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: WILLIAMSBURG State: MI
ZIP: 49690 County:
Latitude: 44° 45' N (dd:mm:ss N/S) Longitude: 85° 44' W (dd:mm:ss E/W)

Date/Time
Date: 6/5/09 (mm/dd/yy) Local Time: 3 PM
Time Zone: EST

Phase of Operation
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On ground
☒ None

Altitude of In-Flight Occurrence
625' ☐ MSL

AIRCRAFT INFORMATION

Manufacturer: RANS
Model: COYOTE 6-ES
Serial Number: 0704 1600
Registration Number: N 213 KT Amateur-built: ☒ Yes ☐ No

Max Gross Weight: 1089 lbs
Weight at Time of Accident/Incident: 863 lbs
Location of Center of Gravity at Time of Accident/Incident:
63 inches from ☒ nose or ☐ datum
or Percent Mean Aerodynamic Chord (% MAC)

Category of Aircraft
☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)
Standard: ☐ Normal ☐ Utility ☐ Acrobatic ☐ Transport
Special: ☐ Restricted ☐ Limited ☐ Provisional ☒ Experimental ☐ Special Flight ☒ Light Sport

Number of Seats: 2
If Large Aircraft, how many seats for:
Flight Crew:
Cabin Crew:
Passengers:

Landing Gear ☐ Retractable
Check any additional landing gear configuration that applies:
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Unknown
☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel

Type of Maintenance Program
☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify:

Last Inspection Type
☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 9-2-08 (mm/dd/yy)

Airframe Total Time: 84 hrs
hours measured at (date/event)
☐ Last Inspection ☐ Time of Accident/Incident

IFR Equipped
☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed
☐ Yes ☐ No ☒ Unknown

Type of Fire Extinguishing System
☐ None
☐ Specify: Portable Halo RELEASE

ELT Installed ☐ Yes ☒ No
ELT Activated ☐ Yes ☐ No
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No

ELT Manufacturer:
Model/Series:
Serial Number:
Battery Type: **Battery Exp. Date:**

Engine Type
☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☒ Carburetor
☐ Fuel Injected

Propeller
☒ Fixed Pitch ☐ Controllable Pitch
Manufacturer:
Model: WOOD

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yy)	Engine-Rated Power Measured as (check one)	Total Time (hours)	Time since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	ROTAX	912-S	4645420	11-10-06	☒ Horsepower or ☐ lbs of Thrust: 100	84	56.6	0
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: Donald W. Garrett
Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address [redacted]
City: [redacted]
State: [redacted] ZIP: [redacted]
Country: [redacted]

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) ☐ Federal ☐ State ☐ Local
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Unknown
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial
☐ 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

Cargo Operation
☐ Passenger Cargo
☐ Passenger How many?
☐ Cargo lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Choose 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)
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

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

Aircraft Registration Number
Manufacturer:
Model:

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☐ Substantial ☒ None

Registered Owner of Other Aircraft
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

Pilot of Other Aircraft
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
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.)

However I believe this ENGINE FAILURE WAS the RESULTS of the Right WING TANK WAS MALFUNCTION. AFTER the CRASH LANDING I EXAMINED the Right TANK AND it HAD 7 or 8 GALLONS IN it While the LEFT TANK WAS DRY.

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)*

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 5 miles of an airport, complete this section)

Airport Identifier: _____ Distance From Airport Center: _____ SM

Airport Name: _____ Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport-Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: _____ 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 ☐ Sidestep ☐ 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: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface *(Check all that apply)*

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: HTL
City: Roscommon
State: Mi
Country: USA

Time of Departure

Time: 2:35
Time Zone: PM EST

Destination

Airport ID: TVC
City: Traverse City
State: Mi
Country: USA

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No

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 N/A

Airspace where the accident/incident occurred *(Check all that apply)*

☒ Class A ☐ Class E ☐ 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 pour pounds, as necessary)*

11 Gallons Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP5 ☐ Other, specify: _____
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☒ Automotive ☐ JP8

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID:
Observation Time:
Time Zone:
Distance from Accident Site: NM
Direction from Accident Site: degrees MAG

Source of Weather Information *(Check all that apply)*
☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☒ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☐ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☒ Not Pertinent

Light Condition
☐ Dawn
☒ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility
10 miles +

Sky/Lowest Cloud Condition
☐ Clear
☒ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling
☒ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility *(Check all that apply)*
☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height
ft AGL

Ceiling Height
ft AGL

Wind Direction
☐ Indicated: 050 degrees MAG
☐ Variable

Wind Speed
Velocity: 8 KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts
Velocity: 12 KTS
☐ Gusting
☐ Not Gusting

Type of Turbulence *(Check all that apply)*
☐ None
☒ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

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

Temperature: (C)
or 55 (F)

Altimeter Setting: in. HG
or 30.2 MB

Density Altitude: Unknown ft

Dew Point: Unknown (C)
or (F)

Icing Forecast
Amount
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
Type
☐ Rime
☐ Clear
☐ Mixed

Icing Actual
Amount
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
Type
☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation *(Check all that apply)*
☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation
☐ Light ☐ Moderate ☐ 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: Donald
Middle Initial: W
Last Name: Garrett

City: [redacted]
State: [redacted] ZIP: [redacted]
Country: [redacted]

Age at time of Accident/Incident: 82 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
6/30/08 *mm/dd/yyyy*

Medical Certificate Limitations
None other than "must wear corrective glasses

Medical Certificate Waivers
None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 10/31/08 *mm/dd/yyyy*

