

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowlings, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

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: Lake Worth State: FL

ZIP: 33461 Country: Usa

Latitude: 26.60765N Longitude: 80.08189W

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

Accident/Incident Date/Time

Date: 10/23/2022 Local Time: 1609h

mm/dd/yyyy

Time Zone: Eastern DST

Collision with Other Aircraft: Midair On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N39628

Manufacturer: Piper

Model: PA32RT-300T

Serial Number: 32R-7887127

Year of Manufacture: 1978

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

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 3600 lbs

Weight at Time of Accident/Incident: 2599 lbs

Number of Seats: 6 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 4

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)

☒ 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	Lycoming	TIO-540-S1AD	L-5551-61A		300hp	3073.7	74.2	74.2
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
☒ Annual Unknown

Date Last Inspection: 05/04/2022

mm/dd/yyyy

Airframe Total Time: 3115.37 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: HC-E2YR-1BF

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes No

If Yes:

ELT Manufacturer: ACR

Model or Part No.: Artex ELT 1000

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: EIS 275
GTN 650 GDL50

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Christian Francois RouleauCity: HypoluxoState: Florida ZIP: 33462Fractional Ownership Aircraft: Yes ☒ NoCountry: Usa**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

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 FlightYes ☒ 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: Palm Beach Airpark LantanaDistance From Airport Center: 1.035 smAirport Identifier: KLNADirection From Airport: 013 degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 14 ft. msl**Runway Information**Runway ID: 04 (L/R/C) Length: 3256 ft Width: 75 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)
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: Christian City of Residence: Hypoluxo
 Middle Initial: F State: Florida ZIP: 33462
 Last Name: Rouleau Country: Usa
 Age at time of Accident/Incident: 48 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 <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) <i>(Check all that apply)</i> <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		Medical Certificate Validity ☒ Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			
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		Date of Last Medical <u>01/25/2022</u> <i>mm/dd/yyyy</i>														

Medical Certificate Limitations

None

Medical Certificate Special Issuance

Not applicable

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

03/27/2021
mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: PA32RT-300T

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
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Type Ratings

None

Student Endorsements *(Include dates)*

None

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	2275	600	2195	81	220	29	66	8		
Pilot in Command (PIC)	1866	600	2195	0	220	29	66	0		
Time as Instructor	-									
This Make/Model					60	28	60			
Last 90 Days	49.2	42	49.2	0	4.7	9.5	1	0		
Last 30 Days	36.1	36.1	36.1	0	4.7	9.5	1	0		
Last 24 Hours	2.8	2.8	2.8	0	0	0	0	0		

"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																
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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) <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> <table style="width: 100%;"> <tr> <td>None</td> <td>Instrument Airplane</td> </tr> <tr> <td>Airplane Single-Engine</td> <td>Instrument Helicopter</td> </tr> <tr> <td>Airplane Multi-Engine</td> <td>Helicopter</td> </tr> <tr> <td>Gyroplane</td> <td>Glider</td> </tr> <tr> <td>Powered Lift</td> <td>Sport</td> </tr> </table>	None	Instrument Airplane	Airplane Single-Engine	Instrument Helicopter	Airplane Multi-Engine	Helicopter	Gyroplane	Glider	Powered Lift	Sport
None	Instrument Airplane												
Airplane Single-Engine	Instrument Helicopter												
Airplane Multi-Engine	Helicopter												
Gyroplane	Glider												
Powered Lift	Sport												

