

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

✓ If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowl, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

**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: <u>Huntsville (KUTS)</u> State: <u>TX</u> ZIP: <u>77320</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees: minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>04/14/2022</u> Local Time: <u>2:15</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u>
Collision with Other Aircraft: Midair On-ground <input checked="" type="radio"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N78096</u> Manufacturer: <u>Globe Swift</u> Model: <u>GC-1-B</u> Serial Number: <u>2096</u> Year of Manufacture: <u>1946</u> Amateur-Built: Yes <input type="checkbox"/> If Yes: Kit/Plans Make: _____ No <input checked="" type="checkbox"/> Original Design	IFR-Equipped and Certified Commercial Space Flight _____ Unmanned Aircraft _____ Maximum Gross Weight: <u>1970</u> lbs Weight at Time of Accident/Incident: <u>1844</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>
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Category of Aircraft <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	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input checked="" type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None _____ Unknown _____	Standard	Special	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input checked="" type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Amphibian <input type="checkbox"/> Emergency Float <input type="checkbox"/> Float <input type="checkbox"/> Hull <input type="checkbox"/> Other Launch/Recovery System None _____ Unknown _____	Engine Type <i>(Select one)</i> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Turbo Shaft <input type="radio"/> Turbo Prop <input type="radio"/> Turbo Jet <input type="radio"/> Turbo Fan <input type="radio"/> Electric Liquid Rocket _____ Solid Rocket _____ Hybrid Rocket _____ None _____ Unknown _____ Fuel System Type <i>(Reciprocating)</i> Carburetor _____ <input checked="" type="radio"/> Fuel-Injected
Standard	Special																		
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input checked="" type="checkbox"/> Utility	<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 Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Continental	IO-360DB-3QB	1041197	09/2021	210	7.9	7.9	—
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type 100-Hour _____ Continuous Airworthiness _____ <input checked="" type="radio"/> AAIP Annual Conditional Inspection _____ Unknown _____ Date Last Inspection: <u>11/01/2021</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>2534.5</u> hrs hours measured at (Select one) Last Inspection _____ Time of Accident/Incident _____	Propeller 1 <input checked="" type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable Manufacturer: <u>McCaughey</u> Model: <u>2A34C209/78CCA-2</u>	Propeller 2 Fixed Pitch _____ Controllable Pitch _____ Ground Adjustable _____ Manufacturer: <u>N/A</u> Model: _____
Type of Maintenance Program <i>(Select one)</i> <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 Other, specify: _____	ELT Installed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was ELT still connected to antenna? <input type="checkbox"/> Yes <input type="checkbox"/> No Did ELT Activate? <input type="checkbox"/> Yes <input type="checkbox"/> No If activated: Did ELT Aid in Locating Aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If not activated: Indicate Reason: Impact Damage _____ Fire Damage _____ Battery Expired/Damaged _____ Unknown _____	Additional Equipment <i>(Check all that apply)</i> <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input checked="" type="checkbox"/> Angle of Attack Indicator <input 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 checked="" type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device Other, Specify: _____
Description of Fire Extinguishing System <input checked="" type="radio"/> None Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Larry J. Smith City: The Woodlands
 State: TX ZIP: 77381
 Fractional Ownership Aircraft: Yes No Country: USA

Operator of Aircraft *Same As Registered Owner*
 Name: Larry J. Smith City: _____
 Doing Business As: _____ State: _____ ZIP: _____
 Air Carrier/Operator Designator (4 Character Code): _____ 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: Huntsville KUTS
 Airport Identifier: KUTS
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm
 Direction From Airport: _____ degrees true
 Airport Elevation: 363 ft. msl

Runway Information
 Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

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

<input checked="" type="checkbox"/> Dry	Snow-Compacted	Water-Calm
<input type="checkbox"/> Holes	Snow-Crusted	Water-Choppy
<input type="checkbox"/> Ice Covered	Snow-Dry	Water-Glassy
<input type="checkbox"/> Rough	Snow-Wet	Wet
<input type="checkbox"/> Rubber Deposits	Soft	
<input type="checkbox"/> Slush-Covered	Vegetation	Unknown

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

<input checked="" type="checkbox"/> Asphalt	Grass/Turf	Macadam	Water
<input type="checkbox"/> Concrete	Gravel	Metal/Wood	
<input type="checkbox"/> Dirt	Ice	Snow	Unknown

