

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

Accident/Incident Location Nearest City/Place: <u>SAN JUAN BAPTISTA</u> State: <u>CA</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>10/09/2021</u> Local Time: <u>1600</u> <i>mm/dd/yyyy</i> Time Zone: <u>PACIFIC</u>
Collision with Other Aircraft: Midair On-ground <u>None</u>	

Registration Number: <u>N87R</u> Manufacturer: <u>SCHWEIZER</u> Model: <u>2-32</u> (<u>SGS 2-32</u>) Serial Number: <u>41</u> Year of Manufacture: <u>1966</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: _____ lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>3</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>2</u> Number of Engines: <u>NONE</u>
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Category of Aircraft Airplane Balloon Blimp/Dirigible <u>Glider</u> Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td>Normal</td> <td>Restricted</td> </tr> <tr> <td>Aerobatic</td> <td>Limited</td> </tr> <tr> <td>Balloon</td> <td>Provisional</td> </tr> <tr> <td>Commuter</td> <td>Special Flight</td> </tr> <tr> <td>Transport</td> <td>Experimental</td> </tr> <tr> <td>Utility</td> <td>Special Light-Sport</td> </tr> <tr> <td></td> <td>Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None Unknown	Standard	Special	Normal	Restricted	Aerobatic	Limited	Balloon	Provisional	Commuter	Special Flight	Transport	Experimental	Utility	Special Light-Sport		Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> Retractable Tricycle <input type="checkbox"/> <u>Tailwheel</u> Amphibian High Skid Emergency Float Skid Float Ski Hull Ski/Wheel Other Launch/Recovery System None Unknown	Engine Type <i>(Select one)</i> Reciprocating Liquid Rocket Turbo Shaft Solid Rocket Turbo Prop Hybrid Rocket Turbo Jet <u>None</u> Turbo Fan Unknown Electric Fuel System Type <i>(Reciprocating)</i> Carburetor Fuel-Injected
Standard	Special																		
Normal	Restricted																		
Aerobatic	Limited																		
Balloon	Provisional																		
Commuter	Special Flight																		
Transport	Experimental																		
Utility	Special Light-Sport																		
	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								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection <u>Annual</u> Unknown Date Last Inspection: <u>07/21/2021</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>10,270.6</u> hrs hours measured at <i>(Select one)</i> <u>Last Inspection</u> Time of Accident/Incident	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program <i>(Select one)</i> <u>Annual</u> Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	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
Description of Fire Extinguishing System <u>None</u> Specify: _____	Additional Equipment <i>(Check all that apply)</i> 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: _____

Registered Aircraft OwnerName: HOLLISTER SOARING CENTER LLCCity: HOLLISTERState: CA ZIP: 95023Fractional Ownership Aircraft: Yes No Country: USA**Operator of Aircraft**Same As Registered Owner

Same Address as Registered Owner

Name: _____

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 FlightYes No **Air Medical Flight**Yes No

Airport Name: _____

Airport Identifier: _____

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

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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" 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: JOHN City of Residence: GILROY
 Middle Initial: S State: CA ZIP: 95020
 Last Name: MOFFITT Country: USA
 Age at time of Accident/Incident: 64 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury None Minor <input checked="" type="radio"/> Serious	Seat Occupied Left Right Center <input checked="" type="radio"/> Front Rear Single	Restraint Type Available None Lap only <input checked="" type="radio"/> 3-point <input checked="" type="radio"/> 4-point 5-point Unknown	Used None Lap only <input checked="" type="radio"/> 3-point <input checked="" type="radio"/> 4-point 5-point Unknown	Inflatable Restraints <input checked="" type="radio"/> Not Installed Installed Not Deployed Deployed Unknown
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Pilot Certificate(s) (Check all that apply)

Private Flight Instructor Commercial US Military
 Student Recreational Airline Transport Foreign
 Sport Flight Engineer

Principal Occupation <input checked="" type="radio"/> Pilot Other Unknown	Medical Certificate None <input checked="" type="radio"/> Class 1 <input checked="" type="radio"/> Class 2	Medical Certificate Validity Without limitations/waivers <input checked="" type="radio"/> With limitations/waivers Special Issuance	Date of Last Medical Unknown N/A <u>07/22/2021</u> mm/dd/yyyy
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Medical Certificate Limitations
 MUST WEAR LENSES FOR DISTANT, HAVE GLASSES FOR NEAR VISION.

