

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: Buckeye State: Az
 ZIP: 85326 Country: USA
 Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)

Date/Time

Date: 01/28/2011 Local Time: 14:35
mm/dd/yyyy Time Zone: -7:00Z

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

_____ ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: BXK AWOS & FSS
 Observation Time: 14:30
 Time Zone: -700
 Distance from Accident Site: _____ 0 NM
 Direction from Accident Site: _____ 0 degrees MAG

Source of Weather Information

(Check all that apply)

National Weather Service Company
 Flight Service Station Military
 TV/Radio Internet
 Automated Report Unknown
 Commercial Weather Service (DUATS)

Method of Briefing

(Check all that apply)

In Person
 Teletype
 Telephone/Computer
 Aircraft Radio
 TV/Radio
 Unknown

Briefing Type/Completeness

Full Abbreviated
 Partial / Limited By Pilot Unknown
 Partial / Limited By Briefer Not Pertinent

Light Condition

Dawn Dusk Dark Night
 Day Night Bright Night
 Not Reported

Visibility

_____ 10 miles

Sky/Lowest Cloud Condition

Clear Thin Broken
 Few Thin Overcast
 Partial Obscuration Unknown
 Scattered

Ceiling

None (clear) Obscured
 Broken Indefinite
 Overcast Unknown

Restriction to Visibility (Check all that apply)

None Fog
 Blowing Dust Ground Fog
 Blowing Sand Haze
 Blowing Snow Ice Fog
 Blowing Spray Smoke
 Dust Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

Indicated: _____ degrees MAG
 Variable

Wind Speed

Velocity: _____ KTS
 -or-
 Calm Light and Variable

Wind Gusts

Velocity: _____ KTS
 Gusting Not Gusting

Type of Turbulence (Check all that apply)

None In Clouds
 Clear Air Vicinity of Thunderstorm

Severity of Turbulence

Extreme Moderate Light
 Severe Moderate Chop

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

Flight Service reported CAVU along entire route, & at both ends, with no PIREPS, SIGMETS, AIRMETS, or NOTAMS of any kind.

Temperature: _____ (C)
 or _____ (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
 or _____ (F)

Icing Forecast

Amount None Moderate Rime
 Trace Severe Clear
 Light Mixed

Icing Actual

Amount None Moderate Rime
 Trace Severe Clear
 Light Mixed

Type of Precipitation (Check all that apply)

None Drizzle
 Rain Ice Pellets
 Snow Snow Pellets
 Hail Snow Grains
 Rain Showers Ice Crystals
 Freezing Rain Ice Pellets Shower
 Snow Shower Freezing Drizzle

Intensity of Precipitation

Light Moderate Heavy

AIRCRAFT INFORMATION

Manufacturer: Rans Aircraft
Model: S-6 ES
Serial Number: 08061764
Registration Number: N8053R **Amateur-built:** Yes No
Max Gross Weight: 1,300 lbs
Weight at Time of Accident: 1,014 lbs
Location of Center of Gravity at Time of Accident:
63.025 inches from nose or datum
 -or- Percent Mean Aerodynamic Cord (% MAC)

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 (Check all that apply) Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear <input 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 type="checkbox"/> Annual <input checked="" 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 type="checkbox"/> AAIP <input checked="" type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>11/07/10</u> <u> </u> mm/dd/yyyy Airframe Total Time: <u>197</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident
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IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Small Hand held, Powder type</u>
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: <u>Unknown</u> Model/Series: <u>Unknown</u> Serial Number: <u>Unknown</u> Battery Type: <u>Unknown</u> Battery Exp. Date: <u>Unknown</u>
ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>Sensenich</u> Model: <u>Wood Core, Composite</u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one)	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Jabiru	3300	33A1290	Unknown	<input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	120HP	197	20
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>Patten Harvey</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u> </u> <u>Sedona</u> State: <u>Az</u> ZIP: <u>86351</u> Country: <u>USA</u>
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Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Kevin Wetherilt</u> Doing Business As: <u>N/A</u> Air Carrier/Operator Designator (4 Character Code): <u>N/A</u>	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u> </u> <u>Buckeye</u> State: <u>Az</u> ZIP: <u>85326</u> Country: <u>USA</u>
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Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number None	Manufacturer: N/A Model: N/A	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> None
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Registered Owner of Other Aircraft

First Name: N/A City: N/A
 Middle Initial: _____ State: N/A ZIP: N/A
 Last Name: N/A Country: N/A

Pilot of Other Aircraft

First Name: N/A City: N/A
 Middle Initial: _____ State: N/A ZIP: N/A
 Last Name: N/A Country: N/A

