

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 Nearest City/Place: <u>Ogden</u> State: <u>UT</u> ZIP: <u>84067</u> Country: <u>USA</u> Latitude: <u>41.112</u> (dd:mm:ss ^(S)) Longitude: <u>112.008</u> (ddd:mm:ss ^(W))		Date/Time Date: <u>09/12/2017</u> Local Time: <u>13:30</u> <small>mm/dd/yyyy</small> Time Zone: <u>MOT</u>	
Phase of Operation <input type="checkbox"/> Standing <input checked="" 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 type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence <u>4700</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Boeing</u> Model: <u>Sierra</u> Serial Number: <u>MC117</u> Registration Number: <u>N9798L</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>2750</u> lbs Weight at Time of Accident/Incident: <u>2250</u> lbs <i>Approx</i> Location of Center of Gravity at Time of Accident/Incident: <u>unk</u> inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>unk</u> Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft <input checked="" type="checkbox"/> Airplane <input 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	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <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	Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" 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
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Type of Maintenance Program <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: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input checked="" type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input checked="" type="checkbox"/> Unknown	Date Last Inspection: <u>unk</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>2300</u> hrs <i>Approx</i> hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>fire extinguisher</u>
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ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: <u>unk</u> Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
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Engine Type <input checked="" 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	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>McCaulley</u> Model: <u>unk 9 blade</u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	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	<u>Clydeburg</u>	<u>ID 360</u>	<u>unk</u>	<u>unk</u>	<u>200</u>	<u>unk</u>	<u>unk</u>	<u>unk</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Lawrence D. Erick
 Fractional Ownership Aircraft: Yes No

Owner Address
 City: Apache Junction
 State: AZ ZIP: 85119
 Country: USA

Operator of Aircraft Same As Registered Owner
 Name: _____
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

Operator Address Same As Registered Owner
 City: _____
 State: _____ ZIP: _____
 Country: _____

Regulation Flight Conducted Under
 FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type)
 FAR 103 FAR 133 Non-US, Commercial Federal State Local
 FAR 121 FAR 135 Non-US, Non-commercial Unknown
 FAR 125 FAR 137 Armed Forces

Revenue Sightseeing Flight
 Yes No

Air Medical Flight
 Yes No

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
 Personal
 Business
 Executive/Corporate
 Other Work Use
 Instructional
 Ferry
 Positioning
 Aerial Application
 Aerial Observation
 Air Drop
 Air Race / Show
 Flight Test
 Public Use
 Unknown

Revenue Operation for FAR 121, 125, 129, 135 (Select one)
 Scheduled or Commuter
 Non-Scheduled or Air Taxi

Domestic or International
 Domestic International

Type of Commercial Operating Certificate Held (Check all that apply)
 None
 Flag Carrier Operating Certificate (121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (129)
 Commuter Air Carrier (135)
 On-Demand Air Taxi (135)
 Large Helicopter (127)
 Rotorcraft External Load (133)
 - or -
 Agricultural Aircraft (137)
 Other Operator of Large Aircraft

Cargo Operation
 Passenger/Cargo
 Passenger _____ How many?
 Cargo _____ lbs
 Mail

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

Aircraft Registration Number _____ **Manufacturer:** _____ **Damage to Other Aircraft**
Model: _____ Destroyed Minor
 Substantial 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? Yes No 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
 None Substantial
 Minor Destroyed

Aircraft Fire
 None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

Aircraft Explosion
 None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

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

Complete Aircraft was destroyed by Fire.
 A Car was damaged when Aircraft hit the car
 on landing. No injuries recieved by both
 parties.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KOGD Distance From Airport Center: 3 SM
 Airport Name: Ogden Hinckley Direction From Airport: 210 degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 4473 ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)
 None PAR MLS Practice
 ADF/NDB Sideslip LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach (Check all that apply)
 None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Runway Information
 Runway ID: 21 (L/R/C) Length: 8103 ft Width: 150 ft

