

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowlings, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving pleasure or personal training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

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>TAMPA / TPE</u> State: <u>FL</u> ZIP: <u>33606</u> Country: <u>USA</u> Latitude: <u>27°51.040</u> Longitude: <u>82°30.049</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>11/15/2021</u> Local Time: <u>10:15 AM</u> mm/dd/yyyy Time Zone: <u>EST</u> Collision with Other Aircraft: Midair On-ground <u>None</u>	
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AIRCRAFT INFORMATION

Registration Number: <u>N 21890</u> Manufacturer: <u>MOONEY</u> Model: <u>M-20-M</u> Serial Number: <u>17-0293</u> Year of Manufacture: <u>2000</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design	IFR-Equipped and Certified ☒ Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>4</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>
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Category of Aircraft Airplane ☒ Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Special Normal ☒ Restricted Aerobatic Limited Balloon Provisional Commuter Special Flight Transport Experimental Utility 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 ☒
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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)	Overhaul (hours)
Eng. 1	<u>LYCOMING</u>	<u>T1D-540-D</u>	<u>LS10493-61A</u>	<u>02-22-00</u>	<u>270</u>	<u>1246</u>	<u>1228</u>	<u>N/A</u>
Eng. 2		<u>AF1-B</u>						
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour AAIP ☒ Annual Continuous Airworthiness Conditional Inspection Unknown Date Last Inspection: <u>07-13-2021</u> mm/dd/yyyy Airframe Total Time: <u>1246</u> hrs hours measured at (Select one) ☒ Last Inspection Time of Accident/Incident	Propeller 1 Fixed Pitch Controllable Pitch ☒ Ground Adjustable Manufacturer: <u>MCCALL</u> Model: <u>133032C417-D</u>	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>N/A</u> Model: <u>N/A</u>	
Type of Maintenance Program (Select one) Annual ☒ Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ARTEX-345</u> Model or Part No.: <u>AJ-06-2883</u> 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		
Description of Fire Extinguishing System None ☒ Specify: _____	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: ROBERT LYNN McNORTON

Fractional Ownership Aircraft: Yes ☐ No ☒

City: CANTON MA

State: FI ZIP: 32533

Country: USA

Operator of Aircraft

Same As Registered Owner

Name: ROBERT LYNN McNORTON

Doing Business As: NA

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

Same Address as Registered Owner

City: CANTON MA

State: FI ZIP: 32533

Country: USA

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

Domestic
International

Passenger
Cargo
Mail Contract Only

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

(Select one)

Aerial Application
Aerial Observation
Air Drop
Air Race/Show
Banner Tow
Business
Executive/Corporate
External Load
Ferry

Firefighting
Flight Test
Glider Tow
Instructional
Other Work Use
Personal
Positioning
Skydiving

Unknown

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: PETER O Knight

Airport Identifier: KTPF

Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: 1/2 sm

Direction From Airport: 02 degrees true

Airport Elevation: 7 ft. msl

Runway Information

Runway ID: 04 (L/R/C) Length: 3583 ft Width: 100 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 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
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: ROBERT

City of Residence: PENSACOLA

Middle Initial: L

State: FL ZIP: 32534

Last Name: MCMORTON

Country: USA

Age at time of Accident/Incident: 70 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

☒ None
☐ Fatal
☐ Minor
☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☒ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ 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

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

07/08/2021
mm/dd/yyyy

Medical Certificate Limitations

EYE GLASSES

Medical Certificate Special Issuance

PI # [REDACTED]
MID # [REDACTED]
APP ID # [REDACTED]

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 05/07/2020
mm/dd/yyyy

Flight Review Aircraft

Make: MOONEY
Model: M 20 M

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
☐ Glider
☐ 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	2483	1294	2483	6.5	114.9	214.3	169.3	0	0	0
Pilot in Command (PIC)	2410	1294	2410	0	114.9	214.3	169.3			
Time as Instructor	0	0	0	0	0	0	0			
This Make/Model					28.3	87.2	56.5			
Last 90 Days	10.9	10.9	10.9	0	0	0	2.1			
Last 30 Days	3.5	3.5	3.5	0	0	0	0			
Last 24 Hours	.8	.8	.8	0	0	0	0			

"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

"Flight Crewmember 2" Identification

First Name: NA

Middle Initial: _____

Last Name: _____

City of Residence: NONE

State: _____ ZIP: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury None Minor Serious	Seat Occupied Left Right Center	Front Rear Single	Unknown	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 Class 3 Driver's License (Sport Pilot only) Unknown			Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A		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) 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
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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: _____		Left	Front	None	
Middle Initial: _____	State: _____	ZIP: _____	Center	Rear	Minor	
Last Name: _____	Country: _____		Right	Single	Serious	
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____		Left	Front	None	
Middle Initial: _____	State: _____	ZIP: _____	Center	Rear	Minor	
Last Name: _____	Country: _____		Right	Single	Serious	
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

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: _____		Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
Crew	Passenger	Other	Row: _____		Unknown	Unknown		
First Name: _____	City: _____		Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
Crew	Passenger	Other	Row: _____		Unknown	Unknown		
First Name: _____	City: _____		Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
Crew	Passenger	Other	Row: _____		Unknown	Unknown		
First Name: _____	City: _____		Left Center Right Unknown	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
Crew	Passenger	Other	Row: _____		Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KLAA</u> City: <u>LAKELAND</u> State: <u>FL</u> Country: <u>USA</u>	Time of Departure Time: <u>9 AM</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>KGNV</u> City: <u>GAINESVILLE</u> State: <u>FL</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR 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
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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: <u>TPA</u> Observation Time: <u>9 AM</u> Time Zone: <u>Eastern</u> Distance from Accident Site: <u>4</u> nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
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Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown Lowest Cloud Condition Height <u>No clouds</u> ft agl	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height <u>Unlimited</u> ft agl	Temperature: _____ (C) or <u>70</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction Variable -or- Direction: <u>360</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>5-7</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10 +</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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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
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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
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NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

NONE

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)

AIRCRAFT DESTROYED / OTHER PROPERTY - NONE

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.

