

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>El Dorado</u> State: <u>AR</u> ZIP: _____ Country: <u>U.S.A.</u> Latitude: <u>33.17 N.</u> Longitude: <u>-92.6 W.</u> (Enter in decimal degrees or degrees minutes seconds)		Accident/Incident Date/Time Date: <u>09/23/2023</u> Local Time: <u>1630?</u> (UTC/GMT) Time Zone: <u>C</u>	
Collision with Other Aircraft: Midair On-ground <u>(None)</u>			

AIRCRAFT INFORMATION

Registration Number: <u>N47CD</u> Manufacturer: <u>Beechcraft</u> Model: <u>A36TC</u> Serial Number: _____ Year of Manufacture: <u>1990</u> Amateur-Built: Yes ☒ No ☐ If Yes, Kit/Plan: _____ Original Design: _____		IFR-Equipped and Certified Commercial Type Flight Unmanned Aircraft Maximum Gross Weight: <u>3400</u> to <u>3800</u> Weight at Time of Accident/Incident: <u>3270</u> to <u>3496</u> Number of Seats: <u>6</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>1</u> Passenger Seats: <u>5</u> Number of Engines: <u>1</u>	
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Category of Aircraft ☒ Airplane ☐ Helicopter ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Balloon ☐ Personal Lift ☐ Rocket ☐ Unmanned ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Restricted ☐ Limited ☐ Experimental ☐ Commuter ☐ Transport ☒ Special 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) ☒ Fixed ☒ Retractable ☐ Tailwheel ☐ Amphibian ☐ Emergency Run ☐ Float ☐ Ski ☐ Other Launch/Recovery System None Unknown	Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Fuel System Type (Reciprocating) Carburetor ☒ Fuel-Injected
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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)	Time Since Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type IRI-Flow Continuous Airworthiness AAD Conditional Inspection Annual Unknown Date Last Inspection: _____ Airframe Total Time: _____ 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: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ FSB No.: C91 (121.5 MHz) C91+ (121.5 MHz) C120 (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
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: _____		
Additional Equipment (Check all that apply) ☒ AFD ☐ Airframe Parachute ☐ Angle of Attack Indicator ☐ Antenna ☐ Data Recorder ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Maintenance Module ☐ Electronic Battery Flight Display ☐ Handheld GPS ☐ Heads Up Display ☐ Outboard Weather ☐ Fuel/Line-Leakage Detector ☐ Stall Warning System ☐ Voice Recording Device Other, Specify: _____		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: _____

City: _____

Fractional Ownership Aircraft: Yes No

State: _____ ZIP: _____

Country: _____

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

None
Flag Carrier Operating Certificate (FAR 121)
Supplemental
Air Cargo
Foreign Air Carriers (FAR 129)
Rotorcraft External Load (FAR 133)
Commuter Air Carrier (FAR 135)
On-Demand Air Taxi (FAR 135)
Commercial Air Tour (FAR 136)
Agricultural Aircraft (FAR 137)
Pilot School (FAR 141)
Certificate of Authorization or Waiver (COA)
Commercial Space Transportation
Experimental Permit
Commercial Space Transportation License
Other Operator of Large Aircraft

Regulation Flight Conducted Under

FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)
Armed Forces
Federal
State
Local
Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

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

Revenue Sightseeing 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: OSS AirportDistance From Airport Center: 3.2 smAirport Identifier: F43 - 3.2 S.E.Direction From Airport: 118 degrees trueProximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 256 ft. msl**Runway Information**

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

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water
Concrete Gravel Metal/Wood
Dirt Ice Snow Unknown

Condition of Runway/Landing Surface (Check all that apply)

Dry Snow-Compacted Water-Calm
Holes Snow-Crusted Water-Choppy
Ice Covered Snow-Dry Water-Glassy
Rough Snow-Wet Wet
Rubber Deposits Soft
Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)N/A

Taxi VFR Departure On Instrument Approach Downwind Low Approach
Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
Initial Climb Crosswind Aborted Landing (after touchdown)
Unknown

IFR Approach (Check all that apply)None

ADF/NDB PAR MLS Practice
SDF Sidestep LDA GPS
VOR/TVOR ILS ASR
VOR/DME Localizer Only Visual
TACAN LOC-back course Contact
RNAV Circling
Unknown

