

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: Elberton (Elbert County Airport) State: GA

ZIP: 30635 Country: USA

Latitude: 34°5' 43.4"N Longitude: 82° 49' 2.9"W

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

Accident/Incident Date/Time

Date: 07/12/2023 Local Time: 1:35 pm
mm/dd/yyyy

Time Zone: Eastern

Collision with Other Aircraft: Midair On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N16071

Manufacturer: Cessna

Model: 150L

Serial Number: 15013455

Year of Manufacture: 1972

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 1600 lbs

Weight at Time of Accident/Incident: 1285 lbs Approx.

Number of Seats: 2 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

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
Emergency Float
Float
Hull
Other Launch/Recovery System
None ☒ Unknown

Engine Type (Select one)

Reciprocating ☒ Liquid Rocket
Turbo Shaft
Turbo Prop
Turbo Jet
Turbo Fan
Electric
Solid Rocket
Hybrid Rocket
None
Unknown

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>Continental</u>	<u>O-200-A</u>	<u>214324-72A</u>	<u>1972</u>	<u>100</u>	<u>6792.2</u>	<u>16.5</u>	<u>1591.8</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour
AAIP
Annual
Continuous Airworthiness
Conditional Inspection
Unknown

Date Last Inspection: 08/02/2023
mm/dd/yyyy

Airframe Total Time: 6,775.7 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: 100 hr

Description of Fire Extinguishing System

None ☒
Specify:

Propeller 1

Fixed Pitch ☒
Controllable Pitch
Ground Adjustable

Manufacturer: McCaulley
Model: 1A101/PCM6948

ELT Installed: Yes No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

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:

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Jeffrey B. BennettCity: AbbevilleState: SC ZIP: 29620Fractional Ownership Aircraft: Yes No ☒Country: 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: Elbert County - Patz FieldAirport Identifier: FBAProximity to Airport: Off Airport/Airstrip On Airport/Airstrip ☒ N/ADistance From Airport Center: 0.6 smDirection From Airport: 060° degrees trueAirport Elevation: 603 ft. msl**Runway Information**Runway ID: 11-29 (L/R/C) Length: 5004 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: <u>Jeffrey</u> City of Residence: <u>McCormick</u> Middle Initial: <u>B.</u> State: <u>SC</u> ZIP: <u>29835</u> Last Name: <u>Bennett</u> Country: _____ Age at time of Accident/Incident: <u>60</u> Date of Birth: <u>1962</u> 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 ☐																																																																														
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Principal Occupation Pilot ☒ Other ☐ Unknown ☐		Medical Certificate None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown ☐			Medical Certificate Validity Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☒ N/A ☐ Special Issuance ☐			Date of Last Medical <u>12/07/2022</u> mm/dd/yyyy																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>12/16/2022</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>(Michael/Rudolf) Mustang Aeronautics</u> Model: <u>MUSTI</u>																																																																																																	
Airplane Rating(s) (Check all that apply) None ☐ Single-Engine Land ☒ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐		Other Aircraft Rating(s) (Check all that apply) None ☐ Airship ☐ Balloon ☐ Glider ☒ Gyroplane ☐ Helicopter ☐ Powered Lift ☐		Instrument Rating(s) (Check all that apply) None ☒ Airplane ☐ Helicopter ☐ Powered Lift ☐		Instructor Rating(s) (Check all that apply) None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport ☐																																																																																														
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"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
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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					
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> 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 <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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed 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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
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FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: EBA
 City: Elberton
 State: Georgia
 Country: USA

Time of Departure

Time: 1:35pm
 Time Zone: Eastern

Destination

Airport ID: LCK
 City: Liberty
 State: SC
 Country: USA

Type Flight Plan Filed

None ☒ VFR/IFR
 Company VFR ☐ IFR
 Military VFR ☐ Unknown
 VFR ☐
 Activated? Yes No Unknown

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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Altitude of In-Flight
 Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Occurrence:
 Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ _____ ft msl
 Class D ☐ Prohibited Area ☐ TRSA ☐
 Class E ☒ Restricted Area ☐ FAR 93 ☐

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

National Weather Service ☐ Company ☐
 Flight Service Station ☐ Military ☐
 TV/Radio ☒ Internet ☐
 Automated Report ☐ None ☐
 Commercial Weather Service (DUATS) ☐ Unknown ☐
 On-Board Weather ☐

