

**NATIONAL TRANSPORTATION SAFETY BOARD**  
**PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**  
 This form to be used for reporting civil and public aircraft accidents and incidents

**BASIC INFORMATION**

<b>Accident/Incident Location</b> Nearest City/Place: <u>Siler City</u> State: <u>NC</u> ZIP: <u>27312</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)	<b>Accident/Incident Date/Time</b> Date: <u>24 Mar 15</u> Local Time: <u>1630</u> mm/dd/yyyy Time Zone: <u>EDT</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input type="radio"/> None
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**AIRCRAFT INFORMATION**

Registration Number: <u>N193715</u> Manufacturer: <u>Bell</u> Model: <u>31A</u> Serial Number: _____ Year of Manufacture: <u>1974</u> Amateur-Built: <input type="radio"/> Yes <input type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: _____ Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: _____
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<b>Category of Aircraft</b> <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	<b>Type of Airworthiness Certificate</b> (Check all that apply) <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td> <input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Aerobatic  <input type="checkbox"/> Balloon  <input type="checkbox"/> Commuter  <input type="checkbox"/> Transport  <input type="checkbox"/> Utility                 </td> <td> <input type="checkbox"/> Restricted  <input type="checkbox"/> Limited  <input type="checkbox"/> Provisional  <input type="checkbox"/> Special Flight  <input type="checkbox"/> Experimental  <input type="checkbox"/> Special Light-Sport  <input type="checkbox"/> Experimental Light-Sport                 </td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility	<input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport	<b>Landing Gear</b> (Check all that apply) <input type="checkbox"/> Retractable <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"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Engine Type (Select one)</b> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input checked="" type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric <b>Fuel System Type (Reciprocating)</b> <input type="radio"/> Carburetor <input checked="" type="radio"/> Fuel-Injected
Standard	Special						
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility	<input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport						

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm dd yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>K1-E5</u>			<u>300</u>	<u>1350</u>	<u>~30</u>	<u>1350</u>
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b> <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>Jun 2013</u> mm/dd/yyyy Airframe Total Time: <u>1356</u> hrs hours measured at (Select one) <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident <b>Type of Maintenance Program (Select one)</b> <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____ <b>Description of Fire Extinguishing System</b> <input checked="" type="radio"/> None <input type="radio"/> Specify: _____	<b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Hartzell</u> Model: _____ <b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____	<b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No If activated: <u>Unknown</u> Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input checked="" type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	<b>Additional Equipment (Check all that apply)</b> <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input checked="" type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____
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# OWNER/OPERATOR INFORMATION

## Registered Aircraft Owner

Name: Robert E. Dregoo

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: Releigh

State: NC ZIP: 27663

Country: USA

## Operator of Aircraft

☒ Same As Registered Owner

☒ Same Address as Registered Owner

Name: Robert E. Dregoo

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

## Operating Certificates Held

(Check all that apply)

- ☐ None
- ☐ Flag Carrier Operating Certificate (FAR 121)
- ☐ Supplemental
- ☐ Air Cargo
- ☐ Foreign Air Carriers (FAR 129)
- ☐ Rotorcraft External Load (FAR 133)
- ☐ Commuter Air Carrier (FAR 135)
- ☐ On-Demand Air Taxi (FAR 135)
- ☐ Commercial Air Tour (FAR 136)
- ☐ Agricultural Aircraft (FAR 137)
- ☐ Pilot School (FAR 141)
- ☐ Certificate of Authorization or Waiver (COA)
- ☐ Commercial Space Transportation Experimental Permit
- ☐ Commercial Space Transportation License
- ☐ Other Operator of Large Aircraft

## Regulation Flight Conducted Under

- ☐ FAR 91 ☐ FAR 129 ☐ FAR 415
- ☐ FAR 103 ☐ FAR 133 ☐ FAR 431
- ☐ FAR 121 ☐ FAR 135 ☐ FAR 435
- ☐ FAR 125 ☐ FAR 137 ☐ FAR 437

- ☒ FAR 91 Special Flight
- ☐ Non-US, Commercial
- ☐ Non-US, Non-commercial

## Public Aircraft (Select one)

- ☐ Armed Forces
- ☐ Federal
- ☐ State
- ☐ Local

☐ Unknown

## Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
- ☐ Non-Scheduled or Air Taxi ☐ International

