## 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 INFORM	ATION											
Accident/Incident Loc	eation					Accident/Incident Date/Time						
Nearest City/Place: Ced				_ State: <u>L</u>	JT	Date	e: <u>10/</u>	05/2015	Lo	cal Time: _	1300	
ZIP: <u>84721</u>	Country: Uni	ted States					mm/d	d/yyyy	T:	ma Zana:	MTNI	
Latitude: 37.6583		Longitude: 113.	1128						11	me Zone: _	VIIIN	
(Enter in decim	al degrees or a	legrees:minutes:sec	conds)			Col	llision with	Other Air	craft: C	<b>)</b> Midair	OOn-groun	d <b>O</b> None
<b>AIRCRAFT INFO</b>	<b>RMATIO</b>	N										
Registration Number	N6449M						<b>Z</b> IFR-Equi					
Manufacturer: Cess	na						□ Commerc □ Unmanne		gnı			
Model: <u>152</u>						Ma	aximum Gi	oss Weigh	t: 1670		lbs	
Serial Number: 1528	4733					W	eight at Tir	ne of Accid	lent/Inci	dent: UN	K	lbs
Year of Manufacture:	1980					Nu	ımber of Se	ats: 2		Flight Cre	w Seats:	
Amateur-Built: OYe			ke:								Seats:	
<b>⊙</b> No		Original Design				Nu	ımber of Eı	ngines: 1				
Category of Aircraft		irworthiness Ce	rtificate		Landing Ge					Type (Se		
<ul><li>Airplane</li><li>Balloon</li></ul>	(Check all t Standar				(Check all tha		<i>pty)</i> actable		Reci	procating o Shaft	OLiqui OSolid	d Rocket Rocket
OBlimp/Dirigible	✓ Norma	al 🔲 Restric	Restricted			rccur.		ailwheel	O Turb		<b>O</b> Hybri	id Rocket
OGlider OGyroplane	☐ Aerob☐ Balloc		1			n		ligh Skid	OTurb OTurb		ONone OUnkn	
OHelicopter	☐ Comm	uter	Flight		☐ Emergenc				O Elec		Olikii	OWII
O Powered Lift O Rocket	☐ Transp☐ Utility			.rt	□Float □Hull			ki ki/Wheel				
OUltralight	Cunty	☐ Experi					_				(Reciprocativ	
Certificate of Authorization or Waiver (COA)			☐ Other Lau	ınch/			<b>O</b> Carb	uretor	O Fuel-	Injected		
None □ Unknown □ None				☐ None			Inknown		Total	T:	G!	
Engine Manufacturer's			acturer's		Date of Mfg.	Rated Pow • Horse	ower or		Time Inspection			
Engine Engine Manuf	acturer	Model/Series			Number	4	mm/dd/yyyy	O lbs of	Thrust	(hours)	(hours)	(hours)
Eng. 1 Lycoming Eng. 2		0-253-L2CM		L22278	-15	_	03/24/2014 Overhauled	125		7269.1	22.4	121.8
Eng. 3						$\dashv$	Overnadica					
Eng. 4									-			
Last Inspection Type			Propell	er 1	OFixed Pi		Ditah	Prop	eller 2	_	Fixed Pitch Controllable I	Dital
O100-Hour OCon	tinuous Airwo	orthiness	OContro OGround							_	Ground Adjus	
O AAIP O Con O Annual O Unk	ditional Inspe	etion	Manufac	anufacturer: Sensenich Manufacturer:								
		015	Model:	7ZCK56	6-0-52			Mode	el:			
Date Last Inspection:			ELT In:	stalled:	<b>⊙</b> Yes O	No			-	ipment (	Check all that	apply)
Airframe Total Time:		hrs	If Yes:	c ,	ADTEV			□ AD	S-B frame Para	chute		
hours measured at (	/	11 47 11 4			er: <u>ARTEX</u> .: <u>ME406</u>			Ang	le of Atta	ck Indicato	r	
TSO No.:				(121.5 MHz) <b>C</b>	<b>)</b> C91	la (121.5 MH	Z)	opilot a Recorde	r			
Type of Maintenance Program (Select one)				<b>⊙</b> C126	(406 MHz)			□Elec	tronic Fli	ght Bag or	Handheld De	vice
O Annual O Conditional (Amateur-built only)					unted in aircra					ıltifunction mary Fligh		
Manufacturer's Inspec		(A AID)			nected to anter ? ⊙Yes ON		ores ON	⊓ ⊟Han	dheld GP	S		
O Other Approved Inspector O Continuous Airworthin		(AAIP)	If active	ated:					ds Up Dis oard Wea			
O Other, specify:			Did ELT	Aid in L	ocating Aircra	ft: (	<b>9</b> Yes <b>O</b> No	O	ellite Tracl	king Device	÷	
Description of Fire Ex	ktinguishing	System		tivated:	П				l Warning	System ing Device		
O None O Specify:			Indicate	reason:	☐ Impact Dar ☐ Fire Damas		e		er, Specify			
Port. Fire E	xt				☐ Battery Exp		d/Damaged					
. 516.1110	// (				□Unknown							