Approach/Departure Segment *(Select one)*

Taxi	VFR Departure	On Instrument Approach	Downwind	Low Approach
<input checked="" type="radio"/> Takeoff	IFR Departure Procedure/Clearance	Landing	Base	Go Around
<input type="radio"/> Initial Climb			Final	Aborted Landing (after touchdown)
			Crosswind	Unknown

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

None	Stop and Go
<input checked="" type="radio"/> Traffic Pattern	Touch and Go
Straight-In	Simulated Forced Landing
Valley/Terrain Following	Forced Landing
Go Around	Precautionary Landing
Full Stop	Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

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

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Larry J. Smith

City of Residence: The Woodlands

Middle Initial: J

State: TX ZIP: 77381

Last Name: SMITH

Country: USA

Age at time of Accident/Incident: 73 Date of Birth: [REDACTED] 948 mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury None Fatal Minor Unknown <input checked="" type="radio"/> Serious	Seat Occupied <input checked="" type="radio"/> Left Right Center Front Rear Single Unknown	Restraint Type Available None Lap only <input checked="" type="radio"/> 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown	Inflatable Restraints <input checked="" type="radio"/> Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign			

Principal Occupation <input checked="" type="radio"/> Pilot Other Unknown	Medical Certificate None Class 1 Class 2 <input checked="" type="radio"/> Class 3 Driver's License (Sport Pilot only) Unknown	Medical Certificate Validity Without limitations/waivers <input checked="" type="radio"/> With limitations/waivers Special Issuance Unknown N/A <u>Glasses</u>	Date of Last Medical <u>04/29/2021</u> mm/dd/yyyy
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Medical Certificate Limitations
Glasses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/04/2020</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>GCI-B - GLOBE SWIFT</u> Model: <u>GCI-B</u>
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Airplane Rating(s) (Check all that apply) None <input checked="" type="radio"/> Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) <input checked="" type="radio"/> None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="radio"/> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider 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	569.2	141.7	569.2	-	20	10	8	-	-	-
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days		3.0								
Last 30 Days		3.0								
Last 24 Hours		31.3								

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
		Available None Lap only 3-point 4-point 5-point Unknown	Used None Lap only 3-point 4-point 5-point Unknown	
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: <u>Globe SWIFT</u> Model: <u>GCT-B</u>
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Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address <i>N/A</i>				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____		ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____		ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age
<i>N/A</i>					Available	Used		
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None	None	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				Lap Only	Lap Only		
Last Name: _____	Country: _____				3-point	3-point		
Crew	Passenger	Other			4-point	4-point		
					5-point	5-point		
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None	None	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				Lap Only	Lap Only		
Last Name: _____	Country: _____				3-point	3-point		
Crew	Passenger	Other			4-point	4-point		
					5-point	5-point		
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None	None	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				Lap Only	Lap Only		
Last Name: _____	Country: _____				3-point	3-point		
Crew	Passenger	Other			4-point	4-point		
					5-point	5-point		
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None	None	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				Lap Only	Lap Only		
Last Name: _____	Country: _____				3-point	3-point		
Crew	Passenger	Other			4-point	4-point		
					5-point	5-point		
			Unknown	Unknown				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KCXO</u> City: <u>Conroe</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>1:14 pm</u> Time Zone: <u>central</u>	Destination Airport ID: <u>KUTS</u> City: <u>Huntsville</u> State: <u>TX</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR VFR/IFR IFR Unknown Activated? Yes No Unknown
--	---	---	---

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

<input checked="" type="radio"/> None <input type="radio"/> VFR	<input type="radio"/> Special VFR <input type="radio"/> IFR	<input type="radio"/> Special IFR <input type="radio"/> VFR On Top	<input type="radio"/> VFR Flight Following <input type="radio"/> Traffic Advisory	<input type="radio"/> Cruise <input type="radio"/> Unknown / NA
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Airspace where the accident/incident occurred (Check all that apply)

Class A	Class G	Military Operations Area (MOA)	Special	Altitude of In-Flight Occurrence: _____ ft msl
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="radio"/> National Weather Service <input type="radio"/> Flight Service Station <input type="radio"/> TV/Radio <input checked="" type="radio"/> Automated Report <input type="radio"/> Commercial Weather Service (DUATS) <input type="radio"/> On-Board Weather <input type="radio"/> Company <input type="radio"/> Military <input type="radio"/> Internet <input type="radio"/> None <input type="radio"/> Unknown	Weather Observation Facility Facility ID: <u>KCXO / KUTS</u> Observation Time: <u>1:40 pm</u> Time Zone: <u>central</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
---	--

Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown Lowest Cloud Condition Height _____ ft agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction <input checked="" type="radio"/> Variable -or- Direction: _____ degrees true	Wind Speed <input checked="" type="radio"/> Calm <input type="radio"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input checked="" type="radio"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
---	--	---	---

Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Hail <input type="radio"/> Rain Showers <input type="radio"/> Drizzle <input type="radio"/> Ice Pellets <input type="radio"/> Snow Pellets <input type="radio"/> Snow Grains <input type="radio"/> Ice Crystals <input type="radio"/> Freezing Rain <input type="radio"/> Snow Shower <input type="radio"/> Ice Pellets Shower <input type="radio"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Blowing Dust <input type="radio"/> Blowing Sand <input type="radio"/> Blowing Snow <input type="radio"/> Blowing Spray <input type="radio"/> Dust <input type="radio"/> Fog <input type="radio"/> Ground Fog <input type="radio"/> Haze <input type="radio"/> Ice Fog <input type="radio"/> Smoke <input type="radio"/> Unknown
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Icing Forecast <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	N/A	<input type="radio"/> Trace	Rime	<input type="radio"/> Light	Clear	<input type="radio"/> Moderate	Mixed	<input type="radio"/> Severe	Unknown	<input type="radio"/> Unknown		Icing Actual <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	N/A	<input type="radio"/> Trace	Rime	<input type="radio"/> Light	Clear	<input type="radio"/> Moderate	Mixed	<input type="radio"/> Severe	Unknown	<input type="radio"/> Unknown		Turbulence <table style="width: 100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td>Light</td> </tr> <tr> <td><input type="radio"/> Clear Air</td> <td>Moderate</td> </tr> <tr> <td><input type="radio"/> Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td><input type="radio"/> Convective Turbulence</td> <td>Extreme</td> </tr> </table>	Type	Severity	<input checked="" type="radio"/> None	Light	<input type="radio"/> Clear Air	Moderate	<input type="radio"/> Terrain-Induced	Severe	<input type="radio"/> Convective Turbulence	Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
None

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** *(Use additional sheet if necessary)*

The propeller was likely damaged by prop strike and beyond repair, the motor mount was torn from the firewall and heavily damaged the entire nose, top and bottom engine cowling. Both main wheel struts broke off and there is substantial damage to the under belly and both wings and flaps. The cockpit hatch cover received some damage along with damage to the side window frame and down into the fuselage on the co-pilot side. The airplane is likely only good for salvage value.

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.

On 14-April 22, I took off from Conroe North Houston Rgnl airport (KCXO) at approximately 1:14 PM north bound to practice for my bi-annual flight review that was to be done the next day. After reaching a cruise altitude of 3,000 feet I switch from my main fuel tank to my right auxiliary tank that both runs the engine and what fuel doesn't burn is fed back to the main belly fuel tank. I also set my Apple watch for a 20-minute alarm to switch the fuel selector back to the main tank. I then began practicing my maneuvers of steep turns and landing and take-off stalls and slow flight. I then proceeded about 10 miles north to the Huntsville airport for some landing practice.

At Huntsville KUTS, I entered a downwind of 1400 feet for a 'touch and go' for runway 180. Everything went well as I touched down and gave the Swift full power for take-off. Gaining a positive rate of climb I retracted the main gear as you have to get a Swift's main gear up below 80 knots. At that point I had an engine power failure I immediately lowered my gear for a possible emergency landing with the runway I had left at KUTS. Lowering the nose apparently fed some gas to the engine as it restarted but quickly died again and at that time the airspeed was at stall and I simply make a hard impact just to the right of runway 18.

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

Operator/Owner Safety Recommendation

The pilot should have refueled the airplane at home base and not worry about fuel management.

The pilot should have factored in that all the various maneuvers (except for slowflight) consumed more fuel at the higher power settings.

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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

_____ 43 _____ 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

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

The pilot had nearly exited the plane when help arrived.

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

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
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: 05/31/22
mm/dd/yyyy

Name of Pilot/Operator: Karen V Smith

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
CEN22LA180	CENTRAL	LINDBERG	6/14/2022