

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>Tuanhoe</u> State: <u>NC</u> ZIP: _____ Country: <u>Pender</u> Latitude: <u>34.60°N</u> Longitude: <u>78.24W</u> (Enter in decimal degrees or degrees:minutes:seconds)					Accident/Incident Date/Time Date: <u>09/05/22</u> Local Time: <u>3:55</u> mm/dd/yyyy Time Zone: <u>EST</u>				
Collision with Other Aircraft: Midair On-ground <u>None</u>									
AIRCRAFT INFORMATION									
Registration Number: <u>N35243</u> Manufacturer: <u>Cessna</u> Model: <u>C177B</u> Serial Number: <u>17702287</u> Year of Manufacture: <u>1975</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>2500</u> lbs <u>Less</u> Weight at Time of Accident/Incident: <u>2037.57</u> lbs <u>Fuel</u> Number of Seats: <u>4</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: <u>3</u> Number of Engines: <u>1</u> <u>Pilot & Pass.</u>				
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			
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>O360-A1F6D</u>	<u>L-20024-36A</u>		<u>180</u>	<u>4180.3</u>	<u>8.1</u>	<u>1551.9</u>	
Eng. 2									
Eng. 3									
Eng. 4									
Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection Annual ☒ Unknown			Propeller 1 Fixed Pitch Controllable Pitch ☒ Ground Adjustable Manufacturer: _____ Model: _____		Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____				
Date Last Inspection: <u>04/01/22</u> mm/dd/yyyy Airframe Total Time: <u>4172.4</u> hrs hours measured at (Select one) Last Inspection ☒ Time of Accident/Incident			ELT Installed: Yes ☒ No If Yes: ELT Manufacturer: <u>ARTEX</u> Model or Part No.: <u>ME406 ELT</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		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: _____				
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: <u>Hand held</u>									

OWNER/OPERATOR INFORMATION																																											
Registered Aircraft Owner Name: <u>Clinton & Phyllis Howlett</u> Fractional Ownership Aircraft: Yes ☐ No ☒		City: <u>Leland</u> State: <u>NC</u> ZIP: <u>28451</u> Country: <u>USA</u>																																									
Operator of Aircraft <i>Same As Registered Owner</i> ☒ Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<i>Same Address as Registered Owner</i> ☒ City: _____ State: _____ ZIP: _____ Country: _____																																									
Operating Certificates Held <i>(Check all that apply)</i> 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 <table style="width:100%; border: none;"> <tr> <td>FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown	FAR 91	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table style="width:100%; border: none;"> <tr> <td>Scheduled or Commuter</td> <td>Domestic</td> </tr> <tr> <td>Non-Scheduled or Air Taxi</td> <td>International</td> </tr> </table> Passenger Cargo Mail Contract Only		Scheduled or Commuter	Domestic	Non-Scheduled or Air Taxi	International																								
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AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>																																											
Airport Name: _____ 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		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <table style="width:100%; border: none;"> <tr> <td>Dry</td> <td>Snow-Compacted</td> <td>Water-Calm</td> </tr> <tr> <td>Holes</td> <td>Snow-Crusted</td> <td>Water-Choppy</td> </tr> <tr> <td>Ice Covered</td> <td>Snow-Dry</td> <td>Water-Glassy</td> </tr> <tr> <td>Rough</td> <td>Snow-Wet</td> <td>Wet</td> </tr> <tr> <td>Rubber Deposits</td> <td>Soft</td> <td></td> </tr> <tr> <td>Slush-Covered</td> <td>Vegetation</td> <td>Unknown</td> </tr> </table>		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																						
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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		Student Endorsements <i>(Include dates)</i> 																																																																																												
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></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 <i>(Enter appropriate number of hours in each box)</i>	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										
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of flight 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 Center Right Front Rear 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 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				Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Center Right Front Rear Single Unknown		None Minor Serious Fatal Unknown	
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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 flight crew, continue on separate sheet if necessary)							
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>Ronald</u> City: <u>Hampstead</u> Middle Initial: <u>E</u> State: <u>NC</u> ZIP: <u>28443</u> Last Name: <u>Fugant</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	<u>62</u> ☒ 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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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

