

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: GLENCO State: OK

ZIP: _____ Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 6/18/2022 Local Time: 9:50am

mm/dd/yyyy Time Zone: CENTRAL

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N5895Q

Manufacturer: MOONEY

Model: M20E

Serial Number: 812

Year of Manufacture: 1965

Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2975 lbs

Weight at Time of Accident/Incident: 2285 lbs

Number of Seats: 4 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1

Category of Aircraft

Airplane ☒
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard ☒ Special ☐
Normal ☒ Restricted
Aerobatic Limited
Blimp/Dirigible Provisional
Commuter Special Flight
Transport Experimental
Utility Special Light-Sport
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

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

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 ☒

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	LYCOMING	I0360A1a	6-1613-S1A		200HP	549	54 549
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual ☒ Unknown

Date Last Inspection: 06/11/2021

mm/dd/yyyy

Airframe Total Time: 4488.77 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: PORTABLE

Propeller 1

Fixed Pitch
Controllable Pitch ☒
Ground Adjustable

Manufacturer: HARTZELL

Model: HC-C34R-1RE

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes ☒ No

Was ELT still connected to antenna? Yes ☒ No

Did ELT Activate? Yes No

If activated: NOT SURE

Did ELT Aid in Locating Aircraft? Yes No

If not activated: SOFT TOUCHDOWN

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: COM, NAV, TRANSPONDER, DME

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: MAURICE A. LUSTER JRCity: MIAMI BEACHState: FLORIDA ZIP: 33140Fractional Ownership Aircraft: Yes No ☒Country: USA**Operator of Aircraft**Same As Registered Owner ☒Same Address as Registered Owner ☒

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

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 FlightYes 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: N/A OFF AIRPORT LANDING

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ 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: MAURICE

City of Residence: MIAMI BEACH

Middle Initial: A

State: FLORIDA ZIP: 33140

Last Name: LUSTER JR

Country: USA

Age at time of Accident/Incident: 58 Date of Birth: 63 mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

None ☒ Fatal
Minor Unknown
Serious

Seat Occupied

Left ☒ Front
Right Rear
Center Single
Unknown

Restraint Type

Available Used
None Lap only ☒ None
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

02/01/2022
mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

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

11/11/2021
mm/dd/yyyy

Flight Review Aircraft

Make: BOEING
Model: 737-800

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

B-737, B-757, B-767
DC-9 SIC PRIVILEGES ONLY

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	<u>22545</u>	<u>21</u>	<u>1743</u>	<u>21191</u>						
Pilot in Command (PIC)	<u>8278</u>	<u>19</u>	<u>1552</u>							
Time as Instructor	<u>1551</u>	<u>0</u>								
This Make/Model										
Last 90 Days	<u>234</u>	<u>21</u>	<u>21</u>	<u>234</u>						
Last 30 Days	<u>78</u>	<u>7.5</u>	<u>7.5</u>	<u>78</u>						
Last 24 Hours	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>						

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
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										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			Left	Front	None		
Middle Initial: _____		State: _____		ZIP: _____		Center	Rear	Minor	
Last Name: _____		Country: _____			Right	Single	Serious		
						Unknown	Fatal		
							Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Commercial	US Military		Available	Used	
Private		Recreational		Airline Transport	Foreign		None	None	Not Installed
Student		Sport		Flight Engineer			Lap Only	Lap Only	Installed
							3-point	3-point	Not Deployed
							4-point	4-point	Deployed
							5-point	5-point	Unknown
							Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes No									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			Left	Front	None		
Middle Initial: _____		State: _____		ZIP: _____		Center	Rear	Minor	
Last Name: _____		Country: _____			Right	Single	Serious		
						Unknown	Fatal		
							Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Commercial	US Military		Available	Used	
Private		Recreational		Airline Transport	Foreign		None	None	Not Installed
Student		Sport		Flight Engineer			Lap Only	Lap Only	Installed
							3-point	3-point	Not Deployed
							4-point	4-point	Deployed
							5-point	5-point	Unknown
							Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes No									
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>MARCLAND</u>		City: <u>OKLAHOMA CITY</u>		Left Center Right ☒ Unknown	None ☒ Minor Serious Fatal Unknown	Available	Used	☒ Not Installed Installed Not Deployed Deployed Unknown	52 Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: <u>L</u>		State: <u>OK</u> ZIP: <u>73120</u>				None	None		
Last Name: <u>LUSTER</u>		Country: <u>USA</u>				Lap Only ☒	Lap Only		
Crew		Passenger ☒ Other				3-point	3-point		
						4-point	4-point		
				5-point	5-point				
				Unknown	Unknown				
				Row: _____					
First Name: _____ City: _____				Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____		State: _____ ZIP: _____				None	None		
Last Name: _____		Country: _____				Lap Only	Lap Only		
Crew		Passenger				3-point	3-point		
						4-point	4-point		
				5-point	5-point				
				Unknown	Unknown				
				Row: _____					
First Name: _____ City: _____				Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____		State: _____ ZIP: _____				None	None		
Last Name: _____		Country: _____				Lap Only	Lap Only		
Crew		Passenger				3-point	3-point		
						4-point	4-point		
				5-point	5-point				
				Unknown	Unknown				
				Row: _____					
First Name: _____ City: _____				Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____		State: _____ ZIP: _____				None	None		
Last Name: _____		Country: _____				Lap Only	Lap Only		
Crew		Passenger				3-point	3-point		
						4-point	4-point		
				5-point	5-point				
				Unknown	Unknown				
				Row: _____					

