

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: EL CAJON State: CA
 ZIP: 92020 Country: US
 Latitude: _____ Longitude: _____
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 08/18/22 Local Time: 10 AM
 mm/dd/yyyy Time Zone: PST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N1097D

Manufacturer: Cessna

Model: 195

Serial Number: _____

Year of Manufacture: 1951

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

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 3550 lbs

Weight at Time of Accident/Incident: 2400 lbs

Number of Seats: 5 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 ☒ Normal ☐ Restricted

Aerobatic

Balloon

Commuter

Transport

Utility

Special

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

Other Launch/Recovery System

☒ None

☒ Tailwheel

High Skid

Skid

Ski

Ski/Wheel

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/Serial	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	JACOBS	275		?	275	2500		600
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

AAIP

☒ Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 09/03/2021
 mm/dd/yyyy

Airframe Total Time: 2600 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: _____

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: _____

Description of Fire Extinguishing System

None

Specify: FIRE EXTINGUISHING

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Michael CarrollCity: ALPINEFractional Ownership Aircraft: Yes ☐ No ☒State: CAZIP: 91901Country: US**Operator of Aircraft**

Same As Registered Owner

Name: Michael Carroll

Same Address as Registered Owner

Doing Business As: _____

City: _____

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
Non-Scheduled or Air Taxi

Domestic
International

Passenger
Cargo
Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

Aerial Application
Aerial Observation
Air Drop
Air Race/Show
Banner Tow
Business
Executive/Corporate
External Load
Ferry

Firefighting
Flight Test
Glider Tow
Instructional
Other Work Use
Personal
Positioning
Skydiving

Unknown

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: GILLESPIE FIELDAirport Identifier: KSEEProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A ☐Distance From Airport Center: 3 smDirection From Airport: 090 degrees trueAirport Elevation: 500 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
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 PAR MLS Practice
SDF Sidestep LDA GPS
VOR/VOR ILS ASR
VOR/DME Localizer Only Visual
TACAN LOC-back course Contact
RNAV Circling
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: Michael City of Residence: ALPINE
 Middle Initial: K State: CA ZIP: 91901
 Last Name: Carrall Country: US
 Age at time of Accident/Incident: 65 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious ☒		Seat Occupied Left ☒ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown ☐		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 <u>BASIC</u> 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>04/01/2021</u> mm/dd/yyyy

Medical Certificate Limitations GLASSES OR CONTACTS

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06/10/2021 mm/dd/yyyy
 Flight Review Aircraft Make: STEALMAN
 Model: PT17

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	1850	60		150	100	3	100	60		
Pilot in Command (PIC)	1850							50		
Time as Instructor	0									
This Make/Model										
Last 90 Days										
Last 30 Days	.5									
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: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of InjuryNone 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 RestraintsNot 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 OccupationPilot
Other
Unknown**Medical Certificate**

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

Medical Certificate ValidityWithout 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)
(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 LiftInstrument 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										
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: _____			Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ ZIP: _____					
Last Name: _____	Country: _____					
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	None	None	
Student	Sport	Flight Engineer		Lap Only	Lap Only	
				3-point	3-point	
				4-point	4-point	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		5-point	5-point	
				Unknown	Unknown	

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ ZIP: _____					
Last Name: _____	Country: _____					
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	None	None	
Student	Sport	Flight Engineer		Lap Only	Lap Only	
				3-point	3-point	
				4-point	4-point	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		5-point	5-point	
				Unknown	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: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
	Crew	Passenger	Other		5-point	5-point		
					Unknown	Unknown		
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
	Crew	Passenger	Other		5-point	5-point		
					Unknown	Unknown		
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
	Crew	Passenger	Other		5-point	5-point		
					Unknown	Unknown		
First Name: _____	City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
	Crew	Passenger	Other		5-point	5-point		
					Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KSEE</u> City: <u>EL CAYON</u> State: <u>CA</u> Country: <u>US</u>	Time of Departure Time: <u>0950</u> Time Zone: <u>PST</u>	Destination Airport ID: <u>KSEE</u> City: <u>EL CAYON</u> State: <u>CA</u> Country: <u>US</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ 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 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

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

Sky/Lowest Cloud Condition

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

Ceiling

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

Temperature: _____ (C) or 72 (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

Wind Speed

☒ Calm
☐ Light and Variable

Wind Gusts

☒ Not Gusting

Visibility 20 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
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Freezing Rain
☐ Snow Shower
☐ Ice Pellets Shower
☐ Freezing Drizzle

Restriction to Visibility (Check all that apply)

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

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:

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

TOTALLED

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.

HAD PREVIOUS WORK DONE ON A/C, WAS TAKING
SHORT TEST FLIGHT. DEPARTED 27 R DOWNWIND
DEPARTURE, FLEW APPROXIMATELY 5 MILES THEN
REQUESTED LANDING ON 27 RIGHT AND 4 MILES
LOST ENGINE POWER, DECLARED EMERGENCY
AND 3 MILES STARTED SLOW LEFT TURN
TO I 8 FREEWAY AND ATTEMPTED TO PUT
DOWN IN BETWEEN I 8 E + W BOUND
WHERE CRASH TOOK PLACE.

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

Operator/Owner Safety Recommendation

STAYED ABOVE AIR FIELD.

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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

204

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

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

3 PEOPLE ASSISTED ME OUT OF A/C

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

09/29/22
mm/dd/yyyy

Name of Pilot/Operator: Michael K Carroll

Signature: [REDACTED]

- 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.
WPR22LA308Reviewed by NTSB Regional Office
WPRName of Investigator
Zoë KeliherDate Report Received
10/10/22