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

Accident/Incident Location
Nearest City/Place: Gunnison State: CO
ZIP: 81230 Country: Gunnison
Latitude: 38.53°N Longitude: 106.73°W
(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time
Date: 9-6-21 *mm/dd/yyyy* Local Time: 2:10
Time Zone: mountain

Collision with Other Aircraft: ○ Midair ○ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N6XC
Manufacturer: Aviat
Model: Husky
Serial Number: 1383
Year of Manufacture: 97
Amateur-Built: ○ Yes ☒ No *If Yes:* ○ Kit/Plans ○ Original Design Make:

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1800 lbs
Weight at Time of Accident/Incident: 1600 lbs
Number of Seats: 2 Flight Crew Seats: 1
Cabin Crew Seats: 0 Passenger Seats: 1
Number of Engines: 1

Category of Aircraft
☒ Airplane
○ Balloon
○ Hlmap Dirigible
○ Glider
○ Gyroplane
○ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

Type of Airworthiness Certificate *(Check all that apply)*
Standard: ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility
Special: ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport
☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*
☐ Retractable
☐ Tricycle ☒ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*
☒ Reciprocating ○ Liquid Rocket
○ Turbo Shaft ○ Solid Rocket
○ Turbo Prop ○ Hybrid Rocket
○ Turbo Jet ○ None
○ Turbo Fan ○ Unknown
○ Electric

Fuel System Type *(Reciprocating)*
☒ Carburetor ○ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ☒ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng 1	Lycoming	O-360-A1P	L-35747-36A	9-10-97	180	1298.9	41.5	575.2
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type
○ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
☒ Annual ○ Unknown
Date Last Inspection: 2-15-21 *mm/dd/yyyy*
Airframe Total Time: 1257.4 hrs
hours measured at *(Select one)*
☒ Last Inspection ○ Time of Accident/Incident

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

Description of Fire Extinguishing System
○ None
☒ Specify: Extinguisher

Propeller 1 ○ Fixed Pitch ☒ Controllable Pitch ○ Ground Adjustable
Manufacturer: MT
Model: 270-58

Propeller 2 ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer:
Model:

ELT Installed: ☒ Yes ○ No
If Yes:
ELT Manufacturer:
Model or Part No.:
TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ○ C126 (406 MHz)
Was ELT still mounted in aircraft? ☒ Yes ○ No
Was ELT still connected to antenna? ☒ Yes ○ No
Did ELT Activate? ○ Yes ☒ No
If activated:
Did ELT Aid in Locating Aircraft: ○ Yes ☒ No
If not activated:
Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown

Additional Equipment *(Check all that apply)*
☒ ADS-B
☐ Airframe Parachute
☒ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☒ Electronic Multifunction Display
☒ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Brian Oliver

Fractional Ownership Aircraft: ○ Yes ☒ No

City: Gunnison

State: CO ZIP: 81230

Country: Gunnison

Operator of Aircraft ☒ *Same As Registered Owner* ☒ *Same Address as Registered Owner*

Name:

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-U.S. Commercial
○ Non-U.S. 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: Gunnison

Airport Identifier: KGUC

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

Distance From Airport Center: ____ nm

Direction From Airport: ____ degrees true

Airport Elevation: 7680 ft msl

Runway Information

Runway ID: 35 (L/R/C) Length: 2981 ft Width: 150 ft

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

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

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
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ 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

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

(X) Pilot ( ) Co-Pilot ( ) Student Pilot ( ) Flight Instructor ( ) Check Pilot ( ) Flight Engineer ( ) Other Flight Crew

"Flight Crewmember 1" was pilot flying (X) Yes ( ) No

"Flight Crewmember 1" Identification

First Name: Brian
Middle Initial: A
Last Name: Oliver
Age at time of Accident/Incident: 36
Date of Birth: [redacted] mm/dd/yyyy
Certificate Number: [redacted]
City of Residence: Gunnison
State: CO ZIP: 81230
Country: United States

Degree of Injury
(X) None ( ) Fatal ( ) Minor ( ) Unknown ( ) Serious

Seat Occupied
( ) Left (X) Front ( ) Unknown ( ) Right ( ) Rear ( ) Center ( ) Single

Restraint Type

Available	Used
( ) None	( ) None
( ) Lap only	( ) Lap only
( ) 3-point	( ) 3-point
(X) 4-point	(X) 4-point
( ) 5-point	( ) 5-point
( ) Unknown	( ) Unknown

Inflatable Restraints
(X) Not Installed ( ) Installed ( ) Not Deployed ( ) Deployed ( ) Unknown

Pilot Certificate(s) *(Check all that apply)*
( ) None (X) Private ( ) Student ( ) Flight Instructor ( ) Recreational ( ) Sport ( ) Commercial ( ) Airline Transport ( ) Flight Engineer ( ) US Military ( ) Foreign

Principal Occupation
( ) Pilot (X) Other ( ) Unknown

Medical Certificate
( ) None (X) Class 3 ( ) Class 1 ( ) Driver's License (Sport Pilot only) ( ) Class 2 ( ) Unknown

Medical Certificate Validity
(X) Without limitations/waivers ( ) Unknown ( ) With limitations/waivers ( ) N/A ( ) Special Issuance

