

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: MYAKKA City State: FL
 ZIP: 34251 Country: USA
 Latitude: 27.27884N Longitude: 82.21511W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 10/14/23 Local Time: 11:00 AM
 mm/dd/yyyy Time Zone: EASTERN

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: NC 87621
 Manufacturer: MONOCOUPÉ
 Model: 90-715
 Serial Number: 869
 Year of Manufacture: 1949
 Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 1610 lbs
 Weight at Time of Accident/Incident: Approx 1200 lbs
 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 ☒ Tailwheel
 Tricycle
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
☒ None Unknown

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O-320-A3A</u>	<u>L-6867-27</u>	<u>1949</u>	<u>150</u>		<u>25</u>	<u>100</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: _____

Airframe Total Time: 837 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: SENSENICH
 Model: M 74CM-058

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: N/A
 Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:
 ELT Manufacturer: EMERGENCY BEACON Corp
 Model or Part No.: EBC-562
 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: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: GARY L SHACKEIFORDCity: PARRISHState: FLZIP: 34219Fractional 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: PrivateAirport Identifier: NONEProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A ☐Distance From Airport Center: AT AIRPORT smDirection From Airport: AT AIRPORT degrees trueAirport Elevation: 50 FT ft. msl**Runway Information**Runway ID: 15/33 (L/R/C) Length: 3400 ft Width: 80 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

Holes

Ice Covered

Rough

Rubber Deposits

Slush-Covered

Snow-Compacted

Snow-Crusted

Snow-Dry

Snow-Wet

Soft

Vegetation

Water-Calm

Water-Choppy

Water-Glassy

Wet

Unknown

Approach/Departure Segment (Select one)☒ Taxi☐ Takeoff☐ Initial Climb

VFR Departure

IFR Departure Procedure/Clearance

On Instrument Approach

Landing

Downwind

Base

Final

Crosswind

Low Approach

Go Around

Aborted Landing (after touchdown)

Unknown

IFR Approach (Check all that apply)☒ None

ADF/NDB

SDF

VORTVOR

VOR/DME

TACAN

PAR

Sidestep

ILS

Localizer Only

LOC-back course

RNAV

MLS

LDA

ASR

Visual

Contact

Circling

Practice

GPS

Unknown

VFR Approach (Check all that apply)☒ None

Traffic Pattern

Straight-In

Valley/Terrain Following

Go Around

Full Stop

Stop and Go

Touch and Go

Simulated Forced Landing

Forced Landing

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: GARY City of Residence: PARRISH
 Middle Initial: L State: FL ZIP: 34219
 Last Name: SHACKEIFORD Country: USA
 Age at time of Accident/Incident: 70 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 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
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 <u>10/27/21</u> mm/dd/yyyy

Medical Certificate Limitations

MOST WEAR CORRECTIVE LENSES FOR NEAR AND DISTANT VISION

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 12/5/21
 mm/dd/yyyy

Flight Review Aircraft

Make: MONOCOPE
 Model: 90-115

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

Single multiengine Land

Student Endorsements (Include dates)

N/A

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	2150	75	1450	700	35	—	—	—	—	—
Pilot in Command (PIC)		75	1450	700						
Time as Instructor	N/A	N/A	N/A	N/A						
This Make/Model										
Last 90 Days	10	10	10	0-						
Last 30 Days	10	10	10	0-						
Last 24 Hours	0-	0-	0-	0-						

"FLIGHT CREWMEMBER 2" INFORMATION

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

N/A 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																
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) <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) (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) <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 (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 <i>N/A</i>		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	
Private	Recreational	Airline Transport	Foreign	
Student	Sport	Flight Engineer		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
		Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown
				Not Installed Installed Not Deployed Deployed Unknown

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	
Private	Recreational	Airline Transport	Foreign	
Student	Sport	Flight Engineer		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
		Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown
				Not Installed Installed Not Deployed Deployed Unknown

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 None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
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First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: PRIVATE
 City: MYAKKA CITY
 State: FL
 Country: USA

Time of Departure

Time: 11:00
 Time Zone: EASTERN

Destination

Airport ID: NO/PLEASURE RIDE
 City: _____
 State: _____
 Country: _____

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 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 G Military Operations Area (MOA) Special Air Traffic Control Area
 Class B Demo Area Airport Advisory Area Unknown
 Class C Warning Area Jet Training Area
 Class D Prohibited Area TRSA
 Class E Restricted Area FAR 93

Altitude of In-Flight Occurrence:

5 ft msl

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: N/A
 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

Lowest Cloud Condition Height

3000 ft agl

Ceiling

☒ None (Clear) Obscured
 Broken Indefinite
 Overcast Unknown

Ceiling Height

_____ ft agl

Temperature: 85 (C) or 85 (F)

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

Altimeter Setting: 30.12 in. Hg
 or _____ MB

Wind Direction

☒ Variable

-or-

Direction: _____ degrees true

Wind Speed

Calm
☒ Light and Variable

-or-

Speed: 2 kts

Wind Gusts

☒ Not Gusting

-or-

Speed: 0 kts

Visibility 10 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 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:

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 <i>(Use additional sheet if necessary)</i> NO Property Damage AIRCRAFT Totalled (see pictures)					
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>					
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.					

Narritave history of flight

I started my takeoff roll on runway 15. Brought the plane up to flying speed. Lifted off runway, plane immediately began a left drift. I tried to correct the drift but felt myself drifting over fence on the left side of the runway. The left horizontal stabilizer contacted the top wire of the fence , pulling the plane hard to the left causing the plane to roll left and continued to roll until the plane was inverted , striking the ground and coming to a stop. I released my seat belt and shoulder harness and exited the plane.

11:00 am - 10/14/23.

Local flight

Destination: return to same airfield

Terrain: plowed farmland

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.)

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)

35

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 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

opened door AND slid out.

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

Aircraft Registration Number

N114

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

10/17/23
mm/dd/yyyy

Name of Pilot/Operator:

GARY SHACKELFORD

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.

ERA24LA009

Reviewed by NTSB Regional Office

ERA

Name of Investigator

D. Boggs

Date Report Received

10/19/23