

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: New Albany State: MS
 ZIP: 38652 Country: USA
 Latitude: 34.79.39 (dd:mm:ss N/S) Longitude: 89.00.28 (ddd:mm:ss E/W)

Date/Time

Date: 07/21/2021 Local Time: 9:15 pm
 mm/dd/yyyy Time Zone: CT

Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☒ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

419 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Mooney
 Model: M20F
 Serial Number: 680016
 Registration Number: N64740 Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2740 lbs
 Weight at Time of Accident/Incident: 112020 lbs
 Location of Center of Gravity at Time of Accident/Incident:
 _____ inches from ☐ nose or ☐ datum
 -or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight ☐ Light Sport

Number of Seats: 4

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☒ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type

☒ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 08/25/20
 mm/dd/yyyy

Airframe Total Time: 4,183.47 hrs
 hours measured at (check one)
☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☒ None
☐ Specify _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: NARCO

Model/Series: ELT10

ELT Aided in Locating Accident/Incident

☐ Yes ☐ No

Serial Number: 30730

Battery Type: ALKALINE

Battery Exp. Date: Sept 2022

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☒ Fuel Injected

Propeller

☐ Fixed Pitch
☒ Controllable Pitch

Manufacturer: Hartzel

Model: HC-24K-1BF

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>IO-360</u>	<u>680016</u>	<u>10/12/1967</u>	<u>200</u>	<u>4,183.5</u>	<u>83.07</u>	<u>1165.5</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Pierre Henri Brossard</u>		Owner Address City: <u>New Albany</u> State: <u>MS</u> ZIP: <u>38652</u> Country: <u>USA</u>
Fractional Ownership Aircraft: ☐ Yes ☒ No		
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large 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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No ☐ Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> <u>Alternator Belt broke.</u> <u>(Log books sent to insurance company. owner does not have access to them)</u>		Total Time/Cycles On Part <u>?</u> Hours <u>?</u> Cycles Time Since This Part Inspected/Overhauled <u>?</u> Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

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

- Left wing punctured by fence post)
- Propeller strike

AIRPORT INFORMATION: (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: M72 Distance From Airport Center: 3,400 feet
 Airport Name: New Albany Union County Direction From Airport: 0358 degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 413 FT ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☒ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TWOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

☐ None ☐ Stop and Go
☒ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☒ Full Stop ☐ Unknown

Runway Information

Runway ID: 36 (L/R/C) Length: 3903 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

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

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 ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KLOZ</u> City: <u>LONDON</u> State: <u>KY</u> Country: <u>USA</u>	Time of Departure Time: <u>7:00</u> Time Zone: <u>CT</u>	Destination Airport ID: <u>M72</u> City: <u>NEW ALBANY</u> State: <u>MS</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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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 E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary) <u>50</u> Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☒ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5 ☐ Other, specify _____
--	--

Other Services, if Any, Prior to Departure

Replaced starter.
 added 1602 oil.

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KTUPObservation Time: ?Time Zone: CTDistance from Accident Site: 24 NMDirection from Accident Site: N 120 degrees MAG**Source of Weather Information**

(Check all that apply)

- | | |
|---|-----------------------------------|
| ☐ National Weather Service | ☐ Company |
| ☐ Flight Service Station | ☐ Military |
| ☐ TV/Radio | ☐ Internet |
| ☒ Automated Report | ☐ Unknown |
| ☐ Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--|
| ☐ In Person |
| ☐ Teletype |
| ☒ Telephone/Computer |
| ☐ Aircraft Radio |
| ☐ TV/Radio |
| ☐ Unknown |

Briefing Type/Completeness

- | | |
|---|---|
| ☐ Full | ☐ Abbreviated |
| ☐ Partial / Limited By Pilot | ☐ Unknown |
| ☐ Partial / Limited By Briefer | ☒ Not Pertinent |

Light Condition

- | | | |
|-------------------------------|---|--|
| ☐ Dawn | ☐ Dusk | ☐ Dark Night |
| ☐ Day | ☒ Night | ☒ Bright Night |
| | | ☐ Not Reported |

VisibilityUnlimited miles**Sky/Lowest Cloud Condition**

- | | |
|--|--|
| ☒ Clear | ☐ Thin Broken |
| ☐ Few | ☐ Thin Overcast |
| ☐ Partial Obscuration | ☐ Unknown |
| ☐ Scattered | |

Ceiling

- | | |
|--|-------------------------------------|
| ☒ None (clear) | ☐ Obscured |
| ☐ Broken | ☐ Indefinite |
| ☐ Overcast | ☐ Unknown |

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 |

Lowest Cloud Condition Heightunlimited ft AGL**Ceiling Height**unlimited ft AGL**Wind Direction**☐ Indicated:
_____ degrees MAG☒ Variable**Wind Speed**

