

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

Accident/Incident Information

Accident/Incident Location

Nearest City/Place: KEKE State: FL

ZIP: 33309 Country: USA

Latitude: 22.411.8 Longitude: 80.10.2

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

Accident/Incident Date/Time

Date: 07/02/2021 Local Time: 0710

mm/dd/yyyy

Time Zone: EASTERN

Collision with Other Aircraft: Midair On-ground None

Aircraft Information

Registration Number: N4550Q

Manufacturer: CESSNA

Model: C-441A

Serial Number: 402A0050

Year of Manufacture: 1969

Amateur-Built: Yes If Yes: Kit/Plans Make: _____

NO

Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 6300 lbs

Weight at Time of Accident/Incident: 6252 lbs

Number of Seats: 00 Flight Crew Seats: 01

Cabin Crew Seats: _____ Passenger Seats: 06

Number of Engines: Two

Category of Aircraft

Airplane
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

Special

Normal

Aerobatic

Balloon

Commuter

Transport

Utility

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

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	<u>CONTINENTAL</u>	<u>T510-520 G</u>	<u>275256R</u>	<u>1969</u>	<u>300</u>	<u>1504</u>	<u>74.3</u>	<u>49.3</u>
Eng. 2	<u>CONTINENTAL</u>	<u>T510-520 G</u>	<u>275303R</u>	<u>1969</u>	<u>300</u>	<u>1504</u>	<u>74.3</u>	<u>374.8</u>
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

AAIP

Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 4-29-21

mm/dd/yyyy

Airframe Total Time: 1504 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

Manufacturer: McCulloch

Model: 3AF32C504-C

ELT Installed: Yes No

If Yes:

ELT Manufacturer: LAPOO ELT-10

Model or Part No.: ELT-10

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

L/A

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: McCulloch

Model: 3AF32C87R

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 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: <u>MICHAEL MARTINO</u> Middle Initial: <u>E</u> Last Name: <u>MARTINO</u> Age at time of Accident/Incident: <u>66</u> Date of Birth: <u>1954</u> mm/dd/yyyy Certificate Number: <u> </u> City of Residence: <u>PLANTATION</u> State: <u>FL</u> ZIP: <u>33324</u> Country: <u>USA</u>																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Serious		Seat Occupied ☒ Left ☐ Right ☐ Center		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 ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☒ Commercial ☒ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign																																																																																											
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 1 ☒ Class 2		Medical Certificate Validity ☒ Without limitations/waivers ☒ With limitations/waivers ☐ Special Issuance		Date of Last Medical <u>11/02/2021</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>MUST WEAR CORRECTIVE LENSES</u>																																																																																																			
Medical Certificate Special Issuance <u>NONE</u>																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/07/2021</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>C-402A CESSNA</u> Model: <u>402A</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>OC-8</u> <u>B767/757</u> <u>BE 350</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><u>10000</u></td> <td><u>300</u></td> <td><u>3500</u></td> <td><u>18000</u></td> <td><u>10000</u></td> <td><u>9900</u></td> <td><u>100</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td><u>10000</u></td> <td><u>300</u></td> <td><u>2200</u></td> <td><u>15000</u></td> <td><u>9800</u></td> <td><u>9900</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></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><u>40</u></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><u>20</u></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></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	<u>10000</u>	<u>300</u>	<u>3500</u>	<u>18000</u>	<u>10000</u>	<u>9900</u>	<u>100</u>				Pilot in Command (PIC)	<u>10000</u>	<u>300</u>	<u>2200</u>	<u>15000</u>	<u>9800</u>	<u>9900</u>					Time as Instructor											This Make/Model											Last 90 Days	<u>40</u>										Last 30 Days	<u>20</u>										Last 24 Hours										
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	<u>10000</u>	<u>300</u>	<u>3500</u>	<u>18000</u>	<u>10000</u>	<u>9900</u>	<u>100</u>																																																																																												
Pilot in Command (PIC)	<u>10000</u>	<u>300</u>	<u>2200</u>	<u>15000</u>	<u>9800</u>	<u>9900</u>																																																																																													
Time as Instructor																																																																																																			
This Make/Model																																																																																																			
Last 90 Days	<u>40</u>																																																																																																		
Last 30 Days	<u>20</u>																																																																																																		
Last 24 Hours																																																																																																			

Last Departure Point Airport ID: <u>KFYE</u> City: <u>FT. LAUDERDALE</u> State: <u>FL</u> Country: <u>USA</u>		Time of Departure Time: <u>0705</u> Time Zone: <u>EAST</u>		Destination Airport ID: <u>MYAT</u> City: _____ State: _____ Country: <u>PANAMA</u>		Type Flight Plan Filed None ☐ <u>VFR/IFR</u> Company VFR ☐ <u>IFR</u> Military VFR ☐ <u>Unknown</u> VFR ☐ <u>Unknown</u> Activated? Yes ☐ <u>No</u> Unknown ☐	
Type of ATC Clearance/Service (Check all that apply) None ☐ <u>VFR</u> Special VFR ☐ IFR Special IFR ☐ VFR On Top ☐ <u>VFR Flight Following</u> ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA							
Airspace where the accident/incident occurred (Check all that apply) Class A ☐ Class B ☐ <u>Class C</u> 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: <u>00</u> ft msl							
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 ☐ <u>Internet</u> ☐ None ☐ Unknown ☐				Weather Observation Facility Facility ID: <u>KFYE</u> Observation Time: <u>0650</u> Time Zone: <u>EAST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true			
Basic Conditions <u>VMC</u> ☐ IMC ☐ Unknown ☐		Light Condition <u>Dawn</u> ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown ☐					
Sky/Lowest Cloud Condition <u>Clear</u> ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown ☐		Ceiling <u>None (Clear)</u> ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown ☐		Temperature: <u>23</u> (C) or <u>23</u> (F) Dew Point: <u>23</u> (C) or _____ (F) Altimeter Setting: <u>30.01</u> in. Hg or _____ MB			
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl					
Wind Direction <u>Variable</u> ☐ -or- _____ degrees true		Wind Speed <u>Calm</u> ☐ <u>Light and Variable</u> ☐ -or- _____ kts		Wind Gusts <u>Not Gusting</u> ☐ -or- _____ kts		Visibility <u>0.9</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation Light ☐ Moderate ☐ Heavy ☐ <u>N/A</u> ☐ Unknown ☐		Type of Precipitation (Check all that apply) <u>None</u> ☐ 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 <u>None</u> ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown ☐ Type <u>N/A</u> ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☐		Icing Actual Amount <u>None</u> ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown ☐ Type <u>N/A</u> ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown ☐		Turbulence Type (Check all that apply) <u>None</u> ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence ☐ Severity <u>Light</u> ☐ Moderate ☐ Severe ☐ Extreme ☐			
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:							

Operator/Owner Safety Recommendation

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

100

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

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

MAIN DOOR

ALL

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 use if necessary)

Use this space if additional space is needed for any answers.

VERIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

07/19/2021
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:

Title:

Signature:

-- or --

Check here to electronically sign this document

NTSB Accident/Incident No.
ERA21LA281

Reviewed by NTSB Regional Office
ERA

Name of Investigator
GERHARDT, ADAM

Date Report Received
7/19/2021