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

Airport Identifier: KBXK **Distance From Airport Center:** _____ 0 SM
Airport Name: Buckeye **Direction From Airport:** _____ 0 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** _____ 1,022 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) <input checked="" type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling	VFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Unknown
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Runway Information Runway ID: 17 (L/R/C) Length: 5,500 ft Width: 75 ft	Runway/Landing Surface (Check all that apply) <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	Condition of Runway/Landing Surface (Check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: SEZ City: Sedona State: Arizona Country: USA	Time of Departure Time: 13:30 local Time Zone: -7:00Z	Destination Airport ID: KBXK City: Buckeye State: Arizona Country: USA	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 occurred (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		

Aircraft Load Description (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type
_____ 18 Gallons	<input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <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"/> JPS

Other Services, if Any, Prior to Departure
None

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Total Time/Cycles On Part
Elevator Control Rod assembly (Located Under the front Seats) came apart, shortly after takeoff, resulting in total inability to control aircraft pitch.	_____ 197 Hours _____ Cycles
	Time Since This Part Inspected/Overhauled
	_____ 20 Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage	Aircraft Fire	Aircraft Explosion
<input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	<input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

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

Without being able to do a thorough investigation, or being qualified to determine exact damage, my best guess is as follows... The Nose Wheel assembly was ripped off of the plane on initial impact, along with the main gear legs being severely splayed out. The lower cowling was destroyed, along with the prop, exhaust system, & lower half of the engine cases. The windshield was cracked, & the floor panel was worn through, to be able to see completely through to the outside of the Plane. I'm no expert, but, as hard as it hit the ground, I can't imagine that it didn't bend the Frame & / Or Firewall, as well as do serious internal damage to the engine.

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

As soon as the Plane came to rest, I immediately opened up the Pilot side (Left) door, & crawled out of the plane as quickly as possible

PILOT "A" INFORMATION

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

Pilot "A" Identification
 First Name: Kevin City: [Redacted] Buckeye
 Middle Initial: P State: Az ZIP: 85326
 Last Name: Wetherilt Country: USA

Age at time of Accident: 51 Date of Birth: [Redacted] Certificate Number: [Redacted]
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input checked="" 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
 Arizona Drivers License without limitations

Medical Certificate Waivers
 Arizona Drivers License without Waivers or limitations

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01/13/2010</u> <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: <u>Storm Aircraft</u> Model: <u>Rally</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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	1,903	307	1,903	0	0	0	0	0	0	0
Pilot in Command (PIC)	1,903	307	1,903	0	0	0	0	0	0	0
Time as Instructor	1,024	220	1,903	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	34	34	34	0	0	0	0	0	0	0
Last 30 Days	3	3	3	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

PILOT "B" INFORMATION

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

Pilot "B" Identification

First Name: N/A City: N/A
 Middle Initial: _____ State: N/A ZIP: N/A
 Last Name: N/A Country: N/A

Age at time of Accident: N/A Date of Birth: N/A Certificate Number: N/A
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) <i>(Check all that apply)</i> <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) <i>(Check all that apply)</i> <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) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <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 <div style="margin-left: 150px;"> <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div>
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Type Ratings	Student Endorsements <i>(Include dates)</i>
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Flight Time <small>(enter appropriate number of hours in each box)</small>	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 CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: <u>N/A</u>	City: <u>N/A</u>	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: <u>N/A</u> ZIP: <u>N/A</u>	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: <u>N/A</u>	Country: <u>N/A</u>	<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> 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	<input type="checkbox"/> Left <input type="checkbox"/> Front
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> 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	<input type="checkbox"/> Left <input type="checkbox"/> Front
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> 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	<input type="checkbox"/> Left <input type="checkbox"/> Front
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>N/A</u> City: <u>N/A</u>											
Middle Initial: _____ State: <u>N/A</u> ZIP: <u>N/A</u>											
Last Name: <u>N/A</u> Country: <u>N/A</u>											
First Name: _____ City: _____											
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____											
Middle Initial: _____ State: _____ ZIP: _____											
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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, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

Please see attached 3 page report, enclosed at the end of this report.

RECOMMENDATION (How could this accident have been prevented?)

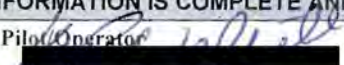
Operator/Owner Safety Recommendation

Although not my area of expertise, it would seem to me, that there were 3 major errors here, which could, & should have been caught prior to the final in-flight failure of the elevator control assembly. Firstly, the original builder of the aircraft should have used appropriate safety fasteners throughout the Elevator Control Assembly, utilizing Cotter Pins, through the drilled bolts, & Castle Nuts, which would have prevented any of the 3 Nut & Bolt assemblies from coming apart. Secondly, this assembly error should have been caught by the DAR who performed the initial Airworthiness inspection, prior to the issuance of the Airworthiness Certificate. Thirdly, although this assembly mistake had slipped through the aforementioned 2 prior inspections, it should absolutely, & positively been caught during the annual condition checks, which the same A&P mechanic performed 2 years in a row. If nothing else, the Control Surface assemblies should ALWAYS be checked for wear, function, & secure assembly. This problem could, & should have been detected long BEFORE it became a near fatal situation for me to have to deal with, & only by the grace of God, a little experience, & a LOT of luck, am I still around to say what happened. And yes.... It does hurt when you hit the ground at 100+MPH :o((