Velocity: _____ KTS

-or-

- | |
|--|
| ☐ Calm |
| ☒ Light and Variable |

Wind Gusts

Velocity: _____ KTS

- | |
|---|
| ☐ Gusting |
| ☒ Not Gusting |

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| ☒ None | ☐ In Clouds |
| ☐ Clear Air | ☐ Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| ☐ Extreme | ☐ Moderate | ☐ Light |
| ☐ Severe | ☐ Moderate Chop | |

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: 7 (C)
or 80 (F)Altimeter Setting: 0 in. HG
or _____ MBDensity Altitude: 0 ftDew Point: _____ (C)
or _____ (F)**Icing Forecast**

Amount

- | | |
|--|-----------------------------------|
| ☒ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Icing Actual

Amount

- | | |
|--|-----------------------------------|
| ☒ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Type of Precipitation (Check all that apply)

- | | |
|--|---|
| ☒ None | ☐ Drizzle |
| ☐ Rain | ☐ Ice Pellets |
| ☐ Snow | ☐ Snow Pellets |
| ☐ Hail | ☐ Snow Grains |
| ☐ Rain Showers | ☐ Ice Crystals |
| ☐ Freezing Rain | ☐ Ice Pellets Shower |
| ☐ Snow Shower | ☐ Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| ☐ Light | ☐ Moderate | ☐ Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: Pierre H City: New Albany
 Middle Initial: H State: MS ZIP: 38652
 Last Name: Brossard Country: USA
 Age at time of Accident/Incident: 63 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☒ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
 Available ☐ Yes ☒ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

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
☐ With limitations/waivers
☐ Unknown (glasses)

Date of Last Medical

09/22/2020
 mm/dd/yyyy

Medical Certificate Limitations

Must have glasses for near vision

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

12/28/2019
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: C120

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
☐ Free 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	471.4	~380	437	41.9	18.8		13.0	0	0	0
Pilot in Command (PIC)	331.5	~310								
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No		Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No																																																																																												
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ U.S. Military ☐ Foreign																																																																																																				
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 ☐ With limitations/waivers ☐ Unknown		Date of Last Medical <i>mm/dd/yyyy</i>																																																																																													
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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 ☐ Free 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)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											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										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ 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 flight attendants; continue on separate sheet if necessary)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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 time and point of departure, intended destination, and services obtained.

see following 3 pages for flight and accident history

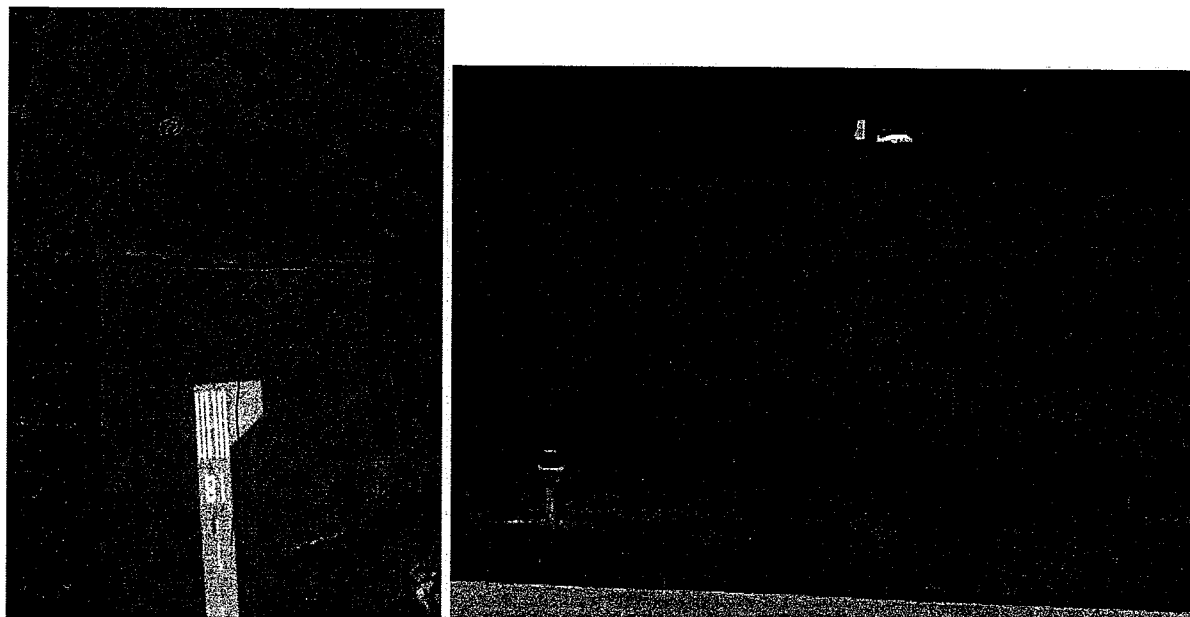
RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

- 1: Hand held radio To turn ON runway lights
- 2: Cell phone call To someone To Turn runway lights. I was too busy flying the plane to think about that.