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 <i>(Use additional sheet if necessary)</i> Touched Down into wet Corn field plane went across Field into a small Ditch Damaging Left main Gear slid across Field impacted a Larger Ditch and slip down ditch Bank to a stop. Engine & Firewall were Damaged Bent the wings Knocked out wind shield.			
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>			
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.			
I Took off ^{at} about 11:00 AM and off Landed at KFFA about 1 PM. overcast at 2500 good FLIGHT. Partly cloudy at KFFA. about 2:15 EST I Pre Flighted airplane and Departed to KEYF about 2:30 PM. INTENDED To stop For Fuel IN Washington, NC. but a Rain storm was at the end of Runway. so we Proceeded on continued to dodge Rain storms & clouds. I Planed to stop a ACZ (Wallace) For Fuel. It was hard to see for Haze. about 10 mile pass wallace a New Rain cloud formed forcing a turn south. I was going to turn Back Toward wallace and the ENGINE quit. Both fuel gauges Read a $\frac{1}{4}$ Tank. We were about 1900 AGL, I turned Toward a farm Field, Best Gilde and Tied To RESORT the Plane. Set Plane to land in the Field. I Touch down in the Field and the plane went left at about 45° Angle across the Field into another Field Then went into a large ditch. me & my Passagern got out of the plane. Both of us Injured our left Hip. I Just did make the Field, Just miss Power lines and irrigation pipes. The off First Field was wet & Rotted. Second Field was not Picked. Airplane was not Broke up but was Bent up From Contact with ditch Bank. Engine & Firewall was pushed Back. we left wallace About 11:00 AM To KFFA Kitty hawk about 1 PM Departed KFFA 2:15 PM Landed in Field at Iventoe NC. at 3:55. I. Departed wallace with 60 gal Fuel. Airpae was used Apprx. 10 gal hr. at KFAA I had well over half Tank. my personal Limit is $\frac{1}{2}$ Tank so I was Past that. By Dodging Rain clouds and against the head wind I may have burned more Fuel. By calculating Time & Fuel I Feel Like the place did have some Fuel in it.			

RECOMMENDATION (How could the accident/incident have been prevented?)																			
Operator/Owner Safety Recommendation after departing KFFA we encountered ISOLATED Rain clouds. and we were dodging them. our fuel stop was Raining. we should have Landed at the nearest clear airport but got Fixated on dodging Rain clouds causing Time Consuming maneuvers To go around the storms INTO head winds and unaware of fuel Reserves.																			
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 INFORMATION																			
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 40 Gallons	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Fuel Type</td> <td style="text-align: center;">115/145</td> <td style="text-align: center;">Jet B</td> <td style="text-align: center;">Other, specify _____</td> </tr> <tr> <td style="text-align: center;">80/87</td> <td style="text-align: center;">Jet A</td> <td style="text-align: center;">J18</td> <td></td> </tr> <tr> <td style="text-align: center;">100 Low Lead ✓</td> <td style="text-align: center;">Jet A-1</td> <td style="text-align: center;">Automotive</td> <td></td> </tr> <tr> <td style="text-align: center;">100/130</td> <td></td> <td></td> <td></td> </tr> </table>			Fuel Type	115/145	Jet B	Other, specify _____	80/87	Jet A	J18		100 Low Lead ✓	Jet A-1	Automotive		100/130			
Fuel Type	115/145	Jet B	Other, specify _____																
80/87	Jet A	J18																	
100 Low Lead ✓	Jet A-1	Automotive																	
100/130																			
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 PILOT & Passenger were able to Exit Airpane by using doors on each side of aircraft																			
OTHER AIRCRAFT - COLLISION (If an on-ground collision occurred, complete this section for other aircraft)																			
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Destroyed</td> <td style="text-align: center;">Minor</td> </tr> <tr> <td style="text-align: center;">Substantial</td> <td style="text-align: center;">None</td> </tr> </table>		Destroyed	Minor	Substantial	None												
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

10/26/2022

mm/dd/yyyy

Name of Pilot/Operator: Clinton R. Howlett

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.
ERA22LA406Reviewed by NTSB Regional Office
ERAName of Investigator
L. ReadDate Report Received
10/26/2022