

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: MERRILL State: WI

ZIP: _____ Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 07-27-2022 Local Time: 1513
mm/dd/yyyy Time Zone: CENT

Collision with Other Aircraft: Midair On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N2240L

Manufacturer: BEECH

Model: SUPADWYER C23

Serial Number: _____

Year of Manufacture: 1977

Amateur-Built: Yes ☒ No ☐ If Yes: Kit/Plans Make: _____
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: 4 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: _____

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 **Special**
☒ Normal ☐ Restricted
☐ Aerobatic ☐ Limited
☐ Balloon ☐ Provisional
☐ Commuter ☐ Special Flight
☐ Transport ☐ Experimental
☐ Utility ☐ Special Light-Sport
☐ Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

☒ 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/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>0360</u>			<u>180HP</u>		
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

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

Date Last Inspection: _____
mm/dd/yyyy

Airframe Total Time: _____ 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: _____

Model: _____

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:

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: JEREMY CARDOVAFractional Ownership Aircraft: Yes ☐ No ☒

City: _____

State: _____ ZIP: _____

Country: _____

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: MERRILL MUNICIPALDistance From Airport Center: 1 smAirport Identifier: KPRLDirection From Airport: 250 degrees trueProximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A ☐Airport Elevation: 1318 ft. msl**Runway Information**Runway ID: 07 (L/R/C) Length: 5100 ft Width: 75 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 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 ~~Light~~ Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes ~~No~~

"Flight Crewmember 1" Identification

First Name: RICHARD City of Residence: IRMA
 Middle Initial: J State: WI ZIP: 54442
 Last Name: LUSSOW Country: USA
 Age at time of Accident/Incident: 75 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 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>08-2021</u> mm/dd/yyyy																				

Medical Certificate Limitations

HOLDER MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

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

02-27-2022
mm/dd/yyyy

Flight Review Aircraft

Make: BEECH
 Model: SUNDOWNER C-23

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

B727, B737, B757, B767, B747-4, B777
DC-9, DC10, ERT170, ERT190, A320

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	25000	1400	4000	29000	5000	5200	3000	2000		
Pilot in Command (PIC)	24000	1400	3850	29000	5000	5200	3000	2000		
Time as Instructor	5000	1300	3850	29000	5000	5200	3000	1800		
This Make/Model										
Last 90 Days	200	180	200							
Last 30 Days	70		70							
Last 24 Hours	3		3							

"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: KYLE City of Residence: TOHAWANK

Middle Initial: G. State: WI ZIP: 54487

Last Name: NELSON Country: USA

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

Certificate Number: _____

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <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>07-31-2019</u> 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:

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) (Check all that apply) ☒ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☒ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift	☒ Instrument Airplane ☒ Instrument Helicopter ☒ Helicopter ☐ Glider ☐ Sport
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Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	30	24	30							
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 Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Middle Initial: _____		State: _____ ZIP: _____				
Last Name: _____		Country: _____				
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None		Flight Instructor		Available		Not Installed Installed Not Deployed Deployed Unknown
Private		Recreational		Used		
Student		Sport		None		
		Commercial		None		
		Airline Transport		Lap Only		
		Flight Engineer		3-point		
				4-point		
				5-point		
				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 Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Middle Initial: _____		State: _____ ZIP: _____				
Last Name: _____		Country: _____				
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None		Flight Instructor		Available		Not Installed Installed Not Deployed Deployed Unknown
Private		Recreational		Used		
Student		Sport		None		
		Commercial		None		
		Airline Transport		Lap Only		
		Flight Engineer		3-point		
				4-point		
				5-point		
				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: _____ City: _____	Left Center Right Unknown	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	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other	Row: _____					
First Name: _____ City: _____	Left Center Right Unknown	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	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other	Row: _____					
First Name: _____ City: _____	Left Center Right Unknown	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	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other	Row: _____					
First Name: _____ City: _____	Left Center Right Unknown	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	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other	Row: _____					

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KRDL</u> City: <u>MERRILL</u> State: <u>WI</u> Country: <u>USA</u>	Time of Departure Time: <u>1445</u> Time Zone: <u>CENT</u>	Destination Airport ID: <u>KRDL</u> City: <u>MERRILL</u> State: <u>WI</u> Country: <u>USA</u>	Type Flight Plan Filed None VFR/IFR Company VFR IFR Military VFR Unknown VFR Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply) None VFR Special VFR IFR Special IFR VFR On Top VFR Flight Following Traffic Advisory Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class G 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: <u>1350</u> ft msl

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>AWAS-3P/T</u> Observation Time: _____ Time Zone: <u>CENT</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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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 Unknown 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: _____ degrees true	Wind Speed Calm Light and Variable -or- Speed: _____ kts	Wind Gusts Not Gusting -or- Speed: _____ kts	Visibility <u>>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) None 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 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
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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 ☒ Substantial
Minor Destroyed
Unknown

Aircraft Fire

~~None~~ Both Ground and In-Flight
In-Flight Fire at Unknown Time
On-Ground Unknown

Aircraft Explosion

~~None~~ Both Ground and In-Flight
In-Flight Explosion at Unknown Time
On-Ground Unknown

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

BOTH WING TIPS, CONQU. LEFT MAIN GEAR, NOSE GEAR,
SUDDEN ENGINE STOPAGE

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.

ATTACHED PLEASE SEE ORIGINAL REPORT TO NTSB.

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.)

I BELIEVE THERE WAS MALFUNCTION TO THE
RT. ALERON.

Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)____ 35 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 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

DUE TO SCENT OF GAS A/C WAS SHUT DOWN AND CREW
EXITED.

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

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.

ORIGINAL REPORT TO NTSB 07/29/2022

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

Date of this Report

11-09-2022
mm/dd/yyyy

Name of Pilot/Operator: *RICHARD LUSSEN*

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.
CEN22LA440

Reviewed by NTSB Regional Office
Central Region

Name of Investigator
Andrew Todd Fox

Date Report Received
10 NOV 2022