

**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		Accident/Incident Date/Time	
Nearest City/Place: <u>BUCKEYE</u>	State: <u>AZ</u>	Date: <u>02/19/2022</u>	Local Time: <u>10:AM</u>
ZIP: _____	Country: <u>USA</u>	<small>mm/dd/yyyy</small>	Time Zone: _____
Latitude: <u>33°25'21"</u>	Longitude: <u>112°41'10"</u>		
<small>(Enter in decimal degrees or degrees:minutes:seconds)</small>			
		Collision with Other Aircraft: Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None <input checked="" type="checkbox"/>	

AIRCRAFT INFORMATION

Registration Number: <u>N242K</u> Manufacturer: <u>RANS KIT</u> Model: <u>S7</u> Serial Number: <u>0101998</u> Year of Manufacture: <u>2001</u> Amateur-Built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input checked="" type="checkbox"/> Kit/Plans <input type="checkbox"/> Original Design Make: <u>RANS</u>	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>1200</u> lbs Weight at Time of Accident/Incident: <u>1050</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: _____
--	---

Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Rocket <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <small>(Check all that apply)</small> <table border="0"> <tr> <td>Standard</td> <td>Special</td> </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><input checked="" type="checkbox"/> 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 <input type="checkbox"/> Unknown <input type="checkbox"/>	Standard	Special	Normal	Restricted	Aerobatic	Limited	Balloon	Provisional	Commuter	Special Flight	Transport	<input checked="" type="checkbox"/> Experimental	Utility	Special Light-Sport		Experimental Light-Sport	Landing Gear <small>(Check all that apply)</small> Retractable Tricycle <input type="checkbox"/> Tailwheel <input checked="" type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Hull <input type="checkbox"/> Other Launch/Recovery System None <input type="checkbox"/> Unknown <input type="checkbox"/>	Engine Type (Select one) <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Liquid Rocket <input checked="" type="checkbox"/> Turbo Shaft <input type="checkbox"/> Solid Rocket <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Hybrid Rocket <input type="checkbox"/> Turbo Jet <input type="checkbox"/> None <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Unknown <input type="checkbox"/> Electric
		Standard	Special																
Normal	Restricted																		
Aerobatic	Limited																		
Balloon	Provisional																		
Commuter	Special Flight																		
Transport	<input checked="" type="checkbox"/> Experimental																		
Utility	Special Light-Sport																		
	Experimental Light-Sport																		
Fuel System Type (Reciprocating) <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel-Injected																			

Engine	Engine Manufacturer	Engine Model/Serial	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	<u>ROTAX</u>	<u>912 VLS</u>		<u>2000</u>	<u>100</u>	<u>895</u>	<u>2</u>	<u>895</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour <input type="checkbox"/> Continuous Airworthiness AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	Propeller 1 Fixed Pitch <input type="checkbox"/> Controllable Pitch <input checked="" type="checkbox"/> Ground Adjustable <input checked="" type="checkbox"/> Manufacturer: <u>WARP DAIVE</u> Model: _____	Propeller 2 Fixed Pitch <input type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable <input type="checkbox"/> Manufacturer: _____ Model: _____
	Date Last Inspection: _____ mm/dd/yyyy Airframe Total Time: <u>895</u> hrs hours measured at (Select one) Last Inspection <input type="checkbox"/> Time of Accident/Incident <input type="checkbox"/>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did ELT Activate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If activated: Did ELT Aid in Locating Aircraft: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not activated: Indicate Reason: Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown <input type="checkbox"/>
Type of Maintenance Program (Select one) <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____		
Description of Fire Extinguishing System <input checked="" type="checkbox"/> None Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: JOSEPH SHELTON
 Fractional Ownership Aircraft: Yes No

City: KINGMAN
 State: AZ ZIP: 86409
 Country: USA

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-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: KBXX
 Airport Identifier: _____
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: 1 sm
 Direction From Airport: EAST degrees true
 Airport Elevation: 1033 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

LSA/ULTRA-LITE

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 Crosswind Aborted Landing (after touchdown)
 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
 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: JOSEPH SHELTON City of Residence: KINGMAN
 Middle Initial: G State: AZ ZIP: 86409
 Last Name: _____ Country: USA
 Age at time of Accident/Incident: 76 Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None Minor Serious	Fatal Unknown	Seat Occupied		Unknown	Restraint Type		Inflatable Restraints <input checked="" type="radio"/> Not Installed Installed Not Deployed Deployed Unknown
		Left Right Center	<input checked="" type="radio"/> Front Rear Single		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	

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 1 Class 2 <input checked="" type="radio"/> Class 3 Driver's License (Sport Pilot only) Unknown	Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers With limitations/waivers Special Issuance	Unknown N/A	Date of Last Medical <u>06/21/2021</u> mm/dd/yyyy
---	---	--	----------------	---

Medical Certificate Limitations
None

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>7/28/2021</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>CESSNA</u> Model: <u>172</u>
--	--

Airplane Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> 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="checkbox"/> None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
--	---	--	--	---

Type Ratings	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	2000	900	2000	0	57					
Pilot in Command (PIC)	1937	900	1937		57					
Time as Instructor										
This Make/Model										
Last 90 Days		10								
Last 30 Days		4								
Last 24 Hours		2								

