

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: St. Louis (LHØ) State: MO

ZIP: 63146 Country: USA

Latitude: 38.7455 Longitude: -90.5205

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

Accident/Incident Date/Time

Date: 12/05/2022 Local Time: 5:27PM
mm/dd/yyyy

Time Zone: Central

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N602TG

Manufacturer: Orlican

Model: M8-Eagle

Serial Number: 2022001

Year of Manufacture: 2022

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 1320 lbs

Weight at Time of Accident/Incident: 1427 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: — Passenger Seats: 1

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

- ☐ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☒ Special Light-Sport
☐ Experimental Light-Sport

☐ 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>Rotax</u>	<u>912 VLS 2</u>	<u>95 73673</u>	<u>11/1/2019</u>	<u>100</u>	<u>75</u>	<u>0.6</u>	<u>N/A</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 10/2/2022
mm/dd/yyyy

Airframe Total Time: 85.3 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: Woodcomp

Model: SR200

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: _____

"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>Joseph</u> Middle Initial: <u>V</u> Last Name: <u>Ord</u> City of Residence: <u>St. Charles</u> State: <u>MO</u> ZIP: <u>63303</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>43</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
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) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer						Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance																																																																																														
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Date of Last Medical <u>04/25/2022</u> mm/dd/yyyy																																																																																															
Medical Certificate Limitations <u>Must wear corrective lenses</u>																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/21/2022</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA28-140 Cherokee</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		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) —																																																																																														
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"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No																																																																																																				
"Flight Crewmember 2" Identification First Name: <u>Phillip</u> Middle Initial: <u>R</u> Last Name: <u>Pennell</u> City of Residence: <u>Fairview Heights</u> State: <u>IL</u> ZIP: <u>62208</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>27</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
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Medical Certificate Special Issuance N/A						Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/13/2022</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C-150M</u>																																																																																												
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Private ☐ Recreational ☐ Student ☐ Sport ☒ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					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		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Private ☐ Recreational ☐ Student ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					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		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address <i>See Page 6</i>			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: <u>Phillip</u> City: <u>Fairview Heights</u> Middle Initial: <u>R</u> State: <u>IL</u> ZIP: <u>62268</u> Last Name: <u>Penneil</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other			☐ Left ☐ Center ☒ Right ☐ Unknown Row: _____	☐ 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 <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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 <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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 <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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 <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>1H0</u> City: <u>St. Louis</u> State: <u>MO</u> Country: <u>USA</u>		Time of Departure Time: <u>4:46</u> Time Zone: <u>Central</u>	
Destination Airport ID: <u>1H0</u> City: <u>St. Louis</u> State: <u>MO</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 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: <u>500</u> 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 ☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown		Weather Observation Facility Facility ID: <u>KSUS</u> Observation Time: <u>4:46</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>8.1</u> nm Direction from Accident Site: <u>60</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Day ☒ Dusk ☐ 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 Ceiling Height _____ ft agl	
Lowest Cloud Condition Height _____ ft agl		Temperature: _____ (C) or <u>49</u> (F) Dew Point: _____ (C) or <u>35</u> (F) Altimeter Setting: <u>29.80</u> in. Hg or _____ MB	
Wind Direction ☐ Variable -or- Direction: <u>0</u> degrees true		Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: <u>0</u> kts	
Wind Gusts ☒ Not Gusting -or- Speed: _____ kts		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>30</u> 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: <u>FDC 2-0941, ST201-290, STL11-383, G PSI2-004, COU12-068, COU12-062, G PSI1-064</u> <u>COU11-355, COU11-357, COU11-356, COU11-358, COU11-432, STL11-418, COU11-328</u> <u>COU11-261, COU11-258, COU11-199, COU11-144</u>			

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)

Right Main Gear Leg + Gear Broken Nose Gear snapped off Airplane 2 propeller Blades Missing, 3rd Broken Nose Cone Destroyed Windshield Cracked Both Single Piece Carbon Wings majorly damaged	single Piece Carbon Fuselage Damaged upper & lower cowling Damaged Antennas Missing Left main gear leg Damaged vertical Tail Damaged Rudder unhinged + Damaged Rudder Damaged
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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.

See Attached Flight Summary

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.)

