

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: <u>HOWELL / OZW</u> State: <u>MI</u> ZIP: <u>48855</u> Country: <u>USA</u> Latitude: <u>42.63°N</u> Longitude: <u>83.98°W</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>06/24/2023</u> Local Time: <u>10:30</u> mm/dd/yyyy Time Zone: <u>EST</u>
Collision with Other Aircraft: Midair ☐ On-ground ☐ <u>None</u> ☒		

AIRCRAFT INFORMATION

Registration Number: <u>4008Q</u> Manufacturer: <u>PIPER</u> Model: <u>ARCHER II PA28-181</u> Serial Number: <u>28-7790468</u> Year of Manufacture: <u>1977</u> Amateur-Built: Yes ☐ If Yes: Kit/Plans Make: _____ <u>No</u> ☒ Original Design	IFR-Equipped and Certified Commercial Space Flight ☐ Unmanned Aircraft ☐ Maximum Gross Weight: <u>2550</u> lbs Weight at Time of Accident/Incident: <u>2100</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown ☐	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System ☐ None ☐ Retractable ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel ☐ Unknown	Engine Type (Select one) ☒ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-Injected
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☐ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

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)	Inspection (hours)	Time Since: Overhaul (hours)
Eng 1	LYCOMING	O-360A4M	L-23136-36A	01/20/1977	180	5335.28	12	2848.8
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type ☒ 100-Hour ☐ AAIP ☐ Annual Continuous Airworthiness ☐ Conditional Inspection ☐ Unknown ☐ Date Last Inspection: <u>06/24/2023</u> mm/dd/yyyy Airframe Total Time: <u>5335.68</u> hrs hours measured at (Select one) Last Inspection _____ Time of Accident/Incident _____	Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness Other, specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>AMERI-KING</u> Model or Part No.: <u>AK-450</u> TSO No.: <u>C91 (121.5 MHz)</u> C91a (121.5 MHz) <u>C126 (406 MHz)</u> 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 ☐ <u>Unknown</u> ☒	
Description of Fire Extinguishing System ☒ None Specify: _____	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: <u>LOIS DIPPOLD</u>		City: <u>PERRY</u> State: <u>MI</u> ZIP: <u>48872</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: Yes ☐ No ☒		Operator of Aircraft <u>Same As Registered Owner</u> Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	
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 Sightseeing Flight Yes ☐ No ☒		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	
Revenue Medical Flight Yes ☐ No ☒		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	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>LIVINGSTON COUNTY SPEAKER J. HARDY Airst</u> Airport Identifier: <u>OZW</u> Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A ☐		Distance From Airport Center: <u>1</u> sm Direction From Airport: <u>320</u> degrees true Airport Elevation: <u>900</u> ft. msl	
Runway Information Runway ID: <u>31</u> (L/R/C) Length: <u>5000</u> ft Width: <u>100</u> ft		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	
Runway/Landing Surface (Check all that apply) ☐ Asphalt ☒ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ 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 ☐ VORTVOR ☐ 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

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

First Name: ANDREW ~~DIPPOLD~~²⁰
Middle Initial: W
Last Name: DIPPOLD

City of Residence: BRIGHTON
State: MI ZIP: 48116
Country: USA

Age at time of Accident/Incident: 39 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 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
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		Medical Certificate Validity ☐ Without limitations/waivers Unknown ☐ With limitations/waivers N/A ☐ Special Issuance		Date of Last Medical 01/08/2023 mm/dd/yyyy

Must use hearing amplification

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11/1/2021</u> mh/dd/yyyy	Flight Review Aircraft Make: <u>PIPER</u> Model: <u>ARCHER II PA28-181</u>
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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 *(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	328	83/109	328	0	40	2.0	26.4			
Pilot in Command (PIC)	241	83		0						
Time as Instructor	0	0	0	0						
This Make/Model										
Last 90 Days	10.2	4.8	10.2	0	2.8					
Last 30 Days	1.7	0	1.7	0	1.7					
Last 24 Hours	0	0	0	0	0					

