

**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		Accident/Incident Date/Time	
Nearest City/Place: <u>K 15</u>	State: <u>Mo</u>	Date: <u>8/19/22</u>	Local Time: <u>1800</u>
ZIP: <u>65049</u>	Country: <u>US</u>	Time Zone: <u>Central</u>	
Latitude: <u>38-06.83593N</u> Longitude: <u>092-41.037705W</u>		Collision with Other Aircraft: Midair ☒ Ground ☐ None ☐	
(Enter in decimal degrees or degrees:minutes:seconds)			

AIRCRAFT INFORMATION

Registration Number: <u>A711 JM</u>		IFR-Equipped and Certified	
Manufacturer: <u>Beechcraft</u>		☒ Commercial Space Flight	
Model: <u>Sundowner</u>		☐ Unmanned Aircraft	
Serial Number: <u>M-1402</u>		Maximum Gross Weight: <u>2455</u> lbs	
Year of Manufacture: <u>8/16/22</u>		Weight at Time of Accident/Incident: <u>2079</u> lbs	
Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____		Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u>	
Original Design		Cabin Crew Seats: <u>0</u> Passenger Seats: <u>2</u>	
		Number of Engines: <u>1</u>	

Category of Aircraft	Type of Airworthiness Certificate		Landing Gear		Engine Type (Select one)	
	(Check all that apply)		(Check all that apply)		(Select one)	
☒ Airplane	Standard	Special	☒ Retractable		☒ Reciprocating	☐ Liquid Rocket
☐ Balloon	☒ Normal	☐ Restricted	☐ Tricycle	☐ Tailwheel	☐ Turbo Shaft	☐ Solid Rocket
☐ Blimp/Dirigible	☐ Aerobatic	☐ Limited	☐ Amphibian	☐ High Skid	☐ Turbo Prop	☐ Hybrid Rocket
☐ Glider	☐ Balloon	☐ Provisional	☐ Emergency Float	☐ Skid	☐ Turbo Jet	☐ None
☐ Gyroplane	☐ Commuter	☐ Special Flight	☐ Float	☐ Ski	☐ Turbo Fan	☐ Unknown
☐ Helicopter	☐ Transport	☐ Experimental	☐ Hull	☐ Ski/Wheel	☐ Electric	
☐ Powered Lift	☐ Utility	☐ Special Light-Sport	☐ Other Launch/Recovery System		Fuel System Type (Reciprocating)	
☐ Rocket		☐ Experimental Light-Sport			☒ Carburetor	
☐ Ultralight					☐ Fuel-Injected	
☐ Unknown						

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>66204-36A</u>	<u>616304-36A</u>		<u>180</u>	<u>3642</u>	<u>16/2/23</u>	
Eng. 2		<u>0-360-A46</u>						
Eng. 3								
Eng. 4								

Last Inspection Type		Propeller 1		Propeller 2	
100-Hour ☐ Continuous Airworthiness ☐		☒ Fixed Pitch		☐ Fixed Pitch	
AAIP ☐ Conditional Inspection ☐		☐ Controllable Pitch		☐ Controllable Pitch	
☒ Annual ☐ Unknown		☐ Ground Adjustable		☐ Ground Adjustable	
Date Last Inspection: <u>June 1 2022</u>		Manufacturer: <u>Sensenich</u>		Manufacturer: _____	
mm/dd/yyyy		Model: <u>76E M855-0-60</u>		Model: _____	
Airframe Total Time: <u>3658.22</u> hrs		ELT Installed: Yes ☐ No ☒		Additional Equipment (Check all that apply)	
hours measured at (Select one)		If Yes:		ADS-B	
☒ Last Inspection		ELT Manufacturer: _____		☐ Airframe Parachute	
☐ Time of Accident/Incident		Model or Part No.: _____		☐ Angle of Attack Indicator	
Type of Maintenance Program (Select one)		TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)		☒ Autopilot	
☒ Annual		C126 (406 MHz)		☐ Data Recorder	
☐ Conditional (Amateur-built only)		Was ELT still mounted in aircraft? Yes ☐ No ☐		☐ Electronic Flight Bag or Handheld Device	
☐ Manufacturer's Inspection Program		Was ELT still connected to antenna? Yes ☐ No ☐		☐ Electronic Multifunction Display	
☐ Other Approved Inspection Program (AAIP)		Did ELT Activate? Yes ☐ No ☐		☐ Electronic Primary Flight Display	
☐ Continuous Airworthiness		If activated:		☐ Handheld GPS	
☐ Other, specify: _____		Did ELT Aid in Locating Aircraft? Yes ☐ No ☐		☐ Heads Up Display	
Description of Fire Extinguishing System		If not activated:		☐ Onboard Weather	
None ☐		Indicate Reason:		☒ Satellite Tracking Device	
Specify: <u>Handheld</u>		Impact Damage ☐		☐ Stall Warning System	
		Fire Damage ☐		☐ Video Recording Device	
		Battery Expired/Damaged ☐		☐ Other, Specify: _____	
		Unknown ☐			