- SEE ATTACHED

STATEMENT: (describe accident in detail - Use reverse side if additional space is needed)

Nov. 15, 2021 App. 8:30 AM Local Time I departed TPF to LAH App 1000 ft. Landed to pickup a passenger Don Whitman. Flt was normal with no abnormalities. Departed LAH to GNV - Normal Take off - Contacted TPA departure for flt following - and was cleared to 4000 ft. in Route to GNV. AT App 3000 ft + 10 min into flt I noticed TIT temperature was high above 1600 degrees + in Red Zone Also Notice A Clear Liquid on the lower part of wind shield. I Reduced Power Setting fm climb setting to Slow Cruise setting which lowered my TIT to safe temperature. Was cleared to 4500 ft fm TPA departure and leveled @ 4500 ft. App 15 min into the flt I decided to Return to TPF to get problem checked out. I notified TPA of my intentions and was cleared direct to TPF @ 4500 ft

PAGE # 1-A (over)

- AT THIS POINT INTO THE FLT ENGIN WAS RUNNING GOOD AND TIT TEMP WAS IN THE NORMAL RANGE. CLEAN WINDSHIELD WAS INCREASING C LOWER PART OF WINDSHIELD.
- APP. 8 MI NORTH OF TPF I STARTED MY DESCENT AND REDUCED POWER FOR A LANDING ON RWY 04 - TPF. TPA APPROACH NOTIFIED ME THERE WAS OTHER AIRCRAFT IN THE PATTERN - TPF, AND RELEASED ME TO CONTACT TPF LOCAL FREQUENCY FOR LANDING, WHICH I DID ANNOUNCE.
- ON MY DOWN WIND LEG APP 220° AND APP 1500 FT I TURNED BASE LEG AND LOWERED GEAR (AT THIS POINT OF LANDING ENGINE SOUNDED AND PASSENGER OK)
- AT APP 1000 FT I TURNED TO FINAL FOR RWY 4 AND ATTEMPTED TO ADD SOME EXTRA POWER TO MAKE THE RUNWAY FOR NORMAL LANDING.
- AT THIS POINT I DISCOVERED ENGINE DID NOT RESPOND SO I ADDED FULL POWER BUT NO RESPONSE. LAST TIME I LOOKED MY ALTIMETER IT WAS 800 FT AND I REALIZED I WAS NOT GOING TO MAKE THE RUNWAY AND HAD TO LAND IN THE WATER.
- I CHANGED MY HEADING 050°, RAISED THE LANDING GEAR, GOT WINGS LEVEL + NOSE UP, SLOWED AIRPLANE AND LANDING INTO THE WATER. LANDING WAS SMOOTH.
- AFTER LANDING I THANKED GOD FOR A SMOOTH LANDING AND NO ONE WAS INJURED AND MY PASSENGER WAS SAFE.
- I WAS ABLE GRAB (1) INFLATIBLE LIFE JACKET BUT COULD NOT REACH #2 JACKET. MY PASSENGER INFLATED HIS LIFE JACKET AND I WAS ABLE TO HOLD ON TO HIM AFTER WE EXITED THE RIGHT WING.
- A LADY IN A LSA - SEA PLANE HEARD THE DISTRESS CALL AND WAS ABLE TO SPOT US AND LANDED BEHIND US AS WE FLOATED AWAY FROM THE AIRCRAFT. SHE WAS ABLE TO GET A LIFE VEST ON ME. WE COULD SEE THE TAMPA MARINE POLICE COMING AS WELL. WE WERE BOTH PICKED UP BY MARINE BOAT + TAKEN TO SHORE. WE WAS IN THE WATER APP 20-30 MINUTES TOTAL.
- WEATHER WAS VFR - NO CLOUDS IN THE SKY. WIND WAS OUT OF THE NORTH @ 5-10 KNOTS. TEMPERATURE WAS 70° WATER WAS CALM. VISIBILITY UNLIMITED

PAGE # 2-A

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

Operator/Owner Safety Recommendation

Do Not Know / ENGINE Failure

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
____ CyclesTime Since This Part
Inspected/Overhauled25 Hours
Annual Inspect

FUEL LEAKAGE / Do Not Know What CAUSE WAS

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

70 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

NONE

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

1 - Pilot (AND) 1 - Passenger - Exit thru Door

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

NONE

Damage to Other Aircraft

Destroyed
SubstantialMinor
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.

- NONE -

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

Date of this Report

12/27/2021
mm/dd/yyyy

Name of Pilot/Operator: Robert Lynn McDorton

Signature: [REDACTED]

-- 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.

ERA22LA064

Reviewed by NTSB Regional Office

Ashburn, VA

Name of Investigator

Monville

Date Report Received

12/27/2021