"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: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ 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 Used None 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
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 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) (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										
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	Front	None		
Middle Initial: _____	State: _____ ZIP: _____	Center	Rear	Minor		
Last Name: _____	Country: _____	Right	Single	Serious		
			Unknown	Fatal		
				Unknown		
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	None	None	
Student	Sport	Flight Engineer		Lap Only	Lap Only	
				3-point	3-point	
				4-point	4-point	
				5-point	5-point	
				Unknown	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	Front	None		
Middle Initial: _____	State: _____ ZIP: _____	Center	Rear	Minor		
Last Name: _____	Country: _____	Right	Single	Serious		
			Unknown	Fatal		
				Unknown		
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	None	None	
Student	Sport	Flight Engineer		Lap Only	Lap Only	
				3-point	3-point	
				4-point	4-point	
				5-point	5-point	
				Unknown	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>ANNA</u> City: <u>PERRY</u> Middle Initial: <u>M</u> State: <u>MI</u> ZIP: <u>48872</u> Last Name: <u>SEELYE</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 If Under 5, 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 If Under 5, 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 If Under 5, 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 If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>02W</u> City: <u>HOWELL</u> State: <u>MI</u> Country: <u>USA</u>		Time of Departure Time: <u>10:15</u> Time Zone: <u>EST</u>		Destination Airport ID: <u>02W</u> City: <u>HOWELL</u> State: <u>MI</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 Class G 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>1700</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 ☐			Weather Observation Facility Facility ID: <u>02W</u> Observation Time: <u>10:10</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>1</u> nm Direction from Accident Site: <u>320</u> degrees true	
Basic Conditions VMC ☐ IMC ☐ Unknown ☐		Light Condition Dawn ☐ ☒ Day Night ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown ☐		
Sky/Lowest Cloud Condition Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ ☒ Scattered		Ceiling None (Clear) ☐ Obscured ☐ ☒ Broken ☐ Indefinite ☐ Overcast ☐ Unknown ☐		Temperature: <u>22</u> (C) or _____ (F) Dew Point: <u>20</u> (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height <u>1200</u> ft agl		Ceiling Height <u>1800</u> ft agl		
Wind Direction Variable ☐ Direction: _____ degrees true	Wind Speed ☒ Calm Light and Variable ☐ Speed: _____ kts	Wind Gusts ☒ Not Gusting Speed: _____ kts	Visibility <u>10</u> 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 ☐ Fog ☐ Blowing Sand ☐ Ground Fog ☐ Blowing Snow ☐ Haze ☐ Blowing Spray ☐ Ice Fog ☐ Dust ☐ Smoke ☐ Unknown ☐
Iceing Forecast Amount ☒ None Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown ☐ Type ☒ N/A Rime ☐ Clear ☐ Mixed ☐ Unknown ☐		Iceing 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>RNAV Runway 13, Amendment 2C...</u> <u>NOTE: VASI and RNAV glidepath not coincident.</u>				

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)

Aircraft damage: Right wing departed, nose gear damaged, 10" puncture to bottom of left fuel tank

Property damage: 4 Localizer antenna's damaged.

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.

100 hour inspection had been completed. Maintenance run up was satisfactory. I decided to fly it before going home. Took my sister with me. Runup before take was satisfactory. Mag check, carb heat operation, flight controls and brakes all checked good. ~~Set~~ Fuel was set to left tank which had 12 gallons. Right tank had 10 gallons. Fuel Pump on. Waited for cessna 172 2322Y to depart before us. Set flaps to 10° and departed Runway 31. Remained in the pattern. Climbed to 1700' MSL. started descent at runway threshold. set power to 1500 RPMs. set flaps to 10°. Turn to base, set flaps to 20° turned on fuel for 31. set flaps to full. Landed, announced touch and go. Set flaps to 10°, turned off carb heat and increased to full power. Climbed to 1700' MSL. Noticed 22Y was still in front of us. Crossed runway threshold waited 5 seconds then reduced power to 1500 RPM. Verified speed in white arc and pull 10° of flaps. noticed RPMs reduced to 900, tried to increase power, no response. Placed carb heat on and moved throttle again no response. Verified fuel pump on. No response from throttle. Scanned for safe landing. ~~No place~~ Only place was runway. Turned towards Runway set speed to best glide. Descended rapidly. Turned slightly left to avoid tree.

Pushed nose over, went under power lines and over Airport fence. landed in grass. Could not stop before hitting hill, bounced up and landed on Localizer antennas. Aircraft stopped in grass 1000' short of 31.

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

Operator/Owner Safety Recommendation

Due to density altitude and low temp/dewpoint spread.
I think applying carb heat prior to reducing power
may have prevented carb ice.

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

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

20

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes

No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Exiting the cabin door

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

Aircraft Registration Number

N

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

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

06/30/2023
mm/dd/yyyyName of Pilot/Operator: ANDREW DIPPOLDSignature: [REDACTED]

- 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.
CEN23LA266Reviewed by NTSB Regional Office
CENName of Investigator
RUTTDate Report Received
3/30/2023