- ☐ Passenger
- ☐ Cargo
- ☐ Mail Contract Only

## Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
- ☐ Aerial Observation ☐ Flight Test
- ☐ Air Drop ☐ Glider Tow
- ☐ Air Race/Show ☐ Instructional
- ☐ Banner Tow ☐ Other Work Use
- ☐ Business ☐ Personal
- ☐ Executive/Corporate ☐ Positioning
- ☐ External Load ☐ Skydiving
- ☒ Ferry

## Revenue Sightseeing Flight

☐ Yes ☒ No

## Air Medical Flight

☐ Yes ☒ No

# AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Siler City Municipal

Airport Identifier: \_\_\_\_\_

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: 0.5 sm

Direction From Airport: \_\_\_\_\_ degrees true

Airport Elevation: 1700 ft. msl

## Runway Information

Runway ID: 22 (L/R/C) Length: 5000 ft Width: 50 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
- ☐ Slush-Covered ☐ Vegetation ☐ Unknown

## Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
- ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around
- ☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown)
- ☐ Crosswind ☐ Unknown

## IFR Approach (Check all that apply)

- ☐ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
- ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual
- ☐ VOR/DME ☐ Localizer Only ☐ Contact
- ☐ TACAN ☐ LOC-back course ☐ Circling
- ☐ RNAV ☐ Unknown

## VFR Approach (Check all that apply)

- ☐ None
- ☒ Traffic Pattern ☐ Stop and Go
- ☐ Straight-In ☐ Touch and Go
- ☐ Valley/Terrain Following ☐ Simulated Forced Landing
- ☐ Go Around ☐ Forced Landing
- ☐ Full Stop ☐ Precautionary Landing
- ☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																			
<b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b> <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																			
<b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																			
<b>"Flight Crewmember 1" Identification</b> First Name: <u>Robert</u> Middle Initial: <u>E</u> Last Name: <u>Drzaos</u>					City of Residence: <u>Releigh</u> State: <u>KC</u> ZIP: <u>77413</u> Country: _____ Age at time of Accident/Incident: <u>72</u> Date of Birth: _____ mm dd yyyy Certificate Number: _____																																																																																														
<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Restraint Type</b> <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> <input type="radio"/> None  <input type="radio"/> Lap only  <input checked="" type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </td> <td> <input type="radio"/> None  <input type="radio"/> Lap only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </td> </tr> </table>			Available	Used	<input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																								
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<b>Pilot Certificate(s) (Check all that apply)</b> <table style="width: 100%;"> <tr> <td> <input type="checkbox"/> None  <input type="checkbox"/> Private  <input type="checkbox"/> Student               </td> <td> <input type="checkbox"/> Flight Instructor  <input type="checkbox"/> Recreational  <input type="checkbox"/> Sport               </td> <td> <input checked="" type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport  <input type="checkbox"/> Flight Engineer               </td> <td> <input type="checkbox"/> US Military  <input type="checkbox"/> Foreign               </td> </tr> </table>										<input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student	<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer	<input type="checkbox"/> US Military <input type="checkbox"/> Foreign																																																																																						
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<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown			<b>Medical Certificate Validity</b> <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			<b>Date of Last Medical</b> <u>17 Sep 14</u> mm/dd/yyyy																																																																																											
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<b>Medical Certificate Special Issuance</b>  																																																																																																			
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>22 May 14</u> mm dd yyyy				<b>Flight Review Aircraft</b> Make: <u>Bell 206</u> Model: <u>17-31A</u>																																																																																															
<b>Airplane Rating(s) (Check all that apply)</b> <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		<b>Other Aircraft Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" 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																																																																																													
<b>Type Ratings</b>  						<b>Student Endorsements (Include dates)</b>  																																																																																													
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td><u>1665</u></td> <td><u>1100</u></td> <td><u>1665</u></td> <td><u>—</u></td> <td><u>400</u></td> <td><u>600</u></td> <td><u>100</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td><u>1610</u></td> <td><u>1085</u></td> <td><u>1610</u></td> <td><u>—</u></td> <td><u>"</u></td> <td><u>"</u></td> <td><u>"</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td><u>—</u></td> <td><u>—</u></td> <td><u>0.5</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td><u>—</u></td> <td><u>—</u></td> <td><u>0.5</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td><u>—</u></td> <td><u>—</u></td> <td><u>0.5</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> </tr> </tbody> </table>										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	<u>1665</u>	<u>1100</u>	<u>1665</u>	<u>—</u>	<u>400</u>	<u>600</u>	<u>100</u>	<u>—</u>	<u>—</u>	<u>—</u>	Pilot in Command (PIC)	<u>1610</u>	<u>1085</u>	<u>1610</u>	<u>—</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>—</u>	<u>—</u>	<u>—</u>	Time as Instructor	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	This Make/Model	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	Last 90 Days	<u>—</u>	<u>—</u>	<u>0.5</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	Last 30 Days	<u>—</u>	<u>—</u>	<u>0.5</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	Last 24 Hours	<u>—</u>	<u>—</u>	<u>0.5</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
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Time as Instructor	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>																																																																																									
This Make/Model	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>																																																																																									
Last 90 Days	<u>—</u>	<u>—</u>	<u>0.5</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>																																																																																									
Last 30 Days	<u>—</u>	<u>—</u>	<u>0.5</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>																																																																																									
Last 24 Hours	<u>—</u>	<u>—</u>	<u>0.5</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>																																																																																									

