

**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: Beaufort State: NC

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

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

**Accident/Incident Date/Time**

Date: 07/21/2024 Local Time: 7:33 pm  
mm/dd/yyyy

Time Zone: \_\_\_\_\_

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

**AIRCRAFT INFORMATION**

Registration Number: N9581B

Manufacturer: Champion

Model: 7ECA

Serial Number: 192

Year of Manufacture: 1966

Amateur-Built: ☐ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

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

Maximum Gross Weight: 1650 lbs

Weight at Time of Accident/Incident: 1500 lbs

Number of Seats: Two Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

Number of Engines: one

**Category of Aircraft**

- ☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift  
☐ Rocket  
☐ Ultralight  
☐ Unknown

**Type of Airworthiness Certificate**

(Check all that apply)

**Standard**

- ☒ Normal  
☐ Aerobatic  
☐ Balloon  
☐ Commuter  
☐ Transport  
☐ Utility

**Special**

- ☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Special Flight  
☐ 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/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm dd yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Inspection<br>(hours) | Time Since:<br>Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>O-320</u>        |                              |                            | <u>150</u>                                                                                           |                       |                       |                                    |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                       |                                    |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                       |                                    |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                       |                                    |

**Last Inspection Type**

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

Date Last Inspection: \_\_\_\_\_  
mm/dd/yyyy

Airframe Total Time: \_\_\_\_\_ 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: \_\_\_\_\_

Model: \_\_\_\_\_

**Propeller 2**

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

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

**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: John D King

City: midland

State: Va

ZIP: 22728-1747

Fractional Ownership Aircraft: ☐ Yes ☒ No

Country: USA

## **Operator of Aircraft**

☐ Same As Registered Owner

Name: Charles Stanley Tippet Jr.

☐ Same Address as Registered Owner

City: midland

Doing Business As: pleasure

State: Va.

ZIP: 22728-1747

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: USA

## **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 Flight**

☐ Yes ☒ 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: \_\_\_\_\_

Airport Identifier: \_\_\_\_\_

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: \_\_\_\_\_ sm

Direction From Airport: \_\_\_\_\_ degrees true

Airport Elevation: \_\_\_\_\_ ft. msl

## **Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ 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 ☐ ☐ Final ☐ 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: Charles

Middle Initial: S.

Last Name: Tippet

City of Residence: Warrenton

State: Va ZIP: 20187

Country: USA

Age at time of Accident/Incident: 63

Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: \_\_\_\_\_

### Degree of Injury

☐ None ☐ Fatal  
☒ Minor ☐ Unknown  
☐ Serious

### Seat Occupied

☐ Left ☐ Front ☐ Unknown  
☐ Right ☒ Rear  
☐ Center ☐ Single

### 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

### 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

09/21/2023  
 mm/dd/yyyy

### Medical Certificate Limitations

reading glasses within reach of cockpit

### Medical Certificate Special Issuance

Date of Last Flight Review  
 or Equivalent, Including  
 FAR 121/135 Checks: 12/24/2022  
 mm/dd/yyyy

### Flight Review Aircraft

Make: Piper  
 Model: L-4

### 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                                                  | 9750         | 1100              | 9690                   | 60                   |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 9750         |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             | 100          |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 30           |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 2            |                   |                        |                      |       |            |           |            |        |                  |
| 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: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_ mm/dd/yyyy  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Certificate Number: \_\_\_\_\_

Degree of Injury  
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious  
 Seat Occupied  
☐ Left ☒ Front ☐ Unknown  
☐ Right ☐ Rear ☐ Single  
☐ Center ☐ Single

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 ☐ Class 1 ☐ Class 3  
☐ Other ☒ Class 2 ☐ Driver's License (Sport Pilot only)  
☐ Unknown ☐ Unknown

Medical Certificate Limitations  
 must use correction lenses to meet vision standards at  
 911 required distances within reach of cockpit

## Medical Certificate Special Issuance

Date of Last Flight Review  
 or Equivalent, Including  
 FAR 121/135 Checks: 12/23/2022  
 mm/dd/yyyy  
 Flight Review Aircraft  
 Make: Piper  
 Model: 44

Airplane Rating(s)  
 (Check all that apply)  
☐ None ☐ Airship ☐ Balloon  
☒ Single-Engine Land ☐ Glider  
☐ Multiengine Land ☐ Gyroplane  
☐ Multiengine Sea ☐ Helicopter  
☐ Powered Lift

## Type Ratings

| 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                                               |              |                   |                        |                      |       |            |           |            |        |                  |

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# **ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

Crew Name and Address

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Pilot Certificate(s) (Check all that apply)

- ☐ None  
☐ Private  
☐ Student

- ☐ Flight Instructor  
☐ Recreational  
☐ Sport

- ☐ Commercial  
☐ Airline Transport  
☐ Flight Engineer

- ☐ US Military  
☐ Foreign

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: \_\_\_\_\_ hrs

Seat Occupied

- ☐ Left  
☐ Center  
☐ Right  
☐ Front  
☐ Rear  
☐ Single  
☐ Unknown

Injury

- ☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ 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