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/30/2021</u> mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: <u>ASK-21</u>
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Airplane Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon <input checked="" type="checkbox"/> Glider Gyroplane <input checked="" type="checkbox"/> Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None <input checked="" type="checkbox"/> Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter <input checked="" type="checkbox"/> Glider Sport
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Type Ratings
CE-500 ; CL-65 ; ERJ-170 ; ERJ-190

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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	10,000+	3.6							28	
Pilot in Command (PIC)	7,000+	3.6							28	
Time as Instructor	500	0							12	
This Make/Model										
Last 90 Days	17	12								
Last 30 Days	10	6								
Last 24 Hours	1.1	1.1								

"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: _____ <i>mm/dd/yyyy</i>						
Certificate Number: _____										
Degree of Injury		Seat Occupied			Restraint Type			Inflatable Restraints		
None	Fatal	Left	Front	Unknown	Available	Used				
Minor	Unknown	Right	Rear		None	None				
Serious		Center	Single		Lap only	Lap only				
Pilot Certificate(s) <i>(Check all that apply)</i>					3-point	3-point				
None	Flight Instructor	Commercial	US Military		4-point	4-point				
Private	Recreational	Airline Transport	Foreign		5-point	5-point				
Student	Sport	Flight Engineer			Unknown	Unknown				
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical		
Pilot		None	Class 3		Without limitations/waivers	Unknown				
Other		Class 1	Driver's License (Sport Pilot only)		With limitations/waivers	N/A				
Unknown		Class 2	Unknown		Special Issuance		<i>mm/dd/yyyy</i>			
Medical Certificate Limitations										
Medical Certificate Special Issuance										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft						
<i>mm/dd/yyyy</i>				Make: _____						
				Model: _____						
Airplane Rating(s)		Other Aircraft Rating(s)		Instrument Rating(s)		Instructor Rating(s)				
<i>(Check all that apply)</i>		<i>(Check all that apply)</i>		<i>(Check all that apply)</i>		<i>(Check all that apply)</i>				
None		None		None		None				
Single-Engine Land		Airship		Airplane		Airplane Single-Engine	Instrument Airplane			
Single-Engine Sea		Balloon		Helicopter		Airplane Multi-Engine	Instrument Helicopter			
Multiengine Land		Glider		Powered Lift		Gyroplane	Helicopter			
Multiengine Sea		Gyroplane				Powered Lift	Glider			
		Helicopter					Sport			
		Powered Lift								
Type Ratings						Student Endorsements <i>(Include dates)</i>				
Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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					

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					

Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>RICHARD</u>	City: _____		<u>Left</u>	None	Available	Used	<u>Not Installed</u>	Under 5 years
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	None	None	Installed	
Last Name: _____	Country: _____		Right	Serious	Lap Only	Lap Only	Not Deployed	<i>If Under 5,</i>
			Unknown	Fatal	<u>4-point</u>	<u>4-point</u>	Deployed	Child Restraint
Crew	<u>Passenger</u>	Other	Row: <u>2</u>	Unknown	5-point	5-point	Unknown	Lap-Held
					Unknown	Unknown		Unknown
First Name: <u>BONNIE</u>	City: _____		Left	None	Available	Used	<u>Not Installed</u>	Under 5 years
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	None	None	Installed	
Last Name: _____	Country: _____		<u>Right</u>	<u>Serious</u>	Lap Only	Lap Only	Not Deployed	<i>If Under 5,</i>
			Unknown	Fatal	<u>3-point</u>	<u>3-point</u>	Deployed	Child Restraint
Crew	<u>Passenger</u>	Other	Row: <u>2</u>	Unknown	<u>4-point</u>	<u>4-point</u>	Unknown	Lap-Held
					Unknown	Unknown		Unknown
First Name: _____	City: _____		Left	None	Available	Used	Not Installed	Under 5 years
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	None	None	Installed	
Last Name: _____	Country: _____		Right	Serious	Lap Only	Lap Only	Not Deployed	<i>If Under 5,</i>
			Unknown	Fatal	3-point	3-point	Deployed	Child Restraint
Crew	Passenger	Other	Row: _____	Unknown	4-point	4-point	Unknown	Lap-Held
					5-point	5-point		Unknown
					Unknown	Unknown		
First Name: _____	City: _____		Left	None	Available	Used	Not Installed	Under 5 years
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	None	None	Installed	
Last Name: _____	Country: _____		Right	Serious	Lap Only	Lap Only	Not Deployed	<i>If Under 5,</i>
			Unknown	Fatal	3-point	3-point	Deployed	Child Restraint
Crew	Passenger	Other	Row: _____	Unknown	4-point	4-point	Unknown	Lap-Held
					5-point	5-point		Unknown
					Unknown	Unknown		