VFR Approach (Check all that apply)None

Traffic Pattern Stop and Go
Straight-In Touch and Go
Valley/Terrain Following Simulated Forced Landing
Go Around Forced Landing
Full Stop Precautionary Landing

Unknown

"FLIGHT CREWMEMBER 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 ☐ LAST 5 min																																																																																																			
"Flight Crewmember 2" Identification First Name: <u>John Wise</u> City of Residence: [REDACTED] Middle Initial: <u>P.</u> State: [REDACTED] ZIP: [REDACTED] Last Name: <u>Wise</u> Country: <u>U.S.A.</u> Age at time of Accident/Incident: <u>67</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 ☐ 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 <u>12/16/2022</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations <u>CONNECTICUT LICENSES</u>																																																																																																			
Medical Certificate Special Issuance <u>Expires 2026 - Heart Attack Dec 2017</u>																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/06/2023</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PA28</u> Model: <u>180</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 ☐																																																																																													
Type Ratings <u>N/A</u> <u>Control Tower Operator</u>						Student Endorsements (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>3247</td> <td>99</td> <td>2995</td> <td>252</td> <td>173</td> <td>60</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>2950</td> <td>99</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>2363</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>85</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>40</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>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										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	3247	99	2995	252	173	60					Pilot in Command (PIC)	2950	99									Time as Instructor	2363										This Make/Model											Last 90 Days	85										Last 30 Days	40										Last 24 Hours	4									
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Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KOAK</u>	Time: <u>1410</u>	Airport ID: <u>RHSD</u>	None VFR/IFR
City: <u>Gulf Shores, AL</u>		City: <u>Oklahoma City</u>	Company VFR <u>IFR</u>
State: <u>AL</u>	Time Zone: <u>C</u>	State: <u>OK</u>	Military VFR Unknown
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	VFR
			Activated? <u>Yes</u> No Unknown

None	Special VFR	Special IFR	VFR Flight Following	Cruise
VFR	IFR	VFR On Top	Traffic Advisory	Unknown / NA

Class A	Class G	Military Operations Area (MOA)	Special	Altitude of MSL Flight
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	Occurrence:
Class C	Warning Area	Jet Training Area	Unknown	<u>10000</u> ft msl
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility
National Weather Service	Company	Facility ID: _____
Flight Service Station	Military	Observation Time: _____
TV/Radio	Internet	Time Zone: _____
Automated Report	None	Distance from Accident Site: _____ nm
Commercial Weather Service (DUATS)	Unknown	Direction from Accident Site: _____ degrees true
On-Board Weather		

Basic Conditions	Light Condition			
VMC	Dawn	Dusk	Dark Night	Unknown
IMC	Day	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	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction <u>Variable</u> -or- Direction: _____ degrees true	Wind Speed <u>Calm</u> Light and Variable -or- Speed: _____ kts	Wind Gusts <u>Not Gusting</u> -or- Speed: _____ kts	Visibility <u>1.5</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation	Type of Precipitation <i>(Check all that apply)</i>			Restriction to Visibility <i>(Check all that apply)</i>	
Light	<u>None</u>	Drizzle	Freezing Rain	<u>None</u>	Fog
Moderate	Rain	Ice Pellets	Snow Shower	Blowing Dust	Ground Fog
Heavy	Snow	Snow Pellets	Ice Pellets Shower	Blowing Sand	Haze
N/A	Hail	Snow Grains	Freezing Drizzle	Blowing Snow	Ice Fog
Unknown	Rain Showers	Ice Crystals		Blowing Spray	Smoke
				Dust	Unknown

Icing Forecast		Icing Actual		Turbulence	
Amount	Type	Amount	Type	Type (Check all that apply)	Severity
None	N/A	None	N/A	None	Light
Trace	Rime	Trace	Rime	Clear Air	Moderate
Light	Clear	Light	Clear	Terrain-Induced	Severe
Moderate	Mixed	Moderate	Mixed	Convective Turbulence	Extreme
Severe	Unknown	Severe	Unknown		
Unknown		Unknown			

N/A.

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)

Landed Belly in Timber cutting area. I think we improved it.

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.

SENT via email previously.

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.)

**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)104 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 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

Both p.lots exited through only door**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

09/29/2023
mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

- or -

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: John Wise

Title: _____

Signature: John P. Wise

- or -

Check here to electronically sign this document

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN23LA419Reviewed by NTSB Regional Office
CentralName of Investigator
Mitchell GalloDate Report Received
09/29/23