

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>Deater</u> State: <u>NY</u> ZIP: <u>88030</u> Country: <u>USA</u> Latitude: <u>33:11:50</u> (dd:mm:ss N/S) Longitude: <u>104:22:23</u> (ddd:mm:ss E/W)		Date/Time Date: <u>06/04/2011</u> Local Time: <u>2115</u> <small>mm/dd/yyyy</small> Time Zone: <u>NET</u>	
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Phase of Operation <input type="checkbox"/> Standing <input 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 checked="" 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>5</u> <u>064</u> ft MSL
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AIRCRAFT INFORMATION

Manufacturer: <u>Russell Mantz</u> Model: <u>RV 6A</u> Serial Number: <u>60204</u> Registration Number: <u>N820RC</u> Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Max Gross Weight: <u>1800</u> lbs Weight at Time of Accident/Incident: <u>1470.5</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>62.38</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- 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/D 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>25 Aug 2010</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>1087</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____
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ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: _____ Model/Series: <u>UNKNOWN</u> Serial Number: _____ Battery Type: <u>D Cell Coppertop</u> Battery Exp. Date: <u>Mar 2014</u>
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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>Whitcomb</u> Model: <u>RV200</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 checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O-360-A1A</u>	<u>L-36279-36A</u>	<u>07/14/1986</u>	<u>180</u>	<u>1687</u>	<u>110</u>	<u>NA</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>Mark Luce</u>	Owner Address City: <u>Tucson</u> State: <u>AZ</u> ZIP: <u>85705</u> Country: <u>USA</u>
Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
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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

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 <u>NA</u> Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <u>NA</u> <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 checked="" 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) <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 _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____
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Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____
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MECHANICAL MALFUNCTION/FAILURE (if more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" 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 _____ Hours _____ Cycles
	Time Since This Part Inspected/Overhauled _____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	Aircraft Fire <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	Aircraft Explosion <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
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Tail Section left at fence, Canopy Broken + lost
 Beam crumpled, Prop Destroyed, Fuselage and
 Wings battered, Fence Broken

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

Airport Identifier: NONE Distance From Airport Center: 1 SM

Airport Name: NONE Direction From Airport: _____ degrees MAG

Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 3670 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 Stop and Go
 ADF/NDB Sidestep LDA GPS Touch and Go
 SDF ILS ASR Loran Simulated Forced Landing
 VOR/TVOR Localizer Only Visual Unknown Forced Landing
 VOR/DME LOC-back course Contact Precautionary Landing
 TACAN RNAV Circling Full Stop Unknown

Runway Information Runway ID: _____ (L/R/C) Length: 3000 ft Width: 20 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: ALM Time of Departure: 2030 Destination: NONE Type Flight Plan Filed
 City: Alamogordo Time: _____ Airport ID: _____ None VFR/IFR
 State: NM Time Zone: MST City: Dexter Company VFR IFR
 Country: USA State: NM Military VFR Unknown
 Country: USA 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 / NA

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 (Person) Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary) 19 Gallons Fuel Type
 80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

EVAUATION 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

Crawled out from underneath over turned plane on Right side of craft

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>N/A</u> Observation Time: <u>2015</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>0</u> NM Direction from Accident Site: <u>at</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 type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown <u>onsite observation</u>	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility <u>> 10</u> miles
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Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input checked="" type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered	Condition <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input type="checkbox"/> None (clear) <input checked="" 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>> 5,000</u> ft AGL	Ceiling Height <u>Broken</u> ft AGL
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Wind Direction <input type="checkbox"/> Indicated _____ degrees MAG <input checked="" type="checkbox"/> Variable	Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <u>unknown</u> <input type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input checked="" 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 <u>A/D</u>
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NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

*Unknown.
Info above from personal observation and pre flight discussion with onsite Pilot Bill Baker*

Temperature: <u>Unknown</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 <u>NA</u>

PILOT "A" INFORMATION													
Pilot "A" Responsibilities at the Time of Accident <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew													
Pilot "A" Identification First Name: <u>MARK</u> City: <u>[REDACTED]</u> Middle Initial: <u>E</u> State: <u>Arizona</u> ZIP: <u>AZ - 85715</u> Last Name: <u>LUCE</u> Country: <u>USA</u>													
Age at time of Accident: <u>51</u> Date of Birth: <u>[REDACTED]</u> Certificate Number: <u>[REDACTED]</u> <small>mm/dd/yyyy</small>													
Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
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 checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military													
Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input checked="" 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 checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			Date of Last Medical <u>05-02-2011</u> <small>mm/dd/yyyy</small>					
Medical Certificate Limitations <u>corrective lenses for near vision</u>													
Medical Certificate Waivers													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>5-17-2011</u> <small>mm/dd/yyyy</small>				Flight Review Aircraft Make: <u>Russell Counts</u> Model: <u>RV 6A</u>									
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 checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport							
Type Ratings					Student Endorsements (include dates)								
<i>Times below are Best estimates Logs not at this location</i>													
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		
Total Time		~3500	330	~3500		~500	15	5					
Pilot in Command (PIC)		~3450	330	~3450		~500							
Time as Instructor		NA											
This Make/Model													
Last 90 Days		~43	45	45		216							
Last 30 Days		~15	15	15		1							
Last 24 Hours		~215	215	215		1							