Weather Observation Facility

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

Basic Conditions

VMC ☒
 IMC ☐
 Unknown ☐

Light Condition

Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☐
 Day ☒ Night ☐ Bright Night ☐

Sky/Lowest Cloud Condition

Clear ☒ Thin Broken ☐
 Few ☒ Thin Overcast ☐
 Partial Obscuration ☐ Unknown ☐
 Scattered ☐

Ceiling

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

Temperature: 33° (C) or 92° (F)

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

Altimeter Setting: _____ in. Hg
 or _____ MB

Lowest Cloud Condition Height

4000 ft agl

Ceiling Height

6,000 ft agl

Wind Direction

Variable ☒

-or-
 Direction: _____ degrees true

Wind Speed

Calm ☐
 Light and Variable ☒

-or-
 Speed: _____ kts

Wind Gusts

Not Gusting ☒

-or-
 Speed: _____ kts

Visibility 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 2,400 ft

Intensity of Precipitation

Light ☐
 Moderate ☐
 Heavy ☐
 N/A ☐
 Unknown ☐

Type of Precipitation (Check all that apply)

None ☒ Drizzle ☐ Freezing Rain ☐
 Rain ☐ Ice Pellets ☐ Snow Shower ☐
 Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐
 Hail ☐ Snow Grains ☐ Freezing Drizzle ☐
 Rain Showers ☐ Ice Crystals ☐

Restriction to Visibility (Check all that apply)

None ☒ Fog ☐
 Blowing Dust ☐ Ground Fog ☐
 Blowing Sand ☐ Haze ☐
 Blowing Snow ☐ Ice Fog ☐
 Blowing Spray ☐ Smoke ☐
 Dust ☐ 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
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)

Aircraft has substantial damage to both wings and wingtips; vertical stabilizer; front and rear windows; propeller & spinner; engine cowlings; Engine mount; nose gear; Upper Cockpit exterior.

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.

On July 12, 2023; I experienced a partial power loss on take-off at Elberton, Georgia; which resulted in an off-airport landing and damage to Cessna 150L N16071. On Saturday, July 8; I experienced a partial loss of power for approx. 4 seconds, with engine returning to full power with no abnormalities. On July 11; engine ran normally during a 2.6 hour flight. After refueling, engine ran slightly rough; so I parked it. on ramp; later removed; cleaned; replaced (8) spark plugs; test ran; normal result. Arrived at EBA July 12th. Engine start was normal, then skipped a few times as I taxied to Runway 11. I leaned mixture a little and engine was smooth as I performed run-up. Run-up was normal on both mags and Carb heat. Applied full power for take-off; all was normal until airborne. Experienced a couple of quick power surges; then a steady loss of partial power. (Approx 2,100 Rpm reading). I briefly became fixated on throttle; mixture, and keeping wings level. Shortly thereafter in climb, realized I had traveled too far to abort. Immediately tried to gain altitude to clear trees off end of runway, and attempt to return to runway under partial power. Quickly realized the airplane was going to descend into tall trees. Then, immediately lowered the nose; turned left; then right; descending into a grassy area between trees. Then, realizing I may over-shoot landing spot; dropped flap lever to 40° position. Just as landing flare commenced, the left wing lowered and made contact with the ground. The nose gear hit a berm and separated from the airplane, which caused the airplane to nose over to an inverted position. After sliding to a stop; I placed my right hand on cockpit ceiling to prevent head/neck injuries, reached up with my left hand to unbuckle lap restraint and exited the airplane with no injuries. Seeing no signs of fire; I quickly reached into cockpit and secured the airplane; turning off magnetos; ignition; and closing fuel valve.

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

Operator/Owner Safety Recommendation

Never get comfortable with an airplane engine that ^{doesn't} run as well as some engines of same model.

Always use strict standards if any abnormalities occur during operation of any engine.

Always be extremely aware of last position on runway to abort takeoff.

Always take density altitude into all performance calculations.

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

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)

24

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 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 (only occupant) exited from inverted left seat position; through Passenger Door.

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
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

07/22/2023
mm/dd/yyyy

Name of Pilot/Operator:

Jeffrey B. Bennett

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.
ERA23LA297Reviewed by NTSB Regional Office
ERAName of Investigator
GERHARDT, ADAMDate Report Received
7/22/2023