

**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: Iredell State: TX
ZIP: 76649 Country: USA
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/22/2002 Local Time: 5:00 PM APX
mm/dd/yyyy Time Zone: Central

Collision with Other Aircraft: Midair On-ground (None)

AIRCRAFT INFORMATION

Registration Number: N44088
Manufacturer: David A Seace
Model: _____
Serial Number: DAS 2
Year of Manufacture: _____
Amateur-Built: Yes If Yes: Kit/Plans Make: Dominator
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 1250 lbs?
Weight at Time of Accident/Incident: 900 lbs
Number of Seats: 2 Flight Crew Seats: _____
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
	<u>Experimental Light-Sport</u>

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear
(Check all that apply)

Retractable
Tricycle Tailwheel
Amphibian High Skid
Emergency Float Skid
Float Ski
Hull Ski/Wheel
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	<u>Subaru</u>						
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour
AAIP
Annual
Continuous Airworthiness
Conditional Inspection
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: Warp Drive
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

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____
Model: _____

Additional Equipment (Check all that apply)

ADS-B
Airframe Parachute
Angle of Attack Indicator
Autopilot
Data Recorder
Electronic Flight Bag or Handheld Device
Electronic Multifunction Display
Electronic Primary Flight Display
Handheld GPS
Heads Up Display
Onboard Weather
Satellite Tracking Device
Stall Warning System
Video Recording Device
Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: David A Seace

City: _____

State: _____ ZIP: _____

Fractional Ownership Aircraft: Yes No

Country: _____

Operator of Aircraft

Same As Registered Owner

Name: Ernest Ensminger

Same Address as Registered Owner

City: _____

Doing Business As: _____

State: TX ZIP: 76665

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

Country: USA**Operating Certificates Held**

(Check all that apply)

☒ None☐ Flag Carrier Operating Certificate (FAR 121)☐ Supplemental☐ Air Cargo☐ Foreign Air Carriers (FAR 129)☐ Rotorcraft External Load (FAR 133)☐ Commuter Air Carrier (FAR 135)☐ On-Demand Air Taxi (FAR 135)☐ Commercial Air Tour (FAR 136)☐ Agricultural Aircraft (FAR 137)☐ Pilot School (FAR 141)☐ Certificate of Authorization or Waiver (COA)☐ Commercial Space Transportation☐ Experimental Permit☐ Commercial Space Transportation License☐ Other Operator of Large Aircraft**Regulation Flight Conducted Under**FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight

Non-US, Commercial

Non-US, Non-commercial

Public Aircraft (Select one)

☐ Armed Forces☐ Federal☐ State☐ Local☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

☐ Scheduled or Commuter☐ Non-Scheduled or Air Taxi☐ Domestic☐ International☐ Passenger☐ Cargo☐ Mail Contract Only**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

☐ Aerial Application☐ Aerial Observation☐ Air Drop☐ Air Race/Show☐ Banner Tow☐ Business☐ Executive/Corporate☐ External Load☐ Ferry☐ Firefighting☐ Flight Test☐ Glider Tow☐ Instructional☐ Other Work Use☐ Personal☐ Positioning☐ Skydiving☐ Unknown**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: _____

Airport Identifier: _____

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

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

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

Runway/Landing Surface (Check all that apply)☐ Asphalt☐ Concrete☒ Dirt☒ Grass/Turf☐ Gravel☐ Ice☐ Macadam☐ Metal/Wood☐ Snow☐ Water☐ Unknown**Condition of Runway/Landing Surface (Check all that apply)**☐ Dry☐ Holes☐ Ice Covered☐ Rough☐ Rubber Deposits☐ Slush-Covered☐ Snow-Compacted☐ Snow-Crusted☐ Snow-Dry☐ Snow-Wet☐ Soft☐ Vegetation☐ Water-Calm☐ Water-Choppy☐ Water-Glassy☐ Wet☐ Unknown**Approach/Departure Segment (Select one)**☐ Taxi☐ Takeoff☐ Initial Climb☐ VFR Departure☐ IFR Departure Procedure/Clearance☐ On Instrument Approach☐ Landing☐ Downwind☐ Base☐ Final☐ Crosswind☐ Low Approach☐ Go Around☐ Aborted Landing (after touchdown)☐ Unknown**IFR Approach (Check all that apply)**☐ None☐ ADF/NDB☐ SDF☐ VOR/TVOR☐ VOR/DME☐ TACAN☐ PAR☐ Sidestep☐ ILS☐ Localizer Only☐ LOC-back course☐ RNAV☐ MLS☐ LDA☐ ASR☐ Visual☐ Contact☐ Circling☐ Practice☐ GPS☐ Unknown**VFR Approach (Check all that apply)**☐ None☐ Traffic Pattern☐ Straight-In☐ Valley/Terrain Following☐ Go Around☐ Full Stop☐ Stop and Go☐ Touch and Go☐ Simulated Forced Landing☐ Forced Landing☐ Precautionary Landing☐ Unknown

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

Pilot	Co-Pilot	Student Pilot	Flight Instructor	Check Pilot	Flight Engineer	Other Flight Crew
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	Yes	No
"Flight Crewmember 1" was pilot flying		

“Flight Crewmember 1” Identification

First Name: Ernest City of Residence: Meridian
Middle Initial: D State: TX ZIP: 76665
Last Name: Ensminger Country: USA
Age at time of Accident/Incident: 55 Date of Birth: [REDACTED] mm/dd/yyyy
Certificate Number: [REDACTED]

Certificate Number.

