sight of the valley and his escape from the towering redwoods. The pilot stated he must have increased pitch to slow the aircraft down to gain a better view of the property and at one point his airspeed was 0 and he was losing altitude. He recovered by lowering the pitch and increasing the throttle but still had the RPM reduced with the prop. He pitched up to try to clear the trees but hit the trees and rolled the aircraft to the right. The aircraft came to rest approximately 4NM SE of Chico Airport in the middle of the redwoods on the right side. Substantial aircraft damage caused by the impact of the tree. Aircraft and engine were both operating as expected at the time of the accident.			
CONCLUSION, ACTION TAKEN, OR REQUIRED Inspector McIlwain typed report for pilot due to pilot injuries. Pilot's Signature is below			
DATE 10/29/2024	TITLE Aviation Safety Inspector	SIGNATURE 	