Crew Name and Address

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Pilot Certificate(s) (Check all that apply)

- ☐ None  
☐ Private  
☐ Student

- ☐ Flight Instructor  
☐ Recreational  
☐ Sport

- ☐ Commercial  
☐ Airline Transport  
☐ Flight Engineer

- ☐ US Military  
☐ Foreign

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: \_\_\_\_\_ hrs

Seat Occupied

- ☐ Left  
☐ Center  
☐ Right  
☐ Front  
☐ Rear  
☐ Single  
☐ Unknown

Injury

- ☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ 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

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address

First Name: Russell

Middle Initial: \_\_\_\_\_

Last Name: Dunkelberger

City: Culpeper

State: Va

ZIP: 22701

Country: USA

☐ Crew

☒ Passenger

☐ Other

Seat

- ☐ Left  
☐ Center  
☐ Right  
☐ Unknown  
FRONT

Injury

- ☐ None  
☐ Minor  
☒ Serious  
☐ Fatal  
☐ 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

Age

- ☐ Under 5 years  
If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

☐ Crew

☐ Passenger

☐ Other

Seat

- ☐ Left  
☐ Center  
☐ Right  
☐ Unknown

Injury

- ☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ 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

Age

- ☐ Under 5 years  
If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

☐ Crew

☐ Passenger

☐ Other

Seat

- ☐ Left  
☐ Center  
☐ Right  
☐ Unknown

Injury

- ☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ 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

Age

- ☐ Under 5 years  
If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

☐ Crew

☐ Passenger

☐ Other

Seat

- ☐ Left  
☐ Center  
☐ Right  
☐ Unknown

Injury

- ☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ 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

Age

- ☐ Under 5 years  
If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

# FLIGHT ITINERARY INFORMATION

Last Departure Point  
 Airport ID: 53 VA  
 City: midland  
 State: Virginia  
 Country: USA

Time of Departure  
 Time: 5:15 pm  
 Time Zone: Eastern

Destination  
 Airport ID: KMRH  
 City: Beaufort  
 State: NC  
 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  
☐ 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  
☐ Class B ☐ Demo Area  
☐ Class C ☐ Warning Area  
☐ Class D ☐ Prohibited Area  
☒ Class E ☐ 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

## 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

### 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  
☒ Day ☐ Night  
☐ Dark Night  
☐ Bright Night  
☐ Unknown

Sky/Lowest Cloud Condition  
☒ Clear ☐ Thin Broken  
☐ Few ☐ Thin Overcast  
☐ Partial Obscuration  
☐ Scattered  
☐ Unknown  
 Lowest Cloud Condition Height \_\_\_\_\_ ft agl

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

Ceiling Height \_\_\_\_\_ ft agl

Temperature: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Dew Point: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Altimeter Setting: \_\_\_\_\_ in. Hg  
 or \_\_\_\_\_ MB

Wind Direction  
☒ Variable

Wind Speed  
☒ Calm  
☐ Light and Variable  
 -or-  
 Speed: \_\_\_\_\_ kts

Wind Gusts  
☒ Not Gusting  
 -or-  
 Speed: \_\_\_\_\_ kts

Visibility more than 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  
☒ 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

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
- ☐ 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)  
 Left Wing, Fuselage, Engine mount Engine

# 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.

While flying at approximately 2500 feet agl. and about 20 miles away from Airport KMRH engine changed RPM's for 1 second Engine Continued to Run Perfectly I applied CARB HEAT then back to cold. Approximately 5 minutes later about 15 miles away from Airport KMRH engine changed RPM's for 1 second and continued to Run perfectly I slowed engine RPM from Cruise @ app. 2350 down to 2150 went Full Rich. 5 minutes later engine changed RPM's for 1 second then back to perfectly we were now about 10 miles away from KMRH and at an altitude of 1500 feet. Skys were clear and NO wind. Again about 5 minutes later and 5 miles out the engine changed RPM's for third time and then continued to Run smoothly then 2 minutes later the Engine Quit. Approximately 4 miles away from KMRH. Altitude about 1350 feet In my opinion there were Rotted Fields with water I noticed an UNOCCUPIED Road and set up my GLIDER to Land on this road NO Cars in sight. Upon landing Aircraft hit a power pole and went into a Ditch

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

Operator/Owner Safety Recommendation

I do NOT know of anything Aircraft had more than enough Fuel on Board. I have been flying for more than 40 years 9750 hours Total Time of FLYING 1st Engine outage Ever.

**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 sputtered and Quit

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)

32

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

W9581S had approximately 7-8 gallons on board left over from previous flight I added 25.6 gallons before takeoff I planned a total fuel burn of 17 gallons for this flight

**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

myself the pilot and my passenger climbed out of the plane resting on its side.

**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☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

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

07/30/2024  
mm/dd/yyyy

Name of Pilot/Operator: Charles Stanley Tippet Jr.

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.

ERA24LA311

Reviewed by NTSB Regional Office

OAS-ERA

Name of Investigator

Damian Galbraith

Date Report Received

08/01/2024