

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 Date/Time Date: <u>07/08/2015</u> Local Time: <u>3:50 PM</u> mm/dd/yyyy Time Zone: <u>Central</u>				
Accident/Incident Location Nearest City/Place: <u>Oakdale</u> State: <u>LA</u> ZIP: <u>91463</u> Country: <u>USA</u> Latitude: <u>30.904036</u> Longitude: <u>-92.654733</u> (Enter in decimal degrees or degrees:minutes:seconds)					Collision with Other Aircraft: Midair ☐ None ☒				
AIRCRAFT INFORMATION					IFR-Equipped and Certified Commercial Space Flight ☐ Unmanned Aircraft ☐				
Registration Number: <u>N3944K</u> Manufacturer: <u>Piper</u> Model: <u>PA-28-140</u> Serial Number: <u>2823826</u> Year of Manufacture: <u>1967</u>					Maximum Gross Weight: <u>2150</u> lbs Weight at Time of Accident/Incident: <u>575</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>2</u> Number of Engines: <u>1</u>				
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 Special ☐ 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 ☐ Turbine ☐ 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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)	
Eng. 1	LYCOMING	O-320-E2A	L-19760-274		160	1700	36.7	351	
Eng. 2									
Eng. 3									
Eng. 4									
Last Inspection Type 100-Hour ☐ Continuous Airworthiness AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>11/14/2014</u> mm/dd/yyyy Airframe Total Time: <u>4842</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident			Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>SHNEIDER</u> Model: <u>M74DM-0-58</u>			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: 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: <u>iPad Air 2</u>			
Description of Fire Extinguishing System ☐ None Specify: _____									

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Robert N JORDAN</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Oakdale</u> State: <u>LA</u> ZIP: <u>71463</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☐ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown		
Revenue Sightseeing Flight ☐ Yes ☒ No		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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			
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Private</u> 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: <u>Private</u> (L/R/C) Length: <u>1850</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☒ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☒ 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: <u>Robert</u> City of Residence: <u>Oakdale</u> Middle Initial: <u>N</u> State: <u>LA</u> ZIP: <u>71463</u> Last Name: <u>JORDAN</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>64</u> Date of Birth: <u>[REDACTED]</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>											
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious		Seat Occupied ☒ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown		Restraint Type Available: ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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				Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical <u>05/21/2015</u> mm/dd/yyyy					
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown									
Medical Certificate Limitations <u>Reading glasses</u>											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/29/2015</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna 182</u> Model: <u>182</u>							
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 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 Simulated		Rotorcraft	Glider	Lighter Than Air
Total Time		144	89								
Pilot in Command (PIC)		144	89								
Time as Instructor											
This Make/Model											
Last 90 Days		24.7	20.3								
Last 30 Days		12.9	3.4								
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 ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious		Seat Occupied ☐ Left ☒ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☒ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>			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																																																																															
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/09/2015</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>Cherokee 140</u> Model: <u>1967</u>																																																																																																		
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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		Unknown		Fatal	
					Unknown		Unknown		Unknown	
Pilot Certificate(s) (Check all that apply)					Restraining 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		Not Installed	
					3-point		3-point		Installed	
					4-point		4-point		Not Deployed	
					5-point		5-point		Deployed	
					Unknown		Unknown		Unknown	
Type Rating/Endorsement for					Total Flight Time at the Time					
Accident/Incident Aircraft? Yes No					of this Accident/Incident: _____ hrs					
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		Unknown		Fatal	
					Unknown		Unknown		Unknown	
Pilot Certificate(s) (Check all that apply)					Restraining 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		Not Installed	
					3-point		3-point		Installed	
					4-point		4-point		Not Deployed	
					5-point		5-point		Deployed	
					Unknown		Unknown		Unknown	
Type Rating/Endorsement for					Total Flight Time at the Time					
Accident/Incident Aircraft? Yes No					of this Accident/Incident: _____ hrs					
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)										
Name and Address			Seat	Injury	Restraining Type		Inflatable	Age		
First Name: <u>Gladys</u> City: <u>Orlando</u>			Left Center Right Unknown Row: <u>F</u>	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown		
Middle Initial: <u>B.</u> State: <u>LA</u> ZIP: <u>71463</u>					None	None				
Last Name: <u>Jordan</u> Country: <u>USA</u>					Lap Only	Lap Only				
Crew ☐ Passenger ☒ Other ☐					3-point	3-point				
					4-point	4-point				
			5-point	5-point						
			Unknown	Unknown						
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown		
Middle Initial: _____ State: _____ ZIP: _____					None	None				
Last Name: _____ Country: _____					Lap Only	Lap Only				
Crew ☐ Passenger ☐ Other ☐					3-point	3-point				
					4-point	4-point				
			5-point	5-point						
			Unknown	Unknown						
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown		
Middle Initial: _____ State: _____ ZIP: _____					None	None				
Last Name: _____ Country: _____					Lap Only	Lap Only				
Crew ☐ Passenger ☐ Other ☐					3-point	3-point				
					4-point	4-point				
			5-point	5-point						
			Unknown	Unknown						
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown		
Middle Initial: _____ State: _____ ZIP: _____					None	None				
Last Name: _____ Country: _____					Lap Only	Lap Only				
Crew ☐ Passenger ☐ Other ☐					3-point	3-point				
					4-point	4-point				
			5-point	5-point						
			Unknown	Unknown						

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Private</u> City: <u>Dakdale</u> State: <u>LA</u> Country: <u>USA</u>	Time of Departure Time: <u>3:50 PM</u> Time Zone: <u>CoA</u>	Destination Airport ID: <u>QDR</u> City: <u>LIVINGSTON</u> State: <u>TEXAS</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply)			
☐ None	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following
☒ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory
			☐ Cruise ☐ Unknown / NA
Airspace where the accident/incident occurred (Check all that apply)			Altitude of In-Flight Occurrence: _____ ft msl
☐ 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	

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	

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	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl
Lowest Cloud Condition Height _____ ft agl	Temperature: _____ (C) or <u>90°</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>100</u> 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 <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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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
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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
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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		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 destroyed & no property damage					
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.					
Departure time: Wednesday, July 8th, 2015 at 3:50 PM. From private grass airstrip in Oakdale, La. Service called was weather briefing Intended destination: Livingston, Tx. There was loss of power at approx 40 ft. At which time aircraft settled back to ground - approx 2000 ft from take off. According to eyewitnesses: My grandson, Slate Jordan, watching from my home, said that take off was normal, then it sounded like engine quit running. A neighbor, Rusty Guillory, sitting outside on his front porch said he watched as plane lifted off ground for several feet as normal and it sounded as if I let up gas.					

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

Operator/Owner Safety Recommendation

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.)

*According to Insurance Investigation*Total Time/Cycles
On Part

Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)*30*

Gallons

Fuel Type

☒ 80/87☒ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Jet A-1☐ Jet B☐ JP8☐ Automotive☐ Other, specify*15 gal each*

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

*Door was open we exited.***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 <u>07/20/2015</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Robert Jordan</u> Signature: <u>[Redacted]</u> - 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. CEN15LA301	Reviewed by NTSB Regional Office Central	Name of Investigator C. Liedler	Date Report Received 08/18/2015