

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Elios H. Salameh

City: _____

Fractional Ownership Aircraft: Yes ☐ No ☒

State: _____ ZIP: _____

Country: _____

Operator of Aircraft

Same As Registered Owner

Name: Fly Gateway

Same Address as Registered Owner

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

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 5 miles of an airport)

Airport Name: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

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/TWOR 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>David E. Kunkle</u> Middle Initial: <u>[REDACTED]</u> Last Name: <u>Allentown, Pa. 18104</u> City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: <u>65</u> Date of Birth: <u>5/24/56</u> mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury None ☒ Fatal ☐ Minor ☐ Unknown ☐ 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 ☐		Medical Certificate Validity Without limitations/waivers ☐ With limitations/waivers ☒ Special Issuance ☐		Date of Last Medical <u>05/2021</u> mm/dd/yyyy																																																																																								
Principal Occupation Pilot ☐ Other ☐ Unknown ☒		Medical Certificate None ☐ Class 1 ☐ Class 2 ☒			Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown ☐			Medical Certificate Limitations <u>Glasses</u>		Medical Certificate Special Issuance 																																																																																										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/05/2021</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>PA-43</u> 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 ☐																																																																																										
Type Ratings 					Student Endorsements (Include dates) 																																																																																															
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make & Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="text-align: center; padding: 5px;">2975</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="text-align: center; padding: 5px;">2801</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="text-align: center; padding: 5px;">385</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="text-align: center; padding: 5px;">7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="text-align: center; padding: 5px;">1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="text-align: center; padding: 5px;">0</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	2975										Pilot in Command (PIC)	2801										Time as Instructor	385										This Make/Model											Last 90 Days	7										Last 30 Days	1										Last 24 Hours	0									
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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: _____				City of Residence: _____							
Middle Initial: _____				State: _____			ZIP: _____				
Last Name: _____				Country: _____							
Age at time of Accident/Incident: _____				Date of Birth: _____			mm/dd/yyyy				
Certificate Number: _____											
Degree of Injury		Seat Occupied			Restraint Type			Inflatable Restraints			
None	Fatal	Left	Front	Unknown		Available		Used		Not Installed Installed Not Deployed Deployed Unknown	
Minor	Unknown	Right	Rear			None	None				
Serious		Center	Single			Lap only	Lap only				
						3-point	3-point				
						4-point	4-point				
Pilot Certificate(s) (Check all that apply)					Restraint Type			Inflatable Restraints			
None		Flight Instructor		Commercial		Unknown		Unknown			
Private		Recreational		Airline Transport							
Student		Sport		Flight Engineer							
				US Military Foreign							
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
Pilot	None		Class 3		Without limitations/waivers			Unknown		mm/dd/yyyy	
Other	Class 1		Driver's License (Sport Pilot only)		With limitations/waivers			N/A			
Unknown	Class 2		Unknown		Special Issuance						
Medical Certificate Limitations											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: _____				Flight Review Aircraft							
mm/dd/yyyy				Make: _____							
				Model: _____							
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
None		None		None		Instrument Airplane Instrument Helicopter Helicopter Glider Sport					
Single-Engine Land		Airship		Airplane							
Single-Engine Sea		Balloon		Helicopter							
Multiengine Land		Glider		Powered Lift							
Multiengine Sea		Gyroplane									
		Helicopter									
		Powered Lift									
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
Total Time							Actual	Simulated			
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

ADDITIONAL FLIGHT CREWMEMBERS (Include only crew members on separate sheet if necessary)										
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Front Center Rear Right Single Unknown		Injury 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 Not Installed Installed Not Deployed Deployed Unknown			
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs							
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Front Center Rear Right Single Unknown		Injury 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 Not Installed Installed Not Deployed Deployed Unknown			
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs							
PASSENGER(S) / OTHER PERSONNEL (Include only crew members on separate sheet if necessary)					Seat	Injury	Restraint Type		Inflatable Restraints	Age
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
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
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
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

FLIGHT ITINERARY INFORMATION

Last Departure Point		Time of Departure	Destination	Type Flight Plan Filed	
Airport ID: _____		Time: _____	Airport ID: _____	None	VFR/IFR
City: _____		Time Zone: _____	City: _____	Company VFR	IFR
State: _____			State: _____	Military VFR	Unknown
Country: _____			Country: _____	VFR	
				Activated?	Yes No Unknown

Type of ATC Clearance/Service (Check all that apply)					
None	Special VFR	Special IFR	VFR Flight Following	Critical	
VFR	IFR	VFR On Top	Traffic Advisory	Unknown / NA	
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			

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility
National Weather Service	Company	Facility ID: _____
Flight Service Station	Military	Observation Time: _____
TV/Radio	Internet	Time Zone: _____
Automated Report	None	Distance from Accident Site: _____ nm
Commercial Weather Service (DUATS)	Unknown	Direction from Accident Site: _____ degrees true
On-Board Weather		

Basic Conditions	Light Condition
VMC	Dawn
IMC	Dusk
Unknown	Dark Night
	Day
	Night
	Bright Night
	Unknown

Sky/Lowest Cloud Condition	Ceiling	Temperature: _____ (C) or _____ (F)
Clear	None (Clear)	Dew Point: _____ (C) or _____ (F)
Few	Broken	Altimeter Setting: _____ in. Hg
Partial Obscuration	Overcast	or _____ MB
Scattered	Obscured	
	Indefinite	
	Unknown	
Lowest Cloud Condition Height	Ceiling Height	
_____ ft agl	_____ ft agl	

Wind Direction	Wind Speed	Wind Gusts	Visibility
Variable	Calm	Not Gusting	_____ miles
-or-	Light and Variable		RVR: _____ feet
Direction: _____ degrees true	Speed: _____ kts	Speed: _____ kts	RVV: _____ miles
			Density Altitude: _____ ft

Intensity of Precipitation	Type of Precipitation (Check all that apply)			Restriction to Visibility (Check all that apply)
Light	None	Drizzle	Freezing Rain	None
Moderate	Rain	Ice Pellets	Snow Shower	Fog
Heavy	Snow	Snow Pellets	Ice Pellets Shower	Ground Fog
N/A	Hail	Snow Grains	Freezing Drizzle	Haze
Unknown	Rain Showers	Ice Crystals		Ice Fog
				Smoke
				Unknown

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

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

On 5/9/22 we were conducting a training flight in a DA-42 northwest of Allentown Pa. ATC required us to maintain below 5000 for traffic. We conducted a simulated engine securing drill. We followed the checklist and successfully secured the right engine. During the process we lost a few hundred feet. Using the checklist we initiated restart procedure. The restart procedure took some time to complete. We slowly increased manifold pressure in order to keep shock cooling to a minimum. As we slowly advanced the throttle, it became apparent the engine was not producing power, only windmilling. We went through the checklist again in order to restore engine power without success. We were descending and abeam the ridge tops, and believed our only option was an off field landing. We selected a field and executed a landing. Touchdown was smooth and under control. We slid into a ditch by the side of a crossing road and the aircraft inverted. We shut down the fuel and master and exited the aircraft.

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)

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 attachment 3

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.)

Right engine failure,

Total Time/Cycles
On Part

Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

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

58

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

we kicked out the canopy.

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

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 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

06/04/2022
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

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA22LA237

Reviewed by NTSB Regional Office

AS-ERA

Name of Investigator

T. GUNTHER

Date Report Received

6/10/2022