Last Departure Point Airport ID: <u>KCVH</u> City: <u>HOLLISTER</u> State: <u>CALIFORNIA</u> Country: <u>USA</u>		Time of Departure Time: <u>1525</u> Time Zone: <u>PACIFIC</u>		Destination Airport ID: <u>KCVH</u> City: <u>HOLLISTER</u> State: <u>CALIFORNIA</u> Country: <u>USA</u>		Type Flight Plan Filed None <input type="checkbox"/> VFR/IFR <u>Company VFR</u> <input checked="" type="checkbox"/> IFR Military VFR <input type="checkbox"/> Unknown VFR <input type="checkbox"/> Activated? Yes No Unknown	
Type of ATC Clearance/Service (Check all that apply) None <input checked="" type="checkbox"/> VFR Special VFR <input type="checkbox"/> IFR Special IFR <input type="checkbox"/> VFR On Top VFR Flight Following <input type="checkbox"/> Traffic Advisory Cruise <input type="checkbox"/> Unknown / NA							
Airspace where the accident/incident occurred (Check all that apply) Class A <input type="checkbox"/> <u>Class G</u> <input checked="" type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Altitude of In-Flight Occurrence: _____ ft msl Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 <input type="checkbox"/>							
Source of Pilot Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input checked="" type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown On-Board Weather				Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true			
Basic Conditions <u>VMC</u> <input checked="" type="checkbox"/> IMC <input type="checkbox"/> Unknown <input type="checkbox"/>		Light Condition Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> <u>Day</u> <input checked="" type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Unknown <input type="checkbox"/>					
Sky/Lowest Cloud Condition <u>Clear</u> <input checked="" type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered <input type="checkbox"/>		Ceiling <u>None (Clear)</u> <input checked="" type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown <input type="checkbox"/>		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB			
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl					
Wind Direction <u>Variable</u> <input checked="" type="checkbox"/> -or- Direction: _____ degrees true		Wind Speed <u>Calm</u> <input checked="" type="checkbox"/> <u>SURFACE</u> Light and Variable -or- Speed: _____ kts		Wind Gusts <u>Not Gusting</u> <input checked="" type="checkbox"/> -or- Speed: _____ kts			
Intensity of Precipitation Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A <input type="checkbox"/> Unknown <input type="checkbox"/>		Type of Precipitation (Check all that apply) <u>None</u> <input checked="" type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/>		Restriction to Visibility (Check all that apply) <u>None</u> <input checked="" type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown <input type="checkbox"/>			
Icing Forecast Amount Type <u>None</u> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Trace <input type="checkbox"/> Rime <input type="checkbox"/> Light <input type="checkbox"/> Clear <input type="checkbox"/> Moderate <input type="checkbox"/> Mixed <input type="checkbox"/> Severe <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/>		Icing Actual Amount Type <u>None</u> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Trace <input type="checkbox"/> Rime <input type="checkbox"/> Light <input type="checkbox"/> Clear <input type="checkbox"/> Moderate <input type="checkbox"/> Mixed <input type="checkbox"/> Severe <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/>		Turbulence Type (Check all that apply) Severity None <input type="checkbox"/> <u>Light</u> <input checked="" type="checkbox"/> <u>Clear Air</u> <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> <u>Terrain-Induced</u> <input checked="" type="checkbox"/> Severe <input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/>			
NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:							

