

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: <u>TOMBALL</u> State: <u>TEXAS</u> ZIP: <u>77379</u> Country: <u>USA</u> Latitude: <u>30°05'07N</u> Longitude: <u>95°33'28W</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>SEPT 01/2022</u> Local Time: <u>5:05 pm</u> mm/dd/yyyy Time Zone: <u>Central</u>	
		Collision with Other Aircraft: Midair On-ground <u>None</u>	

AIRCRAFT INFORMATION

Registration Number: <u>N420SS</u> Manufacturer: <u>CIRRUS DESIGN CORP</u> Model: <u>SR22</u> Serial Number: <u>8750</u> Year of Manufacture: <u>2022</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: Original Design		IFR-Equipped and Certified ☒ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>3600</u> lbs Weight at Time of Accident/Incident: <u>3240</u> lbs Number of Seats: <u>5</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: Passenger Seats: <u>3</u> Number of Engines:	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard Special ☒ Normal ☐ Restricted ☐ Aerobatic ☐ Limited ☐ Balloon ☐ Provisional ☐ Commuter ☐ Special Flight ☐ Transport ☐ Experimental ☐ Utility ☐ Special Light-Sport ☐ ☐ Experimental Light-Sport Certificate of Authorization or Waiver (COA) None Unknown	Landing Gear (Check all that apply) ☒ 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
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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	Continental	I055N70B	1043449	04/18/2022	310	20.6	20.6	-
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <u>NEW</u> 100-Hour Continuous Airworthiness AAIP Conditional Inspection Annual Unknown Date Last Inspection: <u>08/17/2022</u> mm/dd/yyyy Airframe Total Time: <u>20.6</u> hrs hours measured at (Select one) Last Inspection <u>Time of Accident/Incident</u>		Propeller 1 Propeller 2 Fixed Pitch Fixed Pitch ☒ Controllable Pitch ☐ Controllable Pitch ☐ Ground Adjustable ☐ Ground Adjustable Manufacturer: <u>HARTZELL</u> Manufacturer: _____ Model: <u>PHC-J3YF-1RF</u> 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: <u>DON'T KNOW</u> 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	
Description of Fire Extinguishing System None Specify: _____		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: ZARDOZ AVIATION INCFractional Ownership Aircraft: Yes ☐ No ☒City: SPRINGState: TX ZIP: 77379Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: ZARDOZ AVIATION INC

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

Same Address as Registered Owner

City: SPRINGState: TEXAS ZIP: 77379Country: USA**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: DAVID WAYNE HOOKSAirport Identifier: KDWHProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A155 Nautical milesDistance From Airport Center: 65 smDirection From Airport: 350° degrees trueAirport Elevation: 152 ft. msl**Runway Information**Runway ID: 17R (L/R/C) Length: 7,009 ft Width: 100 ft**Runway/Landing Surface (Check all that apply)**☒ Asphalt☐ Grass/Turf☐ Macadam☐ Water☒ Concrete☐ Gravel☐ Metal/Wood☐ Unknown☐ Dirt☐ Ice☐ Snow☐ Unknown**Condition of Runway/Landing Surface (Check all that apply)**☒ 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**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

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: Chris City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: Jensen 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
<u>4-point</u>	<u>4-point</u>
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		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										

"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 Right Rear Center Single Unknown		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
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Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)
Crew Name and Address

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

Left Front
 Center Rear
 Right Single
 Unknown

Injury

None
 Minor
 Serious
 Fatal
 Unknown

Pilot Certificate(s) (Check all that apply)

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

Restraint Type:

Available **Used**
 None None
 Lap Only Lap Only
 3-point 3-point
 4-point 4-point
 5-point 5-point
 Unknown Unknown

Inflatable Restraints

Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?

Yes No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Crew Name and Address

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

Left Front
 Center Rear
 Right Single
 Unknown

Injury

None
 Minor
 Serious
 Fatal
 Unknown

Pilot Certificate(s) (Check all that apply)

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

Restraint Type:

Available **Used**
 None None
 Lap Only Lap Only
 3-point 3-point
 4-point 4-point
 5-point 5-point
 Unknown Unknown

Inflatable Restraints

Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?