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

Runway/Landing Surface (Check all that apply)
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KOGD</u> City: <u>Ogden</u> State: <u>UT</u> Country: <u>USA</u>	Time of Departure Time: <u>13:20</u> Time Zone: <u>MST</u>	Destination Airport ID: <u>KOGD</u> City: <u>Ogden</u> State: <u>UT</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)
 None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)
 Class A Class B Prohibited Area Jet Training Area Special
 Class B Class G Restricted Area TRSA Air Traffic Control Area
 Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
 Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)
 None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary) <u>60</u> Gallons	Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 <input type="checkbox"/> Other, specify _____
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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
Pilot exited out Right door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KOGD ATIS</u> Observation Time: <u>about 1320 LCL</u> Time Zone: <u>MDT</u> Distance from Accident Site: <u>2</u> NM Direction from Accident Site: <u>090</u> degrees MAG	Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Unknown	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input checked="" type="checkbox"/> Full <u>ATIS</u> <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	Light Condition <input checked="" type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility <u>104</u> miles
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Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Lowest Cloud Condition Height <u>N/A</u> ft AGL	Ceiling Height <u>N/A</u> ft AGL	Wind Direction <input checked="" type="checkbox"/> Indicated: <u>230</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>12</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident
UNKNOWN

Temperature: <u>don't remember</u> (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
	Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification
 First Name: Lawrence D. Erick City: Apache Junction
 Middle Initial: D State: AZ ZIP: 85419
 Last Name: Erick Country: USA
 Age at time of Accident/Incident: 63 Date of Birth: [REDACTED] Certificate Number: [REDACTED]

Degree of Injury
 None Fatal Minor Unknown Serious

Seat Occupied
 Left Front Unknown
 Right Rear
 Center Single

Seat Belt
 Used Yes No
 Available Yes No

Shoulder Harness
 Used Yes No
 Available Yes No

Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

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
 With limitations/waivers
 Unknown

Date of Last Medical
03/01/2017
mm/dd/yyyy

Medical Certificate Limitations
Holden shall possess glasses for Near/intermediate vision.

Medical Certificate Waivers
None

Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: Approx 02/29/2017
mm/dd/yyyy

Flight Review Aircraft
 Make: Boeing
 Model: 777

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
 Free 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 B-757 B-767 B-777
MB-11

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	22000	20	4500	15000	7000	1000	3000			
Pilot in Command (PIC)	10000	20	4200	10000	4000	500	1500			
Time as Instructor	200	—	200	—	—	—	—			
This Make/Model					0	0	0			
Last 90 Days		0	12	250	100	10	0			
Last 30 Days		70	12	45	20	10	0			
Last 24 Hours		0	0	0	0	0	0			

Times all approx!

N/A

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "B" Identification
 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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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"/> Free 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"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements (Include dates)
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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										

N/A

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																				
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious														
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <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														
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																	
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious														
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <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														
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																	
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious														
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <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														
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 flight attendants; continue on separate sheet if necessary)																				
Name and Address						Seat	Crew	Non- Revenue	Revenue	Non- Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown				
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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 time and point of departure, intended destination, and services obtained.

See Attachment A


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

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <i>09/21/2017</i> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <i>Lawrence D. Erick</i>
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____	

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR17LA202	Reviewed by NTSB Regional Office WPR	Name of Investigator LINK	Date Report Received 9/26/2017
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Lawrence Erick Statement.

Friday, September 15, 2017

Accident: Tuesday, September 12, 2017

I flew out to Utah on the date of August 27th 2017, to do a pre-buy inspection of the Beechcraft Sierra. Rumors that his aircraft had been sitting for a long time was told to Lawrence while an airport employee had said that it had been flown a lot. After arrival at the aircraft, I did an outside inspection of the aircraft, Vince then recommended an inspection of the Powerplant. After removal of the cowlings, Vince and I proceeded to do an engine runup, and called the FBO to add 15 gallons of fuel to each tank (approx. half a tank) During the engine runup, Lawrence noticed a loose engine injector and a worn fuel line. Vince and Lawrence discussed the discrepancies with the aircraft to which Lawrence recommended getting a mechanic to do an inspection on the aircraft for air worthiness. Mechanic Ray was recommended by Vince to do the inspection of the aircraft. Ray agreed to tow the aircraft to his hanger and complete the inspection. I left Utah for work with the aircraft in Rays possession to fix the discrepancies with the aircraft.