Flight Review Aircraft
Make: C-172 Cessna
Model: Skyhawk

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

Student Endorsements *(inside dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1951	92	1883	7	25	81	114	0	0	0
Pilot in Command (PIC)	1835	92	1835	7	25	81	114	0	0	0
Time as Instructor	—	—	—	—	—	—	—	—	—	—
This Make/Model										
Last 90 Days	27	27	27	—	—	—	—	—	—	—
Last 30 Days	10	10	10	—	—	—	—	—	—	—
Last 24 Hours	4	4	4	—	—	—	—	—	—	—

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 None

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ (mm/dd/yyyy) Certificate Number: _____

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 _____ (mm/dd/yyyy)

Medical Certificate Limitations

Medical Certificate Waivers

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)*
☐ 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

Student Endorsements *(Provide dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants) (complete the following information)

None

Pilot Name and Address
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

Degree of Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown

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

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

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

Degree of Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown

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

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

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

Degree of Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown

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

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

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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)

None

Name and Address		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	Unk	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:	City: State: ZIP: 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 voltage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

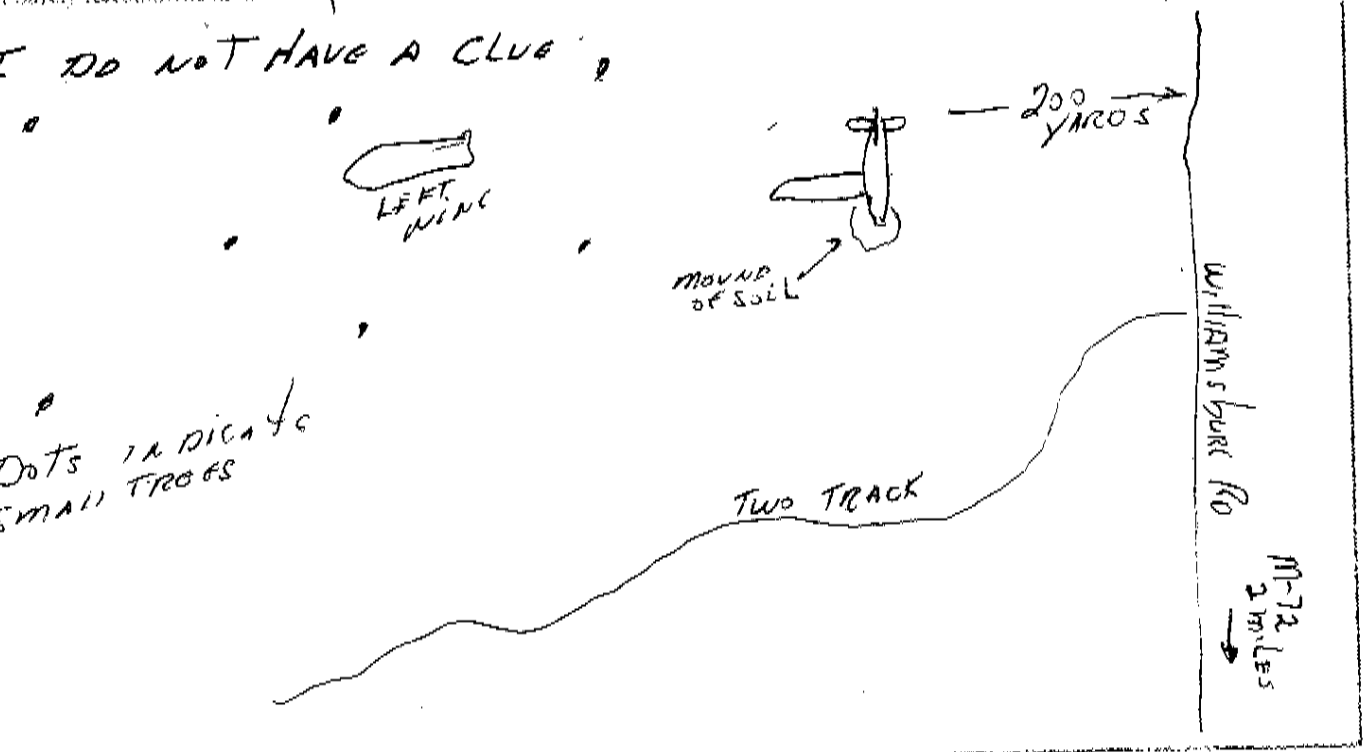
ON FRIDAY JUNE 5, 2009 my PREFLIGHT INDICATED I HAD 12 GALS. OF ACTS FUEL, 5 IN the ~~Right~~ LEFT WING TANK & 7 GALS IN the Right WING TANK. DEPARTED FROM TVC AT 10:15 E.S.T. for HOUGHTON LAKE, ROSCOMMON Co. HLT A DISTANCE of 50 N.M. AT 2:15 DEPARTED FROM HLT TO TVC AND HAD COMPLETE ENGINE FAILURE AT 3100 MSL. APPROX 8 W. MILES EAST OF TVC. The terrain below is HEAVY WOODED AREA. ATTEMPTED ENGINE RESTART five or six TIMES To No AVAIL AND TRIMED the PLANE for best GLIDE LANDING IN the only PARTLY CLEAR SPOT I could LOCATE. AFTER LANDING CALLED TVC TOWER To REPORT my situation THEN SHUT DOWN the MASTER SWITCH AND GAS LINE CUT OFF To ENGINE. The Right WING TANK HAD FUEL (How much I CAN NOT SAY - The LEFT WING TANK WAS DESTROYED. I HAD A CUT ON LEFT HAND AND SEVERE BACK PAIN

Sketch below

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

Operator/Owner Safety Recommendation

I DO NOT HAVE A CLUE



ADDITIONAL INFORMATION *(Please type or print in ink)*

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

It was apparent that the Right wing tank was NOT Delivering fuel thru the system but why I do not Know.

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

Date of this Report: 6/8/09 (mm/dd/yy)

Signature: [redacted]

Type or Print Name: David W Garrett

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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received