Type Ratings

Student Endorsements *(Include dates)*

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										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address					Seat Occupied		Injury			
First Name: _____ City of Residence: _____					Left Front		None			
Middle Initial: _____ State: _____ ZIP: _____					Center Rear		Minor			
Last Name: _____ Country: _____					Right Single		Serious			
					Unknown		Fatal			
							Unknown			
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
None Flight Instructor Commercial US Military					Available		Used			
Private Recreational Airline Transport Foreign					None		None			
Student Sport Flight Engineer					Lap Only		Lap Only		Not Installed	
					3-point		3-point		Installed	
					4-point		4-point		Not Deployed	
					5-point		5-point		Deployed	
					Unknown		Unknown		Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Yes No										
Crew Name and Address					Seat Occupied		Injury			
First Name: _____ City of Residence: _____					Left Front		None			
Middle Initial: _____ State: _____ ZIP: _____					Center Rear		Minor			
Last Name: _____ Country: _____					Right Single		Serious			
					Unknown		Fatal			
							Unknown			
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
None Flight Instructor Commercial US Military					Available		Used			
Private Recreational Airline Transport Foreign					None		None			
Student Sport Flight Engineer					Lap Only		Lap Only		Not Installed	
					3-point		3-point		Installed	
					4-point		4-point		Not Deployed	
					5-point		5-point		Deployed	
					Unknown		Unknown		Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Yes No										
PASSENGER(S)/OTHER PERSONNEL (Include cabin crew; separate sheet if necessary)										
Name and Address			Seat	Injury	Restraint type		Inflatable Restraints		Age	
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available		Used		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____					None		None			
Last Name: _____ Country: _____					Lap Only		Lap Only			
Crew Passenger Other					3-point		3-point			
					4-point		4-point			
					5-point		5-point			
					Unknown		Unknown			
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available		Used		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____					None		None			
Last Name: _____ Country: _____					Lap Only		Lap Only			
Crew Passenger Other					3-point		3-point			
					4-point		4-point			
					5-point		5-point			
					Unknown		Unknown			
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available		Used		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____					None		None			
Last Name: _____ Country: _____					Lap Only		Lap Only			
Crew Passenger Other					3-point		3-point			
					4-point		4-point			
					5-point		5-point			
					Unknown		Unknown			
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available		Used		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____					None		None			
Last Name: _____ Country: _____					Lap Only		Lap Only			
Crew Passenger Other					3-point		3-point			
					4-point		4-point			
					5-point		5-point			
					Unknown		Unknown			

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KLNA</u> City: <u>Lantana</u> State: <u>Florida</u> Country: <u>Usa</u>	Time of Departure Time: <u>1609h</u> Time Zone: <u>Eastern DST</u>	Destination Airport ID: <u>KOBE</u> City: <u>Okeechobee</u> State: <u>Florida</u> Country: <u>Usa</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR VFR/IFR IFR Unknown Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

☒ None	Special VFR	Special IFR	VFR Flight Following	Cruise
VFR	IFR	VFR On Top	Traffic Advisory	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: _____ ft msl
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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
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Weather Observation Facility

Facility ID: <u>KLNA</u> Observation Time: <u>1605</u> Time Zone: <u>Eastern DST</u> Distance from Accident Site: <u>0.9</u> nm Direction from Accident Site: <u>193</u> 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
--	---

Lowest Cloud Condition Height

4300 ft agl

Ceiling

☒ None (Clear) ☐ Broken ☐ Overcast	☐ Obscured ☐ Indefinite ☐ Unknown
--	--

Ceiling Height

_____ ft agl

Temperature: 29 (C) or _____ (F)

Dew Point: 18 (C) or _____ (F)

Altimeter Setting: 3004 in. Hg
or _____ MB

Wind Direction

Variable

-or-

Direction: 040 degrees true

Wind Speed

Calm
Light and Variable

-or-

Speed: 11 kts

Wind Gusts

☒ Not Gusting

-or-

Speed: _____ kts

Visibility +6 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	Type
☒ None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

Icing Actual

Amount	Type
☒ None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

Turbulence

Type (Check all that apply)	Severity
☒ None	Light
Clear Air	Moderate
Terrain-Induced	Severe
Convective Turbulence	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 ☒ Substantial
Minor Destroyed
Unknown

Aircraft Fire

☒ None Both Ground and In-Flight
In-Flight Fire at Unknown Time
On-Ground Unknown

Aircraft Explosion

☒ None Both Ground and In-Flight
In-Flight Explosion at Unknown Time
On-Ground 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 location, services obtained, and intended destination. Provide as much detail as possible.

On Sunday, October 23, 2022 I flew my airplane N39628 from great Exuma (MYEF) to Palm Beach international Airport (KPBI) without incident. The airplane ran absolutely flawlessly for the entire flight.

After landing at KPBI to clear customs I restarted the airplane And flew to Lantana airport (KLNA) without incident again.

Once on the ground at KLNA I decided to go buy fuel at Okeechobee airport (KOB). I verified visually the fuel levels in each tank, which was approximately 8 gallons in the left wing and 9 gallons in the right wing. I also checked oil level.

I judged this quantity of fuel to be insufficient to accomplish the flight from KLNA to KOB and have a good reserves once I reach the airport at KOB. Therefore, I decided to purchase 10 gallons of 100 LL gasoline at the self-serve at KLNA. This gave me a total onboard fuel of 27 gallons. All of the purchased 10 gallons of fuel were put in the right wing.

I started the airplane with the fuel selector on the right wing since it was the fullest wing for takeoff.

I taxied uneventfully to runway 04 after checking the local weather for the most favorable runway.

