

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: Potts Camp State: MS
 ZIP: 38659 Country: USA
 Latitude: 36.47°N Longitude: 89.31°W, 495'
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 12/03/2019 Local Time: 9:30 PM
 mm/dd/yyyy Time Zone: Central
 Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ No

AIRCRAFT INFORMATION

Registration Number: N2876Q
 Manufacturer: Cessna
 Model: 172L
 Serial Number: 172-598
 Year of Manufacture: 5/71
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft
 Maximum Gross Weight: 2300 lbs
 Weight at Time of Accident/Incident: 1800 lbs
 Number of Seats: 4 Flight Crew Seats: 0
 Cabin Crew Seats: 0 Passenger Seats: 3
 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>Lycoming</u>	<u>O320-E2D</u>	<u>L29743-27A</u>		<u>150</u>	<u>3778.4</u>	<u>10</u>	<u>224</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 10/13/19
 mm/dd/yyyy

Airframe Total Time: 3778.4 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: Small Fire Extinguisher

Propeller 1

☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCaughey

Model: 1C160/CFM

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

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: FLN-94

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Doug Woods

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: Collierville

State: TN

ZIP: 38017

Country: USA

Operator of Aircraft

☒ Same As Registered Owner

Name: Doug Woods

Doing Business As: _____

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

☒ Same Address as Registered Owner

City: _____

State: _____

ZIP: _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☒ None Private
- ☐ 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 Night Exp.
- ☐ 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: NA

Airport Identifier: _____

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

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)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind
- ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base
- ☐ Initial Climb ☐ Low Approach
- ☐ Go Around
- ☐ 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
- ☐ 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" 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: Roderick

Middle Initial: Doeg

Last Name: Woods

City of Residence: Collierville

State: TN

ZIP: 38017

Country: USA

Age at time of Accident/Incident: 60

Date of Birth: [REDACTED]

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

Principal Occupation

- ☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

- ☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Basic Med

Medical Certificate Validity

- ☒ Without limitations/waivers ☐ Unknown
☐ With limitations/waivers ☐ N/A
☐ Special Issuance

Date of Last Medical

8/02/19
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

None

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 11/4/19
mm/dd/yyyy

Flight Review Aircraft

Make: N2876Q

Model: 172L

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

None

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	530.1	348	530.1	—						
Pilot in Command (PIC)	450.5	348	450.5	—						
Time as Instructor	0	0	0	—						
This Make/Model										
Last 90 Days	32.3	32.3	32.3							
Last 30 Days	16.1	16.1	16.1							
Last 24 Hours	4.2	4.2	4.2							

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address

First Name: NA 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 ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

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

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 ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

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

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

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
☐ Crew ☐ Passenger ☐ Other

Seat

☐ Left
☐ Center
☐ Right
☐ Unknown
 Row: _____

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

Age

☐ Under 5
 If Under 5,
☐ Child R
☐ Lap-He
☐ Unknov

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
☐ Crew ☐ Passenger ☐ Other

☐ Left
☐ Center
☐ Right
☐ Unknown
 Row: _____

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

☐ Under 5
 If Under 5,
☐ Child R
☐ Lap-He
☐ Unknov

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
☐ Crew ☐ Passenger ☐ Other

☐ Left
☐ Center
☐ Right
☐ Unknown
 Row: _____

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

☐ Under 5
 If Under 5,
☐ Child R
☐ Lap-He
☐ Unknov

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
☐ Crew ☐ Passenger ☐ Other

☐ Left
☐ Center
☐ Right
☐ Unknown
 Row: _____

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

☐ Under 5
 If Under 5,
☐ Child R
☐ Lap-He
☐ Unknov

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: HTUP

City: Tupelo

State: MS

Country: USA

Time of Departure

Time: 9:00 PM

Time Zone: Central

Destination

Airport ID: KOLV

City: Oliver Branch

State: MS

Country: USA

Type Flight Plan Filed

☐ None
☐ Company VFR
☐ Military VFR
☒ VFR Flight Following
☐ VFR/IFR
☐ IFR
☐ Unknown
 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: _____ 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: KOLV ATIS

