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: Winters State: CA
ZIP: 95694 Country: USA
Latitude: 38.59993365483655 Longitude: -121.98012748821539
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05/14/2022 *mm/dd/yyyy* Local Time: 12:15
Time Zone: PST

Collision with Other Aircraft: ○ Midair ○ On-ground ◉ None

AIRCRAFT INFORMATION

Registration Number: N605PK
Manufacturer: Pyka
Model: Pelican 7
Serial Number: 16056PS0025
Year of Manufacture: 2022
Amateur-Built: ○ Yes ◉ No *If Yes:* ○ Kit/Plans ◉ Original Design Make:

☐ **IFR-Equipped and Certified**
☐ **Commercial Space Flight**
☑ **Unmanned Aircraft**

Maximum Gross Weight: 1320 lbs
Weight at Time of Accident/Incident: 900 lbs
Number of Seats: 0 Flight Crew Seats:
Cabin Crew Seats: Passenger Seats:
Number of Engines: 4

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

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☐ Normal	☐ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☑ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

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

Engine Type *(Select one)*
○ Reciprocating ○ Liquid Rocket
○ Turbo Shaft ○ Solid Rocket
○ Turbo Prop ○ Hybrid Rocket
○ Turbo Jet ○ None
○ Turbo Fan ○ Unknown
◉ Electric

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 ○ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Sunray	DT13855				9	9	
Eng. 2	Sunray	DT13855				9	9	
Eng. 3	Sunray	DT13855				9	9	
Eng. 4	Sunray	DT13855				9	9	

Last Inspection Type
○ 100-Hour ○ Continuous Airworthiness
○ AAIP ◉ Conditional Inspection
○ Annual ○ Unknown

Date Last Inspection: 2/28/2022 *mm/dd/yyyy*
Airframe Total Time: 9.5 hrs
hours measured at *(Select one)*
○ Last Inspection ◉ Time of Accident/Incident

Type of Maintenance Program *(Select one)*
○ Annual
○ Conditional (Amateur-built only)
◉ Manufacturer's Inspection Program
○ Other Approved Inspection Program (AAIP)
○ Continuous Airworthiness
○ Other, specify:

Description of Fire Extinguishing System
◉ None
○ Specify:

Propeller 1 ◉ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer: E-Props
Model: 2-75-125-CCW

Propeller 2 ◉ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer: E-Props
Model: 2-75-125-CW

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

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:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Pyka Inc.

Fractional Ownership Aircraft: ○ Yes ◉ No

City: Oakland

State: CA ZIP: 94607

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:

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: 150 ft. msl

Runway Information

Runway ID: (L/R/C) Length: 1500 ft Width: 100 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" 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: Nathan
Middle Initial: L
Last Name: White
City of Residence: Alameda
State: CA ZIP: 94501
Country: USA
Age at time of Accident/Incident: 30 Date of Birth: [redacted] *mm/dd/yyyy*
Certificate Number:

Degree of Injury
(●) None ( ) Fatal ( ) Minor ( ) Unknown ( ) Serious

Seat Occupied
( ) Left ( ) Front ( ) Unknown ( ) Right ( ) Rear ( ) Center ( ) Single

Restraint Type

Available	Used
( ) None	( ) None
( ) Lap only	( ) Lap only
( ) 3-point	( ) 3-point
( ) 4-point	( ) 4-point
( ) 5-point	( ) 5-point
( ) Unknown	( ) Unknown

Inflatable Restraints
[ ] Not Installed [ ] Installed [ ] Not Deployed [ ] Deployed [ ] 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
4/23/2021 *mm/dd/yyyy*

Medical Certificate Limitations
None

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/21/2019 *mm/dd/yyyy*

Flight Review Aircraft
Make: Cessna
Model: 152

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	60									
Pilot in Command (PIC)	16.6									
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"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

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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: ______ Middle Initial: ______ State: ______ ZIP: ______ Last Name: ______ Country: ______	○ Left ○ Front ○ Center ○ Rear ○ Right ○ Single ○ Unknown	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown
Pilot Certificate(s) *(Check all that apply)* ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	**Restraint Type:** **Available** **Used** ○ None ○ None ○ Lap Only ○ Lap Only ○ 3-point ○ 3-point ○ 4-point ○ 4-point ○ 5-point ○ 5-point ○ Unknown ○ Unknown	**Inflatable Restraints** ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No **Total Flight Time at the Time of this Accident/Incident:** ______hrs		

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

Time of Departure
Time: _____
Time Zone: _____

Destination
Airport ID: _____
City: _____
State: _____
Country: _____

Type Flight Plan Filed
○ None ○ VFR/IFR
○ Company VFR ○ IFR
○ Military VFR ○ Unknown
○ VFR
Activated? ○ Yes ○ No ○ Unknown

Type of ATC Clearance/Service *(Check all that apply)*
☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*
☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence:
_____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ 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
◉ VMC
○ IMC
○ Unknown

Light Condition
○ Dawn ○ Dusk ○ Dark Night ○ Unknown
◉ Day ○ Night ○ Bright Night

Sky/Lowest Cloud Condition
◉ Clear ○ Thin Broken
○ Few ○ Thin Overcast
○ Partial Obscuration ○ Unknown
○ Scattered

Lowest Cloud Condition Height
_____ ft agl

Ceiling
◉ None (Clear) ○ Obscured
○ Broken ○ Indefinite
○ Overcast ○ Unknown

Ceiling Height
_____ ft agl

Temperature: _____ (C) or _____(F)
Dew Point: _____ (C) or _____(F)
Altimeter Setting: _____ in. Hg
or _____ MB

