

**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: Fort Worth State: TX
Nearest City/Place: Haltom City
ZIP: 76106 Country: United States
Longitude: _____
Latitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/07/2022 Local Time: 2:30 pm
mm/dd/yyyy Time Zone: Central

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N8283V
Manufacturer: Piper
Model: PA-28-161
Serial Number: 28-8116065
Year of Manufacture: 1981
Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

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

Maximum Gross Weight: 2325 lbs
Weight at Time of Accident/Incident: _____ 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
 - ☐ Aerobatic
 - ☐ Balloon
 - ☐ Commuter
 - ☐ Transport
 - ☐ Utility
- Special**
- ☐ Restricted
 - ☐ Limited
 - ☐ Provisional
 - ☐ Special Flight
 - ☐ Experimental
 - ☐ Special Light-Sport
 - ☐ Experimental Light-Sport
- ☐ Certificate of Authorization or Waiver (COA)
☐ 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
- ☐ Liquid Rocket
- ☐ Turbo Shaft
- ☐ Solid Rocket
- ☐ Turbo Prop
- ☐ Hybrid Rocket
- ☐ Turbo Jet
- ☐ None
- ☐ Turbo Fan
- ☐ Unknown
- ☐ Electric

Fuel System Type (Reciprocating)

- ☒ Carburetor
- ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	LYCOMING	0-320-D2A D36	74DM60-60		160	1200	56	1200
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/05/2022
mm/dd/yyyy

Airframe Total Time: 15,799.38 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: 100 hour

Description of Fire Extinguishing System

- ☐ None
- ☐ Specify:

Installed, back seat

Propeller 1

- ☒ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: Sensenich

Model: 74DM6-0-60

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____
Model or Part No.: BP 1010
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

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____
Model: _____

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: Chedd Miland

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

Name: Delta Quickflight Aviation

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): 141

City: Forth Worth

State: Tx

ZIP: 76126

Country: USA

☐ Same Address as Registered Owner

City: Forth Worth

State: Tx

ZIP: 76106

Country: 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: Meacham Airport

Airport Identifier: KFTW

Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: 710 ft. msl

Runway Information

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

Runway/Landing Surface (Check all that apply)

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

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

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: Reezu

Middle Initial: _____

Last Name: Lama

City of Residence: Haltom City

State: TX

ZIP: 76117

Country: USA

Age at time of Accident/Incident: 21

Date of Birth: _____

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

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

10/22/2021
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	57	57	57				2.7			
Pilot in Command (PIC)	2.9	2.9	2.9							
Time as Instructor										
This Make/Model										
Last 90 Days	20	20	20				1.2			
Last 30 Days	20/13	20/13	20/13				1.2			
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: _____

Middle Initial: _____

Last Name: _____

Age at time of Accident/Incident: _____

Date of Birth: _____

City of Residence: _____

ZIP: _____

State: _____

Country: _____

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

Principal Occupation

- ☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

- ☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

- ☒ Without limitations/waivers ☐ Unknown
☐ With limitations/waivers ☐ N/A
☐ Special Issuance

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) (Check all that apply)

- ☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

- ☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

- ☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

- ☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)

All Aircraft

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address
 First Name: _____
 Middle Initial: _____
 Last Name: _____

City of Residence: _____
 State: _____
 Country: _____ ZIP: _____

Pilot Certificate(s) (Check all that apply)
☐ None
☐ Private
☐ Student

☐ Flight Instructor
☐ Recreational
☐ Sport

☐ Commercial
☐ Airline Transport
☐ Flight Engineer

☐ US Military
☐ Foreign

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

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

Seat Occupied
☐ Left
☐ Center
☐ Right

☐ Front
☐ Rear
☐ Single
☐ Unknown

Injury
☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ 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

Crew Name and Address
 First Name: _____
 Middle Initial: _____
 Last Name: _____

City of Residence: _____
 State: _____
 Country: _____ ZIP: _____

Pilot Certificate(s) (Check all that apply)
☐ None
☐ Private
☐ Student

☐ Flight Instructor
☐ Recreational
☐ Sport

☐ Commercial
☐ Airline Transport
☐ Flight Engineer

☐ US Military
☐ Foreign

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

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

Seat Occupied
☐ Left
☐ Center
☐ Right

☐ Front
☐ Rear
☐ Single
☐ Unknown

Injury
☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ 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

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

Name and Address
 First Name: _____
 Middle Initial: _____
 Last Name: _____

City: _____
 State: _____ ZIP: _____
 Country: _____

☐ Crew ☐ Passenger ☐ Other

Seat

☐ Left
☐ Center
☐ Right
☐ Unknown
 Row: _____

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ 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

Age

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

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

☐ Crew ☐ Passenger ☐ Other

Seat

☐ Left
☐ Center
☐ Right
☐ Unknown
 Row: _____

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

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

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

☐ Crew ☐ Passenger ☐ Other

Seat

☐ Left
☐ Center
☐ Right
☐ Unknown
 Row: _____

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

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

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

☐ Crew ☐ Passenger ☐ Other

Seat

☐ Left
☐ Center
☐ Right
☐ Unknown
 Row: _____

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KSEP</u> City: <u>Stephenville</u> State: <u>Tx</u> Country: <u>USA</u>	Time of Departure Time: <u>13:30</u> Time Zone: <u>CDT</u>	Destination Airport ID: <u>KFTW</u> City: <u>Ft Worth</u> State: <u>Tx</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☒ VFR ☐ IFR ☐ VFR On Top	☒ VFR Flight Following ☐ Traffic Advisory	☐ Cruise ☐ Unknown / NA
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Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☒ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93	☐ Special ☐ Air Traffic Control Area ☐ Unknown	Altitude of In-Flight Occurrence: _____ ft msl
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☒ On-Board Weather	Weather Observation Facility Facility ID: <u>KFTW ATIS</u> Observation Time: <u>2:00 PM</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>1</u> nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Unknown
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Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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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: <u>18</u> kts	Visiblity <u>Clear</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

- ☐ 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)

Left wing detached from fuselage.

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.

After cross-country flight from KSEP, I flew to KFTW for touch and go. Tower instructed me to runway 17. After touch and go on runway 17, at 100ft above runway, airplane engine stopped. I glide the airplane straight to a spot to land. I also contacted Meacham Tower about my situation. ~~After impact left wing~~ Before the airplane touches the ground, left wing got hit on a tree and detached. Then the airplane landed on ground.

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 INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

____ 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 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

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.

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

Date of this Report

10/14/2022

mm/dd/yyyy

Name of Pilot/Operator:

Reezu Lama

Signature:

-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN22LA237

Reviewed by NTSB Regional Office

DENVER

Name of Investigator

AGUILERA

Date Report Received

20 OCT 2022