

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>FAIRFIELD</u> State: <u>UT</u> ZIP: <u>84013</u> Country: <u>USA</u> Latitude: <u>40.24° N</u> Longitude: <u>112.09° W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>11/27/2021</u> Local Time: <u>10:40 AM</u> <i>mm/dd/yyyy</i> Time Zone: <u>MTN</u>
Collision with Other Aircraft: Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None <input type="checkbox"/>	

AIRCRAFT INFORMATION

Registration Number: <u>N151YZ</u> Manufacturer: <u>RANS</u> Model: <u>S-65 COYOTE II</u> Serial Number: _____ Year of Manufacture: _____ Amateur-Built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes:</i> Kit/Plans <input type="checkbox"/> Make: <u>RANS</u> Original Design <input type="checkbox"/>	IFR-Equipped and Certified Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft <input type="checkbox"/> Maximum Gross Weight: <u>1320</u> lbs Weight at Time of Accident/Incident: <u>1220</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>
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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 <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </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 type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None <input type="checkbox"/> Unknown <input type="checkbox"/>	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 type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input checked="" type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> <input checked="" type="checkbox"/> Tailwheel Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> Unknown <input type="checkbox"/> <input checked="" type="checkbox"/> None	Engine Type <i>(Select one)</i> <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Liquid Rocket <input 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 Fuel System Type <i>(Reciprocating)</i> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> 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 type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input checked="" 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	<u>ROTAX</u>	<u>912</u>	<u>5644128</u>	<u>20044</u>	<u>100</u>	<u>1452.3</u>	<u>104.9</u>	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input type="checkbox"/> 100-Hour <input type="checkbox"/> AAIP <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Continuous Airworthiness <input checked="" type="checkbox"/> Conditional Inspection <input type="checkbox"/> Unknown Date Last Inspection: <u>09/01/2021</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>1347.4</u> hrs hours measured at <i>(Select one)</i> <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident	Propeller 1 <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable Manufacturer: <u>WHIRL WIND</u> Model: <u>WW - GARW 33-70</u>	Propeller 2 <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program <i>(Select one)</i> <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness Other, specify: _____	ELT Installed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: ELT Manufacturer: <u>ACK TECH</u> Model or Part No.: <u>E-04</u> TSO No.: <input type="checkbox"/> C91 (121.5 MHz) <input checked="" type="checkbox"/> C91a (121.5 MHz) <input type="checkbox"/> 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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"/>	Additional Equipment <i>(Check all that apply)</i> <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input 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 checked="" type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device Other, Specify: _____
Description of Fire Extinguishing System <input checked="" type="checkbox"/> None Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: WEST DESERT AVIATORS

City: Fairfield

State: US ZIP: 84003

Fractional Ownership Aircraft: Yes No

Country: U.S.

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 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 415
- FAR 431
- FAR 435
- 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
- Aerial Observation
- Air Drop
- Air Race/Show
- Banner Tow
- Business
- Executive/Corporate
- External Load
- Ferry
- Firefighting
- Flight Test
- Glider Tow
- Instructional
- Other Work Use
- Personal
- Positioning
- Skydiving
- Unknown

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: WEST DESERT

Distance From Airport Center: 0 sm

Airport Identifier: UTA

Direction From Airport: 0 degrees true

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

Airport Elevation: 4890 ft. msl

Runway Information

Runway ID: 35/17 (L/R/C) Length: 2,600 ft Width: 25 ft

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

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush-Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

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

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

Approach/Departure Segment *(Select one)*

- Taxi
- Takeoff
- Initial Climb
- VFR Departure
- IFR Departure Procedure/Clearance
- On Instrument Approach Landing
- Downwind Base
- Final
- Crosswind
- Low Approach
- Go Around
- Aborted Landing (after touchdown)
- Unknown

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- 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: RICHARD City of Residence: AMERICAN FORK
 Middle Initial: A State: UT ZIP: 84063
 Last Name: SCHILL Country: U.S.
 Age at time of Accident/Incident: 59 Date of Birth: mm/dd/yyyy
 Certificate Number:

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

Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 1 <input type="radio"/> Class 2 <input checked="" type="radio"/> Class 3 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Unknown	Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> With limitations/waivers <input type="radio"/> Special Issuance <input type="radio"/> Unknown <input type="radio"/> N/A	Date of Last Medical <u>01/19/2020</u> mm/dd/yyyy
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Medical Certificate Limitations
NONE

Medical Certificate Special Issuance
NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/25/2020</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>RANS</u> Model: <u>S-20</u>
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Airplane Rating(s) (Check all that apply) <input type="radio"/> None <input checked="" type="radio"/> Single-Engine Land <input checked="" type="radio"/> Single-Engine Sea <input checked="" type="radio"/> Multiengine Land <input type="radio"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="radio"/> None <input type="radio"/> Airship <input type="radio"/> Balloon <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="radio"/> None <input checked="" type="radio"/> Airplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Airplane Single-Engine <input type="radio"/> Airplane Multi-Engine <input type="radio"/> Gyroplane <input type="radio"/> 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	3626	18.3	780	2841	312	377	214			
Pilot in Command (PIC)	2699	18.3	544	2164						
Time as Instructor										
This Make/Model										
Last 90 Days	13.8	13.8			-	-	-			
Last 30 Days	1.2	1.2			-	-	-			
Last 24 Hours	0	0			-	-	-			

