

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: Knot State: IN

ZIP: 46534 Country: USA

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees:minutes:seconds) (1605)

Accident/Incident Date/Time

Date: 7-26-22 Local Time: 1:30 PM

mm/dd/yyyy Time Zone: Central

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N629EH

Manufacturer: Schweizer

Model: G-164B

Serial Number: 827B

Year of Manufacture: 1991

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: _____ Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

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

Certificate of Authorization or Waiver (COA)

None

Special

Restricted

Limited

Provisional

Special Flight

Experimental

Special Light-Sport

Experimental Light-Sport

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 Prop

Turbo Jet

Turbo Fan

Electric

None

Unknown

Liquid Rocket

Solid Rocket

Hybrid Rocket

Unknown

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	<u>Pratt & Whitney</u>	<u>PT6A-34</u>	<u>PCE 56841</u>	<u>3-81</u>	<u>750</u>	<u>22524</u>	<u>40</u>	<u>2071</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

AAIP

Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 7-18-22

mm/dd/yyyy

Airframe Total Time: 6148 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: Hartzell

Model: HC-B3TN-30

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: N/A

Model: N/A

ELT Installed: Yes No

If Yes:

ELT Manufacturer: N/A

Model or Part No.: N/A

TSO No. C01 (121.5 MHz) C01 (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: Thander Valley Ag Aviation

City: Pantego
 State: NC ZIP: 27860
 Country: USA

Fractional Ownership Aircraft: Yes ☐ No ☒

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 Certificate Held (Check all that apply)

None
 Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (FAR 129)
 Foreign 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

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 Under 100
 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: Wheeler

Distance From Airport Center: 1/2 sm

Airport Identifier: IG05

Direction From Airport: 26 degrees true

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

Airport Elevation: 720 ft msl

Runway Information

Runway ID: 26 (L/R/C) Length: 2600 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

Asphalt ☒ Grass/Turf Macadam Water
 Concrete ☐ Sand ☐ Gravel ☐ Snow Unknown
 Dirt Ice

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
 Ruts/Deposits 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 ☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

None
 ADF/NDB PAR MLS Practice
 SDF Sidestep T.O.A. 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: <u>Stephen</u> Middle Initial: <u>N</u> Last Name: <u>Ruark</u> City of Residence: <u>Pantego</u> State: <u>NC</u> ZIP: <u>27860</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>47</u> Date of Birth: [REDACTED] mm/dd/yyyy																																																																																																			
Degree of Injury ☒ None ☐ Minor ☐ Serious		Seat Occupied ☐ Left ☐ Right ☐ Center ☐ Front ☒ Rear ☐ Single ☐ 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																																																																																												
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign																																																																																																			
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 1 ☒ Class 2 ☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown			Medical Certificate Validity ☒ Without limitations/waivers ☒ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A			Date of Last Medical <u>5-10-22</u> mm/dd/yyyy																																																																																											
Medical Certificate Limitations <u>Must wear corrective Lenses</u>																																																																																																			
Medical Certificate Special Issuance 																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>12-18-21</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C-172</u>																																																																																															
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		Instrument Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift																																																																																													
Type Ratings <u>N/A</u>						Student Endorsements (Include dates) <u>N/A</u>																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>3500</td> <td>800</td> <td>3500</td> <td>1</td> <td>15</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>3400</td> <td>800</td> <td>3400</td> <td>1</td> <td>15</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>130</td> <td>130</td> <td>130</td> <td>1</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>90</td> <td>90</td> <td>90</td> <td>1</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>10</td> <td>10</td> <td>10</td> <td>1</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	3500	800	3500	1	15						Pilot in Command (PIC)	3400	800	3400	1	15						Time as Instructor	1	1	1	1	1						This Make/Model					0						Last 90 Days	130	130	130	1	0						Last 30 Days	90	90	90	1	0						Last 24 Hours	10	10	10	1	0					
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>1G05</u> City: <u>Knot</u> State: <u>IN</u> Country: <u>USA</u>	Time of Departure Time: <u>1:30</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>1G05</u> City: <u>Knot</u> State: <u>IN</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	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise
☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence: _____ ft msl
☐ Class A	☒ Class G	☐ Military Operations Area (MOA)	☐ Special	
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area	
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown	
☐ Class D	☐ Prohibited Area	☐ TRSA		
☐ Class E	☐ Restricted Area	☐ FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Choose all that apply)	Weather Observation Facility
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
☐ Company ☐ Military ☐ Internet ☐ None ☒ Unknown	

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
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Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: _____ (C) or <u>78</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction Variable -or- Direction: <u>154</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>4</u> kts	Wind Gusts Not Observed -or- Speed: <u>0</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVR: _____ 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 ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ 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
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)

Aircraft Destroyed
corn field Damage**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.

I was loaded and taking off from IGO5 on rwy 26 as our standard routine. I advanced power to takeoff settings. The plane took flight briefly then started to settle back down. I might have 15ft. in the air when it started to settle I applied more power, but couldn't tell that it produced any more power. I remember going in with a nose high attitude then the right wing hit hard and I flipped upside down. The left door I usually get in was down in the dirt, but I was able to get out of the right side and walk out of the corn field. It is in my opinion that I was loosing power. I believe the prop was in feather position at time of impact.

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

Operator/Owner Safety Recommendation

Not to have a power failure

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.)

I believe so.

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)

118

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

I dived out the right side window

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
SubstantialMinor
None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name:

Name:

City:

City:

State:

State:

ZIP:

ZIP:

Country:

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

8-23-22

mm/dd/yyyy

Name of Pilot/Operator Stephen R. MarkSignature: 

-- 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.

CEN22LA349

Reviewed by NTSB Regional Office

CEN

Name of Investigator

Sauer

Date Report Received

9-8-22