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner		City: Salt Lake City				
Name: Upper Limit Aviation		State: UT ZIP: 84116				
Fractional Ownership Aircraft: O Yes O	No	Country: United States				
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner				
Name:		City:				
		State: ZIP:				
Air Carrier/Operator Designator (4 Characte	er Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
□ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo	©FAR 91         OFAR 129         OFAR 6           OFAR 103         OFAR 133         OFAR 6           OFAR 121         OFAR 135         OFAR 6           OFAR 125         OFAR 137         OFAR 6	431 Non-Scheduled or Air Taxi International 435 437				
☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☑ On-Demand Air Taxi (FAR 135)	OFAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	O Passenger O Cargo O Mail Contract Only				
□Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137) ☑Pilot School (FAR 141) □Certificate of Authorization or Waiver (COA)	OPublic Aircraft (Select one) OArmed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  O Aerial Application O Firefighting O Unknown				
☐ Commercial Space Transportation Experimental Permit	O State	O Aerial Observation OFlight Test O Air Drop OGlider Tow				
☐ Commercial Space Transportation License	O Local	O Air Race/Show OInstructional				
☐Other Operator of Large Aircraft	O Unknown	O Banner Tow O Other Work Use O Business O Personal				
		O Executive/Corporate O Positioning O External Load O Skydiving				
Revenue Sightseeing Flight	Air Medical Flight	O Ferry				
O Yes	O Yes O No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name:		Distance From Airport Center:sm				
Airport Identifier:		Direction From Airport: degrees true				
Proximity to Airport: O Off Airport/Airstrip	OOn Airport/Airstrip ON/A	Airport Elevation: ft. msl				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)				
Runway ID:(L/R/C) Length:	ft Width:ft	☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy				
Runway/Landing Surface (Check all that a	dam	Holes				
Approach/Departure Segment (Select one,	)					
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Apoleure/Clearance OLanding	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown				
<b>IFR Approach</b> (Check all that apply)  □None		VFR Approach (Check all that apply)  □None				
□ADF/NDB □PAR □SDF □Sidestep □VOR/TVOR □ILS □VOR/DME □Localizer Only □TACAN □LOC-back course □RNAV	☐MLS ☐Practice ☐LDA ☐GPS ☐ASR ☐Visual ☐Contact ☐Circling ☐Unknown	□ 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				

Second   Common   C	"FLIGHT CREWMEMBER 1" INFORMATION												
"Flight Crewmember 1" Identification First Name: Alan Middle Initial: M Last Name: Canver Age at time of Accident/Incident: 50							lot	O Fligh	it Engineer	O Other I	Flight Crew		
City of Residence:   Codar City	"Flight Crewmember 1" was	pilot flying	✓Yes 🗆 N	No									
Middle Initial: M. Last Name: Carver	"Flight Crewmember 1" Idea	ntification											
Last Name:   Carryer   Country:   United States   Make:   Ma	First Name: Alan						C	ity of Re	sidence: <u>C</u>	edar City			
Last Name   Carver   Country   United States   Make: Cessna   Model: 172	Middle Initial: M						St	tate: <u>UT</u>			ZIP: <b>8472</b>	1	
Age at time of Accident/Incident: 50   Date of Birth:	Last Name: Carver						C	ountry:	United St				
Degree of Injury	Age at time of A	Accident/Incide	nt: <u>50</u>	_ [	Date of B	Birth:		, -					
Degree of Injury			C	_ ertific	ate Num	nber:							