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 02/17/2011 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: Kevin P Wetherill
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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. WPR11LA112	Reviewed by NTSB Regional Office Western Pacific Region	Name of Investigator Patrick H. Jones, ASI	Date Report Received 2/18/11
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Pilot report of accident on 01-28-2011 at Buckeye (B XK) Airport

Pilot Name: Kevin Wetherilt
Address: [REDACTED]
Buckeye Az. 85326
Telephone: [REDACTED]
Certificate # [REDACTED]
Total Hrs to date 1,902.7 Hrs
Instructing Hrs 1,024 Hrs
Total Hrs Various Rans S-6 models 386 Hrs
Last CFI renewal 01-13-2010
Renewal check given by: Terry Brandt (DPE)
Aircraft Involved in accident: Rans S-6 ES CoyoteII Tail# N8053R with 197Hrs

Preflight.

After a thorough Pre-flight & a second call to flight Service I proceeded to make my planned flight from Sedona (SEZ) to Buckeye (B XK) at an altitude of 8,500ft for an estimated flight duration of 1 hr 5 min & just prior to departure had the fuel truck top-off both wing tanks. Weather conditions were CAVU at both ends & along my planned route, with calm winds throughout. I believe it was approx 20:30Z when I started the engine & did my initial Start up check list. I taxied to the run-up area for runway 21 & went through my Run-Up check list. After all the checks & a clearing turn, I waited for an aircraft landing on Runway 3, & announced my intentions of... "Holding short of 21 for landing Traffic, & have traffic in sight". After it was clear of the runway, I announced that I was taking 21 for a straight out departure to the south. I got on the runway center line & gave the engine full power.

In Flight

At 70Mph I pulled the stick back slightly to get airborne, then at 90Mph proceeded to do a Vy Climb to my planned altitude of 8,500ft. Everything seemed fine, & there was nothing any different to any of the other 100+ times I'd done this in this exact Plane at this Airport. About 2 miles out I reported that I was 2 to the South & departing the pattern to the South. That was my last call for Sedona, but I did monitor the frequency for a few minutes more, before switching to Cottonwood Freq. I made one Call, when I heard another aircraft that was taking off from Cottonwood, & would be heading in my general direction, even though it would not have been a factor. I believe I reported that I was 10 to the NE Transitioning to the South at 7,600ft & climbing. There was no other communication at that time, & everything seemed normal.

Event

A few minutes later, upon reaching 8,500ft I gently pushed the Joystick forward as I pulled back on the throttle, but noticed that there was no resistance in the stick. I tried again, pushing & pulling on the joystick, but immediately realized that it was having no effect whatsoever on the pitch of the aircraft. I then reached over to the Passenger side of the plane & tried that joystick to see if it was a common problem between both sides, or just one. The result was the

same... No effect on Pitch control. At this time I decided to add some power to enable the aircraft to gently climb, since that would give me more time to try to correct any unwanted aircraft pitch changes, & spent the next 2 or 3 min evaluating my situation & possible options, since I knew that I had a serious problem.

ADM

Returning to Sedona, or trying to land at Cottonwood were **NOT** good options, since they were both mountain strips with various unpredictable eddies & thermal currents. Diverting to one of the Class D airports in the greater Phoenix area would have given me long runways, & faster response times for emergency services should they be required, but would cause me to be flying over heavily populated urban areas, & flying into extremely busy airports, so I deemed this as an unacceptable option also. Buckeye seemed to be my best option since it had a long runway, was usually not too busy, was uncontrolled, would give me time to experiment with flight controls as I made my way there, & I was used to flying in that area & landing at that airport. Next, I tried adjusting the trim, but it made little or no difference either. As the plane was steadily climbing I decided to check the linkages for the Elevator control.