Observation Time: 7:00 PM

Time Zone: Central

Distance from Accident Site: 30 nm

Direction from Accident Site: West 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

Lowest Cloud Condition Height

NA ft agl

Ceiling

☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height

NA ft agl

Temperature: _____ (C) or 36 (F)

Dew Point: _____ (C) or ? (F)

Altimeter Setting: ? in. Hg
or _____ MB

Wind Direction

☐ Variable

270 ±
Direction: _____ degrees true

Wind Speed

☐ Calm
☐ Light and Variable

18 kts
Speed: _____ kts

Wind Gusts

☒ Not Gusting

18 kts
Speed: _____ kts

Visibility 10 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
☐ 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:
None Known

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)

Totaled by Insurance Company

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.

On 12/3/19 2876 Q made 2 flights. The first flight was for 1.5 hours with Andrea Lochly Han CFI. No indication of any issues or problems with 2876 Q were observed. The plane was refueled and preflighted. Full fuel ~~ex~~ was visually verified (40 Gallons) by climbing and looking into tanks. Upon verification of full fuel, UFA Flight Following was arranged by KOIV Ground @ around 7:00 PM. The plan was to fly from KOIV to KMHL to KTUP to KOIV at night to gain additional night flying experience. A slight deviation was made @ KMHL to view Xmas lights in Jackson, TN. A touch-n-go was performed ~~at~~ KMHL and the flight continued to KTUP @ 3,500 MSL. Same as previous leg of flight. A Touch-N-Go was performed @ KTUP and the flight turned to return to KOIV @ 3,000' MSL. The flight was flown @ 3,000' MSL because there was no advantage in climbing to 4,500' MSL. No signs of problems were observed or indicated until the engine abruptly quit. The pilot immediately slowed plane to 70 mph (Best Glide Speed) and completed Emergency checklist. The plane was restarted and ran for an additional 5 minutes, then failed.

See Page 11

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

Operator/Owner Safety Recommendation

1. At night pilots should realize they can over fly Landing Light.
2. At night flying an extra 1,500 feet higher would have probably allowed me to land on T8/22 with minimal incidence and saved the plane.

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.)

Probably so engine quit without warning

Major Repair 200 hours

Total Time/Cycles
On Part

3200 Hours

? Cycles

Time Since This Part
Inspected/Overhauled

Annual Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

See Fuel Calc Page 11 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

NA

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

Pilot extracted himself from plane and waited for EMS on wing. Transported to Baptist Collierville.

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

☐ Substantial

☐ Minor

☐ 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.

After, the engine stopped for the second time, the pilot maneuvered the airplane for an emergency landing. The airplane was able to clear 1 bridge, but by the time the second bridge came into view, the air speed had dropped making questionable if he could clear it. The pilot maneuvered the plane to the road side and cross the structure on the side where there was no concrete. Instead 2876Q hit a hill associated with the bridge bounced and flipped on its back.

Fuel Calc

40 Gallons Fuel Calc 38 Gallons Useable Burn Rate 8 GPH

Total Flight Time $38/8 = 4.75$ Hours

Total Flight Time 2.71 Hours Per Fore Flight Tech

Fuel Used $2.71 \times 8 \text{ GPH} = 21.68$ Gallons Burned

Useable Fuel Remaining $= 38 - 21.68$ Gallons Burned
 $= 16.32$ Gallons Remaining

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report
12/13/19
mm/dd/yyyy

Name of Pilot/Operator: Doug Woods

Signature: _____

-- 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.
 ERA20LA047

Reviewed by NTSB Regional Office
 ERA

Name of Investigator
 A McCar er

Date Report Received
 12/14 2019