Online   O	Degree of Injury	Seat Occup					Rest	raint Ty	ре			Inflatable F	Restraints
Pilot Certificate(s) (Check all that apply)	O Minor O Unknown O Right O Rear O None O None O None O None												
Principal Occupation   Pright Engineer   Proreign   Os-point   Ouknown   O	Pilot Certificate(s) (Check all	OLap only OLap only											
O Pilot O Other O Class 1 O Driver's License (Sport Pilot only) O Class 2 O Unknown  Medical Certificate Limitations  None  Medical Certificate Special Issuance  N/A  Medical Certificate Special Issuance  N/A     Medical Certificate Special Issuance	✓ Private ☐ Recreation	onal 🔽	Airline Transp	ort				O 5-poin	ıt	O 5-point	vn		
Other	Principal Occupation M	ledical Certific	ate				Med	ical Cer	tificate Va	lidity		Date of Las	t Medical
Medical Certificate Special Issuance   N/A	O Other O Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers O N/A 04/01/2015												
Medical Certificate Special Issuance  N/A  Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:    mm/dd/yyyy   Make: Cessna   Model: 172													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:    O9/10/14   Make: Cessna   Model: 172	None												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:    O9/10/14   Make: Cessna   Model: 172													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:    O9/10/14   Make: Cessna   Model: 172	Medical Certificate Special I	ssuance											
Og/10/14   Make:   Cessna   Make:   Cessna   Model:   172   Model:   172   Model:	_	ssummee											
FAR 121/135 Checks: 09/10/14   mm/dd/yyyy   Model: 172	Date of Last Flight Review Flight Review Aircraft												
Airplane Rating(s) (Check all that apply)  None Single-Engine Sea Multiengine Sea Gyroplane Helicopter Helicopter Powered Lift  Multiengine Sea  Model: 172  Instrument Rating(s) (Check all that apply) (Chec		00/10/14	Make	Ces	ssna								
(Check all that apply)       (Check all that apply)       (Check all that apply)       (Check all that apply)         None       None       None       Instrument Airplane         Single-Engine Land       Airplane       Airplane Single-Engine       Instrument Helicopter         Multiengine Land       Glider       Powered Lift       Gyroplane       Glider         Multiengine Sea       Gyroplane       Powered Lift       Powered Lift       Sport	TAR 121/133 CHECKS.		—   Mode	ı: <u>172</u>	2								
(Check all that apply)       (Check all that apply)       (Check all that apply)       (Check all that apply)         None       None       None       Instrument Airplane         Single-Engine Land       Airplane       Airplane Single-Engine       Instrument Helicopter         Multiengine Land       Glider       Powered Lift       Gyroplane       Glider         Multiengine Sea       Gyroplane       Powered Lift       Powered Lift       Sport	Airplane Rating(s)	Other Aircraf	ft Rating(s)	J	Instrum	ent Ratii	ng(s)		Instructo	r Rating(s)			
☑ Single-Engine Land		١ .	(pply)										
☐ Single-Engine Sea ☐ Balloon ☐ Helicopter ☐ Airplane Multi-Engine ☐ Helicopter ☐ Glider ☐ Powered Lift ☐ Gyroplane ☐ Glorer ☐ Helicopter ☐ Helicopter ☐ Helicopter ☐ Powered Lift ☐ Sport ☐ Powered Lift ☐ Sport ☐ Powered Lift ☐ Sport ☐ Helicopter ☐ Helic										o Cinalo Ena	ina [		
☐ Multiengine Sea ☐ Gyroplane ☐ Powered Lift ☐ Sport ☐ Helicopter ☐ Powered Lift ☐ Sport ☐ Sport ☐ Powered Lift ☐ Sport ☐ Powered Lift ☐ Sport ☐ Spor	☐ Single-Engine Sea	☐ Balloon											пенсоріеі
Helicopter Powered Lift	e e				☐ Power	ed Lift							
	i Multiengine Sea								☐ Powered	a Litt	L	Sport	
		☐ Powered Lift							~				