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Luke Area Signature Luke (Bd/Pend) City: Wake Ozark
 Fractional Ownership Aircraft: Yes No State: MO ZIP: 65043
 Country: Canada

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: William F. Fendrich 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 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: K15 Grand Blaise Distance From Airport Center: 1500 FT. sm
 Airport Identifier: K15 Direction From Airport: 14 degrees true
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A Airport Elevation: 826 ft. msl

Runway Information

Runway ID: K15 (L/R/C) Length: 2203 ft Width: 60 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 VFR 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
 VORTVOR 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: William Friedrich

City of Residence: Lake Ozark

Middle Initial: W

State: MO

ZIP: 65049

Last Name: Friedrich

Country: US

Age at time of Accident/Incident: 54

Date of Birth: [REDACTED] 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 border="1"> <tr> <th>Available</th> <th>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) ☒ 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 <u>July 1 2022</u> mm/dd/yyyy														

Medical Certificate Limitations

X111

Medical Certificate Special Issuance

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 6/29/22
mm/dd/yyyy

Flight Review Aircraft

Make: Beechcraft

Model: Sundowner

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			27.0							
Pilot in Command (PIC)			27.0							
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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ 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 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) <i>(Check all that apply)</i> None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign																																																																																																				
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) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift				Instrument Airplane Instrument Helicopter Helicopter Glider Sport																																																																																									
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?			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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?			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>Mundre</u> City: <u>Libe Ozur</u> Middle Initial: _____ State: <u>MO</u> ZIP: <u>65049</u> Last Name: <u>Friedberg</u> Country: <u>US</u>			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	<u>5</u> Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Crew Passenger Other									
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			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	
Crew Passenger Other									
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			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	
Crew Passenger Other									

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KIS</u> City: <u>Orange Beach</u> State: <u>MO</u> Country: <u>US</u>		Time of Departure Time: <u>5:30</u> Time Zone: <u>Local</u>		Destination Airport ID: <u>KIS</u> City: <u>Orange Beach</u> State: <u>MO</u> Country: <u>US</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
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Airspace where the accident/incident occurred (Check all that apply)

Class A Class B Class C Class D Class E	Class G Demo Area Warning Area Prohibited Area Restricted Area	Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93	Special Air Traffic Control Area Unknown	Altitude of In-Flight Occurrence: _____ 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 ☒ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown
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Weather Observation Facility

Facility ID: KIS
Observation Time: 5:30
Time Zone: Local
Distance from Accident Site: 1500 FT nm
Direction from Accident Site: 14 degrees true

Basic Conditions

VMC
IMC
Unknown

Light Condition

Dawn ☒ Dusk
Day ☒ Night
Dark Night
Bright Night
Unknown

Sky/Lowest Cloud Condition

Clear
Few
Partial Obscuration
Scattered
Thin Broken
Thin Overcast
Unknown

Ceiling

None (Clear)
Broken
Overcast
Obscured
Indefinite
Unknown

Temperature: 80 (C) or 80 (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
Direction: 0 degrees true

Wind Speed

Calm
Light and Variable
Speed: _____ kts

Wind Gusts

Not Gusting
Speed: _____ kts

Visibility

_____ 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
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

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

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)

Front Landing Gear Collapse Resulting in Prop Strike

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.

Approach at 70 mph speed. Height seemed ideal. I rounded out a few ft. above the runway and the plane seemed to drop out and hit the runway. Then it bounce but didn't seem unusual until it bounc a second time and went nose up. I left it nose up but it bounce again and I consider throttling out when the prop strike occurred. I was just in for the ride with no control.

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.)

The nose gear twisted and collapse

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

June 1 _____ Hours

22 3658.22

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

30

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

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

opened the door and stepped out

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

N711 DM

Manufacturer:

Boeing

Model: 737-400

Damage to Other Aircraft

Destroyed
SubstantialMinor
☒ None

Registered Owner of Other Aircraft

Name: Mike and Signature Homes

City: Little Ozark

State: MO ZIP: 65049

Country: US

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

12/15/22

mm/dd/yyyy

Name of Pilot/Operator

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.

SEN22LA435

Reviewed by NTSB Regional Office

Denver

Name of Investigator

S. Williams

Date Report Received

12/16/2022