# FLIGHT ITINERARY INFORMATION

## Last Departure Point

Airport ID: NCM

City: Apex

State: NC

Country: USA

## Time of Departure

Time: 1600

Time Zone: EDT

## Destination

Airport ID: SW8

City: Siler City

State: NC

Country: USA

## Type Flight Plan Filed

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

## Type of ATC Clearance/Service (Check all that apply)

☒ None  
☐ VFR  
☐ Special VFR  
☐ IFR  
☐ Special IFR  
☐ VFR On Top  
☐ VFR Flight Following  
☐ Traffic Advisory  
☐ Cruise  
☐ Unknown / NA

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

☐ Class A  
☐ Class B  
☐ Class C  
☐ Class D  
☐ Class E  
☐ Class G  
☐ Demo Area  
☐ Warning Area  
☐ Prohibited Area  
☐ Restricted Area  
☐ Military Operations Area (MOA)  
☐ Airport Advisory Area  
☐ Jet Training Area  
☐ TRSA  
☐ FAR 93  
☐ Special  
☐ Air Traffic Control Area  
☐ Unknown

## Altitude of In-Flight Occurrence:

\_\_\_\_\_ ft msl

# WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

## Source of Pilot Weather Information

(Check all that apply)

☐ National Weather Service  
☐ Flight Service Station  
☒ TV/Radio  
☐ Automated Report  
☐ Commercial Weather Service (DUATS)  
☐ On-Board Weather  
☐ Company  
☐ Military  
☐ Internet  
☐ None  
☐ Unknown

## Weather Observation Facility

Facility ID: \_\_\_\_\_

Observation Time: \_\_\_\_\_

Time Zone: \_\_\_\_\_

Distance from Accident Site: \_\_\_\_\_ nm

Direction from Accident Site: \_\_\_\_\_ degrees true

## Basic Conditions

☒ VMC  
☐ IMC  
☐ Unknown

## Light Condition

☐ Dawn  
☒ Day  
☐ Dusk  
☐ Night  
☐ Dark Night  
☐ Bright Night  
☐ Unknown

## Sky/Lowest Cloud Condition

☒ Clear  
☐ Few  
☐ Partial Obscuration  
☐ Scattered  
☐ Thin Broken  
☐ Thin Overcast  
☐ Unknown

## Lowest Cloud Condition Height

\_\_\_\_\_ ft agl

## Ceiling

☒ None (Clear)  
☐ Broken  
☐ Overcast  
☐ Obscured  
☐ Indefinite  
☐ Unknown

## Ceiling Height

\_\_\_\_\_ ft agl

Temperature: \_\_\_\_\_ (C) or 65 (F)

Dew Point: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Altimeter Setting: 30.12 in. Hg  
 or \_\_\_\_\_ MB

## Wind Direction

☐ Variable

Direction: \_\_\_\_\_ degrees true

## Wind Speed

☒ Calm  
☐ Light and Variable

Speed: \_\_\_\_\_ kts

## Wind Gusts

☒ Not Gusting

Speed: \_\_\_\_\_ kts

Visibility 10 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Density Altitude: \_\_\_\_\_ ft

