

**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: Panguitch State: UT
 ZIP: 84759 Country: USA
 Latitude: N 37.824737 Longitude: W 112.436644
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/24/2018 Local Time: 1532
mm/dd/yyyy Time Zone: MDT

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

AIRCRAFT INFORMATION

Registration Number: N963CG

Manufacturer: Jonker Sailplanes

Model: JS1C

Serial Number: 074

Year of Manufacture: 2014

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

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

Maximum Gross Weight: 1323 lbs

Weight at Time of Accident/Incident: 1102 lbs

Number of Seats: 1 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 0

Number of Engines: 1 sustainer

Category of Aircraft

- ☐ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☒ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)

- | Standard | Special |
|---|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Restricted |
| <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight |
| <input type="checkbox"/> Transport | <input checked="" type="checkbox"/> Experimental |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |
| | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) | |
| <input type="checkbox"/> None <input type="checkbox"/> Unknown | |

Landing Gear
(Check all that apply)

- ☒ Retractable
- ☐ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Other Launch/Recovery System
- ☐ None
- ☒ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel
- ☐ Unknown

Engine Type (Select one)

- ☐ Reciprocating
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☒ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

Fuel System Type (Reciprocating)

- ☐ Carburetor
- ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input type="radio"/> Horsepower or <input checked="" type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>M&D Flugzeugbau</u>	<u>TJ-42</u>	<u>TJ01-12/022</u>	<u>11/16/2016</u>	<u>78</u>	<u>17</u>	<u>2</u>	<u>2</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour
- ☐ AAIP
- ☒ Annual
- ☐ Continuous Airworthiness
- ☐ Conditional Inspection
- ☐ Unknown

Date Last Inspection: 03/04/2018
mm/dd/yyyy

Airframe Total Time: 388.6 hrs

hours measured at *(Select one)*

- ☐ Last Inspection
- ☒ Time of Accident/Incident

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: _____

Propeller 1

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

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

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: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Charles Gillespie</u> Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		City: <u>Lafayette</u> State: <u>CO</u> ZIP: <u>80026</u> Country: <u>USA</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<input checked="" type="checkbox"/> Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 103 <input type="radio"/> FAR 121 <input type="radio"/> FAR 125 </div> <div style="width: 33%;"> <input type="radio"/> FAR 129 <input type="radio"/> FAR 133 <input type="radio"/> FAR 135 <input type="radio"/> FAR 137 </div> <div style="width: 33%;"> <input type="radio"/> FAR 415 <input type="radio"/> FAR 431 <input type="radio"/> FAR 435 <input type="radio"/> FAR 437 </div> </div> <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown		
Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only </div> <div> <input type="radio"/> Domestic <input type="radio"/> International </div> </div>	
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Aerial Application <input type="radio"/> Aerial Observation <input type="radio"/> Air Drop <input checked="" type="radio"/> Air Race/Show <input type="radio"/> Banner Tow <input type="radio"/> Business <input type="radio"/> Executive/Corporate <input type="radio"/> External Load <input type="radio"/> Ferry </div> <div> <input type="radio"/> Firefighting <input type="radio"/> Flight Test <input type="radio"/> Glider Tow <input type="radio"/> Instructional <input type="radio"/> Other Work Use <input type="radio"/> Personal <input type="radio"/> Positioning <input type="radio"/> Skydiving </div> <div> <input type="radio"/> Unknown </div> </div>			
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Panguitch Municipal Airport</u> Airport Identifier: <u>U55</u> Proximity to Airport: <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Distance From Airport Center: <u>4</u> sm Direction From Airport: <u>South (est 175°)</u> degrees true Airport Elevation: <u>6762</u> ft. msl	
Runway Information Runway ID: <u>18/36</u> (L/R/C) Length: <u>5700</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Holes <input type="checkbox"/> Ice Covered <input checked="" type="checkbox"/> Rough <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Slush-Covered </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Vegetation </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Wet <input type="checkbox"/> Unknown </div> </div>	
Runway/Landing Surface <i>(Check all that apply)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Dirt </div> <div style="width: 33%;"> <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Gravel <input type="checkbox"/> Ice </div> <div style="width: 33%;"> <input type="checkbox"/> Macadam <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Snow <input type="checkbox"/> Water <input type="checkbox"/> Unknown </div> </div>			
Approach/Departure Segment <i>(Select one)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi <input type="radio"/> Takeoff <input type="radio"/> Initial Climb </div> <div style="width: 25%;"> <input type="radio"/> VFR Departure <input type="radio"/> IFR Departure Procedure/Clearance </div> <div style="width: 25%;"> <input type="radio"/> On Instrument Approach <input checked="" type="radio"/> Landing </div> <div style="width: 25%;"> <input type="radio"/> Downwind <input type="radio"/> Base <input type="radio"/> Final <input type="radio"/> Crosswind </div> <div style="width: 25%;"> <input type="radio"/> Low Approach <input type="radio"/> Go Around <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Unknown </div> </div>			
IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> ADF/NDB <input type="checkbox"/> SDF <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> VOR/DME <input type="checkbox"/> TACAN </div> <div style="width: 33%;"> <input type="checkbox"/> PAR <input type="checkbox"/> Sidestep <input type="checkbox"/> ILS <input type="checkbox"/> Localizer Only <input type="checkbox"/> LOC-back course <input type="checkbox"/> RNAV </div> <div style="width: 33%;"> <input type="checkbox"/> MLS <input type="checkbox"/> LDA <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> Circling </div> <div style="width: 33%;"> <input type="checkbox"/> Practice <input type="checkbox"/> GPS <input type="checkbox"/> Unknown </div> </div>		VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Straight-In <input checked="" type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Go Around <input checked="" type="checkbox"/> Full Stop </div> <div style="width: 33%;"> <input type="checkbox"/> Stop and Go <input type="checkbox"/> Touch and Go <input type="checkbox"/> Simulated Forced Landing <input checked="" type="checkbox"/> Forced Landing <input type="checkbox"/> Precautionary Landing </div> <div style="width: 33%;"> <input type="checkbox"/> Unknown </div> </div>	