"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 <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious <input type="checkbox"/>	Seat Occupied Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/>	Restraint Type Available None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Used None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/>	Inflatable Restraints Not Installed <input checked="" type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown <input type="checkbox"/>
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Pilot Certificate(s) (Check all that apply) 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 <input type="checkbox"/>	Medical Certificate Validity Without limitations/waivers <input type="checkbox"/> Unknown <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A <input type="checkbox"/> Special Issuance <input type="checkbox"/>
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Principal Occupation Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	Medical Certificate None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown <input type="checkbox"/>	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: _____ Model: _____
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Airplane Rating(s) (Check all that apply) None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea <input type="checkbox"/>	Other Aircraft Rating(s) (Check all that apply) 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 <input type="checkbox"/>	Instrument Rating(s) (Check all that apply) None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/>	Instructor Rating(s) (Check all that apply) 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"/> Instrument Glider <input type="checkbox"/> Sport <input type="checkbox"/>
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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				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
Student	Sport	Flight Engineer			Lap Only	Lap Only
				3-point	3-point	Not Installed
				4-point	4-point	Installed
				5-point	5-point	Not Deployed
				Unknown	Unknown	Deployed
						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
Student	Sport	Flight Engineer			Lap Only	Lap Only
				3-point	3-point	Not Installed
				4-point	4-point	Installed
				5-point	5-point	Not Deployed
				Unknown	Unknown	Deployed
						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
First Name: <u>BRANDON</u> City: <u>AMERICAN FORK</u> Middle Initial: <u>S</u> State: <u>UT</u> ZIP: <u>84003</u> Last Name: <u>SCHILL</u> Country: <u>U.S.</u>	Left Center <u>Right</u> Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only <u>3-point</u> 4-point 5-point Unknown	Used None Lap Only <u>3-point</u> 4-point 5-point Unknown	<u>Not Installed</u> Installed Not Deployed Deployed Unknown	<u>30</u> Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>UT9</u> City: <u>FAIRFIELD</u> State: <u>UT</u> Country: <u>U.S.</u>	Time of Departure Time: <u>10:40</u> Time Zone: <u>MTN</u>	Destination Airport ID: <u>UT9</u> City: <u>FAIRFIELD</u> State: <u>UT</u> Country: <u>U.S.</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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown VFR/IFR IFR Unknown
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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
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Airspace where the accident/incident occurred (Check all that apply)

Class A Class B Class C Class D Class E	<input checked="" type="radio"/> Class G Demo Area Warning Area Prohibited Area Restricted Area	Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93	Special Air Traffic Control Area Unknown	Altitude of In-Flight Occurrence: <u>4890</u> ft msl
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company Military Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: <u>PVU</u> Observation Time: <u>0950</u> Time Zone: <u>MTN</u> Distance from Accident Site: <u>15</u> nm Direction from Accident Site: <u>100</u> degrees true
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Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input checked="" type="radio"/> Dawn Day <input type="radio"/> Dusk Night <input type="radio"/> Dark Night 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	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured Indefinite <input type="radio"/> Unknown	Temperature: _____ (C) or <u>55</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.15</u> in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction <input checked="" type="radio"/> Variable -or- Direction: _____ degrees true	Wind Speed <input type="radio"/> Calm <input type="radio"/> Light and Variable -or- Speed: <u>5-7</u> kts	Wind Gusts <input type="radio"/> Not Gusting -or- Speed: <u>7-10</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>4890</u> ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" 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 Amount: <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type: N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Icing Actual Amount: <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type: N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Turbulence Type (Check all that apply): <input checked="" type="radio"/> None <input type="radio"/> Clear Air <input type="radio"/> Terrain-Induced <input type="radio"/> Convective Turbulence Severity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> 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
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)*

BROKEN LANDING GEAR
DAMAGED LEFT WING
PROP STRIKE

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.

I ATTEMPTED TO TAKE OFF ON RWY 35 WITH A RIGHT TO LEFT CROSSWIND. WHEN I RAISED THE TAIL THE AIRCRAFT DEPARTED THE 25' ASPHALT RUNWAY TO THE LEFT. I USED RUDDER TO CORRECT BACK TO THE RUNWAY CENTERLINE. THE AIRCRAFT HIT A BUMP AND BECAME AIRBORNE MOMENTARILY. WHEN THE AIRCRAFT CAME BACK DOWN TO THE RUNWAY, THE TAIL DESCENDED AND INCREASED THE ANGLE OF ATTACK. THE AIRCRAFT BECAME AIRBORNE AGAIN AT A HIGH ANGLE OF ATTACK. AS I ATTEMPTED TO LOWER THE NOSE TO PREVENT A STALL, THE AIRCRAFT HIT THE GROUND AND GROUND LOOPED CAUSING SUBSTANTIAL DAMAGE.

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

Operator/Owner Safety Recommendation

I COULD HAVE ABORTED THE TAKE OFF IMMEDIATELY INSTEAD OF TRYING TO CORRECT BACK TO THE CENTER LINE. A RUNWAY WIDER THAN 25 FEET WOULD HAVE ALLOWED FOR A DEVIATION WITHOUT LEAVING THE PREPARED SURFACE.

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)

15 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

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

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed Minor
Substantial None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report: 12/13/2021
mm/dd/yyyy

Name of Pilot/Operator: RICHARD A SCHILL

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. WPR22LA052	Reviewed by NTSB Regional Office WPR	Name of Investigator J. Bledsoe	Date Report Received 12/8/2021