Yes No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)
Name and Address

First Name: DAVID City: SPRING
 Middle Initial: L State: TX ZIP: 77379
 Last Name: STONEKING Country: USA

Crew

Passenger

Other

Seat

Left
 Center
 Right
 Unknown
 Row: 1

Injury

None
 Minor
Serious
 Fatal
 Unknown

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

Age

67
 Under 5 years
 If Under 5,
 Child Restraint
 Lap-Held
 Unknown

First Name: JAYE City: The Woodlands
 Middle Initial: K State: TX ZIP: 77382
 Last Name: HAZELWOOD Country: USA

Crew

Passenger

Other

Left
Center
 Right
 Unknown
 Row: 2

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

56
 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>KMLU</u> City: <u>MOAROC</u> State: <u>LOUISIANA</u> Country: <u>USA</u>	Time of Departure Time: <u>3:30 PM</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>K.DWH</u> City: <u>TOMBALL</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 ☐ 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 G ☐ Class B ☐ Demo Area ☐ Class C ☐ Warning Area ☐ Class D ☒ Prohibited Area ☐ Class E ☐ Restricted Area ☐	Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐	Altitude of In-Flight Occurrence: <u>152</u> ft msl

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 ☐	Weather Observation Facility Facility ID: <u>KDWH</u> Observation Time: <u>4:50</u> Time Zone: <u>CENTRAL</u> Distance from Accident Site: <u>15</u> nm Direction from Accident Site: <u>040</u> degrees true
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Basic Conditions VMC ☒ IMC ☐ Unknown ☐	Light Condition Dawn ☐ Day ☒ Dusk ☐ Night ☐ Dark 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 ☐
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl

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 ☒ 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 ☐ 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:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor

Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

wings torn off
Engine torn off
doors torn off

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.

Sept 1 2022
Depart KMLV AT approx 3:30pm CDT Headed to
KDWH IFR Flight plan at 6000 feet. ATIS
was in contact entire time. Believe was
Memphis center then Houston Center The
Houston Approach then KDWH Tower. Were vectored
around convective activity. Instructor Pilot
stated about 10 minutes after take off had to
URINATE. I offered him a Little Jon to Relieve
himself. he refused. He was VISUALLY uncomfortable
the entire trip. We Received to ATIS for hooks and
I loaded into auto pilot RNAV ITR, we were being
vectored by Houston Approach. Houston Approach came
on and asked if would prefer RNAV ITR OR VISUAL.
Instructor answered visual. I never flew that approach
so he had me find visual approach in procedures.
That approach shows NO minimum ALTITUDES in step
down to landing. I informed instructor I

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.)

NOT Sure - maybe throttle issue

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)

92

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

Added NON QT OIL

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

I CRAWLED out left side. I Found Kim in her seat in BACK. She had Broken leg. I unbuckled her and carried to street. The Pilot was on the porch of house

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
Substantial

Minor
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.

was NOT comfortable with this approach.
 we were cleared to join the approach and
 handed off to KDWTT Tower which cleared us
 to Land. We configured to Land. Airspeed was
 around 90 and altitude was around 1800.
 I saw the PAPI two whites and two reds.
 Airspeed started decreasing instructor says to
 add power which I did. He then says my airplane
 ABOUT 3 miles from airport. I believe he gave it
 Full Throttle. I do not remember seeing
 the PAPI Again or Runway. I did not hear the
 engine Rpm ROAR. I then said oh ~~shit~~. The
 instructor hard banked the plane to the
 left and we went into the trees.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report: 09/19/2022
mm/dd/yyyy

Name of Pilot/Operator: Ch. DAVID STONEKING
 Signature: [Redacted]
 -- 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. CEN22FA405	Reviewed by NTSB Regional Office Central Region	Name of Investigator Andrew Todd Fox	Date Report Received 18 SEP 2022
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