I returned back to Utah on Tuesday, September 12th and met with mechanic Ray to discuss what was done to the aircraft. Ray fixed:

- Engine injector
- Fuel line
- Serviced nose gear
- Compression check
- Cleaned engine
- Serviced hydraulics for brakes and flaps
- Replaced front nose tire and tube
- Serviced aircraft battery

At that time we did a cold start runup according to the Aircraft operators manual, which was satisfactory. Lawrence was at the controls, then proceeded to clean the windows and the inside of the aircraft, then did another outside inspection. Lawrence returned back to the powerplant to check for any leaks or to see if anything was out of the ordinary. The inspection was satisfactory and Lawrence reinstalled the engine cowlings. Lawrence then went to the FBO to have them come to the airplane and fill both tanks to full. The fuel truck showed up and filled approx. 30 gallons. Lawrence finished business with mechanic Ray and told Ray that Lawrence was going to do another engine runup. This one, a hot start runup, according to the manual to which was satisfactory. Half an hour later, Lawrence began to taxi for a few touch and go's as an operational check for the aircraft. He then did another runup at the end of runway 21 which was good. Lawrence then received clearance for takeoff, gave the aircraft takeoff power and checked the Instrument indicators. Indicators in the green, suction good, Lawrence proceeded to 80 miles per hour and rechecked the instruments which were normal/green. Lawrence proceeded to rotate the aircraft off of the ground. Lawrence commented to himself on how well the aircraft seemed to fly during takeoff. Lawrence sped up to approx.

110 Miles per hour and started an attempt to climb. Intentionally leaving the aircraft landing gears down for a few touch and go's for the operational check. After climbing to approx. 2 or 300 feet, Lawrence noticed the aircraft was falling to produce power, Lawrence radioed the tower and said something along the lines of, "I'm in trouble." Lawrence checked the throttle was pushed in, and the mixture was leaned. Lawrence proceeded to switch the fuel pump to the on position, with no success, he swapped the engine mags, both left and right. Lawrence then enriched the fuel mixture in hopes the engine would "catch" and produce power. Lawrence then changed the fuel tanks to see if there was a flow issue which seemed not to be. The sound of the engine and indicators on the dash were consistent all the time. Lawrence then began to look for a suitable place to land the aircraft. Noticing the runway lights below, the next option was a wide lane road just ahead. Searching for powerlines, stop lights and any other obstructions, Lawrence was trading airspeed for altitude by that time. Realizing Lawrence would need to pull up over the street lights, he received a faint stall warning while pulling back on the yoke. Noticing the cars in front of the aircraft were 50-100 feet ahead, Lawrence saw a clear area on the road to land. Lowering the nose Lawrence noticed a car pass under the left wing of the plane, heading north. Believing that the car had cleared the aircraft, and no other traffic in front of the plane Lawrence decided that was the time to land the plane. Lawrence started his final approach to the center turning lane of 1900 west street. During the finale approach the aircraft passed below a set of power lines across the road. At approximately three to five feet above the highway initiated a flare to land. The stall warning horn initiated at that time. The aircraft then struck something, Later realizing that it was a car. The aircraft proceeded to impact the street and slid to a stop. There was immediately a fire on the left side of the aircraft and in the back of the plane to which Lawrence decided the passenger door was the escape route. Shortly after which the entire aircraft became engulfed in flames.

These details are accurate to the best of my knowledge.


Lawrence D. Erick

Pilot certificate number:



As an addendum, the NTSB has requested my memory as to where the throttle position was at the time of impact.

I have to say that I just can't remember what the position was. There would be two ideas of where I would of had the throttle

Attachment 3
A

Number one would be that since the engine was not producing power even down to the final seconds I would of left it at full throttle to keep what power there was left.

Number two is that by instinct when I was about to flair and land, that I would of brought the throttle to ideal to accomplish the landing.

As to which scenario I chose, I just can't remember.

0412-20254 Sticker 7/92

▼ DELTA AIR LINES	
# Of Pages → 12	From Larry Erick
To Samantha Link	Dept. / Sta.
Co.	Dept. / Sta.
Phone #	Dept. / Sta.
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