"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: Charles

City of Residence: Lafayette

Middle Initial: P

State: CO

ZIP: 80026

Last Name: Gillespie

Country: USA

Age at time of Accident/Incident: 55

Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

☒ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

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

Restraint Type

Available

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

Used

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

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☒ None
 ☐ Class 3
☐ Class 1
 ☐ Driver's License (Sport Pilot only)
☐ Class 2
 ☐ Unknown

Medical Certificate Validity

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

Date of Last Medical

03/23/1994
 mm/dd/yyyy

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

BFR 03/17/2017
FAA Wings prog.
 mm/dd/yyyy

Flight Review Aircraft

Make: Glaser-Dirks

Model: DE 505 glider

Airplane Rating(s) (Check all that apply)

☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

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

Instrument Rating(s) (Check all that apply)

☒ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☒ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

N/A

Student Endorsements (Include dates)

N/A

Flight Time (Enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1276	387	202	0	4	1	14	0	1074	0
Pilot in Command (PIC)	1242	387	120	0	0	0	0	0	1121	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model						0	0			
Last 90 Days	54	54	0	0	0	0	0	0	54	0
Last 30 Days	30	30	0	0	0	0	0	0	30	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

"FLIGHT CREWMEMBER 2" INFORMATION

N/A

"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: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input type="radio"/> 3-point	<input type="radio"/> 3-point																
<input type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> Unknown																
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer																	
Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical _____ mm/dd/yyyy														

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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Type Ratings

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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information) N/A					
Crew Name and Address		Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div>		Restraint Type: <div style="display: flex;"> <div style="width: 50%;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="width: 50%;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
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			
Crew Name and Address		Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div>		Restraint Type: <div style="display: flex;"> <div style="width: 50%;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="width: 50%;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
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			
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) N/A					
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div>	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<div style="display: flex;"> <div style="width: 50%;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="width: 50%;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div>	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<div style="display: flex;"> <div style="width: 50%;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="width: 50%;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
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FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>1L9</u> City: <u>Parowan</u> State: <u>UT</u> Country: <u>USA</u>		Time of Departure Time: <u>1240</u> Time Zone: <u>MDT</u>		Destination Airport ID: <u>1L9</u> City: <u>Parowan</u> State: <u>UT</u> Country: <u>USA</u>
Type Flight Plan Filed <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR </div> <div> <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown </div> </div> Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
Type of ATC Clearance/Service (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input checked="" type="checkbox"/> None</div> <div style="width: 20%;"><input type="checkbox"/> Special VFR</div> <div style="width: 20%;"><input type="checkbox"/> Special IFR</div> <div style="width: 20%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 20%;"><input type="checkbox"/> Cruise</div> <div style="width: 20%;"><input type="checkbox"/> VFR</div> <div style="width: 20%;"><input type="checkbox"/> IFR</div> <div style="width: 20%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 20%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 20%;"><input type="checkbox"/> Unknown / NA</div> </div>				
Airspace where the accident/incident occurred (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> Class A</div> <div style="width: 20%;"><input type="checkbox"/> Class G</div> <div style="width: 20%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 20%;"><input type="checkbox"/> Special</div> <div style="width: 20%;"><input type="checkbox"/> Class B</div> <div style="width: 20%;"><input type="checkbox"/> Demo Area</div> <div style="width: 20%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 20%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 20%;"><input type="checkbox"/> Class C</div> <div style="width: 20%;"><input type="checkbox"/> Warning Area</div> <div style="width: 20%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 20%;"><input type="checkbox"/> Unknown</div> <div style="width: 20%;"><input type="checkbox"/> Class D</div> <div style="width: 20%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 20%;"><input type="checkbox"/> TRSA</div> </div> <div style="width: 20%;"><input checked="" type="checkbox"/> Class E</div> <div style="width: 20%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 20%;"><input type="checkbox"/> FAR 93</div>				