Type Ratings Student Endorsements (Include dates)	Type Ratings								Student E	Indorsemer	nts (Include	dates)	
	Flight Time (Enter appropriate		This Make			A :1			Inst	rument			Lighton
Flight Time (Enter appropriate An Tri Male Airplane Instrument	number of hours in each box)	All Aircraft	& Model					Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Flight Time (Enter appropriate All This Make Single Airplane Instrument Lighter	Total Time	5666	68		1166	4	698	730	650				
Flight Time (Enter appropriate number of hours in each box)  All This Make Single Airplane Engine Multiengine Night Actual Simulated Rotorcraft Glider Than Air	Pilot in Command (PIC)	2866	68										
Flight Time (Enter appropriate number of hours in each box)  All Aircraft & Model & Single Engine & Multiengine Night Actual Simulated Rotorcraft Glider Than Air  Total Time 5666 68 1166 4698 730 650	Time as Instructor	1466	68										
Flight Time (Enter appropriate number of hours in each box)  All Aircraft All Aircraft And Aircr	This Make/Model												
Flight Time (Enter appropriate number of hours in each box)  Total Time  Flight Time (Enter appropriate number of hours in each box)  Total Time  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (All Simulated Simulated Rotorcraft Glider Than Air Number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number	Last 90 Days	+										-	
Flight Time (Enter appropriate number of hours in each box)  Total Time  Fight Time (Enter appropriate number of hours in each box)  Fight Time (Enter appropriate number of hours in each		45	5		14		31						
	Di-LAT: (Z								Insti	rument		1	
Airplane Instrument				Si	ingle			NT2 - 1 4			Botan C	Cua	
Flight Time (Enter appropriate All This Make Single Airplane Lighter		1		Eı		<u> </u>			_	Simulated	Rotorcraft	Glider	Than Air
Flight Time (Enter appropriate All This Make Single Airplane Lighter	Total Time	5666	68		<u>116</u> 6	4	698	730	650		<u> </u>	<u> </u>	
Flight Time (Enter appropriate number of hours in each box)  All This Make Single Airplane Engine Multiengine Night Actual Simulated Rotorcraft Glider Than Air	Pilot in Command (PIC)	2866	68										
Flight Time (Enter appropriate number of hours in each box)  All Aircraft & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider Than Air  Total Time 5666 68 1166 4698 730 650	Time as Instructor	1466	68						1				
Flight Time (Enter appropriate number of hours in each box)  Total Time  Pilot in Command (PIC)  All Aircraft  All Aircraft  This Make & Model Engine Airplane Multiengine Multiengine Night Actual Night Actual Simulated Rotorcraft Glider Than Air  Lighter Than Air	This Make/Model								<u></u>	<u></u>			
Flight Time (Enter appropriate number of hours in each box)All AircraftThis Make & ModelSingle EngineAirplane MultiengineNightActualSimulatedRotorcraftGliderLighter Than AirTotal Time56666811664698730650Pilot in Command (PIC)286668 </td <td>Last 90 Days</td> <td>148</td> <td>11</td> <td></td> <td>49</td> <td></td> <td>98</td> <td></td> <td></td> <td></td> <td></td> <td> </td> <td></td>	Last 90 Days	148	11		49		98						
Flight Time (Enter appropriate number of hours in each box)  Total Time  Flight Time (Enter appropriate number of hours in each box)  Total Time  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (All Simulated Simulated Rotorcraft Glider Than Air Number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number of hours in each box)  Flight Time (Enter appropriate number	Last 30 Days	45	5		14		31						
