

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: BERLIN State: WI

ZIP: 54923 Country: USA

Latitude: 43.9680 Longitude: -88.9435

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

Accident/Incident Date/Time

Date: 07/27/2023 Local Time: AROUND NOON

Time Zone: CENTRAL

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

AIRCRAFT INFORMATION

Registration Number: N5601G

Manufacturer: YAR6A

Model: 2150 A

Serial Number: VAC189-85

Year of Manufacture: 1985

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

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1817 lbs

Weight at Time of Accident/Incident: 1586 lbs

Number of Seats: 2 Flight Crew Seats: _____

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
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear

(Check all that apply)

- ☐ Retractable
☒ Tricycle
☐ Tailwheel
☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull
☐ Other Launch/Recovery System
☐ None
☐ 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

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	LYCOMING	0-320-A2C	L-49830-27A	04/21/1985	150	500	27	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 11/09/2022

mm/dd/yyyy

Airframe Total Time: 1200 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: PORTABLE FIRE
EXTINGUISHER

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: SENSENBACH

Model: 74D SERIES

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: POINTER

Model or Part No.: _____

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (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: <u>DAMIAN D. DIETER</u>		City: <u>SOUTH BEND</u> State: <u>IN</u> ZIP: <u>46616</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
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 <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION <i>(Fill In if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: _____		Distance From Airport Center: _____ sm	
Airport Identifier: _____		Direction From Airport: _____ degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A		Airport Elevation: _____ ft. msl	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		☒ 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 <i>(Select one)</i>			
☐ Taxi ☒ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown) ☐ Crosswind ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☒ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																			
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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	☐ 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 ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs				
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 ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ 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		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>ALLEN</u> City: <u>JEROME</u>		☐ Left	☐ None	Available	Used	☒ Not Installed	☐ Under 5 years
Middle Initial: <u>F</u> State: <u>AT</u> ZIP: <u>86331</u>		☐ Center	☒ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Last Name: <u>STEEF</u> Country: <u>USA</u>		☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	
		☐ Unknown	☐ Fatal	☒ 4-point	☒ 4-point	☐ Deployed	
		Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	
				☐ Unknown	☐ Unknown		
First Name: _____ City: _____		☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____		☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Last Name: _____ Country: _____		☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	
		☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	
		Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	
				☐ Unknown	☐ Unknown		
First Name: _____ City: _____		☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____		☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Last Name: _____ Country: _____		☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	
		☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	
		Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	
				☐ Unknown	☐ Unknown		
First Name: _____ City: _____		☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____		☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Last Name: _____ Country: _____		☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	
		☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	
		Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	
				☐ Unknown	☐ Unknown		

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KSGN</u> City: <u>South Bend</u> State: <u>IN</u> Country: <u>USA</u>	Time of Departure Time: <u>10:00 AM</u> Time Zone: <u>EASTERN</u>	Destination Airport ID: <u>KOSH</u> City: <u>OSHKOSH</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
Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☒ VFR Flight Following ☐ Cruise ☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93			Altitude of In-Flight Occurrence: _____ 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: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ mi 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 _____ 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
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 ☐ 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: AT THE TIME OF THE INCIDENT I WAS IN A HOLDING PATTERN & FOLLOWING THE FIVE ARRIVAL PROTOCOL FOR OSHKOSH			

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)

THE NOSE GEAR WAS PULLED OFF OF THE AIRCRAFT AND LEFT WHEEL BENT. THE LOWER NOSE GEAR WAS CRUSHED AS WAS THE TIP OF THE VERTICAL AND PLEXIGLASS WAS BROKEN AND TOP OF THE CANOPY BENT.

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.

MY PASSENGER AND I DEPARTED FORTH BEND AT 10:00 AM ON THURSDAY, JULY 27. I FOLLOWED THE LAKE SHORE AROUND CHICAGO AND THEN STARTED A NORTH-WEST HEADWIND TO US TO OSHTONIA VIA THE FISH ARRIVAL WHICH BEGAN AT LAKE ENDEAVOR. PAST RIFON I WAS DIRECTED TO HEAD BACK TO ENDEAVOR ALONG WITH ALL THE OTHER ARRIVALS. AT THIS FIRST TURN CONTROLLERS SAID WE WOULD BE ANOTHER 15 MINUTES TO ALIGN THE LARGE NUMBER OF DEPARTING TRAFFIC. AFTER 2 MORE LAPS, JUST NORTH OF GREEN LAKE ENGINE FAILED. TURNED NORTH, SET UP 75MPH FOR BEST GLIDE SPEED. I SAW A COUNTY ROAD BUT IT HAD VEHICLES ON IT RUNNING NORTH/SOUTH. MY BEST BET WAS TO PUT THE AIRPLANE IN A CORN FIELD. AFTER GRAZING TOP OF CORN THE AIRPLANE DIVE IN + AFTER A SHORT DISTANCE FLIPPED UPSIDE DOWN. AFTER 7-10 MINUTES THE RIGHT REAR PLEXIGLASS WAS PUSHED OUT AND I EXITED THE AIRPLANE FOLLOWED BY MY PASSENGER. I STAYED WITH THE AIRCRAFT AND STOOD ON THE TAIL TRYING TO WAVE FOR HELP. MY PASSENGER WENT THROUGH THE CORN + WALKED 2 MILES TO A HOUSE WHERE 3 MEN THEN CALLED ON. THEY RETURNED TO THE SCENE FOLLOWED BY AMBULANCES WHERE WE WERE TAKEN TO A HOSPITAL IN DEERIN. AS FAR AS DAMAGE TO THE CORN, IN MY EAST TO WEST LANDING DIRECTION I BELIEVE THE AREA WAS A 100 FEET AREA THAT THE CORN WAS DESTROYED

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

Operator/Owner Safety Recommendation

AT THIS TIME I DO NOT KNOW HOW IT COULD HAVE BEEN PREVENTED AS I AM NOT SURE WHY THE ENGINE FAILED.

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 AM NOT SURE OF THE REASON FOR THE ENGINE FAILING.

Total Time/Cycles
On Part

_____ Hours
_____ Cycles

Time 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

THE RIGHT REAR PLEXIGLASS WAS PUSHED OUT. I CRAWLED OUT FIRST AND ASSISTED MY PASSENGER OUT OF THE PLANE INTO THE CORN FIELD.

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☐ 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

8/07/2023
*Immedityyy*Name of Pilot/Operator: DAMIAN D. DIETERSignature: 

- 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.

CEN23LA329

Reviewed by NTSB Regional Office

CEN

Name of Investigator

J.Brannen

Date Report Received

8/7/2023