Degree of Injury		Seat Occupied		Unknown	Restraint Type		Inflatable Restraints
None <u>Minor</u> Serious	Fatal Unknown	Left Right Center	<u>Front</u> Rear Single		Available None <u>Lap only</u> 3-point 4-point 5-point Unknown	Used None <u>Lap only</u> 3-point 4-point 5-point Unknown	
Pilot Certificate(s) (Check all that apply)							
<u>None</u> Private Student	Flight Instructor Recreational Sport	Commercial Airline Transport Flight Engineer	US Military Foreign				

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
Pilot	None	Without limitations/waivers	Unknown
Other	Class 1	With limitations/waivers	N/A
Unknown	Class 2	Special Issuance	mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
☒ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings	Student Endorsements <i>(Include dates)</i>

[illegible]

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying Yes No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____																																																																																																				
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			Date of Last Medical Unknown N/A mm/dd/yyyy																																																																																											
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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																																																																																													
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></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></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	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										
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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: _____	Left Center Right	Front Rear Single Unknown
Middle Initial: _____	State: _____ ZIP: _____		None Minor Serious Fatal Unknown
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
None Private Student	Flight Instructor Recreational Sport	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	Not Installed Installed Not Deployed Deployed Unknown

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	Left Center Right	Front Rear Single Unknown
Middle Initial: _____	State: _____ ZIP: _____		None Minor Serious Fatal Unknown
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
None Private Student	Flight Instructor Recreational Sport	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	Not Installed Installed Not Deployed Deployed Unknown

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	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None Lap Only 3-point 4-point 5-point Unknown	None Lap Only 3-point 4-point 5-point Unknown		
Last Name: _____	Country: _____						
Crew	Passenger	Other	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 Lap Only 3-point 4-point 5-point Unknown	None Lap Only 3-point 4-point 5-point Unknown		
Last Name: _____	Country: _____						
Crew	Passenger	Other	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 Lap Only 3-point 4-point 5-point Unknown	None Lap Only 3-point 4-point 5-point Unknown		
Last Name: _____	Country: _____						
Crew	Passenger	Other	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 Lap Only 3-point 4-point 5-point Unknown	None Lap Only 3-point 4-point 5-point Unknown		
Last Name: _____	Country: _____						
Crew	Passenger	Other	Row: _____				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Feild</u> City: <u>Trede</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>4:15 PM</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>Sane Feild</u> City: <u>Trede</u> State: <u>TX</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
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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: _____
 Observation Time: _____
 Time Zone: _____
 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 ☐ Unknown ☐
 Scattered ☐

Lowest Cloud Condition Height
10,000 ft agl
Approx

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 10 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 ☒ None
 Type ☒ N/A
 Trace ☐ Rime ☐
 Light ☐ Clear ☐
 Moderate ☐ Mixed ☐
 Severe ☐ Unknown ☐
 Unknown ☐

Icing Actual

Amount ☒ None
 Type ☒ N/A
 Trace ☐ Rime ☐
 Light ☐ Clear ☐
 Moderate ☐ Mixed ☐
 Severe ☐ Unknown ☐
 Unknown ☐

Turbulence

Type (Check all that apply)
 None ☒ Clear Air ☐ Severity
 Terrain-Induced ☐ Severe
 Convective Turbulence ☐ 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)

Total loss

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.

Took off from feild on my Property to sight
See in the Area for 30 min. or 45 min. Was on
my way back to my property to Land when I
decided to make a low pass on a big
Pipeline R.O.W did not see the small
power line running across the pipeling R.O.W.
until it was to late to react. The accident
was Approximat 2 miles from my Property
To The northeast

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

Operator/Owner Safety Recommendation

Should not have gotten down that low
in area without making higher pass
by to make sure it was or is all clear
of obstruction

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes ☐ No ☒
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

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

____ Hours

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

10 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

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)

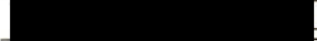
Use this space if additional space is needed for any answers.

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

Date of this Report

12/13/2022
mm/dd/yyyy

Name of Pilot/Operator:

Ernest D EnsmingerSignature: 

- 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.

CEN23LA047

Reviewed by NTSB Regional Office

Central

Name of Investigator

Folkerts

Date Report Received

12/14/2022