

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>GARDNER</u> State: <u>NY</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds) <u>5N45</u>		Accident/Incident Date/Time Date: <u>8/14/2022</u> Local Time: <u>11:40 AM</u> mm/dd/yyyy Time Zone: <u>EASTERN</u>
Collision with Other Aircraft: Midair ☐ On-ground ☐ <u>None</u> ☒		

AIRCRAFT INFORMATION

Registration Number: <u>N32125</u> Manufacturer: <u>PIPER</u> Model: <u>PA32 300</u> Serial Number: <u>32-7540088</u> Year of Manufacture: <u>1977</u> Amateur-Built: ☒ Yes ☐ No If Yes: Kit/Plans Make: _____ Original Design	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>3400</u> lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>6</u> Flight Crew Seats: _____ Cabin Crew Seats: <u>2</u> Passenger Seats: <u>4</u> Number of Engines: <u>ONE</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) <table style="width: 100%;"> <tr> <td style="width: 50%;">Standard</td> <td style="width: 50%;">Special</td> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☒ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None _____ Unknown _____	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☒ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☒ Tricycle ☐ Retractable ☐ Amphibian ☐ Tailwheel ☐ Emergency Float ☐ High Skid ☐ Float ☐ Skid ☐ 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
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☒ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

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)	Time Since: Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>IO 540 K1A5</u>			<u>300 HP</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 _____	Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: _____ Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	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: <u>Uncertain</u> Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No If not activated: Indicate Reason: Impact Damage _____ Fire Damage _____ Battery Expired/Damaged _____ <u>Unknown</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: _____	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: _____	
Description of Fire Extinguishing System None _____ Specify: <u>Fire extinguisher</u> <u>handheld</u>		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Westchester County Police P. Blaser City: _____
 State: _____ ZIP: _____
 Fractional Ownership Aircraft: ☒ Yes ☐ No Country: _____

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: Same City: _____
 Doing Business As: _____ State: _____ ZIP: _____
 Air Carrier/Operator Designator (4 Character Code): UJA 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: GARDINER, Sky Ranch Distance From Airport Center: 1 sm
 Airport Identifier: SNYS Direction From Airport: _____ degrees true
 Proximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A Airport Elevation: 343 ft. msl

Runway Information

Runway ID: 30 (L/R/C) Length: 2400 ft Width: 20 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 Aborted Landing (after touchdown)
 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 <u>Yes</u> Flight Instructor Check Pilot Flight Engineer Other Flight Crew											
"Flight Crewmember 1" was pilot flying <u>Yes</u> No											
"Flight Crewmember 1" Identification First Name: <u>Michael Mashack</u> City of Residence: <u>Bronx</u> Middle Initial: <u>E</u> State: <u>NY</u> ZIP: <u>10465</u> Last Name: <u>MASHACK</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>62</u> 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 <u>06/17/2022</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>3 June 2022</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>DIPER.</u> Model: <u>PA 32 300</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>High Performance</u> <u>Complex</u>						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		600		600	—						
Pilot in Command (PIC)											
Time as Instructor		N/A									
This Make/Model											
Last 90 Days		19 hrs									
Last 30 Days		5 hrs									
Last 24 Hours		2 hrs									

"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 None Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	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
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
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 _____ 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										

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)

VACANT LOT FENCE, TREE less than
\$2,000

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.

Departed HAN ^{1040 AM} flew South over Hudson River (4500s on board). TURNED NORTH at Verazano Narrows Bridge enroute to Sky Ranch. Contacted New York Approach at TAPPAN ZEE Bridge. Received Squawk Code and flight following direct SNYS.

SNYS is a private Airport for sky diving.

Once SNYS was in sight, I terminated Radar, Contacted Sky Ranch 122.9 Unicom. Advised previously by owner to land NW of Rwy 30. Winds were calm, visibility greater than 10 miles.

I circled to allow departing aircraft, then entered ^(west of Airport) left downwind for Rwy 30. (1400 ft) I landed on the Runway. On ground Roll out I was unable to significantly Reduce speed without swerving. I MADE decision to go AROUND. climbing out, I CONTACT with Runway fence see STATEMENT ATTACHED. (2 PAGES ATTACHED)

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown		
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Commercial	US Military	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	
Private		Recreational		Airline Transport	Foreign				
Student		Sport		Flight Engineer					
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: _____			Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown		
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Commercial	US Military	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	
Private		Recreational		Airline Transport	Foreign				
Student		Sport		Flight Engineer					
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>Reynold</u> City: <u>Brank</u>			Left Center Right Unknown	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	<u>37</u> Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: <u>M</u> State: <u>NY</u> ZIP: <u>10465</u>									
Last Name: <u>MASHAK</u> Country: <u>USA</u>									
Crew ☐ Passenger ☒ Other ☐			Row: _____						
First Name: <u>Dwayne</u> City: <u>Brank</u>			Left Center Right Unknown	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	<u>48</u> Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____ State: <u>NY</u> ZIP: <u>10465</u>									
Last Name: <u>Johnson</u> Country: <u>USA</u>									
Crew ☐ Passenger ☒ Other ☐			Row: <u>2</u>						
First Name: <u>Peter</u> City: <u>Greenwood Lake</u>			Left Center Right Unknown	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	<u>47</u> Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____ State: <u>NY</u> ZIP: _____									
Last Name: <u>ROMANO</u> Country: <u>USA</u>									
Crew ☐ Passenger ☒ Other ☐			Row: <u>3</u>						
First Name: _____ City: _____			Left Center Right Unknown	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	
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
Crew ☐ Passenger ☐ Other ☐			Row: _____						

FLIGHT ITINERARY INFORMATION							
Last Departure Point Airport ID: <u>HPN</u> City: <u>White Plains</u> State: <u>NY</u> Country: <u>Westchester</u>		Time of Departure Time: <u>1040</u> Time Zone: <u>Susern</u>		Destination Airport ID: <u>SNY5</u> City: <u>GARDINER</u> State: <u>NY</u> Country: <u>OLSTER</u>		Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown 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: <u>N/A</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				
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		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>85</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.02</u> in. Hg or _____ MB			
Lowest Cloud Condition Height _____ ft agl		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>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		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					
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			
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: N/A							

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

Operator/Owner Safety Recommendation

I should have done a low pass over the Runway to inspect the Surface (loose granular) Prior to Attempting to Land.
I should have reduced my approach Airspeed but was concerned about the TREE LINE I had to cross. 1/3 of Runway 30 has a down slope. I should have landed 120 and made use of the uphill for BRAKING.
I should have Never tried to land there in the first place. I should have just gone to 44N.

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

____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

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

84

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 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

Rear Passenger Door, Front Door was bent and inoperable

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

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

N/A

Damage to Other Aircraft

Destroyed

Substantial

Minor

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

I Attached a water Statement 2 pages

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

Date of this Report

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 ONLYNTSB Accident/Incident No.
ERA22LA373Reviewed by NTSB Regional Office
ERAName of Investigator
H. KEMNERDate Report Received
8/31/2022