

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: Ticonderoga State: NH
 ZIP: 12883 Country: 486 Main Airport
 Latitude: _____ Longitude: _____
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05-25-2022 Local Time: 4:00 PM
 mm/dd/yyyy Time Zone: Eastern

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N7410B
 Manufacturer: Aerovox
 Model: Champ 700
 Serial Number: 2FC-442
 Year of Manufacture: 1958
 Amateur-Built: Yes ☒ No ☐ If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 1350 lbs
 Weight at Time of Accident/Incident: 1300 lbs
 Number of Seats: 2 Flight Crew Seats: —
 Cabin Crew Seats: — Passenger Seats: 1
 Number of Engines: _____

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility Special ☐ 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 ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ 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
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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>Lycoming</u>	<u>O-235</u>	<u>L-2698-15</u>	<u>P</u>	<u>115</u>	<u>2613</u>	<u>2597</u>	<u>315.2</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☒ 400-Hour ☐ AAIP ☐ Annual Continuous Airworthiness Conditional Inspection Unknown Date Last Inspection: <u>07-25-07</u> mm/dd/yyyy Airframe Total Time: <u>2613.33</u> hrs hours measured at (Select one) Last Inspection Time of Accident/Incident	Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>N/A</u>	Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____
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: _____ 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 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: KW Group LLCCity: PhillipsburgState: Montana ZIP: 59858Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: KW Group LLC

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 3 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/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>William</u> Middle Initial: <u>R</u> Last Name: <u>Russell</u> City of Residence: <u>Harderville S.C.</u> State: <u>S.C.</u> ZIP: <u>29927</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>25</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																			
Degree of Injury ☒ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☒ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown				Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown										
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Private ☐ Student ☐ Flight Instructor ☒ Recreational ☐ Sport ☒ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign																			
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None Class 3 <u>Basic</u> ☐ 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 <u>05-31-23</u> mm/dd/yyyy											
Medical Certificate Limitations <u>None</u>																			
Medical Certificate Special Issuance <u>None</u>																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03-01-2022</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Airwave Champ</u> Model: <u>2-AC</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 <u>Cessna 180-206-152-172</u> <u>Airwave Champ, 2ACBC, 7GCA</u> <u>Maule M-5, M6, M7</u> <u>Piper Cubs 90, 65, SuperCubs</u> <u>Navaho</u> <u>Twin</u>						Student Endorsements (Include dates) <u>1981</u>													
Flight Time (Enter appropriate number of hours in each box)		All Aircraft		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument Actual Simulated		Rotorcraft		Glider		Lighter Than Air	
Total Time		3000		200		2800		200		50		20 3							
Pilot in Command (PIC)																			
Time as Instructor																			
This Make/Model																			
Last 90 Days		50		50		50													
Last 30 Days		8		8		8													
Last 24 Hours																			

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Private 5B2</u> City: <u>Saratoga Springs</u> State: <u>NY</u> Country: <u>USA</u>	Time of Departure Time: <u>3:15</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>VT 46</u> City: <u>Albany V</u> State: <u>VT</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None VFR/IFR ☐ Company VFR IFR ☐ Military VFR Unknown ☐ VFR Activated? Yes No Unknown
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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: <u>3500</u> ft msl

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: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ 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
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height _____ ft agl	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl
Temperature: <u>70</u> ° (C) or <u>70</u> ° (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>29.92</u> in. Hg or _____ MB	

Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>100</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:

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)

Windshield, hood $\frac{1}{2}$ side, Rt gear, Rt wing Tip bow

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.

Mutrer Cable, Kept moving out (into the Lean area), after several attempts to get it to stay in I hit it w the palm of my hand at the engine started to backfire & lose power, eventually losing enough to not hold altitude. I finally determined it wasn't coming back to life so I picked a spot to make an emergency landing in a field, my approach was Rt base, which the wing blocked the or a power line I picked the one that way going to do the least damage a keep from inverting the plane air made basically a rough landing breaking the line (only damage other than the Plane). A local gal Called 911 and everybody was on the spot in minutes and very positive / helpfull. My son flying for Beta is BTV came and took me to my vehicle & I went home with only scratches [REDACTED]

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

Operator/Owner Safety Recommendation

(verifying a power line) all etc went by the book

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.)

Yes think so
Perhaps the mixture cable failed. need
to have an inspection to confirm

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

25 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 Compression Test all above
79 lbs

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

Crawled out on my hands + knees with my puppy

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)

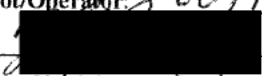
Use this space if additional space is needed for any answers.

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

Date of this Report

05-31-22
mm/dd/yyyy

Name of Pilot/Operator: William R. Russell

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.
ERA22LA242

Reviewed by NTSB Regional Office
AS-ERA

Name of Investigator
Lynn Spencer

Date Report Received
6/1/2022