

**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: Albuquerque State: NM  
 ZIP: 87114 Country: USA  
 Latitude: 352637mE Longitude: 3895554mN  
*(Enter in decimal degrees or degrees:minutes:seconds)*  
Zone 135

**Accident/Incident Date/Time**  
 Date: 10/03/2021 Local Time: 0900 DST  
*mm/dd/yyyy* Time Zone: mountain  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N518UR  
**Manufacturer:** Andy Richardson  
**Model:** Richardson-75 (AR75)  
**Serial Number:** 007  
**Year of Manufacture:** 2015  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design *Make:* \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 1800 lbs  
**Weight at Time of Accident/Incident:** 1184 lbs  
**Number of Seats:** n/a Flight Crew Seats: n/a  
 Cabin Crew Seats: n/a Passenger Seats: n/a  
**Number of Engines:** n/a

- Category of Aircraft**
- Airplane
  - Balloon
  - Blimp/Dirigible
  - Glider
  - Gyroplane
  - Helicopter
  - Powered Lift
  - Rocket
  - Ultralight
  - Unknown

- Type of Airworthiness Certificate**  
*(Check all that apply)*
- |   |   |
|---|---|
| <b>Standard</b>                             | <b>Special</b>                                    |
| <input type="checkbox"/> Normal             | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic          | <input type="checkbox"/> Limited                  |
| <input checked="" type="checkbox"/> Balloon | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter           | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport          | <input checked="" type="checkbox"/> Experimental  |
| <input type="checkbox"/> Utility            | <input type="checkbox"/> Special Light-Sport      |
|   | <input type="checkbox"/> Experimental Light-Sport |
- Certificate of Authorization or Waiver (COA)  
 None  Unknown

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

- Engine Type (Select one)**
- Reciprocating
  - Turbo Shaft
  - Turbo Prop
  - Turbo Jet
  - Turbo Fan
  - Electric
  - Liquid Rocket
  - Solid Rocket
  - Hybrid Rocket
  - None
  - Unknown
- Fuel System Type (Reciprocating)**
- Carburetor
  - Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> 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
- AAIP
- Annual
- Continuous Airworthiness
- Conditional Inspection
- Unknown

**Date Last Inspection:** 02/23/21  
*mm/dd/yyyy*  
envelope  
**Airframe Total Time:** 260.7 hrs  
 hours measured at (Select one)  
 Last Inspection  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 (Select one)**

- Annual
- 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:*

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

**Description of Fire Extinguishing System**

- None
- Specify: Hand Held Fire Extinguisher

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: Dorothy E. Walker

City: Addison  
State: Tx ZIP: 75001  
Country: Dallas County TX USA

Fractional Ownership Aircraft:  Yes  No

**Operator of Aircraft**  Same As Registered Owner

Name: Dorothy E. Walker  
Doing Business As: n/a

Same Address as Registered Owner

City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

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

**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: n/a  
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
- grass/flowers

**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: Dorothy   City of Residence: Addison  
 Middle Initial: E.   State: TX   ZIP: 75001  
 Last Name: Walker   Country: USA Dallas County TX  
 Age at time of Accident/Incident: 55   Date of Birth: 1966 mm/dd/yyyy  
 Certificate Number: [REDACTED]

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

<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input checked="" type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input checked="" type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input checked="" type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> <u>n/a</u> 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:** 05/24/2021 mm/dd/yyyy  
**Flight Review Aircraft**  
 Make: Richardson  
 Model: Richardson 75 - (ARTS)

<b>Airplane Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airship <input checked="" type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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**Type Ratings**  
Lighter than air balloon - airborne heater

**Student Endorsements (Include dates)**  
[REDACTED]  
02/27/14 - 01/10/2016

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	218.4	209.2	—	—	—	—	—	—	—	218.4
Pilot in Command (PIC)	218.4	209.2	—	—	—	—	—	—	—	218.4
Time as Instructor										
This Make/Model										
Last 90 Days	9.8	9.8	—	—	—	—	—	—	—	9.8
Last 30 Days	4.6	4.6	—	—	—	—	—	—	—	4.6
Last 24 Hours	0.8	0.8	—	—	—	—	—	—	—	0.8

**"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: \_\_\_\_\_

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Restraint Type</b> <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>		Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
Available	Used																				
<input type="radio"/> None	<input type="radio"/> None																				
<input type="radio"/> Lap only	<input type="radio"/> Lap only																				
<input type="radio"/> 3-point	<input type="radio"/> 3-point																				
<input type="radio"/> 4-point	<input type="radio"/> 4-point																				
<input type="radio"/> 5-point	<input type="radio"/> 5-point																				
<input type="radio"/> Unknown	<input type="radio"/> Unknown																				
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer																					
<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown		<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance		<b>Date of Last Medical</b> _____ 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: \_\_\_\_\_

<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport	
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**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)

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

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

**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>Ursula</u> City: <u>Albuquerque</u> Middle Initial: _____ State: <u>NM</u> ZIP: <u>87104</u> Last Name: <u>Richards</u> Country: <u>USA</u>	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input checked="" type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
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**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)

none

**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.

Inflation complete at ~0745, launched at ~0753, max altitude of 8,450 MSL, max speed of 19.8 mph during flight. Total distance of 8.5 miles. Initial direction NW and changed to S-SW with descent in altitude. At treetop altitude winds 9-11 mph, sustained treetop level flight for ~15' prior to landing in vacant field. Descended from treetop level 45-60 feet AGL and landed, basket tilting and then standing at stop. Drug approximately 20' after landing. Upon landing passenger Ursula stated "my leg just broke", when I looked over she was sitting in bottom of basket. Length of flight ~1 hr 15 min. Landing speed recorded @ 6.4 mph on GPS tracking device.

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

Operator/Owner Safety Recommendation

Passenger to have maintained position of knees bent, feet together & bracing with landing.

**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)

40 Gallons

Fuel Type

- 80/87       115/145       Jet B  
 100 Low Lead       Jet A       JP8  
 100/130       Jet A-1       Automotive

Other, specify propane

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

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

Aircraft Registration Number

Manufacturer:

Model:

Damage to Other Aircraft

- Destroyed       Minor  
 Substantial       None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

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 10/17/2021 Name of Pilot Dorothy E. Walker  
mm/dd/yyyy Signature: [Redacted]  
-- or --  Check here to electronically sign this document

**If a Person Other than Pilot/Operator is Filing Report**  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. WPR22LA010	Reviewed by NTSB Regional Office WPR-AS	Name of Investigator Albert Nixon	Date Report Received 10/17/2021
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