

"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: CRAIG City of Residence: IRVINE
 Middle Initial: R State: CA ZIP: 92618
 Last Name: O'MARA Country: USA

Age at time of Accident/Incident: 69 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 <table border="1"> <tr> <th>Available</th> <th>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)

None ☒ Flight Instructor ☒ Commercial ☒ US Military
 Private ☐ Recreational ☒ Airline Transport ☐ Foreign
 Student ☐ Sport ☒ Flight Engineer

Principal Occupation

Pilot
 Other ☒ Retired
 Unknown

Medical Certificate

None ☒ Class 3
☒ Class 1 Driver's License (Sport Pilot only)
☐ Class 2 Unknown

Medical Certificate Validity

Without limitations/waivers ☒ CLASSE
 With limitations/waivers Unknown
 Special Issuance ☒ YES N/A

Date of Last Medical

01/14/2023
 mm/dd/yyyy

Medical Certificate Limitations

CLASSE

Medical Certificate Special Issuance

YES. HEART VALVE REPLACEMENT

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

01/14/2023
 mm/dd/yyyy

Flight Review Aircraft

Make: BECCA

Model: DECATHLON

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

Instrument 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

A320, B727, B737, B747, B747-400, B757, B767
 B777, B787, B25, B7300, B72000, CESSNA
 DC-3, DC-9, EMB145

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									
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Pilot	33,310								
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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	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	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	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	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, continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>CRAIG</u> City: <u>JANINE</u>	Left Center Right Unknown <u>Front</u>	<u>None</u> Minor Serious Fatal Unknown	Available	Used	<u>Not Installed</u> Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: <u>R</u> State: <u>CA</u> ZIP: <u>92618</u>			None	None		
Last Name: <u>O'MARA</u> Country: <u>USA</u>			Lap Only	Lap Only		
Crew <u>Passenger</u> 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>210</u> City: <u>MADISONVILLE, KY</u> State: <u>KENTUCKY</u> Country: <u>USA</u>	Time of Departure Time: <u>~ 4:00</u> Time Zone: <u>CDT</u>	Destination Airport ID: <u>KBWS</u> City: <u>BOWLING GREEN</u> State: <u>KENTUCKY</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None Company VFR Military VFR VFR Activated? Yes No Unknown VFR/IFR IFR Unknown Cruise Unknown / NA
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Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D ☒ Class E Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown				Altitude of In-Flight Occurrence: <u>1500</u> ft msl

Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military Internet None Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC Unknown	Light Condition ☒ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Thin Overcast ☐ Partial Obscuration ☐ Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft agl
Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction Variable -OR- Direction: _____ degrees true	Wind Speed Calm Light and Variable -OR- Speed: _____ kts	Wind Gusts Not Gusting -OR- Speed: _____ kts	Visibility <u>6+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	Restriction to Visibility (Check all that apply) ☐ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown
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Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type N/A Rime Clear Mixed Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type N/A Rime Clear Mixed Unknown	Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity Light Moderate Severe Extreme
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NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

NONE

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)

NO DAMAGE TO PROPERTY
LGS. GEAR SEPARATED FROM FUSELAGE
FUSELAGE BUCKLED
TOP WING DAMAGED.

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 MADISONVILLE, KY (210) ON LAST OF 4 LEGS
FROM SCOTT AFB, ILLINOIS AIRSHOW. ENGINE RAN SMOOTHLY ON
FIRST 3 LEGS BUT ABRUPTLY STOPPED AT ABOUT 1500' AISE.
PILOT HAD ONLY 1 FIELD TO LAND IN AND EXECUTED A PERFECT
ENGINE OUT LANDING, UNFORTUNATELY FIELD WAS ROUGH AND
CAUSED DAMAGE TO AIRCRAFT.

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

Operator/Owner Safety Recommendation

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.)ENGINE ABRUPTLY STOPPED IN FLIGHT ABOUT 10
MINUTES AFTER TAKEOFF.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)

19 Gallons

Fuel Type

80/87

☒ 100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

NONE

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

NORMAL EXIT FROM COCKPITS

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

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

06/28/23
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: CRAIG O'MARA

Title: _____

Signature: _____

- or -

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA23LA231

Reviewed by NTSB Regional Office

Washington, DC

Name of Investigator

Monville

Date Report Received

7/13/2023