

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: NORTH LAS VEGAS State: NV

ZIP: 89032 Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 03/18/2021 Local Time: 4:15

mm/dd/yyyy Time Zone: PST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N2548R

Manufacturer: CESSNA

Model: 182/G

Serial Number: 18258248

Year of Manufacture: 1967

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 1721 lbs

Weight at Time of Accident/Incident: 1826 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 2

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard

☒ 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

☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull

☐ Tailwheel

☐ High Skid
☐ Skid
☐ Ski
☐ Ski/Wheel

Other Launch/Recovery System

None

Unknown

Engine Type (Select one)

☒ Reciprocating
☐ Turbo Shaft
☐ Turbo Prop
☐ Turbo Jet
☐ Turbo Fan
☐ Electric

☐ Liquid Rocket
☐ 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	CONTINENTAL	O-470-R	133824-7-R					
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 2/20/2020

Airframe Total Time: 2691.3 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: McCawley

Model: S-90AT

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: <u>AMY CASTALDO</u>		City: <u>LAS VEGAS</u> State: <u>NV</u> ZIP: <u>89141</u> Country: _____																													
Fractional Ownership Aircraft: Yes ☐ No ☒																															
Operator of Aircraft <i>Same As Registered Owner</i> Name: <u>CHRISTOPHER TEUTSCH</u>		<i>Same Address as Registered Owner</i> City: <u>LAS VEGAS</u> State: <u>NV</u> ZIP: <u>89141</u> Country: <u>USA</u>																													
Doing Business As: _____																															
Air Carrier/Operator Designator (4 Character Code): _____																															
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation ☐ Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under <table style="width: 100%; border: none;"> <tr> <td>FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> ☐ FAR 91 Special Flight Non-US, Commercial ☐ Non-US, Non-commercial Public Aircraft (Select one) Armed Forces Federal State Local Unknown	FAR 91	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table style="width: 100%; border: none;"> <tr> <td>☐ Scheduled or Commuter</td> <td>☐ Domestic</td> </tr> <tr> <td>☐ Non-Scheduled or Air Taxi</td> <td>☐ International</td> </tr> </table> ☐ Passenger ☐ Cargo ☐ Mail Contract Only		☐ Scheduled or Commuter	☐ Domestic	☐ Non-Scheduled or Air Taxi	☐ International												
FAR 91	FAR 129	FAR 415																													
FAR 103	FAR 133	FAR 431																													
FAR 121	FAR 135	FAR 435																													
FAR 125	FAR 137	FAR 437																													
☐ Scheduled or Commuter	☐ Domestic																														
☐ Non-Scheduled or Air Taxi	☐ International																														
Revenue Sightseeing Flight Yes ☐ No ☒		Air Medical Flight Yes ☐ No ☒																													
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table style="width: 100%; border: none;"> <tr> <td>☐ Aerial Application</td> <td>☐ Firefighting</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Aerial Observation</td> <td>☐ Flight Test</td> <td></td> </tr> <tr> <td>☐ Air Drop</td> <td>☐ Glider Tow</td> <td></td> </tr> <tr> <td>☐ Air Race/Show</td> <td>☐ Instructional</td> <td></td> </tr> <tr> <td>☐ Banner Tow</td> <td>☐ Other Work Use</td> <td></td> </tr> <tr> <td>☐ Business</td> <td>☐ Personal</td> <td></td> </tr> <tr> <td>☐ Executive/Corporate</td> <td>☐ Positioning</td> <td></td> </tr> <tr> <td>☐ External Load</td> <td>☐ Skydiving</td> <td></td> </tr> <tr> <td>☐ Ferry</td> <td></td> <td></td> </tr> </table>				☐ Aerial Application	☐ Firefighting	☐ Unknown	☐ Aerial Observation	☐ Flight Test		☐ Air Drop	☐ Glider Tow		☐ Air Race/Show	☐ Instructional		☐ Banner Tow	☐ Other Work Use		☐ Business	☐ Personal		☐ Executive/Corporate	☐ Positioning		☐ External Load	☐ Skydiving		☐ Ferry			
☐ 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																															
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)																															
Airport Name: <u>KVG T NORTH LAS VEGAS</u> Airport Identifier: <u>VGT</u>		Distance From Airport Center: <u>0</u> sm Direction From Airport: <u>N</u> degrees true Airport Elevation: <u>2205</u> ft. msl																													
Proximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip N/A																															
Runway Information Runway ID: <u>12</u> (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered																													
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		☐ Snow-Compacted ☐ Water-Calm ☐ Snow-Crusted ☐ Water-Choppy ☐ Snow-Dry ☐ Water-Glassy ☐ Snow-Wet ☐ Wet ☐ Soft ☐ Vegetation ☐ Unknown																													
Approach/Departure Segment <i>(Select one)</i> <table style="width: 100%; border: none;"> <tr> <td>Taxi</td> <td>VFR Departure</td> <td>On Instrument Approach</td> <td>Downwind</td> <td>Low Approach</td> </tr> <tr> <td>Takeoff</td> <td>IFR Departure Procedure/Clearance</td> <td>Landing</td> <td>Base</td> <td>Go Around</td> </tr> <tr> <td>Initial Climb</td> <td></td> <td></td> <td>☒ Final</td> <td>Aborted Landing (after touchdown)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Crosswind</td> <td>Unknown</td> </tr> </table>				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								
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 <i>(Check all that apply)</i> ☒ None <table style="width: 100%; border: none;"> <tr> <td>ADF/NDB</td> <td>PAR</td> <td>MLS</td> <td>Practice</td> </tr> <tr> <td>SDF</td> <td>Sidestep</td> <td>LDA</td> <td>GPS</td> </tr> <tr> <td>VOR/TVOR</td> <td>ILS</td> <td>ASR</td> <td></td> </tr> <tr> <td>VOR/DME</td> <td>Localizer Only</td> <td>Visual</td> <td></td> </tr> <tr> <td>TACAN</td> <td>LOC-back course</td> <td>Contact</td> <td></td> </tr> <tr> <td></td> <td>RNAV</td> <td>Circling</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Unknown</td> </tr> </table>		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 <i>(Check all that apply)</i> ☐ 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	
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																												

