

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location

Accident/Incident Date/Time	
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Collision with Other Aircraft:	Midair	On-ground	None
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IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft

Category of Aircraft

Landing Gear
(Check all that apply)

	Standard	Special
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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
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Engine	Engine Manufacturer	Engine Model/Series	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	ROTAX	S82	6025027	1997	64	115	115	115
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour	Continuous Airworthiness
AAIP	<u>Conditional Inspection</u>
Annual	Unknown

Date Last Inspection: 07-25-22
mm/dd/yyyy

Airframe Total Time: 342 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

Propeller 2

Fixed Pitch
Pitch
Ground Adjustable

Manufacturer: WARP DRIVE INC.
Model: 2 BLADE

ELT Installed: ☒ Yes ☐ No
If Yes:
ELT Manufacturer: AMERI-KING COR
Model or Part No.: AK-450 ELT(AE)CAP
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:

OWNER/OPERATOR INFORMATION				
Registered Aircraft Owner Name: <u>JOHN JEFFERY BORDELON</u>		City: <u>JENNINGS</u> State: <u>LA</u> ZIP: <u>70546</u> Country: <u>JEFF DAVIS</u>		
Fractional Ownership Aircraft: Yes ☐ No ☒				
Operator of Aircraft <i>Same As Registered Owner</i> Name: <u>BARTON TODD CARAWAY</u> Doing Business As: <u>N/A</u> Air Carrier/Operator Designator (4 Character Code): <u>N/A</u>		<i>Same Address as Registered Owner</i> City: <u>WELSH</u> State: <u>LA</u> ZIP: <u>70591</u> Country: <u>JEFF DAVIS</u>		
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 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: <u>N/A</u> Airport Identifier: <u>N/A</u> 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		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 Grass/Turf Macadam Water Concrete Gravel Metal/Wood Dirt Ice Snow Unknown				
Approach/Departure Segment (Select one) 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 (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

PilotCo-PilotStudent PilotFlight InstructorCheck PilotFlight EngineerOther Flight Crew

“Flight Crewmember 2” was pilot flyingYesNo

“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 NoneFatalMinorUnknownSerious	Seat Occupied LeftFrontRightRearCenterSingleUnknown	Restraint Type AvailableUsed NoneNoneLap onlyLap only3-point3-point4-point4-point5-point5-pointUnknownUnknown	Inflatable Restraints Not InstalledInstalledNot DeployedDeployedUnknown
Pilot Certificate(s) (Check all that apply) NoneFlight InstructorCommercialUS MilitaryPrivateRecreationalAirline TransportForeignStudentSportFlight Engineer			
Principal Occupation PilotOtherUnknown	Medical Certificate NoneClass 3Class 1Driver’s License (Sport Pilot only)Class 2Unknown	Medical Certificate Validity Without limitations/waiversUnknownWith limitations/waiversN/ASpecial 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)

NoneSingle-Engine LandSingle-Engine SeaMultiengine LandMultiengine Sea

Other Aircraft Rating(s) (Check all that apply)

NoneAirshipBalloonGliderGyroplaneHelicopterPowered Lift

Instrument Rating(s) (Check all that apply)

NoneAirplaneHelicopterPowered Lift

Instructor Rating(s) (Check all that apply)

NoneAirplane Single-EngineAirplane Multi-EngineGyroplanePowered LiftInstrument AirplaneInstrument HelicopterHelicopterGliderSport

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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ N/A Country: _____					Left Center Right		Front Rear Single Unknown		None Minor Serious 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 Used None None 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?			Total Flight Time at the Time of this Accident/Incident:						
Yes No			_____ hrs						
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown		None Minor Serious 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 Used None None 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?			Total Flight Time at the Time of this Accident/Incident:						
Yes No			_____ 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: _____ 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	
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	

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)

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.

Departure time: 7:30 am CST Jennings, LA (Airport 3R7)

Services obtained on aircraft: None

Intended destination: Jennings Airport 3R7 (after an approximate 2-hr. sightseeing flight around Jeff Davis Parish)

Narrative history: After sightseeing and taking a friend for a ride over his property, I flew by my house to look at the beginning stages of a runway that I'm building on my 5 acres. I had recently cut down trees which were on one side of this future runway. The runway-to-be is intersected by a 4-foot high, 3-strand electric fence.

I flew a simulated landing over the future runway to determine how far the above-mentioned fence needed to be moved for adequate take-off + landing. I flew the simulated landing approx. 6 to 7 feet off of the ground with intentions of adding power as I approached the fence; there was also a 3mph tailwind at this time.

Since I sustained a concussion as a result of the accident, I don't fully recall all that occurred. However, as there doesn't seem to be any obvious malfunction with the airplane itself, I'm assuming that, as I added power as I approached the fence, the plane must've settled enough that the tail skid of the plane must've caught the top wire of the fence. By doing so, it changed my heading from flying in a heading of around 180° (which would've put me flying between a pond on one side and a building on the other) to a heading of around 190-195°.

(continued on
next page...)

Continued...

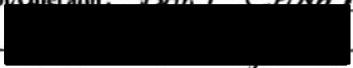
With the change of heading and the plane being only 27 yds. from the building structure while traveling at approx. 40 mph., there was not enough time for corrections to be made before the right wingtip struck the right corner of the building. After the wingtip made contact with the building, it pulled the plane towards the building at which point the right leading edge of the wing made contact with the eave of the building structure. When the plane cleared the opposite end of the building structure, it was no longer above flying speed. It hit the ground at a nose-down, left-wing-high angle, and then tumbled once into a different building - a nearby metal ^{building} structure - and came to rest upside down.

RECOMMENDATION (How could this accident/incident have been prevented?)			
Operator/Owner Safety Recommendation			
Assuming that what I perceived happened did indeed happen, the best way to prevent an accident from occurring is to maintain a higher ^{approach} speed and altitude when simulating landing approach when tail winds and small obstacles are present.			
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)	Fuel Type		
12 Gallons	80/87 100 Low Lead 100/130	115/145 Jet A Jet A-1	Jet B JP8 <u>Automotive</u> Other, specify 91 octane
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			
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		Pilot of Other Aircraft	
Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		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 <u>10/31/2023</u> mm/dd/yyyy	Name of Pilot/Operator: <u>BART CARRAWAY</u> Signature:  -- or -- Check here to electronically sign this document
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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. CEN23LA422	Reviewed by NTSB Regional Office CEN	Name of Investigator J.Brannen	Date Report Received 12/7/2023
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