ACCIDENT AND OTHER PROPERTY				
Aircraft Damage		Aircraft Fire		Aircraft Explosion
None	<u>Substantial</u>	<u>None</u>	Both Ground and In-Flight	<u>None</u>
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight
	Unknown	On-Ground	Unknown	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)				
OUTER 1/3 OF LH WING SEPARATED FROM AIRCRAFT. DENT IN LH WING LEADING EDGE NEAR TIP. AFT FUSELAGE DISTORTED (WRINKLED). NOSE CONE POPPED OFF.				
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.				
<p>I ARRIVED AT WORK ABOUT 0930 LOCAL TIME. I WAS SCHEDULED TO GIVE A GLIDER RIDE FOR TWO IN THE AFTERNOON. I CHECKED WEATHER ON MY SMARTPHONE WITH AVIATION APPS AND TALKED TO OTHER PILOTS THAT HAD BEEN UP THROUGHOUT THE DAY. HOLLISTER, SALINAS AND WATSONVILLE METARS WERE REPORTING CALM WINDS. I ALSO CONFERRED WITH MY SUPERVISOR, GIANNI LEONARDUZZI, AS TO THE RIDE FLIGHT AND CURRENT CONDITIONS. WE AGREED THAT THE NORMAL SEA BREEZE (FROM THE SOUTHWEST) WAS NOT IN PLACE SO INSTEAD OF LEAVING MOSS LANDING AT 5000 FT. MSL PER USUAL, I WOULD TURN TOWARDS HOLLISTER (CVH) AT 5500 - 6000 FT. MSL TO INSURE A SAFE GLIDE BACK. AT ABOUT 1500 LOCAL TIME I MET MY PASSENGERS, BONNIE AND RICHARD, AND SHOWED THEM THE GLIDER (N87R), GAVE THEM A SAFETY BRIEFING AND CONFIRM MY WEIGHT AND BALANCE CALCULATION.</p> <p>WE TOOK OFF FROM CVH VIA AEROTOW AT ABOUT 1530 LOCAL TIME AND HEADED SOUTHWEST TOWARD MOSS LANDING, WHERE I RELEASED THE TOW ROPE AT ABOUT 8200 FT. MSL. THE TOW HAD BEEN VERY SMOOTH. AFTER RELEASE I FLEW NEAR THE COAST A WHILE AND POINTED OUT LOCAL SIGHTS TO MY PASSENGERS. AT ABOUT 6400 FT. MSL I TURNED NORTHEAST TOWARD CVH. AFTER FLYING FOR ABOUT 10 MINUTES I ESTIMATED I HAD ONLY GONE 6-8 MILES TOWARDS HOLLISTER, AND IT LOOKED LIKE I WAS LOWER THAN USUAL. I MADE AN IAS ADJUSTMENT FOR AN APPARENT HEAD WIND AND CONTINUED. A FEW MINUTES LATER I NOTICED I WAS IN SOME SINK SO I ALTERED COURSE TO OFFSET TO THE NORTHWEST TO ESCAPE IT. THE COURSE CHANGE DID NOT MAKE A DIFFERENCE IN OUR APPARENT DESCENT AND LACK OF NORMAL PENETRATION. IT BECAME CLEAR WE COULD NOT GLIDE BACK TO CVH, I WAS OVER THE SAN JUAN BAPTISTA AREA WHICH IS FLAT AND HAS MOSTLY FARM FIELDS AND DIRT ROADS. I SAW NO INDICATION OF SURFACE WIND AND DECIDED TO LAND SOUTHWEST, ALIGNED WITH THE CROP ROWS AND DIRT ROADS. I BRIEFED MY PASSENGERS ON MY INTENTIONS AND LOOKED BACK TO INSURE THEY WERE BOTH STILL BELTED IN. I PICKED OUT A DIRT ROAD BETWEEN FIELDS THAT APPEARED TO HAVE BEEN HARVESTED AND MADE A LEFT PATTERN TO IT. BEGINNING MY LANDING FLARE I GLANCED LEFT AND RIGHT AS I ADJUSTED MY LINE UP TO THE ROAD. AT ABOUT 4-5 FT. AGL THE GLIDER SUDDENLY YAWED TO THE LEFT AS I WAS IN A SLIGHT LEFT BANK, THE GLIDER YAWED ABOUT 60 DEGREES LEFT AS IT DROPPED TO THE DIRT IN A FLAT ATTITUDE, BOUNCED ONCE AND CAME TO REST. I OPENED THE CANOPY AND CHECKED ON MY PASSENGERS. BONNIE WAS HURT IN THE SHOULDER AND SHOOK UP. THE FARM'S FOREMAN HAD ARRIVED AND I HAD HIM CALL EMS. RICHARD AND I HAD SORE BACKS, I LATER HEARD THAT BONNIE HAD A BROKEN COLLAR BONE.</p>				

