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: King's Beach State: CA

ZIP: 96143 Country: USA

Latitude: 39.23 Longitude: -120.02

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/19/2022 *mm/dd/yyyy* Local Time: 5:15 pm

Time Zone: Pacific

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

AIRCRAFT INFORMATION

Registration Number: N536LS

Manufacturer: Rolladen-Schneider

Model: LS6-18w

Serial Number: 6329

Year of Manufacture: 1996

Amateur-Built: ○ Yes ◉ No *If Yes:* ○ Kit/Plans ○ Original Design Make:

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

Maximum Gross Weight: 1150 lbs

Weight at Time of Accident/Incident: 850 lbs

Number of Seats: 1 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 0

Number of Engines: 0

Category of Aircraft

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

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

Standard
☐ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☑ Experimental
☐ 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								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/19/2022 *mm/dd/yyyy*

Airframe Total Time: 1825 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:

Description of Fire Extinguishing System

◉ None
○ Specify:

ELT Installed: ○ Yes ◉ No

If Yes:

ELT Manufacturer:

Model or Part No.:

TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ○ C126 (406 MHz)

Was ELT still mounted in aircraft? ○ Yes ○ No
Was ELT still connected to antenna? ○ Yes ○ No
Did ELT Activate? ○ Yes ○ No

If activated:

Did ELT Aid in Locating Aircraft: ○ Yes ○ No

If not activated:

Indicate Reason:
☐ Impact Damage
☐ Fire Damage
☐ Battery Expired/Damaged
☐ Unknown

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: David Krautter

City: Long Beach

State: Ca ZIP: 90802

Country: USA

Fractional Ownership Aircraft: ○ Yes ⦿ No

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: ____ ft. msl

Runway Information

Runway ID: ____ (L/R/C) Length: ____ ft Width: ____ ft

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

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

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

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

Approach/Departure Segment *(Select one)*

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

IFR Approach *(Check all that apply)*

☐ None

☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach *(Check all that apply)*

☐ None

☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" 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: David

Middle Initial:

Last Name: Krautter

City of Residence: Long Beach

State: CA ZIP: 90802

Country:

Age at time of Accident/Incident: 40 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 ☑ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign

Principal Occupation

○ Pilot ◉ Other ○ Unknown

Medical Certificate

◉ None ○ Class 1 ○ Class 2 ○ Class 3 ○ Driver's License (Sport Pilot only) ○ Unknown

Medical Certificate Validity

○ Without limitations/waivers ○ With limitations/waivers ○ Special Issuance ○ Unknown ○ N/A

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: 1/10/21 *mm/dd/yyyy*

Flight Review Aircraft

Make: Grob

Model: 103

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 Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	510	50	250						260	
Pilot in Command (PIC)	450	50	220						250	
Time as Instructor										
This Make/Model										
Last 90 Days	10	5								
Last 30 Days	5	5								
Last 24 Hours	1	1								

"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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
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

First Name: ____________ City of Residence: ____________

Middle Initial: ______ State: ________ ZIP: ________

Last Name: ____________ Country: ____________

Seat Occupied

○ Left ○ Center ○ Right ○ Front ○ Rear ○ Single ○ Unknown

Injury

○ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign

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

First Name: ____________ City of Residence: ____________

Middle Initial: ______ State: ________ ZIP: ________

Last Name: ____________ Country: ____________

Seat Occupied

○ Left ○ Center ○ Right ○ Front ○ Rear ○ Single ○ Unknown

Injury

○ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign

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: KTRK
City: Truckee
State: CA
Country: USA

Time of Departure
Time: 1:30pm
Time Zone: Pacific

Destination
Airport ID: KTRK
City: Truckee
State: CA
Country: USA

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
5,000 ft agl

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

Ceiling Height
5,000 ft agl

Temperature: ______ (C) or 60 (F)
Dew Point: ______ (C) or - (F)
Altimeter Setting: -- in. Hg
or -- MB

Wind Direction
☐ Variable
-or-
Direction: 270 degrees true

Wind Speed
☐ Calm
☐ Light and Variable
-or-
Speed: 8 kts

Wind Gusts
☑ Not Gusting
-or-
Speed: ______ kts

Visibility 20+ 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: ◉ None ○ Trace ○ Light ○ Moderate ○ Severe ○ Unknown
Type: ○ N/A ○ Rime ○ Clear ○ Mixed ○ Unknown

Icing Actual
Amount: ◉ None ○ Trace ○ Light ○ Moderate ○ Severe ○ Unknown
Type: ○ N/A ○ Rime ○ Clear ○ Mixed ○ Unknown

Turbulence
Type *(Check all that apply)*: ☑ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence
Severity: ☐ Light ☐ Moderate ☐ Severe ☐ 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
- ◉ Substantial
- ○ Minor
- ○ Destroyed
- ○ Unknown

Aircraft Fire

- ◉ None
- ○ Both Ground and In-Flight
- ○ In-Flight
- ○ Fire at Unknown Time
- ○ On-Ground
- ○ Unknown

Aircraft Explosion

- ◉ None
- ○ Both Ground and In-Flight
- ○ In-Flight
- ○ Explosion at Unknown Time
- ○ On-Ground
- ○ Unknown

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

Damage to the leading edge of both wings. Damaged caused by displaced water from the fuselage entering in the lake flowing on to the roots of the wings. This caused the roots to be bent upwards significantly. The bending of wing roots caused the bond between the lower skin and upper skins of the leading edge to delaminate. The delamination extends from the root to the outboard edge of the spoiler box, approximately 9-10 feet from the root. There are several spots on the lower skin of the wings where the outer layer of the carbon fiber was ripped off. The forward edges of the gear doors are torn or damaged.