CRM

I ripped off a Center Console plastic cover, & looked to see what was going on. As I moved the stick backwards & forward, I could see both joysticks moving, along with the various brackets bolts & the front control rod which is about 12" long, but beyond that I couldn't see or reach anything else, since it disappeared behind the seats. My next decision was to see if I had Cell phone service where I was, since I intended on contacting a friend of mine who was a Light Sport Repairman Mechanic (LSRM) & had worked on several Rans aircraft in the past, to see if there was anywhere else that I might look for the problem. Cell Service was spotty at best, so I decided to head back towards Cottonwood, where I would get a stronger signal. This would also enable me to practice turning the aircraft. Experimenting with the controls provided the following information... Using Ailerons to attempt turning caused the nose to drop quite steeply & put the plane in a spiraling dive. Adding power just increased the dive & tightened the spiral. Very gentle rudder inputs seemed to be the best way to "Nudge" the nose of the aircraft around without such a steep dive, but was dependent on immediate opposite rudder input to prevent the roll angle from getting too steep. Something like a 50 point turn, which seemed to be taking about 4 - 4 1/2 Min, but was still resulting in a 500-800ft/Min Minimum sink rate & a spiraling dive, which surprisingly got steeper & tighter when power was applied, so any unnecessary turning was not a good idea, especially when getting closer to the ground. Adding 1/2 turn of throttle on the Vernier throttle produced a 200-300ft/Min climb, & taking out a 1/2 turn would result in a 200-300ft/Min decent. While turning I got a good Cell signal & contacted my LSRM friend via Txt msgs & told him what was going on. We tried various things, but determined that it would be impossible to get anywhere near the probable cause of the problem while the plane was in the air, so after some more turn practice, I resumed my course to Buckeye, gently climbing to a final altitude of about 10,000ft. When I was approximately 15 miles N of Lake Pleasant I had decided to start my gradual descent from my current altitude to get me somewhere near the correct altitude to land at Buckeye. 5 Miles N of Lake Pleasant I contacted Luke approach & notified them of my intentions to go to Buckeye, but opted **NOT** to inform them of my current situation, since I did at least have some type of control, & a plan to get the plane on the ground. I continued inbound to Buckeye while gradually descending, & requested Radar service termination when I was 15 Miles N of Buckeye. It was approved, & I was at that time lined up for a straight in for Runway 17. When I was 12 miles out I made my first radio call to Buckeye Traffic, announcing that I was 12 to the N inbound for landing. When I got to 10 miles out, I realized that I was still a little too high, so I decided to perform one of my 50 point, 360 Deg turns, to lose some altitude. Before starting to turn, I tried adding a 3/4 turn

of throttle to put the plane in a very slight climb. In the turn I tried contacting another friend, Terry Brandt (DPE) via Txt msgs to see if he might be at Buckeye, & have some suggestions as to other options, but he was unavailable at that time.

Emergency Operations

When re-established on a straight in for 17, 10 miles out I made another Radio call as follows..... "Buckeye Traffic, Experimental 8053R, 10 to the North inbound for landing, how many aircraft are currently in the Pattern?". Someone piped up that there were "3 aircraft in the Pattern, why?" My next statement was as follows..... "I need a "Favor" I am currently having Elevator Control issues, & need to do a straight-In for 17, since I won't be able to fly the traffic pattern, & will only get one shot at it, so I'm going to need some room." "How much room do you need?" said the other Pilot. "I don't know, just keep the other Planes away from me." He then asked me if I wanted to declare an Emergency, to which I replied..... "No, I think I can get it on the runway". He then asked me to report inbound, so he could look for me & come in behind me. I reported every 2 miles until 5 miles out, then every mile, until short final. Everything looked good for landing, & I thought it was going to work out, but about 200ft from the threshold of the runway, I got into a slight downdraft which was enough to pull the nose down towards the ground. I attempted to add power to bring the nose back up, but it just seemed to pull me further & faster into the ground. At this point I knew I was going to hit hard, & there wasn't anything I could do about it. I impacted the runway at about 100Mph, about 150ft down from the Threshold, directly on the Center line, & skidded approx 400ft down the runway until the plane came to rest about 6 ft off of the left side of the runway, in the dirt. There had been sparks & smoke coming through the floor as I was skidding down the runway, so it was my prime objective to crawl out of the aircraft as soon as it came to rest, in case it should catch fire. Luckily there was no fire.

Post Flight.

The Aircraft which had followed me in had a Lufthansa ATCA & 2 students in it, & the ATCA landed past the wreckage, & immediately came to my aid. Surprisingly I was uninjured & the ATCA helped me grab my belongings out of the plane, shut the Mags, master, ELT, & fuel off, & waited with me until the authorities arrived. My first call was to Terry Brandt (DPE), to tell him what had happened, & what to do, then on Terry's advice I immediately called the Scottsdale FSDO & notified them as to what had happened. I refused medical treatment from the Fire department since I was uninjured, with the exception of a few bumps & bruises. We all waited until Jeff Miller arrived from the Scottsdale FSDO, & once an investigation had been conducted on the cause of the control failure, we moved the plane to the North Ramp & FSDO reopened the runway.

Aircraft Owner...

Patton Harvey

[REDACTED]
Sedona Az 86351

Sedona A&P who worked on plane

Pat Moore
Address unknown
[REDACTED]