Date of Last Medical
12-11-19
mm/dd/yyyy

Medical Certificate Limitations
N/A

Medical Certificate Special Issuance
N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 5-9-21 mm/dd/yyyy

Flight Review Aircraft
Make: Cessna
Model: 205

Airplane Rating(s) *(Check all that apply)*
( ) None (X) Single-Engine Land ( ) Single-Engine Sea ( ) Multiengine Land ( ) Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
(X) None ( ) Airship ( ) Balloon ( ) Glider ( ) Gyroplane ( ) Helicopter ( ) Powered Lift

Instrument Rating(s) *(Check all that apply)*
(X) None ( ) Airplane ( ) Helicopter ( ) Powered Lift

Instructor Rating(s) *(Check all that apply)*
(X) None ( ) Airplane Single-Engine ( ) Airplane Multi-Engine ( ) Gyroplane ( ) Powered Lift ( ) Instrument Airplane ( ) Instrument Helicopter ( ) Helicopter ( ) Glider ( ) Sport

Type Ratings
Tail wheel

Student Endorsements *(Include dates)*

Flight Time *(Enter appropriate number of hours in each box)*

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	318.5	21.8	318.5							
Pilot in Command (PIC)	318.5	21.8	318.5							
Time as Instructor	0	0	~~318.5~~							
This Make/Model										
Last 90 Days	55.4	21.8	55.4							
Last 30 Days	42	21.8	42							
Last 24 Hours	4.8	4.8	4.8							

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: Ruth Her Canyon
City:
State: UTAH
Country: USA

Time of Departure
Time: 12:15
Time Zone: MOUNTAIN

Destination
Airport ID: KGUC
City: Gunnison
State: CO
Country: USA

Type Flight Plan Filed
- [X] None
- [ ] Company VFR
- [ ] Military VFR
- [ ] VFR
- [ ] VFR/IFR
- [ ] IFR
- [ ] Unknown

Activated? ○ Yes ○ No ○ Unknown

Type of ATC Clearance/Service *(Check all that apply)*
- [ ] None
- [X] 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
- [X] 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: 7680 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
- [X] 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
- [X] VMC
- ○ IMC
- ○ Unknown

Light Condition
- ○ Dawn
- ○ Dusk
- ○ Dark Night
- ○ Unknown
- [X] Day
- ○ Night
- ○ Bright Night

Sky/Lowest Cloud Condition
- [X] Clear
- ○ Few
- ○ Partial Obscuration
- ○ Scattered
- ○ Thin Broken
- ○ Thin Overcast
- ○ Unknown

Lowest Cloud Condition Height ft agl

Ceiling
- [X] None (Clear)
- ○ Broken
- ○ Overcast
- ○ Obscured
- ○ Indefinite
- ○ Unknown

Ceiling Height ft agl

Temperature: (C) or (F)
Dew Point: (C) or (F)
Altimeter Setting: in Hg or MB

Wind Direction
- [X] Variable

-or- Direction degrees true

Wind Speed
- [ ] Calm
- [ ] Light and Variable

-or- Speed 5 kts

Wind Gusts
- [ ] Not Gusting

-or- Speed 7 kts

Visibility miles
RVR: feet
RVV: miles
Density Altitude: ft

Intensity of Precipitation
- ○ Light
- ○ Moderate
- ○ Heavy
- [X] N/A
- ○ Unknown

Type of Precipitation *(Check all that apply)*
- [X] 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)*
- [X] None
- [ ] Blowing Dust
- [ ] Blowing Sand
- [ ] Blowing Snow
- [ ] Blowing Spray
- [ ] Dust
- [ ] Fog
- [ ] Ground Fog
- [ ] Haze
- [ ] Ice Fog
- [ ] Smoke
- [ ] Unknown

Icing Forecast

Amount	Type
[X] None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Icing Actual

Amount	Type
[X] None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Turbulence

Type *(Check all that apply)*
- [ ] None
- [ ] Clear Air
- [ ] Terrain-Induced
- [ ] Convective Turbulence

Severity
- [ ] Light
- [X] Moderate
- [ ] Severe
- [ ] Extreme

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
- ○ Minor
- ☒ Substantial
- ○ Destroyed
- ○ Unknown

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

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

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

landing gear / left wing damage

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 and location, services obtained, and intended destination. Provide as much detail as possible.

I listend to the weather 10 miles out, winds were variable @ 5 knots, I came in on 35 landed on my mains, as soon as I dropped my tail a quartering tail wind spun me around causing ground loop

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

Operator/Owner Safety Recommendation

I should have been looking @ the wind sock on short final, then performed a go around to a more apropriate runway for wind conditions

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)

25 Gallons

Fuel Type

○ 80/87 ○ 115/145 ○ Jet B ○ Other, specify _____

☒ 100 Low Lead ○ Jet A ○ JP8

○ 100/130 ○ Jet A-1 ○ Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

only me on board I safely exited in a normal maner

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

Aircraft Registration Number _____

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed ☐ Minor ☐ Substantial ☐ None

Registered Owner of Other Aircraft

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	Name of Pilot/Operator: Brian Oliver
9-9-21 (mm/dd/yyyy)	Signature: [redacted]
	-- 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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN21LA403	CENTRAL	LINDBERG	9/10/2021