

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

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location		Date/Time	
Nearest City/Place: <u>Marana</u> State: <u>Arizona</u>		Date: <u>3-16-2012</u> Local Time: <u>Approx 8:00AM</u> (1500Z)	
ZIP: <u>85653</u> Country: <u>USA</u>		Time Zone: <u>Mountain Standard</u>	
Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)			
Phase of Operation		Collision with Other Aircraft	Altitude of In-Flight Occurrence
<input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None	_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Raven</u>		Max Gross Weight: _____ lbs	
Model: <u>S-66A</u>		Weight at Time of Accident/Incident: _____ lbs	
Serial Number: <u>566A-115</u>		Location of Center of Gravity at Time of Accident/Incident:	
Registration Number: <u>N57194</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)	Number of Seats: <u>0</u> If Large Aircraft, how many seats for:	Landing Gear <input type="checkbox"/> Retractable
<input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Flight Crew: _____ Cabin Crew: _____ Passengers: <u>8</u>	Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown

Type of Maintenance Program		Last Inspection Type		Date Last Inspection: <u>9-27-11</u>	
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____		<input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Airframe Total Time: <u>335.90</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident	
IFR Equipped <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input type="checkbox"/> Specify <u>Wap on Board Hand Held</u>	
ELT Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		ELT Activated <input type="checkbox"/> Yes <input type="checkbox"/> No		ELT Manufacturer: _____	
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No		Model/Serial: _____		Battery Type: _____	
Engine Type		Reciprocating Fuel System Type		Propeller	
<input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		<input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		<input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____	

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Patrick Nilz</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner Address City: <u>Tucson</u> State: <u>ARIZONA</u> ZIP: <u>85705</u> Country: <u>U.S.A.</u>
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>William Mark Butler</u> Doing Business As: <u>Southern AZ Balloon LLC</u> Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Select all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (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
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																			
Pilot Name and Address						Degree of Injury													
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal											
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown											
Last Name: _____		Country: _____				<input type="checkbox"/> Serious													
Pilot Certificate(s) (Check all that apply)						Seat Occupied													
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer											
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military											
<input type="checkbox"/> Foreign																			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Left		<input type="checkbox"/> Front											
						<input type="checkbox"/> Right		<input type="checkbox"/> Rear											
						<input type="checkbox"/> Center		<input type="checkbox"/> Single											
								<input type="checkbox"/> Unknown											
Pilot Name and Address						Degree of Injury													
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal											
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown											
Last Name: _____		Country: _____				<input type="checkbox"/> Serious													
Pilot Certificate(s) (Check all that apply)						Seat Occupied													
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer											
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military											
<input type="checkbox"/> Foreign																			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Left		<input type="checkbox"/> Front											
						<input type="checkbox"/> Right		<input type="checkbox"/> Rear											
						<input type="checkbox"/> Center		<input type="checkbox"/> Single											
								<input type="checkbox"/> Unknown											
Pilot Name and Address						Degree of Injury													
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal											
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown											
Last Name: _____		Country: _____				<input type="checkbox"/> Serious													
Pilot Certificate(s) (Check all that apply)						Seat Occupied													
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer											
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military											
<input type="checkbox"/> Foreign																			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Left		<input type="checkbox"/> Front											
						<input type="checkbox"/> Right		<input type="checkbox"/> Rear											
						<input type="checkbox"/> Center		<input type="checkbox"/> Single											
								<input type="checkbox"/> Unknown											
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Nearest Exit	Nearest Exit	Nearest Exit	Nearest Exit	Nearest Exit	Nearest Exit	Nearest Exit	Nearest Exit	Nearest Exit	Nearest Exit	Nearest Exit	Nearest Exit
Name and Address																			
First Name: <u>Connie Depasca</u>						City: <u>Tucson</u>	<u>115LBS</u>												
Middle Initial: _____						State: <u>AZ</u>	ZIP: _____												
Last Name: _____						Country: <u>USA</u>													
First Name: <u>Mark Depasca</u>						City: <u>Tucson</u>	<u>170LBS</u>												
Middle Initial: _____						State: <u>AZ</u>	ZIP: _____												
Last Name: _____						Country: _____													
First Name: <u>Colt E Elam</u>						City: <u>Tucson, AZ</u>	<u>150LBS</u>												
Middle Initial: _____						State: _____	ZIP: _____												
Last Name: _____						Country: _____													
First Name: <u>Cathy Elam</u>						City: <u>Tucson, AZ</u>	<u>110LBS</u>												
Middle Initial: _____						State: _____	ZIP: _____												
Last Name: _____						Country: _____													
First Name: <u>Amanda Bevan</u>						City: <u>Tucson, AZ</u>	<u>130LBS</u>												
Middle Initial: _____						State: _____	ZIP: _____												
Last Name: _____						Country: _____													
First Name: <u>Alex Attaker</u>						City: <u>Tucson</u>	<u>170LBS</u>												
Middle Initial: _____						State: <u>AZ</u>	ZIP: _____												
Last Name: _____						Country: _____													
First Name: <u>Susan Goodman</u>						City: <u>Tucson, AZ</u>	<u>160LBS</u>												
Middle Initial: _____						State: _____	ZIP: _____												
Last Name: _____						Country: _____													
First Name: <u>Gerald Goodman</u>						City: <u>Tucson</u>	<u>190LBS</u>												
Middle Initial: _____						State: <u>AZ</u>	ZIP: _____												
Last Name: _____						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** **Signature and Name of Pilot/Operator**Signature: _____
mm/dd/yyyy Type or Print Name: _____**Signature and Name of Person Filing Report if Other than Pilot/Operator**Signature: _____ Completed Pages 1-4 & 9
Type or Print Name: Bobby J. Nitz
Title: Owner**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

WPR1277139

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Jim Strulsker

Date Report Received

4/28/12