

Nearest City/Place <u>HWY 412 E Jackson</u> State <u>TN</u> ZIP <u>38305</u> Country <u>USA</u> Latitude <u>35.6923</u> Longitude <u>-88.6834</u> (Enter in decimal degrees or degrees minutes seconds)		Date <u>09/22/2020</u> Local Time <u>3:20 pm</u> mm/dd/yyyy Time Zone <u>Central</u>																																																	
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None																																																			
AIRCRAFT INFORMATION																																																			
Registration Number: <u>N3298M</u> Manufacturer: <u>Atres Corporation</u> Model: <u>SAR-T45</u> Serial Number: <u>T45-010DC</u> Year of Manufacture: <u>95</u>		☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: _____ Flight Crew Seats _____ Cabin Crew Seats _____ Passenger Seats _____ Number of Engines: _____																																																	
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility </td> <td style="vertical-align: top;"> Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport </td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport	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 Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel-Injected																																														
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Serial</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Rated Power ☐ Horsepower or ☐ lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr><td>Eng. 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Eng. 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Eng. 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Eng. 4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	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 <u>300hr.</u> ☐ 60-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>Sept 2020</u> mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at (Select one) ☐ Last Inspection ☐ Time of Accident/Incident			Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: _____ Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____		
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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: _____		ELT Installed: ☐ Yes ☒ No If Yes: ELT Manufacturer: _____ 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		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: _____																																													

"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: Dustin

City of Residence: Troy

Middle Initial: L

State: TN

ZIP: 38260

Last Name: Lofton

Country: USA

Age at time of Accident/Incident: 31 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
☐ 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

Medical Certificate Validity

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

Date of Last Medical

01/22/2020
mm/dd/yyyy

Medical Certificate Limitations

1/6

Medical Certificate Special Issuance

1/6

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 07/01/2020
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 172

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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	6,577.5	4,705.8	6,577.5	0	49					
Pilot in Command (PIC)	6,432.5	4,705.8	6,432.5	0	41					
Time as Instructor	0	0	0	0	0					
This Make/Model					31.3					
Last 90 Days	649.5	647.5	649.5	0	8.5					
Last 30 Days	180	179	180	0	2					
Last 24 Hours	0	0	0	0	0					

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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)

60 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

I was Only occupant. unbuckled, opened door + got out.

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

Aircraft Registration Number

~~100-100000~~

Manufacturer:

Model:

N/A

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: _____

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)

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.

see attached.

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

Name of Pilot/Operator

Dustin I Lofton

09/25/2020

Signature:

[Redacted Signature]

mm/dd/yyyy

-- 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.
ERA20LA333

Reviewed by NTSB Regional Office
ERA

Name of Investigator
R Hicks

Date Report Received
9/25/2020

9-22-2020 Aircraft Incident

I was spreading cover crop seed on fields roughly 10 miles NE of KMKL airport. As I was finishing the load and had started to leave the field, the engine lost power. I was around 150-200 ft AGL when it occurred. Reaction time to figure out what was happening was non-existent. My main focus ~~was~~ was to make it past the subdivision I was over, by doing so I burnt off all remaining airspeed & altitude which made a successful landing impossible. I checked for cars on the road and seen it was clear so I squeezed it in between the trees and powerlines. As I closed in on the road I knew I did not have enough airspeed to land without damage. I ~~was~~ got it as low as I could before I was at stall speed. Approx. 15ft off the road I was out of airspeed and started to pull back as hard as I could to take as much momentum away from the hit as possible. At the same time I went through a single phase wire that crossed the road. That I never seen (which it wouldn't have mattered).

9-22-2020

The aircraft stalled onto the road from about 10ft high. The landing gear collapsed and the plane slid on its belly until the wing clipped a tree. That cause the plane to slide off the right side of the road and pivot into the tree line until the left wing struck a tree and came to a stop.

[REDACTED]
Pilot