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 (Use additional sheet if necessary)

The glider sustained the following damage: broken right horizontal stabilizer/right elevator; delamination of small section of wing skin at the trailing edge of the right wing-root; loss of small section of the flaperon on the right wing tip; superficial scratches to the fuselage. There was no damage to other property.

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.

On June 24, 2018, I made a recreational glider flight as part of an informal glider competition among pilots operating out of Parowan airport (1L9). Takeoff occurred at 1240hrs (MDT) behind a tow plane. Once off tow, I climbed to 12,000 feet, then flew east across the Panguitch valley to the foothills. My initial objective was to fly to Bryce Canyon and points beyond if the soaring conditions proved to be good. On this day, the thermal lift was not particularly strong, and I soared along the ridges for approximately 20 miles south of the town of Panguitch, maintaining an altitude between 10,000 to 11,000 feet. I decided to return north along the same ridge line, with the intent of returning to Parowan. Flying north, I noted a headwind of 10-15kts, and was unable to find consistent lift, descending to 9,000 feet (2,500 agl). I was able to start my sustainer engine, climbing back to 10,500 feet, and flew an additional 10 miles toward Panguitch. Once re-established in lift, I shutdown and stowed my sustainer engine, flying an additional 5-miles northward. Approximately 4 miles from Panguitch, I encountered strong sink of 1,000 fpm. I attempted to re-start the sustainer engine, but was unsuccessful. In a short time, I was down to 8,500 feet, and was forced to select a field for an off-field landing. Though the sink persisted, I had adequate time to survey a hay field of sufficient size and lacking any apparent ground obstacles to landing. I approached the field with full landing flaps at a speed between 50-55kts. I used dive brakes sparingly to assure a touch down point in the first 3rd and the middle portion of the field. Initial landing roll was uneventful, though the hay was 2-3 feet in length, the ground dry, and slightly uneven, resulting in uneven drag on the right wing, and causing it to drop first. The glider veered 20-degrees right from the center line, coming to a full stop within 30 yards of initial touch down. Field elevation was 6,670 feet. I exited the glider without injury and called my ground crew in Parowan to arrange a retrieve. Bystanders on nearby highway 89 observed the landing, and called 911 out of concern for possible injury. EMS and law enforcement responded to the scene. Paramedics were dismissed, as I incurred no injury. The owner of the hay field presented to the scene, surveyed the field, and expressed his satisfaction that no property damage was incurred. I filled out an incident report with the Sheriff's deputy. My ground crew arrived with the glider trailer, we disassembled the glider, secured it in the trailer, and returned to Parowan.

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

Operator/Owner Safety Recommendation

Incident may have been prevented by maintaining a higher altitude band, which may have allowed for safe glide to the Panguitch airport. The sustainer engine could have been run longer on initial start, resulting in less altitude loss through the area of strong sink, which also may have allowed for safe glide to Panguitch airport.

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)

_____ 9 Gallons

Fuel Type

☐ 80/87☐ 100 Low Lead☐ 100/130☐ 115/145☒ Jet A☐ Jet A-1☐ Jet B☐ JP8☐ Automotive☐ Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas 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

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Substantial☐ Minor☒ 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

06/30/2018

mm/dd/yyyy

Name of Pilot/Operator: Charles GillespieSignature: 

-- 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.

GAA18CA377

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Eric Swenson

Date Report Received

07/01/2018