Flight Time (Enter appropriate number of hours in each box)	Last 24 Hours									ĺ			

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Res		Time of A		<b>ident</b> Check Pilot	<b>O</b> Fligl	ht Engineer	OOther F	light Crew		
"Flight Crewmember 2" was	pilot flying	Yes 🔼 N	No							
"Flight Crewmember 2" Idea	ntification									
First Name: Nathan					City of Res	sidence: <u>Ce</u>	dar City			
Middle Initial: <u>G</u>					State: <u>UT</u>			IP: <u>84721</u>		
Last Name: Stoddard					· · · · · · · · · · · · · · · · · · ·	United Sta			_	
	.ccident/Incident: _;	24	Date of Bir		eountry		/dd/yyyy			
			ificate Numb				2222			
Degree of Injury	Seat Occupied				estraint Ty	ype			Inflatable R	Restraints
O None O Minor O Serious O Vnknown	O Minor O Unknown O Rear Available Used									
Pilot Certificate(s) (Check all	that apply)				<b>⊙</b> 3-poi		O 3-point		☐ Not Dep	
☐ None ☐ Flight In			☐ US Mi		O 4-poir O 5-poir		O 4-point O 5-point		☐ Deploye ☐ Unknow	
<ul><li>✓ Private</li><li>✓ Recreation</li><li>✓ Student</li><li>✓ Sport</li></ul>		ine Transpor ht Engineer	t	n	O Unkn		O Unknow	/ <b>n</b>		v 11
	ledical Certificate					tificate Va	-		Date of Las	t Medical
<ul> <li>Pilot</li> <li>O Other</li> <li>O Class 1</li> <li>O Class 2</li> <li>O Unknown</li> <li>O Class 2</li> <li>O Unknown</li> <li>O Without limitations/waivers</li> <li>O With limitations/waivers</li> <li>O With limitations/waivers</li> <li>O N/A</li> <li>O M/A</li> <li>O Special Issuance</li> </ul>										
Medical Certificate Limitations										
None										
Medical Certificate Special I: N/A	ssuance									
Date of Last Flight Review		Flight l	Review Airc	raft						
or Equivalent, Including FAR 121/135 Checks:		Make:								
FAR 121/155 CHECKS:	mm/dd/yyyy	-   Model:								
Airplane Rating(s)	Other Aircraft R	ating(s)	Instrume	ent Rating(	(s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply	v)	(Check all	that apply)		(Check all th				
<ul><li>☐ None</li><li>☑ Single-Engine Land</li></ul>	□ None		None			□ None	Circle Francis		Instrument A	irplane
☐ Single-Engine Sea	☐ Airship ☐ Balloon		✓ Airplan				Single-Engire Multi-Engine		Instrument H Helicopter	elicopter
☐ Multiengine Land	Glider		Power			☐ Gyroplan	ie		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powered	Lift		Sport	
	☐ Powered Lift									
Type Ratings						Student Er	idorsement	s (Include d	ates)	
			Airplane			Inst	rument			I
Flight Time (Enter appropriate number of hours in each box)	****   **	his Make & Model	Single Engine	Airplane Multiengin	e Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1290	e Model	Eligine	Multichgin	18	_	94	Rotorcian	Gilder	Than An
Pilot in Command (PIC)	1164				10	_	54			
Time as Instructor	649									
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Add	ress						Seat Occupie	d	Injury
First Name: Middle Initial: Last Name:		State	e:		ZIP:		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (C  None Private Student  Type Rating/Endorse Accident/Incident Ain	Flight Instructor Recreational Sport	☐ Airl		oort		hrs	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	ve: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown
Crew Name and Add	ress						Seat Occupie		Injury
First Name:         City of Residence:           Middle Initial:         State:         ZIP:           Last Name:         Country:						OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (Check all that apply)         □ None       □ Flight Instructor       □ Commercial       □ US Military         □ Private       □ Recreational       □ Airline Transport       □ Foreign         □ Student       □ Sport       □ Flight Engineer    Type Rating/Endorsement for Total Flight Time at the Time					Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Deployed Unknown		