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>KSRE</u> City: <u>SEMINOLE</u> State: <u>OKLAHOMA</u> Country: <u>USA</u>		Time of Departure Time: <u>9:15 AM</u> Time Zone: <u>CENTRAL</u>		Destination Airport ID: <u>IKI</u> City: <u>WICHITA</u> State: <u>KANSAS</u> Country: <u>USA</u>	
Type Flight Plan Filed None ☒ VFR/IFR Company VFR ☐ IFR Military VFR ☐ Unknown VFR ☐ Activated? Yes No Unknown					
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 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					Altitude of In-Flight Occurrence: _____ 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 ☒			Weather Observation Facility Facility ID: <u>KSRE AWOS</u> Observation Time: <u>0900 L</u> Time Zone: <u>CENTRAL</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
Basic Conditions VMC ☒ IMC Unknown		Light Condition Dawn Dusk Dark Night Unknown Day ☒ Night Bright Night			
Sky/Lowest Cloud Condition Clear ☒ Thin Broken Few Thin Overcast Partial Obscuration Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling None (Clear) ☒ Obscured Broken Indefinite Overcast Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Wind Direction Variable -or- Direction: <u>180</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>6</u> kts	Wind Gusts Not Gusting ☒ -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
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	
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) Severity None ☒ Light Clear Air Moderate Terrain-Induced Severe Convective Turbulence Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>NONE THAT APPLIED TO MY FLIGHT</u>					

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)

LEFT WING TIP DAMAGE, DAMAGE FROM GEAR UP LANDING ON
INTERSTATE HIGHWAY 412, PROP AND ENGINE DAMAGE FROM GEAR
UP LANDING

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.

On June 18th, 2022 while flying on a short cross country from KSRE to 1K1 in a 1965 Mooney M20E with one passenger my brother. I heard and felt a power loss while flying north bound at 4500' MSL a few miles due east of Glenco, Oklahoma.

After a quick review of the situation, I found that my power setting was at idle power and I had no control of the throttle lever. Manifold Pressure indicated 11 to 12 inches and RPM indicated 2000 RPM. No matter how many times I pushed or pulled the throttle lever there was no change in the idle power situation I was left in at the time.

I then did a mental review of Aviate, Navigate, and Communicate. I setup best glide speed of 105 mph indicated, turn due west bound in the direction of Stillwater, Oklahoma which also paralleled a large interstate highway to my left. With that done I started troubleshooting procedures of mixture rich, but that made the engine start running ruff so I set it back to the lean setting I had for 4500' MSL. The engine return to running smooth. I turn on the electric boost with fuel selector already on the right fuel tank and tried the throttle lever full forward and aft several times. There was no change in power. Then I switched the fuel selector to the left tank and again tried moving the throttle lever forward and aft, but again no change in power setting. I switched back to the right fuel tank tried the throttle lever still with no change in power setting. I continued moving the throttle most of the way down just in case a connection was made some how.

I was already in contact with Kansas City Center, after my troubleshooting I told them my situation. The controller mentioned the highway to my left and I confirmed I had the highway in sight. I positioned the aircraft over the highway looking for potential obstacles while still maintaining best glide speed of 105 mph. The idle power setting I was left in didn't allow me to maintain level flight.

I continued descending over the highway and it looked clear in front of us until between about 50 to 100 feet over the highway. At that height a white SUV appeared in front of the aircraft, so I did a slight turn to the left thinking I didn't want the prop to make contact with the vehicle. After that I just concentrated on keeping the wings level and putting the aircraft in a good landing position. We touched down on the highway with the gear up very softly and started a skid straight ahead. Then shortly afterward the left wing struck something and we did a slow left 360 degrees turn until we were heading the original direction of touchdown and then came to a stop on the right median in front of a side barrier. We never made contact with the white SUV.

We both exited the aircraft with no injuries.

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

Operator/Owner Safety Recommendation

THIS OFF AIRPORT LANDING OCCURED BECAUSE OF A POWER LOSS OF THE ENGINE TO A IDLE POWER SETTING. INCLUDING NO CONTROL OF THE THROTTLE LEVER. WITH ONLY IDLE POWER AND ABSOLUTELY NO CONTROL OF THE THROTTLE, A GLIDE TO AN OFF AIRPORT LANDING LOCATION WAS THE ONLY OPTION. THIS WAS TOTALLY ~~UNEXPECTED~~ UNEXPECTED.

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.)

SINCE I HAD NO CONTROL OF THE THROTTLE,
I SUSPECT THE THROTTLE CABLE LEAKAGE.

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)

44.3 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

NONE

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

MYSELF AND ONE PASSENGER JUST EXITED THE AIRPLANE
NORMALLY THROUGH THE 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

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.

NONE

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

Date of this Report

06/29/2022
mm/dd/yyyy

Name of Pilot/Operator:

MAURICE A. LUSTON JR

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.

CEN22LA255

Reviewed by NTSB Regional Office

DENVER, CO

Name of Investigator

S. WILLIAMS

Date Report Received

06/29/2022