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at the Time of Accident/Incident <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
Pilot "A" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____ <i>mm/dd/yyyy</i>											
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		
Pilot Certificate(s) <i>(Check all that apply)</i> <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											
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>			
Medical Certificate Limitations <div style="text-align: center; font-size: 2em; opacity: 0.5;">N/A</div>											
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: _____							
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 <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport			
Type Ratings				Student Endorsements <i>(Include dates)</i>							
Flight Time <i>(enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time							Actual	Simulated			
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: _____	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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport							
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign							
		<input type="checkbox"/> U.S. Military								
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		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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport							
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign							
		<input type="checkbox"/> U.S. Military								
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		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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport							
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign							
		<input type="checkbox"/> U.S. Military								
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	City	Seat	Crew Non-Revenue	Revenue Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
First Name: _____	City: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____	State: _____ ZIP: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____	Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____	City: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____	State: _____ ZIP: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____	Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____	City: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____	State: _____ ZIP: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____	Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____	City: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____	State: _____ ZIP: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____	Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Departed ALM about 2030
Uneventful flight, minimum turbulence
Scattered high clouds well above flight level
Maximum Altitude ~ 11,000 ft above Cloudcraft. NY.
Near unlimited visibility along path - rain dist S.
Descent and Primary patterns uneventful
I found myself low on final (~15-20 ft)
Attempt to pull up led to tail striking fence

RECOMMENDATION (How could this accident have been prevented?)

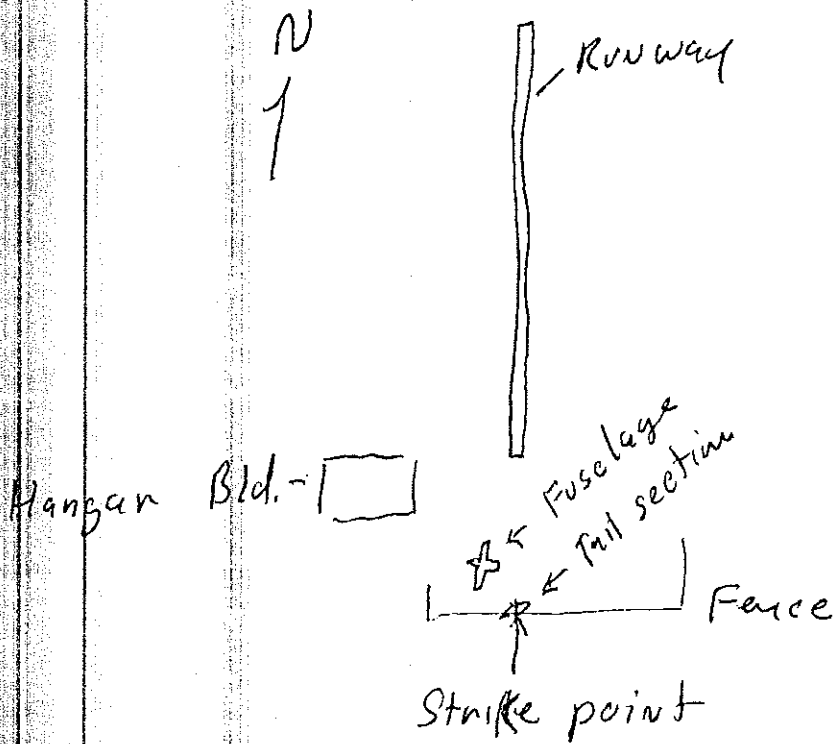
Operator/Owner Safety Recommendation

Avoid night landings at poorly lit airports
(Depth and altitude perceptions hampered
by lack of additional reference points)

ADDITIONAL INFORMATION (Please type or print in ink)

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

Airport and crash diagrams



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

Date of this Report: 06/10/2011
 Signature and Name of Pilot/Operator: [Redacted]
 Signature: [Signature]
 Type or Print Name: MARK E. LUCE

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. <u>CEV 11CA 377</u>	Reviewed by NTSB Regional Office <u>Denver, Colorado</u>	Name of Investigator <u>Jennifer S. Rodi</u>	Date Report Received <u>6/13/2011</u>
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