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.

The day of the incident was last practice day for the Truckee regional glider competition that started the next day. That morning's pilot's meeting was called, a task for the day was given, and a forecast of a typical summer day in the area going south to Mono Lake and return. For this area, a typical summer day meant 15k to 17k cloud bases, plenty of Cumulus cloud markers on course, and light winds. There were to be about 15-20 gliders being launched that day to go fly the task. A start time of 12:30pm was set. The launch was slow due to only one tow plane available for the day, however I got off tow at 12:25 and found a decent climb to top of lift. I decided to start right away and not look for an optimized start since everyone had already left the start gate. I headed south via the West side of Lake Tahoe and had a very long slow, glide down to 1000 AGL to South Lake Tahoe Airport. I found a good climb there which allowed me to get out of the Tahoe Lake Basin and continue south.

On my way south, cloud bases were as expected at 15k MSL and they were raising to 17k as I flew South around Mono Lake. As I flew South spending time between 12k MSL and 16k MSL, I started to become very cold around the time I got near Mono Lake. My air vent in my cockpit does not close all the way and so outside air was being piped the entire flight. My OAT gauge showed 15 degrees Fahrenheit at one point. Also as result of the cold air temperatures, my pee tube froze. I use a condom catheter to connect to the system, however the pee tube does not drain fully after use. So I figured out my pee tube froze as my condom catheter was filling up like a water balloon. I spent approximately 45 mins flying North with myself exposed like this before getting low enough that pee tube unfroze and the water balloon drained itself. I told people: before I landed in Lake Tahoe, my flight was the most miserable one I've ever had in a glider.

I returned North to around Topaz Lake and had to make a decision. Go to Freel Peak near Heavenly ski resort or go north off course to Mineral Peak on the Pine Nuts to find my last climb for final glide back to Truckee. There was a big cloud over Freel and Pine Nuts looked like they were weak for the climb I was looking for. So I went to Freel Peak. I did find lift directly over Heavenly ski resort and was climbing very slowly. During my time there, another glider joined my thermal. We weren't climbing very well and so the other glider left the thermal. Considering that there was still good clouds showing on the east side of the lake and I was experiencing a west wind, those factors lead me to think that I could "surf" ridge lift without losing too much altitude until I could find another, better climb.

I experienced nothing but sink until Marlette Lake where I found a decent climb, but not enough to give me plenty of margin to final glide to Truckee. I think I had enough altitude to go back south and find a lower spot on the ridge to dive into the Carson Valley to land at either Minden or Carson City if I couldn't find a climb in the valley or go for Brockway peak (lowest point on the ridge between me and Truckee). I thought I could make Brockway and really wasn't sure of the Carson Valley plan, so I headed Northwest over Lake Tahoe. During this glide, I experienced more sink. Fully committed to Truckee at this point, I looked for climb on the ridge that juts into the lake just west of Crystal Bay. I found a small, weak climb there but eventually leading to zero sink, and I was facing a headwind. With every turn not gaining any altitude and getting pushed away from Truckee, I went for Brockway peak. About 1/2 mile away I felt that I would be really endangering my life if I continued and always knew landing in the lake at minimum would keep me alive and unhurt. So I turned South towards to a peak of a small wooded hill. At this point I was 700 AGL over the lake, so I made 2 turns with no altitude gain.

At this time, I fully committed to the lake landing, looking for a place to land. I wanted to not swim and not hit anyone, and I was able to select a portion of the lake inside the boats moored in the water that was parallel to the wind. On downwind, I pulled my spoilers and put down my landing gear. On final I noticed I was fast (50 kts) for a minimum energy landing, and began trying to slow the glider more. I hit the water in a flat attitude, with the main landing gear hitting first, which assisted in pushing the nose into the water first. The glider decelerated over the course of no longer than 2 secs. Water was entering into the cockpit via the nose vent and side vent in the canopy. Already being cold from the flight, I wanted to get out the water as soon as possible. I opened my canopy which caused water to rush in. I unbuckled and easily got of the aircraft, and was able to walk onto the beach.

911 was called and I was taken to an ambulance, primarily to warm up and get wet clothes off. Around 7:00 pm, my trailer arrived with other glider pilots to assist me in getting my glider out of the water and into the trailer where it was taken to Truckee.

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

Operator/Owner Safety Recommendation

I need to be more aware of my distractions. My feet were very cold, almost numb for a long time, which I'm sure was not helping me to really make good circles in lift, which would of helped me to get my final glide altitude. So in these situations, I need to stop trying to race and start figuring out where I'm going to go where it will be the best way of landing, even if it meant landing at Minden or Carson Valley directly.

I needed to be better dressed for the flying conditions. The two years prior of me flying at Truckee I wore the same type of clothing and got to the same altitudes with little to no discomfort from cold temperatures. This year was a month earlier and the ground temperatures were 30-40 degree cooler than I'm used to experiencing.

Lastly, as with most glider land-outs, my decision to commit to the Lake Tahoe Basin was very reckless with the altitude that I had. At every pilot's meeting, we always discuss how difficult Truckee can be to get into late in the day, and I did not think very clearly about what the current conditions were. I easily could of gone to the Carson Valley after leaving lift at Heavenly.

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)

__________ 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

Open canopy as normal and exited the aircraft.

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

06/29/2022
mm/dd/yyyy

Name of Pilot/Operator: David Krautter

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
WPR22LA225	AS-WPR	Tealeye Cornejo	06/29/22