## Intensity of Precipitation

☐ Light  
☐ Moderate  
☐ Heavy  
☒ N/A  
☐ Unknown

## Type of Precipitation (Check all that apply)

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

## 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

## Icing Forecast

Amount  
☒ None  
☐ Trace  
☐ Light  
☐ Moderate  
☐ Severe  
☐ Unknown  
 Type  
☐ N/A  
☐ Rime  
☐ Clear  
☐ Mixed  
☐ Unknown

## Icing Actual

Amount  
☒ None  
☐ Trace  
☐ Light  
☐ Moderate  
☐ Severe  
☐ Unknown  
 Type  
☐ N/A  
☐ Rime  
☐ Clear  
☐ Mixed  
☐ Unknown

## Turbulence

Type (Check all that apply)  
☐ None  
☐ Clear Air  
☒ Terrain-Induced  
☐ Convective Turbulence  
 Severity  
☐ Light  
☐ Moderate  
☐ Severe  
☐ Extreme

*Couple of bumps over ridge*

NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None ☒ Substantial  
☐ Minor ☒ Destroyed  
☒ Unknown

**Aircraft Fire**

- ☐ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Fire at Unknown Time  
☒ On-Ground ☐ Unknown

**Aircraft Explosion**

- ☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Explosion at Unknown Time  
☐ On-Ground ☐ Unknown

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

*Gear-up landing, fuel tank compromised, resulting fire destroyed aircraft*

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

Travel to Siler City on 24 Feb 15.

Did a fairly extensive pre-flight and pumped up the right strut since it was low on air pressure. Also pumped up the left main tire, since it was also low. Closed and latched the door prior to the take-off run from Deck. Take-off from Deck Airpark (NC11) was normal and uneventful and the gear retracted normally. Flight from Deck to Siler City was VFR and approached Siler City from the east. A couple of bumps (air pockets) were encountered over the slight ridge that runs NNE to SSW 2 miles or so to the east of the Siler City municipal airport. Those air pockets may have contributed to lifting the latch on the door (in retrospect).

Announced my position on the radio (122.7 MHz) and made a 45 degree right turn entry to a left downwind for runway 22 at Siler City approximately 0.5 to 0.75 miles east of the runway near midpoint of the runway and began slowing the aircraft down. As I got to gear extension speed (~120 mph), the door (passenger side of aircraft) popped open and I immediately started trying to grab papers in the right front seat to keep them from going out the open door. Got the papers collected and turned the aircraft to a base leg for the approach. Trimmed the aircraft for a further nose up attitude to slow it further and turned final.

Final approach to runway 22 was normal (a little fast perhaps) and appeared to be a normal approach. Stall warning horn came on about 100 yards from the end of the runway (expected) and then a second horn came on (gear warning horn sounds like the stall warning horn), but with the door open I was focused on getting the aircraft on the ground. Touchdown was a bit rough and I thought initially I had blown a tire on one of the mains. Smoke then filled the cockpit and when the aircraft came to a stop at the right edge of the runway I released my seatbelt and pushed the door open and stepped out onto the wing. There were flames at the back edge of the right wing next to the fuselage so I stepped off the wing and moved away from the aircraft. When the fire department arrived, the right wing and the fuselage were fully engulfed in flames.

The logbook in the airplane (the remaining portion that was not destroyed by the fire) was removed by inspectors from the FSDO office in Greensboro. There was a pre-flight inspection of the aircraft before the flight by Jeff Young (A&P who works for Guardian Aviation in Siler City) and a ferry permit was aboard the aircraft for the flight. The last annual was June 2013 by Raymond Franke (copy of which was electronically sent to Guardian Aviation prior to the ferry flight) and the aircraft was being ferried to Siler City for an annual. A statement of the inspection performed by Jeff Young was pasted in the aircraft log, which was aboard the aircraft.

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

Operator/Owner Safety Recommendation

*Probably should have gotten some refresher training after not flying for some time*

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No  
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

*~ 70 gal* Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

*Since aircraft was out of annual, an inspection of the aircraft was performed prior to flight as part of the ferry permit application*

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

*Pilot pushed open door and exited*

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

Aircraft Registration Number

*N93715*

Manufacturer:

Model:

*Bellanca*

*17-31R*

Damage to Other Aircraft

☐ Destroyed☐ Substantial☐ Minor☒ None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

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

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

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

Date of this Report

06 Apr 15  
mm/dd/yyyy

Name of Pilot/Operator: Robert E. Drayton

Signature: \_\_\_\_\_

-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

-- or -- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERAISCA169

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

TODD GUNTHER

Date Report Received

4/8/15