Incident of N6474Q on July 21th 2021 at approximately 21:10 pm CDT (0110Z)

Location of accident: M72 (New Albany, MS) approximately 500' north of runway 36 end. See map below. The picture on the right below show the location of the airplane in relation to runway 36 end.

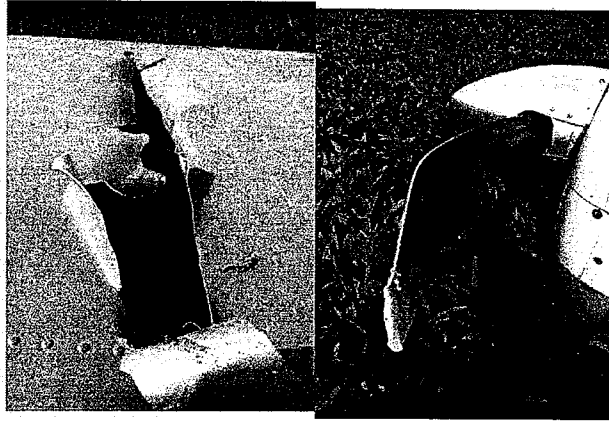


Nature of accident: on map above in red is the pass of attempted go around after landing on runway 36 without landing light or runway light due after total airplane electrical failure due to broken alternator belt. Black circle indicate final resting place of airplane. The blue indicates the location of an old wiremesh fence that was rolled up on the ground. Only a single 6' 2" diameter fence post was left standing. This post went through the left wing of the airplane as it was taking off and about 6' up in the air.

The picture below shows the airplane in relation to the fence and the fence post. (The post was still standing after the accident but was pushed down to allow access to the towing vehicle, as was the fence flattened down due to towing operation). There was no landing gear tracks on the rolled down fence as I walked through it the night of the accident, the plane flew above it.



Damages to the airplane: below are pictures of the fence post, wing, propeller and missing alternator belt.



Type of flight: VFR from KLOZ (London Corbin, KY) to M72 (New Albany, MS). Distance: 285 NM. No flight plan filled. Departed KLOZ at 7:10 pm CDT, ended at about 9:00 pm CDT. 5 hours of fuel on board. 1 hour during daylight, 1 hour during nighttime. Altitude of flight: 3000' AGL.

Weather: Daylight: few clouds at 4,500' (cumulus). Visibility about 20 miles but hazy for the first hour of flight. Nighttime: Visibility unlimited, ceiling unlimited, no cloud, full bright moon. Wind calm and variable for the duration of flight. No turbulence.

Sequence of events: Night flight started one hour after departing KLOZ. Upon turning on my running lights, the BATT indicator on my engine monitor started flashing. To preserve my battery charge I pulled the fuses on all instruments but the transponder. I had two options for landing: Tupelo or New Albany. As I approached the Mississippi state line, my transponder went out. I was pretty sure by then that I would not have radios to turn the runway lights on. My only option was then New Albany as I knew all the obstacles around it and that the runway light are almost always on because of a problem with the activator. Class C Tupelo was no more an option without radio, transponder and running lights very dim. 20 Miles before New Albany I extended the gear manually to save as much battery as I could and saw that the runway light were off. After entering left downwind runway 36 I turned on my radio on M72 CTAF but was not successful turning the runway lights on. I made first made a low pass above the airport to try to locate the runway guiding myself with the rotating beacon and the wall of trees on each side of the runway. During that low pass, I noticed that the runway was barely visible as a gray shade in the middle of the black grass. I did a go around and attempted to land a first time. I hit the runway and bounced a couple time. I applied full power and made a second go around. This second time I touched down abut at the same level as the rotating beacon, bounced 3 times, each time recovering the plane with some power and finally landed on the runway. When I started to apply the brakes, I saw the runway end coming at me and I decide to go around again. It is during that second go around that I hit the fence post with the left wing at take off. No damage was done to the runway or runway light. Nobody present the next morning could figure out what the propeller hit. It is only after I exited the airplane that I thought about using my cell phone to call the airport manager to turn the runway lights on...

Passenger: Sole occupant: Pierre H Brossard, New Albany, MS. No injurie.

Pierre H Brossard

7/27/2021

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

08/03/2021

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: Pierre Henri Brossard

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN21LA373

Reviewed by NTSB Regional Office

CENTRAL

Name of Investigator

ANDREW TODD FOX

Date Report Received

18 Aug 2021