"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>CHRISTOPHER</u> Middle Initial: <u>J</u> Last Name: <u>TEUTSCH</u> Age at time of Accident/Incident: <u>43</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED] City of Residence: <u>LAS VEGAS</u> State: <u>NV</u> ZIP: <u>89141</u> Country: <u>USA</u>																																																																																																				
Degree of Injury ☒ None Fatal Minor Unknown Serious		Seat Occupied ☒ Left Front Right Rear Center Single Unknown		Restraint Type Available ☒ None ☒ Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown			Inflatable Restraints ☒ Not installed Installed Not Deployed Deployed Unknown																																																																																													
Pilot Certificate(s) (Check all that apply) ☒ None ☒ Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign																																																																																																				
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>7/18/2016</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations 																																																																																																				
Medical Certificate Special Issuance 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/01/2019</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>CESSNA</u> <u>182/G</u> Model: <u>N2548R</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																																																																																														
Type Ratings 						Student Endorsements (Include dates) 																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>251.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>166.5</td> <td>166.5</td> <td>166.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>2.6</td> <td>2.6</td> <td>2.6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	251.5										Pilot in Command (PIC)	166.5	166.5	166.5								Time as Instructor											This Make/Model											Last 90 Days	2.6	2.6	2.6								Last 30 Days	1	1	1								Last 24 Hours										
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	251.5																																																																																																			
Pilot in Command (PIC)	166.5	166.5	166.5																																																																																																	
Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days	2.6	2.6	2.6																																																																																																	
Last 30 Days	1	1	1																																																																																																	
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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ 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 Right Center Front Rear Single Unknown			Restraint Type Available None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown			Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown			
Pilot Certificate(s) <i>(Check all that apply)</i> None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign											
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 1 Class 2 Class 3 Driver's License (Sport Pilot only) Unknown			Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A			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					
Type Ratings 						Student Endorsements <i>(Include dates)</i> 					
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
Total Time							Actual	Simulated			
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 Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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			
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs							
Crew Name and Address					Seat Occupied		Injury			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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			
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs							
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 <i>If Under 5,</i> 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 <i>If Under 5,</i> 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 <i>If Under 5,</i> 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 <i>If Under 5,</i> Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>3L2</u> City: <u>SANDY VALLEY</u> State: <u>NV</u> Country: <u>USA</u>		Time of Departure Time: <u>4:00</u> Time Zone: <u>PST</u>		Destination Airport ID: <u>VGT</u> City: <u>N. LAS VEGAS</u> State: <u>NV</u> Country: <u>USA</u>	
Type Flight Plan Filed ☒ None Company VFR Military VFR VFR VFR/IFR IFR Unknown 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 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: _____ 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 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: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ 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 _____ 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
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)

DAMAGED FIREWALL

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.

ON 4/18/2021 I WAS FLYING FROM 3L2 TO VGT
AFTER INITIAL CONTACT I NOTICED FUEL WAS LOWER
THAN EXPECTED. AFTER ENTERING THE PATTERN ON
BASE I NOTICED FUEL WAS LOWER BUT A NON ISSUE
AS I WAS WELL WITHIN VICINITY OF VGT. ON
BASE AS I TURNED RIGHT TO FINAL I EXPERIENCED
AN ENGINE FAILURE. I CONTACTED TOWER, SPOTTED
AN AREA CLEAR AND NAVIGATED INTO THE AREA.
I EXPERIENCED A ROUGH LANDING BUT DIDN'T
INITIALLY NOTICE DAMAGE OTHER THAN FUEL LEAKING
FROM BELOW THE ENGINE COMPARTMENT. AFTER FURTHER
INSPECTION I NOTICED A DAMAGED AIRFRAME AND FIRE
WALL. NO INJURIES WERE ~~OR~~ SUSTAINED IN THE EMERGENCY
LANDING

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

Operator/Owner Safety Recommendation

AFTER REVIEWING THE ACCIDENT NUMBER OF TIMES
I CONCLUDED THERE IS NOT A SINGLE THING I
WOULD HAVE DONE DIFFERENTLY

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.)

FUEL LEAK

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)

APPROX 24 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify

WORM

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

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

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

EXITED THROUGH DOOR, TYPICAL EXIT

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 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

05/21/2021
mm/dd/yyyy

Name of Pilot/Operator:

CHRIS TEWTSCH

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.

WPR21LA184

Reviewed by NTSB Regional Office

WPR - Federal Way

Name of Investigator

S. Stein

Date Report Received

May 21, 2021