Accident/Incident Air		□ No			dent:		O Unknown	O Unknown	
PASSENGER(S) /	OTHER PERSO	NNEL (	include c	abin crew; c	ontinue on s	eparate snee	t if necessary)	Inflatable	
Name and Address				Seat	Injury	Restraint T		Restraints	Age
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held ○ Unknown
First Name:  Middle Initial:  Last Name:  OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only 3-point 4-point 5-point Unknown	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐ Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years

FLIGHT ITINERARY	/ INFORMATIO	N					
Last Departure Point	Tin	ne of Departure	Destination	on		Type Fligh	nt Plan Filed
Airport ID: KCDC		1010	Airport ID:	KCDC		None	O VFR/IFR
City: Cedar City	I im	e: <u>1210</u>	City: Ced	ar City		y VFR O IFR VFR O Unknown	
State: Utah	Tim	e Zone: MTN	State: Uta	h	_	O Military O VFR	VIR O Olikilowii
Country: USA			Country: L			Activated?	OYes ONo OUnknown
Type of ATC Clearance/S	Service (Check all that	(apply)					
	☐ Special VFR		cial IFR		☐ VFR Flight Follo	owing	☐ Cruise
☐ VFR	☐ IFR	□ VF	R On Top		☐ Traffic Advisory	7	☐ Unknown / NA
Airspace where the accide							Altitude of In-Flight
☐ Class A ☐ Class B	✓ Class G ☐ Demo Area		itary Operations port Advisory A		☐ Special ☐ Air Traffic Contr	ol Area	Occurrence:
Class C	☐ Warning Area		Training Area	ica	Unknown	oi Aica	8,900 ft msl
Class D	☐ Prohibited Area						
☐ Class E	Restricted Area	☐ FAI					
WEATHER INFORM		E ACCIDEN	T/INCIDEN	l			
Source of Pilot Weather I	nformation			Weather Ob	servation Facility		
(Check all that apply)  National Weather Service	☐ Cor	nnany		Facility ID: K	CDC		<u> </u>
☐ Flight Service Station	☐ Mil			Observation Ti	me: <u>1253</u>		
☐ TV/Radio	☐ Inte			Time Zone: N	lountain		
✓ Automated Report ☐ Commercial Weather Serv	ne known		Distance from A	Accident Site: 6		nm	
On-Board Weather		Kilowii		Direction from	Accident Site: 227		degrees true
Basic Conditions		Light Conditi	on				
<b>⊙</b> VMC		<b>O</b> Dawn	<b>O</b> Dusk	<b>O</b> Dark		known	
OIMC		<b>⊙</b> Day	<b>O</b> Night	<b>O</b> Brigl	ht Night		
O Unknown		6.111					
Sky/Lowest Cloud Condi O Clear	tion O Thin Broken	Ceiling  None (Clear)	•	Obscured	Temperature:	18	(C) or(F)
O Few	O Thin Overcast	O Broken		Indefinite	Dew Point: 5	(0	C) or(F)
O Partial Obscuration	O Unknown	O Overcast	_	Unknown	Altimeter Sett	ing. 2001	in Ha
<b>⊙</b> Scattered					Aitimeter Sett	or	
Lowest Cloud Condition	<u> </u>	Ceiling Heigh	t	0 1			
7000	ft agl	-		ft agl	1		
Wind Direction	Wind Speed	•	Wind Gusts		Visibility	10	miles
☐ Variable	<b>☑</b> Calm		■ Not Gustir	ng	DVD	:	<del></del>
	☐ Light and Var	iable					
-or- Direction:degrees tr	ue Speed:	kts	-or- Speed:	kts		:	
				Kt5	Density Altitud		ft
Intensity of Precipitation		tation (Check all t		- D-i	None	visibility (C □	Check all that apply)
O Light O Moderate	✓ None □ Rain	☐ Drizzle ☐ Ice Pellets	☐ Freezin ☐ Snow S	g Kain hower	☐ Blowing Du		Ground Fog
O Heavy	$\square$ Snow	☐ Snow Pellet	s 🔲 Ice Pell	ets Shower	☐ Blowing Sa	nd 🔲 🛭	Haze
ON/A	□ Hail	Snow Grain		g Drizzle	☐ Blowing Sn☐ Blowing Sp		ce Fog Smoke
<b>O</b> Unknown	☐ Rain Showers	☐ Ice Crystals			□ Blowing Sp		Unknown
Icing Forecast		Icing Actual			Turbulence		
Amount Type		Amount	Type		Type (Check a	ll that apply)	Severity
O None O N/A		● None	O N/A		☑ None ☐ Clear Air		Light