Operator/Owner Safety Recommendation

THE BUSINESS OWNERS DECIDED TO STOP OFFERING SIGHTSEEING FLIGHTS TO THAT FAR AWAY FROM THE FIELD.

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

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
 I EXITED NORMALLY AS DID PASSENGER RICHARD. I HAD BONNIE WAIT IN SITU FOR EMS TO HELP HER OUT, WHICH THEY DID.

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft Destroyed _____ Minor _____ Substantial _____ None _____
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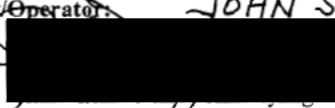
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____
---	--

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

AFTER THIS FLIGHT IT WAS NOTED THAT THE WINDS ALOFT FORECAST WAS NOT VERY ACCERATE ON THIS DAY . THE ACTUAL WINDS WERE STRONG FROM THE NORTH - NORTHEAST , EVEN CAUSING WAVE IN THE AREA WHICH IS QUITE UNUSUAL ,

AT THE ACCIDENT SITE A RUST 1 INCH ANGLE IRON STAKE WAS FOUND STICKING UP ABOUT 30 INCHES . THE WHITE PAINT TRANSFER SHOWS THAT THIS WAS THE FIRST POINT ON CONTACT WITH THE GLIDER , ON THE LEFT WING NEAR THE TIP , THIS PROBABLY CAUSED THE LEFT YAW AND SUDDEN DROP ONTO THE DIRT .

THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report 12/20/2021 <small>mm/dd/yyyy</small>	Name of Pilot/Operator JOHN S. MOFFITT, JR.
	Signature: 
	-- or -- <input type="checkbox"/> 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. WPR221A01	Reviewed by NTSB Regional Office AS-WPR	Name of Investigator Tealaye Conroy	Date Report Received 02/04/22
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Critical Airspeeds

	Maximum Aircraft Weight (1430 Lbs)
Stall Speed	47
Minimum Sink	54
Best L/D	67
Thermalling @ 45 Bank	60
Minimum Approach Speed	70
Maneuvering Speed	98
Max Aero Tow	110
Maximum Speed (Spoilers Open)	140
Maximum Speed (Spoilers Closed)	140

W&B Information

Maximum T/O Weight 1430 Lbs

Empty Weight 965 Lbs

Maximum Payload 465 Lbs

Solo flight is from the front seat.

Maximum solo Front Seat Wgt. is 287 Lbs.

Minimum solo Front Seat Wgt. is 171 Lbs.

See W&B Diagram on next page.

Vertical axis is weight in the front seat.

Horizontal axis is weight in the rear seat. Horizontal axis starts at "0" which is solo front seat.

For a front seat weight of 210 Lbs or less, rear seat may be loaded up to the Maximum Payload (465 Lbs).

For a front seat weight greater than 210 Lbs the forward C.G. limit is controlling; consult W&B Diagram.