Wind Direction
☐ Variable
-or-
Direction: _____degrees true

Wind Speed
☐ Calm
☐ Light and Variable
-or-
Speed: _____kts

Wind Gusts
☐ Not Gusting
-or-
Speed: _____kts

Visibility _____ miles
RVR: _____feet
RVV: _____miles
Density Altitude: _____ ft

Intensity of Precipitation
○ Light
○ Moderate
○ Heavy
◉ N/A
○ Unknown

Type of Precipitation *(Check all that apply)*
☑ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility *(Check all that apply)*
☑ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ 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
☐ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ 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		Aircraft Fire		Aircraft Explosion	
○ None	○ Substantial	○ None	○ Both Ground and In-Flight	◉ None	○ Both Ground and In-Flight
○ Minor	◉ Destroyed	○ In-Flight	○ Fire at Unknown Time	○ In-Flight	○ Explosion at Unknown Time
	○ Unknown	◉ On-Ground	○ Unknown	○ On-Ground	○ Unknown

Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)*

Aircraft was totaled. Batteries caught on fire, but no spread. Aircraft landed in an agricultural field, and caused no injuries or damage to property.

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 and location, services obtained, and intended destination. Provide as much detail as possible.

FIRST FLIGHT OF THE DAY

Aircraft was assembled. No anomalies found during assembly. Wings were installed with wing pins in. Left and right air data booms were installed and functional. Batteries were secure. Hatches were installed and secure.

The remote pilot station was also assembled. Telemetry antenna was set up on tripod. Transmitter was functional with appropriate battery level. Spare battery was available.

Preflight inspection of the aircraft was performed. Tire pressures were verified to be 40 PSI. Brakes were verified to be functional without leaks. Landing gear legs were checked for damage. Propellers were checked for damage. Motor bearings were checked for excessive play. Air data boom assembly was verified installed and functional through alignment of vanes and blowing on pitot tubes. IMUs were functional through lifting of wing and tail with aircraft in pilot mode (control stabilization on). Laser and RADAR altimeters were verified to be clean and free obstructions. Spray booms were not installed. Control surface deflections were verified. No issues found throughout preflight inspections.

Mission planning was performed. 3d Map was loaded. Safe loiter point was set. Takeoff and landing points were verified. Spray polygon and spray rate were set.

Tank was filled to 40 gallons (water). Tank level was verified on the GCS.

High voltage switch was turned on and the aircraft was armed.

Aircraft was taxied up and down the runway to verify IMU data.

Airspace verified clear. Wind confirmed good. Final battery checks confirmed good. Tank level confirmed good. Ground control station speakers confirmed operational.

Aircraft took off in autonomous mode and flew to start the spray mission.

Aircraft pitched up during spray mission while banked due to a LIDAR measurement. Aircraft was switched to pilot mode and maneuvered to a safe altitude.

Edge of spray mission was moved to be further from obstacles.

Aircraft switched back to autonomous mode.

Aircraft completed spray mission and auto landed.

SECOND FLIGHT OF THE DAY

Tank filled to approximately 40 gallons.

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

Operator/Owner Safety Recommendation

Our internal investigation is proceeding, and the full report of the root cause will be extremely helpful in determining how the accident could have been prevented. We will provide this report to the NTSB as soon as it is available.

It is clear that this incident will inform changes to the design and/or manufacturing technique of the wing.

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.)

The right wing skin peeled open and departed the aircraft. It is made by Pyka Inc. part number PN0116-7.

Total Time/Cycles On Part

9 Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

9 Hours

FUEL & SERVICES INFORMATION

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

_____ 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	Name of Pilot/Operator: Nathan White
05/24/2022 *mm/dd/yyyy*	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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR22LA183	AS-WPR	Eric M. Gutierrez	5/24/2022

FIRST FLIGHT OF THE DAY

Aircraft was assembled. No anomalies found during assembly. Wings were installed with wing pins in. Left and right air data booms were installed and functional. Batteries were secure. Hatches were installed and secure.

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Preflight inspection of the aircraft was performed. Tire pressures were verified to be 40 PSI. Brakes were verified to be functional without leaks. Landing gear legs were checked for damage. Propellers were checked for damage. Motor bearings were checked for excessive play. Air data boom assembly was verified installed and functional through alignment of vanes and blowing on pitot tubes. IMUs were functional through lifting of wing and tail with aircraft in pilot mode (control stabilization on). Laser and RADAR altimeters were verified to be clean and free obstructions. Spray booms were not installed. Control surface deflections were verified. No issues found throughout preflight inspections.

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Edge of spray mission was moved to be further from obstacles. Aircraft switched back to autonomous mode.

Aircraft completed spray mission and auto landed.

SECOND FLIGHT

Performed pre takeoff checklist (The Preflight inspection must be completed before the first flight of the day, and after any time the aircraft is reassembled. Between successive flights only the Pre Takeoff checklist must be completed).
Same mission that had been used in the previous flight (with adjusted boundary) uploaded.
Autonomous takeoff. Nominal flight in autonomous mode completing spray mission.
No unusual behavior.

THIRD FLIGHT

Swapped to a fresh set of batteries.
Tank filled to approximately 40 gallons.
Performed pre takeoff checklist
Same mission that had been used in the previous flight (with adjusted boundary) uploaded.

Autonomous takeoff. Normal climb out and cruise. Aircraft started sweeping left hand turn at ~125 ft AGL. No unusual behavior noted during turn. Suddenly the right wing skin, along with the flaps and ailerons) separated from the aircraft. The wing skins of the right wing opened up during separation and floated behind the aircraft as the aircraft rapidly rolled right and spun into the ground. Shortly after impact with terrain, the batteries caught fire (about the size of a campfire), but the fire did not spread to the surrounding area.