"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
--	---	--	--

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: _____ Model: _____
--	--

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
--	---	--	--	---

Type Ratings _____	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										
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		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	None Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	
Student	Sport	Flight Engineer		
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	None Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	
Student	Sport	Flight Engineer		
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
First Name: <u>STEWART</u> City: <u>KINGMAN</u>	<u>REAR</u>	<u>None</u>	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	<u>74</u> Under 5 years
Middle Initial: _____ State: <u>AZ</u> ZIP: <u>86409</u>	Left	Minor	None	None		If Under 5, Child Restraint Lap-Held Unknown
Last Name: <u>SANE</u> Country: _____	Center	Serious	Lap Only	Lap Only		
Crew <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Right	Fatal	3-point	3-point		
	Unknown	Unknown	4-point	4-point		
	Row: _____		5-point	5-point		
			Unknown	Unknown		
First Name: _____ City: _____	Left	None	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____	Center	Minor	None	None		
Last Name: _____ Country: _____	Right	Serious	Lap Only	Lap Only		
Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>	Unknown	Fatal	3-point	3-point		
	Row: _____	Unknown	4-point	4-point		
			5-point	5-point		
			Unknown	Unknown		
First Name: _____ City: _____	Left	None	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____	Center	Minor	None	None		
Last Name: _____ Country: _____	Right	Serious	Lap Only	Lap Only		
Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>	Unknown	Fatal	3-point	3-point		
	Row: _____	Unknown	4-point	4-point		
			5-point	5-point		
			Unknown	Unknown		
First Name: _____ City: _____	Left	None	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____	Center	Minor	None	None		
Last Name: _____ Country: _____	Right	Serious	Lap Only	Lap Only		
Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>	Unknown	Fatal	3-point	3-point		
	Row: _____	Unknown	4-point	4-point		
			5-point	5-point		
			Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KIGM</u> City: <u>KINGMAN</u> State: <u>AZ</u> Country: <u>US</u>	Time of Departure Time: <u>0900</u> Time Zone: <u>Mountain</u>	Destination Airport ID: <u>BXK</u> City: <u>BUCKEYE</u> State: <u>AZ</u> Country: <u>US</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR Activated? Yes No Unknown <input type="checkbox"/> VFR/IFR <input type="checkbox"/> IFR <input type="checkbox"/> Unknown
--	---	--	---

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

<input checked="" type="radio"/> None VFR	<input type="radio"/> Special VFR IFR	<input type="radio"/> Special IFR VFR On Top	<input type="radio"/> VFR Flight Following Traffic Advisory	<input type="radio"/> Cruise Unknown / NA
---	---------------------------------------	--	---	---

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

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input checked="" type="radio"/> National Weather Service Flight Service Station <input type="radio"/> TV/Radio <input type="radio"/> Automated Report <input type="radio"/> Commercial Weather Service (DUATS) <input type="radio"/> On-Board Weather Company <input type="radio"/> Military <input type="radio"/> Internet <input type="radio"/> None <input type="radio"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ 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"/> Night <input type="radio"/> Dusk <input type="radio"/> Bright Night <input type="radio"/> Dark Night <input type="radio"/> Unknown
---	--

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 <u>65</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
---	---	---

Wind Direction Variable -or- Direction: <u>N</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>10</u> kts	Wind Gusts Not Gusting -or- Speed: _____ kts	Visibility <u>unk</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
---	---	--	--

Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) <input 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 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
---	--	--

Icing Forecast Amount Type None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown	Icing Actual Amount Type None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown	Turbulence Type (Check all that apply) Severity <input type="radio"/> None Light <input type="radio"/> Clear Air Moderate <input type="radio"/> Terrain-Induced Severe <input type="radio"/> Convective Turbulence 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
COWLING
PROP
1 WING STRUT

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.

APPROX TO LAND AT WHAT WAS PERCEIVED
TO BE UL/LIGHT SPORT STRIP AT BXK
AT SHORT FINAL A POWER LINE WAS OBSERVED
IN FRONT OF AIRCRAFT. PULLED BACK ON STICK
AND MADE IT OVER THE POWERLINE. AIRCRAFT
STALLED AND CAME DOWN HARD. LEFT BARKE
LINE WAS DAMAGED FROM IMPACT. AIRCRAFT
SWERVED RT AND HIT A WATER BARREL

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

Operator/Owner Safety Recommendation

LOOK FOR POWER LINES

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)	Fuel Type			
24 Gallons	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

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
OUT THE DOOR

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 _____ Substantial _____ Minor _____ None _____
-------------------------------------	---	--

Registered Owner of Other Aircraft	Pilot of Other Aircraft
Name: _____	Name: _____
City: _____	City: _____
State: _____ ZIP: _____	State: _____ ZIP: _____
Country: _____	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

04/15/2022
mm/dd/yyyy

Name of Pilot/Operator: JOSEPH SHELTON

Signature:

- or -

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____

- or -

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
WPR22LA105

Reviewed by NTSB Regional Office
AS-WPR

Name of Investigator
Tealeye Cornejo

Date Report Received
04/15/2022