Weight & Balance Calculator

Data provided on this page is for **INFORMATION ONLY**.

The Federal Aviation Regulations mandate that the Pilot In Command must verify that the aircraft is within weight and balance limits.

SGS 2-32, N2779Z

MAC Min: 33.00%

MAC Max: 35.00%

Fwd CG Limit: sta. 101.08

Aft CG Limit: sta. 105.18

Max. Gross Weight: 1430.00 lbs.

Usable Payload: 514.70 lbs.

	Weight	Arm	Moment
Aircraft:	915.30 lbs.	x sta. 116.60	= 106724.00
Front Cockpit:	<input type="text" value="170"/> lbs.	x sta. 61.88	= 10519.60
Rear Cockpit:	<input type="text" value="290"/> lbs.	x sta. 88.88	= 25775.20
Total:	1375.30 lbs.	x sta. 104.00	= 143018.80



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(<https://www.twitter.com/SoarElsinore>)



(<http://www.youtube.com/channel/UCDzS00RiOKci-DzwNjInIQ>)

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WEIGHT & BALANCE, MODEL SGS 2-32

SER. NO. 41 REG. NO. N87R

USEFUL LOAD: = Max. Gross Weight - Empty Weight = Useful Load in lbs.

For Class I, High Performance Operation . . *1340 - 913 = 427 lbs

For Class II, Utility Operation *1430 - 913 = 517 lbs.

MIN. WEIGHT PILOT - SOLO - FRONT SEAT:

$$\text{Pilot Weight} = \frac{\text{Empty Weight (C.G. Empty - 106.38)}}{44.50} = \frac{913 \times (115.74 - 106.38)}{44.50}$$

$$\frac{913 \times 9.36}{44.50} = \underline{192.04} \text{ lbs.}$$

(This formula valid for Class I operation only when empty weight + pilot weight does not exceed 1130#, weights above this total indicate Class II operation).

MIN. WEIGHT REAR PILOT, (ASSUMING A 100# FWD. PILOT):

	Weight	Arm	Moment	
For Utility Class = 237 lbs	Ship Empty	913	115.74	105675.04
	Fwd. Pilot	100	62.00	6,200
For High Perf. = Unobtainable w/this fwd. pilot weight (e.g. not enough)	Rear Pilot	<u>237</u>	89.00	<u>21,093.00</u>
	Total	1250	106.37	132,968.04

MAX. WEIGHT REAR PILOT, (ASSUMING 220# FWD. PILOT):

(Use lower weight from Step #1 or #2 for Max. Rear Pilot Wgt.)

STEP #1: Pilot Wgt. = $\frac{\text{Empty Wgt. (C.G. Empty - 101.08 - 8597)}}{12.20} =$

$$\frac{913 \times (115.74 - 101.08 - 8597.0)}{12.20} = (913 \times 14.66) - 8597.0 = \underline{393.63} \text{ lbs.}$$

STEP #2: Class I: Pilot Wgt. = *1340 - (Empty Wgt. + 220) = 1340 - (~~1133~~ + 220) = 207 lbs.

