

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: Laconia State: NH
ZIP: 03246 Country: USA
Latitude: 42.5279 N Longitude: 71.4704 W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/10/2022 Local Time: approx 4pm
Time Zone: Eastern

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N7223M
Manufacturer: Cessna
Model: 175
Serial Number: 55523
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: 2500 lbs
Weight at Time of Accident/Incident: 1700 lbs
Number of Seats: 4 Flight Crew Seats: 2
Cabin Crew Seats: 0 Passenger Seats: 2
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 ☐
Commuter ☐ Provisional ☐
Transport ☐ Special Flight ☐
Utility ☐ Experimental ☐
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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	LYCOMING	O-360-A1A	L-3792336A		180	1405	24	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour ☐ Continuous Airworthiness ☐
AAIP ☐ Conditional Inspection ☐
Annual ☒ Unknown ☐

Date Last Inspection: 07/05/2022
mm/dd/yyyy

Airframe Total Time: 3386 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: portable extinguishers on board

Description of Fire Extinguishing System

None ☒
Specify: portable extinguishers on board

Propeller 1

Fixed Pitch ☒
Controllable Pitch ☐
Ground Adjustable ☐
Manufacturer: McCawley
Model: 1A200/DFA 824a

ELT Installed: Yes ☒ No ☐

If Yes:
ELT Manufacturer: AirTex
Model or Part No.: 345
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 ☐

Propeller 2

Fixed Pitch ☐
Controllable Pitch ☐
Ground Adjustable ☐
Manufacturer:
Model:

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: Garmin GR35

OWNER/OPERATOR INFORMATION																																							
Registered Aircraft Owner Name: <u>Robert Welch</u>		City: <u>ESTERO</u> State: <u>FL</u> ZIP: <u>33928</u> Country: <u>USA</u>																																					
Fractional Ownership Aircraft: Yes ☐ No ☒		Same Address as Registered Owner ☒																																					
Operator of Aircraft Name: _____ Doing Business As: _____		City: _____ State: _____ ZIP: _____ Country: _____																																					
Air Carrier/Operator Designator (4 Character Code): _____																																							
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 border="0" style="width: 100%;"> <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 (Select one) 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																								
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FAR 121	FAR 135	FAR 435																																					
FAR 125	FAR 137	FAR 437																																					
Revenue Sightseeing Flight Yes ☐ No ☒		Air Medical Flight Yes ☐ No ☒																																					
Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table border="0" style="width: 100%;"> <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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Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table border="0" style="width: 100%;"> <tr> <td>Aerial Application</td> <td>Firefighting</td> <td>Unknown</td> </tr> <tr> <td>Aerial Observation</td> <td>Flight Test</td> <td></td> </tr> <tr> <td>Air Drop</td> <td>Glider Tow</td> <td></td> </tr> <tr> <td>Air Race/Show</td> <td>Instructional</td> <td></td> </tr> <tr> <td>Banner Tow</td> <td>Other Work Use</td> <td></td> </tr> <tr> <td>Business</td> <td>Personal</td> <td></td> </tr> <tr> <td>Executive/Corporate</td> <td>Positioning</td> <td></td> </tr> <tr> <td>External Load</td> <td>Skydiving</td> <td></td> </tr> <tr> <td>Ferry</td> <td></td> <td></td> </tr> </table>				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											
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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: <u>LACONIA</u>		Distance From Airport Center: <u>approx 1</u> sm																																					
Airport Identifier: <u>LCI</u>		Direction From Airport: <u>NE 80</u> degrees true																																					
Proximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A ☐		Airport Elevation: <u>545'</u> 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 border="0" style="width: 100%;"> <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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"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: Robert City of Residence: ESTERO
 Middle Initial: E State: FL ZIP:
 Last Name: Welch Country: USA
 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 ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown ☐	Restraint Type Available None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown ☐ Used None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐	Inflatable Restraints Not Installed ☒ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐
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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

10/05/2021
 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 06/10/2022
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: Pa 12

Airplane Rating(s) (Check all that apply)

None ☐
 Single-Engine Land ☒
 Single-Engine Sea ☐
 Multiengine Land ☐
 Multiengine Sea ☐

Other Aircraft Rating(s) (Check all that apply)

None ☐
 Airship ☐
 Balloon ☐
 Glider ☐
 Gyroplane ☐
 Helicopter ☐
 Powered Lift ☐

Instrument Rating(s) (Check all that apply)

None ☒
 Airplane ☐
 Helicopter ☐
 Powered Lift ☐

Instructor Rating(s) (Check all that apply)

None ☒
 Airplane Single-Engine ☐
 Airplane Multi-Engine ☐
 Gyroplane ☐
 Powered Lift ☐

Instrument Airplane ☐
 Instrument Helicopter ☐
 Helicopter ☐
 Glider ☐
 Sport ☐

Type Ratings

Student Endorsements (Include dates)

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	2100	1400	2100							
Pilot in Command (PIC)	1900	1395								
Time as Instructor										
This Make/Model	24									
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury	Seat Occupied	Restraint Type		Inflatable Restraints
None Fatal Minor Unknown Serious	Left Right Center	Front Rear Single	Unknown	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		Available None Lap only 3-point 4-point 5-point Unknown	Used None Lap only 3-point 4-point 5-point Unknown	
Principal Occupation Pilot Other Unknown	Medical Certificate None Class 1 Class 2	Class 3 Driver's License (Sport Pilot only) Unknown	Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance	Date of Last Medical Unknown N/A 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											

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 Minor Serious Fatal Unknown
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	
Last Name: _____	Country: _____			Right	Single	
					Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	None	None	
Student	Sport	Flight Engineer		Lap Only	Lap Only	
				3-point	3-point	
				4-point	4-point	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs	5-point	5-point	
Yes No				Unknown	Unknown	

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	
Last Name: _____	Country: _____			Right	Single	
					Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	None	None	
Student	Sport	Flight Engineer		Lap Only	Lap Only	
				3-point	3-point	
				4-point	4-point	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs	5-point	5-point	
Yes No				Unknown	Unknown	

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: _____ 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
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Last Name: _____ Country: _____			Lap Only	Lap Only		
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Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew Passenger Other			3-point	3-point		
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			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		

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

Operator/Owner Safety Recommendation

On final approach, the aircraft was in a steep climb and the pilot was unable to maintain altitude. The aircraft was in a steep climb and the pilot was unable to maintain altitude. The aircraft was in a steep climb and the pilot was unable to maintain altitude.

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. Include terrain and weather conditions, altitude, speed, heading, time and location. State departure time and location. Provide as much detail as possible.

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)

30 useable Gallons

Fuel Type

80/87
100 Low Lead ☒
100/130

115/145
Jet A
Jet A-1

Jet B
JP8
Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No ☒

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Pilot was sole occupant. removed by emergency responders.

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 Substantial Minor 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

12/13/2022
mm/dd/yyyy

Name of Pilot/Operator: Robert Welch

Signature: _____

— or — Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

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NTSB Accident/Incident No.
ERA23LA057

Reviewed by NTSB Regional Office
ERA-Washington DC

Name of Investigator
Peter Wentz

Date Report Received
2/13/2023