O Trace O Rime O Light O Clea		O Trace O Light	O Rime O Clear		Terrain-Indu	iced	☐ Moderate ☐ Severe
O Moderate O Mixe		O Moderate	O Mixe	d	Convective		□Extreme
O Severe O Unkr O Unknown	nown	O Severe O Unknown	<b>O</b> Unkr	nown			
NOTAMs (D and FDC)	, AIRMETs, SIG	METs, PIREPS	s in effect at	the time of th	ne accident/incid	lent:	

<b>DAMAGE TO AIRCRAFT AI</b>	ND OTHER PRO	OPERTY								
Aircraft Damage	Aircraft Fire		Aircraft Explosion							
O None O Substantial O Minor O Destroyed	None     In-Flight	O Both Ground and In-Flight O Fire at Unknown Time	None    In-Flight	O Both Ground and In-Flight O Explosion at Unknown Time						
O Unknown	O On-Ground	O Unknown	O On-Ground	O Unknown						
Description of Damage to Aircraft a	Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)									
Tail and both wings were partially d	islodged from the a	uircraft, landing gear was damaged	d/crushed, side spar	s on roof collapsed, both						
horizontal stabs damaged/broken, f				, ,						
NARRATIVE HISTORY OF FLIC	GHT (Please type o	or print in ink)								
Describe what occurred in chronolog		·	ure of accident/incide	ent. Describe terrain and include						
wreckage distribution sketch if pertine	ent. Attach extra shee									
destination. Provide as much detail as	possible.									
On October 5, 2015, N6449M was										
fuel. At approximately 1210 (local),										
supports this and does not show an minute and a half later the airport, le										
(a dry lake bed this time of year). V										
Local emergency crews were dispa										

RECOMMENDATION (How	could this	accident/incident ha	ave been pre	vented?)			
Operator/Owner Safety Recomm	endation						
MECHANICAL MALFUI	NCTION/I	FAILURE (If mor	re snace is n	eeded co	ontinue on sena	rate sheet)	
Was there Mechanical Malfun					, , , , , , , , , , , , , , , , , , ,		Total Time/Cycles
(If yes, list the name of the part, man			scribe the failu	re.)			On Part
Unknown at this time							Hours
							Cycles
							Time Since This Part
							Inspected/Overhauled
							Hours
							110 410
FUEL & SERVICES INF	ORMATI	ON					
Fuel on Board at Last Takeoff		Fuel Type					
(Convert from pounds, as necessary)		O 80/87	O 115/145		O Jet B O JP8	O Other, specify	
Unknown	Gallons	O 100 Low Lead O 100/130	O Jet A O Jet A-1		O JP8 O Automotive		
Other Services, if Any, Prior to	Departure						
A/C took on 14 gallons of fue	l prior to tal	re off					
EVACUATION OF AIRC	RAFT						
Was an emergency evacuation		oft norformed?	☐ Yes	☑ No			
Method of Exit – Describe how					ed each location		
Withing of Exit Describe now	the occupan	is exited and now me	any occupant	s cvacuaic	ed cach location		
OTHER AIRCRAFT C		Al					
OTHER AIRCRAFT – C					-	ъ	nage to Other Aircraft
Aircraft Registration Number		urer:					Destroyed
							Substantial None
Registered Owner of Other Air					Other Aircraft		
Name:				Name: _			
City:ZIP:				State:		ZIP:	
Country:				Country	: <u> </u>	_	

ADDITIONAL INFORMATION (Please type or print in ink)							
Use this space if addi	tional space	is needed for any answers.					
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MY KNOWI FDGF			
Date of this Report	T T		THE AND ACCORDED TO THE BEST OF T				
10/16/2015		e:					
mm/dd/yyyy		Check here to electronically sign this c					
If D OIL II							
If a Person Other that  Name: Michael	_	erator is Filing Report	mus. Discrete of Octo	4			
				ety			
		o electronically sign this document					
		FOR NTSB (	ISE ONI V				
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received			
WPR16FA002		WPR- San DImas	Patrick Jones	10/16/2015			