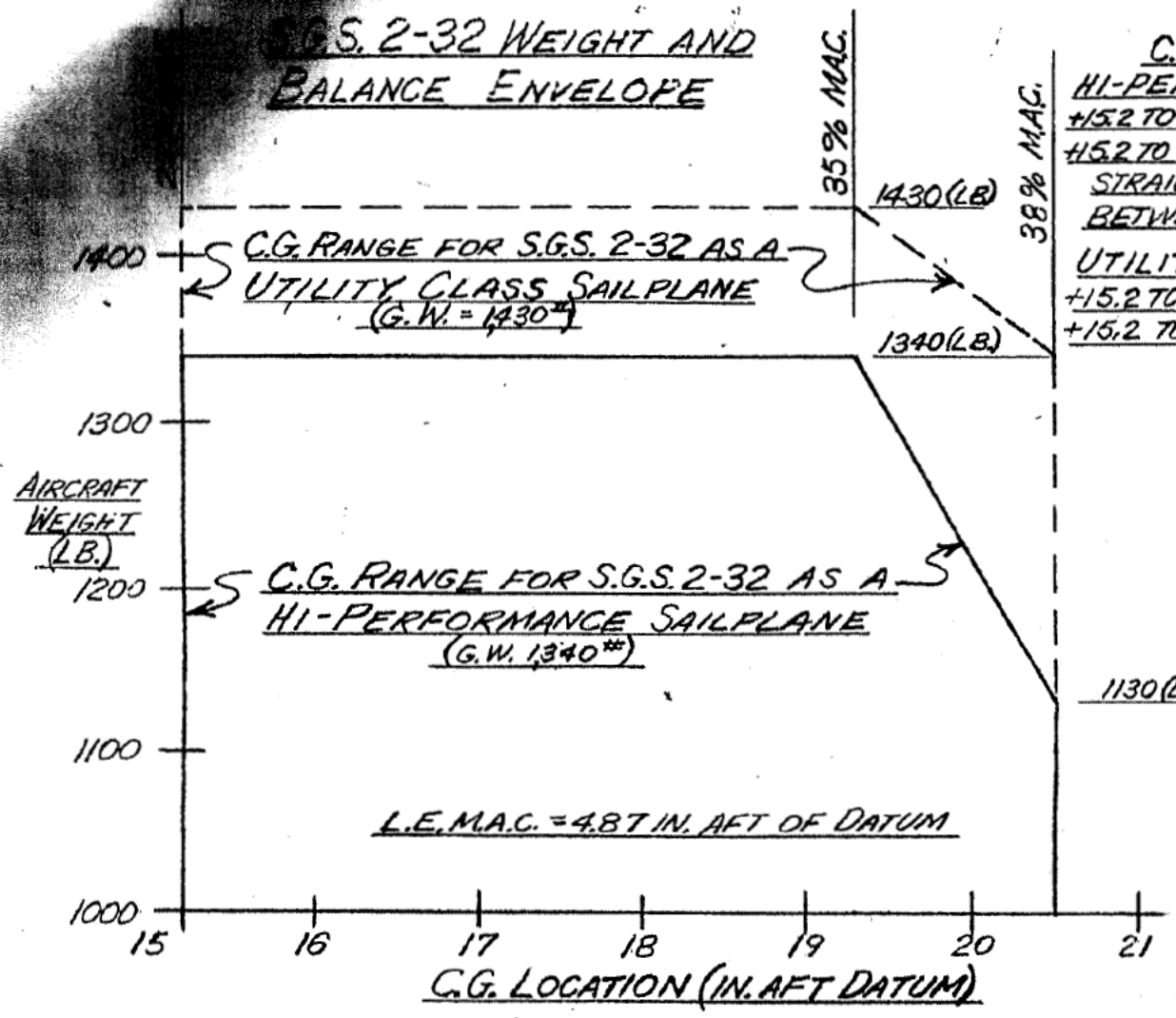
Class II: Pilot Wgt. = *1430 - (Empty Wgt. + 220) = 1430 - (913 + 220) = 297 lbs.

* Maximum Gross Weight: 1340# (For Class I, High Performance)
: 1430# (For Class II, Utility)

Prepared by: Steve Lamb Checked by: Computer

Date: 5-1-2010 Date: 5-1-2010

S.G.S. 2-32 WEIGHT AND BALANCE ENVELOPE



C.G. RANGES
HI-PERFORMANCE CLASS:
 +15.2 TO +20.5 AT 1130 LB. OR LESS
 +15.2 TO +19.3 AT 1340 LB.
STRAIGHT LINE VARIATION BETWEEN POINTS GIVEN.
UTILITY CLASS:
 +15.2 TO +20.5 AT 1340* OR LESS
 +15.2 TO +19.3 AT 1430**

WEIGHT AND BALANCE ENVELOPE
 PREPARED BY: K. SMITH 6/17/64 CHECKED BY: [REDACTED]
 SCHWEIZER AIRCRAFT CORP. ELMIRA, N.Y.
 S.G.S. 2-32
 REVISED 4-7-65