

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: Kingsley State: Iowa

ZIP: 51028 Country: USA

Latitude: N42 35.22 Longitude: W095 52.60

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

Accident/Incident Date/Time

Date: 09/06/2021 Local Time: 1510

mm/dd/yyyy

Time Zone: Central

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N7574N

Manufacturer: Cessna

Model: A185F

Serial Number: 18504326

Year of Manufacture: 1981

Amateur-Built: Yes If Yes: Kit/Plans Make: _____

No

Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 3525 lbs

Weight at Time of Accident/Incident: 3105 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

Number of Engines: 1

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

Acrobatic

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

Amphibian

Emergency Float

Float

Hull

Other Launch/Recovery System

None

Tailwheel

High Skid

Skid

Ski

Ski/Wheel

Unknown

Engine Type (Select one)

Reciprocating

Turbo Shaft

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/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>IO-550D13B</u>	<u>1033823</u>	<u>07/28/2017</u>	<u>300</u>			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness

AAIP Conditional Inspection

Annual

Unknown

Date Last Inspection: 04/23/2021

mm/dd/yyyy

Airframe Total Time: 3558 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: McCawley

Model: D3A34C401-C

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: Artex

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: <u>Peter C Goeken</u>		City: <u>Dakota Dunes</u> State: <u>SD</u> ZIP: <u>57049</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: Yes ☐ No ☒			
Operator of Aircraft <u>Same As Registered Owner</u>		<u>Same Address as Registered Owner</u>	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		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 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	
Revenue Sightseeing Flight Yes ☐ No ☒		Air Medical Flight Yes ☐ No ☒	
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: _____ 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		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: Peter City of Residence: Dakota Dunes
Middle Initial: C State: SD ZIP: 57049
Last Name: Gueken Country: USA
Age at time of Accident/Incident: 39 Date of Birth: 181 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 ☐ 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	
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None Class 3 ☒ Class 1 Driver's License (Sport Pilot only) ☐ Class 2 Unknown	Date of Last Medical <u>04/09/2021</u> mm/dd/yyyy	

Medical Certificate Limitations

None

Medical Certificate Special Issuance

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 05/22/2021
mm/dd/yyyy

Flight Review Aircraft

Make: Boeing
Model: 737

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
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Type Ratings

A-320, B-707, B-720, B-737, B-757, B-767, BE-400, MU-300

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	8340	885								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	150	19								
Last 30 Days	64	9								
Last 24 Hours	3	3								

"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
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 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					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)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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		
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)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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		
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: <u>Melissa</u> City: <u>Dakota Dunes</u> Middle Initial: <u>L</u> State: <u>SD</u> ZIP: <u>57049</u> Last Name: <u>Haley</u> Country: <u>USA</u> Crew <u>Passenger</u> Other			Left Center Right Unknown Row: _____	<u>None</u> Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point <u>4-point</u> <u>4-point</u> 5-point 5-point Unknown Unknown		<u>Not Installed</u> 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: <u>KISW</u> City: <u>Wisconsin Rapids</u> State: <u>Wisconsin</u> Country: <u>USA</u>	Time of Departure Time: <u>12:41</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>KSUX</u> City: <u>Sioux City IA</u> State: <u>Iowa</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply) None VFR Special VFR IFR Special IFR VFR On Top ☒ VFR Flight Following Traffic Advisory Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D Class E ☒ Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown				Altitude of In-Flight Occurrence: <u>3800</u> ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio ☒ Automated Report Commercial Weather Service (DUATS) ☒ On-Board Weather Company Military Internet None Unknown	Weather Observation Facility Facility ID: <u>KSUX</u> Observation Time: <u>1952 Z</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>24.6</u> nm Direction from Accident Site: <u>243</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft agl
Lowest Cloud Condition Height _____ ft agl	Temperature: <u>29</u> (C) or _____ (F) Dew Point: <u>21</u> (C) or _____ (F) Altimeter Setting: <u>29.84</u> in. Hg or _____ MB

Wind Direction Variable -or- Direction: <u>180</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>10</u> 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 ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown
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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) ☒ 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:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Damage to right wing, left wing, tail, and floats.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

The plan was a VFR flight from KISW to KSUX conducted under FAR 91, weather, notams, and flight planning was conducted via the internet website www.fltplan.com and phone apps "aeroweather" and "My Radar Pro." Self service fuel was purchased from KISW and 42 gallons were uploaded, which topped off the inboard filler caps providing 70 gallons of 100LL for the planned two hour and forty minute flight. Fuel was sumped from the tanks prior to departure and the oil level was 9 quarts. The flight departed KISW at 1241. Enroute fuel burn was 17 gallons per hour running the engine 50 degrees rich of peak, based on the number 2 cylinder EGT from the digital engine analyzer. While cruising at 3800' MSL, 25 miles East Northeast, and in contact with Sioux City Approach Control a loss of engine power occurred. A Mayday was declared with KSUX Approach Control at 1509:20 local time. Troubleshooting was unsuccessful and engine power was not restored. An engine out landing was conducted into a corn field at the Southeast corner of the intersection of 320th St and Tamarack Ave near Kingsley, Iowa.

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.)

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)

70

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

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

Both occupants exited the right hand cabin door.

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>09/12/2021</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Peter Goeken</u> Signature: <u>[Signature]</u> — or — Check here to electronically sign this document
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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. CEN21LA406	Reviewed by NTSB Regional Office CENTRAL	Name of Investigator WILLIAMS	Date Report Received 9/12/2021
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