Rotax 912 ULS 2 Engine S/N: 9573673
Experienced Extreme Engine Roughness + Vibration, would not
operate normally over 4000 RPM.
Loss of all Power at 500 MSF on landing

Total Time/Cycles
On Part75 Hours

Cycles

Time Since This Part
Inspected/Overhauled75 Hours**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)25

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

Pre-flight**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

Both evacuated out of Right Passenger Door**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☒ 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

12/09/2022
mm/dd/yyyy

Name of Pilot/Operator: Joseph V. OrdSignature: 

-- 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 ONLYNTSB Accident/Incident No.
CEN23LA061Reviewed by NTSB Regional Office
CENName of Investigator
SauerDate Report Received
12/09/2022

Flight Summary

Re: 12/5/2022 Accident involving N602TG

By: Joseph Ord - Pilot

At approximately 4:20 PM CST Myself and my Passenger Phillip Pennell began preflighting N602TG. All preflight checks checked operational, and we boarded the aircraft. Engine Startup procedures were performed and all gauges checked nominal and engine sounded Good. Aircraft was taxied from Hangar K2 to Runway 16. A full Engine Run Up was performed at the holdshort, while all engine gauges were being monitored closely. Mag Drops were within operational limits and Engine Temperatures and pressures remained in the green.

I called take off for a closed pattern and performed a normal takeoff on 16 at approximately 4:45 PM CST. Rate of climb at climb out was 600 to 800 feet per minute. I turned cross wind at approximately 900 ft MSL, and turned downwind at approximately 1100 ft MSL. I leveled the plane at approximately 1350 ft MSL during the downwind leg. All Engine Gauges remained in the green. I pulled power to approximately 3000 RPM when the aircraft was aligned with the number 16 on the runway. The 1st Notch of flaps was added on the base leg, and then we turned final and 2nd notch of flaps was added. Approach was stable and normal landing was performed. Brakes operated normally and we taxied off runway and proceeded to taxi back to 16. After conferring with my passenger about taking off again and departing the pattern, I took off 16 and we climbed at approximately 700 feet per minute and turned cross wind at approximately 900 feet MSL. I continued the climb to 1500 ft MSL in the downwind leg and departed the pattern to the Northwest towards the tanks in St. Peters. Once at the tanks I added full power to climb to 2000 ft MSL. We turned North over St. Charles County. During this leg of the flight all things were functioning normally and all gauges were green. Once cleared of the Class B shelf I climbed to 2500 feet. During this climb I saw the right cylinder head temperature gauge go yellow. I backed off the RPM to approximately 4900 and descended back to 2000 ft MSL, both cylinder heads leveled out in the Green. I then added full power to climb again and we felt our first engine stutter of the flight. I backed off the RPM approximately 300 RPM and the engine evened out. I then added full power again and we felt another Engine Stutter, I backed off the RPM again approximately 300 RPM and engine again evened out. I added full power again and Engine stutter and did not stop even when I backed RPM back to 4900. The decision was made at this point to turn 180 degrees and set course back to 1H0. Engine was still running rough, I continued to back engine power down until it evened out at approximately 4200 RPM. Dusk was setting in so ground visibility became an issue. My Passenger and I discussed going to KSET but decided 1H0 was still the best course due to availability of flatter non-marshy areas to land if needed. My altitude was approximately 2000 ft MSL and I was struggling to maintain altitude. I had to fly nose up to keep from descending and our rate of flight was approximately 65 to 75 knots. At approximately 10 miles from 1H0 I made the first call on Unicom announcing we were ten miles out and intended to perform a straight in on 16 due to engine roughness. I turned over radio duties to my passenger after this call so that I could remain focused on maintaining altitude which was becoming increasingly more difficult, as engine roughness was occurring at the lower RPMS now. I was flying at approximately 4000 RPM. We descended to 1500 MSL to clear the 1700 Bravo shelf. At this point I made the

decision to add approximately 300 more RPM and deal with the roughness to try and gain more airspeed for the 3 mile final. At approximately 2 miles from the runway I added the first notch of flaps. We started descending faster than I was comfortable with, so I added some more power and was able to get enough to get to two white two red on the papi. I remained high to make sure I was going to make the runway. Once over the river I nosed down. I remember telling my passenger I wanted to use as much of this runway as possible. Once over the runway at approximately 500 ft MSL we began sinking and I added power and there was no power to be had and we just fell. I had no control of the aircraft at this point. We hit the ground and veered right off the runway and flipped tail over nose. I hit my head on the top of the cockpit, but the shoulder harness prevented me from further injury. I was conscious. I heard my passenger running the fuel shut down procedure and asking me to shut the master off. I turned the key/master off, unbuckled and tried to open my door which was jammed. My passenger said he had his open and I moved to get out the passenger side, and Mr. Pennell helped me out of the cockpit.