

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: Lexington State: SC

ZIP: _____ Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 01/13/2022 Local Time: 13:26
mm/dd/yyyy

Time Zone: EST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N879CD

Manufacturer: Circus

Model: SR22

Serial Number: 292

Year of Manufacture: 2002

Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 3400 lbs

Weight at Time of Accident/Incident: 2900 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 2

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 **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)

Tricycle Retractable
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/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	<u>Continental</u>	<u>I0-550</u>	<u>686341</u>	<u>2002</u>	<u>310</u>	<u>2420</u>	<u>12</u>	<u>2420</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: _____
mm/dd/yyyy

Airframe Total Time: _____ 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: Hartzell
Model: PHC-13VF-1RF

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
Soft Fire Damage
landing 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: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Ridgeland Partners LLCCity: WilmingtonState: DE ZIP: 19810Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: Tom Whitted

Same Address as Registered Owner

City: Greenville

Doing Business As: _____

State: SC ZIP: 29607

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

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

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

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: N/A

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

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 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: <u>Thomas</u> Middle Initial: <u>M.</u> Last Name: <u>Whitted</u> City of Residence: <u>Greenville</u> State: <u>SC</u> ZIP: <u>29607</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>64</u> Date of Birth: [REDACTED] mm/dd/yyyy																																																																																																			
Certificate Number: [REDACTED]																																																																																																			
Degree of Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		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				Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A			Date of Last Medical <u>10/13/2021</u> mm/dd/yyyy																																																																																												
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown <u>CEO non profit</u>		Medical Certificate ☐ None ☐ Class 1 ☐ Class 2 ☒ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown		Medical Certificate Limitations <u>None</u>			Medical Certificate Special Issuance <u>N/A</u>																																																																																												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/01/2021</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Circus</u> Model: <u>SR22</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 ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																													
Type Ratings						Student Endorsements (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1975</td> <td>1900</td> <td>1975</td> <td></td> <td></td> <td>500</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1975</td> <td>1900</td> <td>1975</td> <td></td> <td></td> <td>500</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></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></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	1975	1900	1975			500					Pilot in Command (PIC)	1975	1900	1975			500					Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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"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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____												
Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			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) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			Date of Last Medical _____ _____					
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown			Medical Certificate Limitations 			Medical Certificate Special Issuance 				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ _____				Flight Review Aircraft Make: _____ Model: _____								
Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport						
Type Ratings 						Student Endorsements <i>(Include dates)</i> 						
Flight Time <i>(Enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air	
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: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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 None 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					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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 None 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			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: <u>Katherine</u> City: <u>Greenville</u> Middle Initial: <u>K.</u> State: <u>SC</u> ZIP: <u>29607</u> Last Name: <u>Whitted</u> Country: <u>USA</u> 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	
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KGMU</u> City: <u>Greenville</u> State: <u>SC</u> Country: <u>USA</u>	Time of Departure Time: <u>1:00 PM</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>KCHS</u> City: <u>Charleston</u> State: <u>SC</u> Country: <u>USA</u>	Type Flight Plan Filed None VFR/IFR Company VFR IFR Military VFR Unknown VFR - <u>flight following</u> Activated? <u>Yes</u> No Unknown
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Type of ATC Clearance/Service (Check all that apply)			
None	Special VFR	Special IFR	VFR Flight Following
VFR	IFR	VFR On Top	Cruise Traffic Advisory
Airspace where the accident/incident occurred (Check all that apply)			Altitude of In-Flight Occurrence:
Class A	Class G	Military Operations Area (MOA)	Special
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area
Class C	Warning Area	Jet Training Area	Unknown
Class D	Prohibited Area	TRSA	
Class E	Restricted Area	FAR 93	
			<u>5500</u> ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
National Weather Service Flight Service Station TV/Radio <u>Automated Report</u> <u>Commercial Weather Service (DUATS)</u> <u>On-Board Weather</u>	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true

Basic Conditions <u>VMC</u> IMC Unknown	Light Condition Dawn <u>Day</u> 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
Lowest Cloud Condition Height <u>12000</u> ft agl	Ceiling Height _____ ft agl
Temperature: _____ (C) or <u>50</u> (F)	Dew Point: _____ (C) or _____ (F)
Altimeter Setting: <u>?</u> in. Hg or _____ MB	

Wind Direction <u>Variable</u> -or- Direction: _____ degrees true	Wind Speed <u>Calm</u> Light and Variable -or- Speed: _____ kts	Wind Gusts <u>Not Gusting</u> -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)	Restriction to Visibility (Check all that apply)
<u>None</u> Rain Snow Hail Rain Showers	Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals	<u>None</u> Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown

Icing Forecast	Icing Actual	Turbulence
Amount <u>None</u> Trace Light Moderate Severe Unknown	Amount <u>None</u> Trace Light Moderate Severe Unknown	Type (Check all that apply) <u>None</u> Clear Air Terrain-Induced Convective Turbulence
Type N/A Rime Clear Mixed Unknown	Type N/A Rime Clear Mixed Unknown	Severity Light Moderate Severe Extreme

NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

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)*

No other property damage. Plane has blown engine, missing doors, extended parachute. Plane was on the bottom of Lake Murray for 24 hours,

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 →

1/14/22

N879CD Incident on Lake Murray – 1/13/22

Tom Whitted (pilot/owner) and spouse were going to Charleston, SC for 2 nights. I checked the oil and added one quart. I triple checked the dipstick after it was reinserted. The plane had about 35 gallons of fuel (visual inspection of tanks.) I added 18 gallons before takoff.

We asked for Flight Following to KCHS at 5500 feet. The sky was clear and winds were light. The runup revealed nothing strange.

We took off at 12:59 PM (Flightaware).

Approximately 20 minutes into the flight, the red oil annunciator light came on and the oil pressure gauge went to 0 psi. The tachometer showed that the engine was overspeeding well beyond redline. I pulled back the throttle half way to see if I could save the engine.

I called the KCAE approach controller and told her we had a problem. She said we could land there if that would help. At that point the engine was no longer running and there was smoke boiling out of the engine compartment. I declared an emergency with the controller and began looking for the best place to pull the chute. At that moment we were over the middle of the lake and it would have been a difficult swim. We attempted to get as close as possible to shore before we pulled the chute. When we reached 2000 feet, we were in a pretty good spot so we pulled the chute. That was around 1:25 PM.

When we hit the water, I knew from previous chute stories that the plane would stay up for perhaps 10 minutes. The chute was still inflated and dragging us closer to shore so we stayed in the plane for a couple of minutes. At some point the chute started pulling us away from shore so we jumped in and swam.

The EMS checked us out and were satisfied that we had no injuries.

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

Operator/Owner Safety Recommendation

Not sure.

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.)

Engine lost oil pressure & threw a rod.

Total Time/Cycles
On Part2420 Hours
CyclesTime Since This Part
Inspected/Overhauled

2420 Hours

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

53 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

Added one quant of oil.

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

used airframe parachute to descend from 2000 feet into Lake Murray. Exited pilot door & swim.

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
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.

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

Date of this Report

01/19/2022
mm/dd/yyyy

Name of Pilot/Operator:

Tay Whitte

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.

ERA22LA109

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Peter Wentz

Date Report Received

1/19/2022