I began my takeoff run using maximum allowable power which on this airplane is 36 inches of manifold and 2700 of RPM. The airplane behaved normally for the entire ground run with the usual turbo boost kick come in around 30 inches of manifold. The airplane rotated normally at 80 kts and started climbing normally. The gear was retracted once there was no more runway available on the climb. The flaps were retracted at 300 feet. after reaching an air speed of approximately 90 kts and 300 feet of altitude. I then proceeded to reduce power to maximum continuous power for that airplane. This maximum continuous power on this particular airplane is 33 inches of manifold and 2575 RPM, which usually produces approximately 700fpm climb.

When I did this power adjustment in the usual manner the Engine seemed to lose a lot more power than usual. I proceeded to put all Engine control levers forward, verified that the booster pump was still on and verify that my fuel selector was still on fullest tank.

These immediate actions failed to restore power which was ever decreasing rapidly. There was no roughness in the way the engine was turning but no power was being created. I attempted to lean the mixture in case of turbo failure. This provided me with approximately three seconds of very poor return of transient power before the engine quit completely with the propeller windmilling. I put the mixture level full forward again

At that point I was already in a glide looking straight ahead at my options. This airplane model has a sink rate of approximately 1600 ft./min. engine out. Being now at less than 300 feet AGL, hence less than 13 Seconds prepare for forced landing.

I had very limited options at the time. Because of the axis of the runway, John Prince Park seemed to be the least populated and best option when compared to streets.

Maintaining control of the aircraft and glide speed I proceeded to an area which had two contiguous parking lots that seemed suitable. However, there were a few cars parked in these parking lots and some trees were obscuring potentially more cars. I could not determine if people were in the parking lot or if kids were playing there. Immediately to the east of the parking lot was a short segment of straight road which ended in a dead end, before the lake. I was able to determine from the air that there was nobody on that road. Although it seemed very short it was the best option to avoid casualties on the ground. I selected that short segment of road and stuck to this plan. As I reached for the gear lever, the automatic gear extension mechanism actuated the gear extension, with a witnessed by a "gear unsafe" warning light in the panel. The gear extended normally.

In the axis of the final stretch of the road or two trees in the area of my estimated touchdown. However, I was making every effort to maintain control of the aircraft at the lowest speed possible before the impact since the road was so short.

My glide lead me to graze the top of those two trees which obscured my windshield. I was unable to clearly see the ground in order to do my touchdown flare properly.

I impacted to the ground with the nose wheel and right main wheel on the road, and the left main gear just short of the road and slid down the asphalt road to come to a complete stop on the guard rail before the lake at the end of the road. At that point I was experiencing severe pain in my back.

Once the airplane stopped, my only goal was to get away from the wreckage as quickly as possible. I undid my seatbelt and unlatched the door of the cockpit and tried to open it. The fuselage had bent and despite the open latches the door would not open. I proceeded to ram the door with my left shoulder and head.

On the third attempt the door slammed open. An intense smell of gasoline was present, and I could see a fountain of gasoline gushing from the leading edge of the right wing as I was able to crawl the entire length of the right wing into the grass and I continued for approximately 75 feet in case a fire emerged.

No fire ensued and fire/rescue were on the scene within minutes. Realizing that I did not have the time to secure the engine and electrical components of the aircraft, I directed the firemen at the scene as to how to safely shut the magneto and cut electrical current in the aircraft to prevent fire.

I was transported to St. Mary's Medical Center where I was diagnosed with T11 T12 vertebral body fractures.

This concludes the synopsis of the events surrounding the forced landing of N39628 on October 23, 2022 at 4:09 PM.

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

Operator/Owner Safety Recommendation

Hopefully this NTSB investigation will reveal the cause of the failure. So far i cannot see how it could have been prevented, not knowing the cause of the engine failure. I applied due diligence in every aspect, and even purchased 10 gallons of 100LL on the ground at the Self Serve before takeoff in order to avoid a fuel starvation situation.

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.)

Unknown which part at this time

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)

27

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

☒ 100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

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

I evacuated myself by unlocking the crew door and ramming the door with my shoulder as it would not open . I proceeded to crawl on the wing onto the grass and across the street i landed on to a distance far enough for safety in case a fire broke out.

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed
Substantial

Minor
None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

No Collision

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

Please keep me informed of the developments of this investigation.

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

Date of this Report

11/29/2022

mm/dd/yyyy

Name of Pilot/Operator: Christian F Rouleau

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.
ERA23LA040

Reviewed by NTSB Regional Office
Eastern

Name of Investigator
A. McCarter

Date Report Received
11/30/2022