

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: Hood River State: OR

ZIP: 97031 Country: USA

Latitude: 45° 40' 22" Longitude: 121° 32' 02"

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

Accident/Incident Date/Time

Date: 09/03/2022 Local Time: 3:00 pm PDT
mm/dd/yyyy

Time Zone: Pacific

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N278SE

Manufacturer: Alisport

Model: Silent & Electro

Serial Number: 2078

Year of Manufacture: 2016

Amateur-Built: Yes No If Yes: Kit/Plans Make: _____

Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 694 lbs

Weight at Time of Accident/Incident: 600 lbs

Number of Seats: 1 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1 electric

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

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/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>AMA/EXPR LZ</u>	<u>Electro FES</u>			<u>35 hp</u>	<u>6</u>	<u>2.5</u>	<u>N/A</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour
AAIP
Annual
Continuous Airworthiness
Conditional Inspection
Unknown

Date Last Inspection: _____

Airframe Total Time: 116 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: LZ designs

Model: FES

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: Russell P. Read

City: Hood River

State: OR ZIP: 97031

Fractional Ownership Aircraft: Yes ☐ No ☒

Country: USA

Operator of Aircraft

Same As Registered Owner

Name: Russell P. Read

Same Address as Registered Owner

City: Hood River

Doing Business As: _____

State: OR ZIP: 97031

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 | ☒ <u>Personal</u> | |
| ☐ 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: Ken Jernstadt Field

Distance From Airport Center: 0 sm

Airport Identifier: 452

Direction From Airport: 0 degrees true

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

Airport Elevation: 635' ft. msl

Runway Information

Runway ID: 25 grass (L/R/C) Length: 2,000 ft Width: 100 ft

Condition of Runway/Landing Surface (Check all that apply)

- | | | |
|--|---|---------------------------------------|
| ☒ <u>Dry</u> | ☐ 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 |

Runway/Landing Surface (Check all that apply)

- | | | | |
|-----------------------------------|---|-------------------------------------|----------------------------------|
| ☐ Asphalt | ☒ <u>Grass/Turf</u> | ☐ Macadam | ☐ Water |
| ☐ Concrete | ☐ Gravel | ☐ Metal/Wood | |
| ☐ Dirt | ☐ Ice | ☐ Snow | ☐ Unknown |

Approach/Departure Segment (Select one)

- | | | | | |
|---------------|-----------------------------------|--|-----------|-----------------------------------|
| Taxi | VFR Departure | ☒ <u>On Instrument Approach</u> | Downwind | Low Approach |
| Takeoff | IFR Departure Procedure/Clearance | ☒ <u>Landing</u> | Base | Go Around |
| Initial Climb | | | Final | Aborted Landing (after touchdown) |
| | | | Crosswind | Unknown |

IFR Approach (Check all that apply)

- | | | | |
|--|-----------------|----------|----------|
| ☒ <u>None</u> | | | |
| 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 |
| ☒ <u>Straight-In</u> | Touch and Go |
| Valley/Terrain Following | Simulated Forced Landing |
| Go Around | ☒ <u>Forced Landing</u> |
| Full Stop | ☒ <u>Precautionary Landing</u> |
| | 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: Russell
 City of Residence: Hood River
 Middle Initial: P
 State: OR
 ZIP: 97031
 Last Name: Read
 Country: USA
 Age at time of Accident/Incident: 68
 Date of Birth: 1/19/54 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 border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td> ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown </td> <td> ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>	Available	Used	☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used						
☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown						
Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td> ☒ None ☐ Private ☐ Student </td> <td> ☐ Flight Instructor ☐ Recreational ☐ Sport </td> <td> ☐ Commercial ☐ Airline Transport ☐ Flight Engineer </td> <td> ☐ US Military ☐ Foreign </td> </tr> </table>				☒ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport ☐ Flight Engineer	☐ US Military ☐ Foreign
☒ 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>09/29/2021</u> mm/dd/yyyy				

Medical Certificate Limitations

MUST have available glasses for near vision.

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

10/15/2021
mm/dd/yyyy

Flight Review Aircraft

Make: American Champion Aircraft
 Model: 7GCBC

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	2199	116	2143	0	10	5	54	0	172	0
Pilot in Command (PIC)	2075	116	2075	0	10	5	54	0	164	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	55	17.4	37	0	0	0	0	0	17.4	0
Last 30 Days	37	0	37	0	0	0	0	0	5.0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

"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 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)

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

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? 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 Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? 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 Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>452</u> City: <u>Hood River</u> State: <u>OR</u> Country: <u>USA</u>	Time of Departure Time: <u>3:00pm</u> Time Zone: <u>Pacific</u>	Destination Airport ID: <u>452</u> City: <u>Hood River</u> State: <u>OR</u> Country: <u>USA</u>	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) Class B Demo Area Airport Advisory Area Class C Warning Area Jet Training Area Class D Prohibited Area TRSA Class E Restricted Area FAR 93				
				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: <u>452</u> Observation Time: <u>2:30 pm</u> Time Zone: <u>Pacific</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> 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 Ceiling Height _____ ft agl
Lowest Cloud Condition Height _____ ft agl	Temperature: _____ (C) or <u>80</u> (F) Dew Point: _____ (C) or <u>Unknown</u> (F) Altimeter Setting: <u>Unknown</u> in. Hg or _____ MB

Wind Direction Variable -or- Direction: <u>300</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>12</u> kts	Wind Gusts Not Gusting -or- Speed: <u>17</u> kts	Visibility <u>+10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>Unknown</u> 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 (Use additional sheet if necessary)

Glider had damage To bottom of fuselage and landing gear.
No other property was damaged.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

The Silent Electro glider is an electric self launching glider. No towplane is needed for launching. I took off from runway 25 at Ken Jernstadt Field (452) in Hood River Oregon at 3:00pm on 9/3/22. The wing wheel and tail wheel dolly were still attached to the aircraft. These items are intended to facilitate moving the glider on the ground, and are to be removed prior to take off. I climbed out using the standard right pattern in use for gliders at 452. When I realized the wing wheel was still attached to the left wing, I entered a straight-in approach to runway 25 grass. I shut down the electric motor to avoid a prop strike on landing. I retracted the main wheel due to aerodynamic concerns because the wing wheel was still attached to the left wing. The landing was harder than usual. This resulted in damage to the bottom of the fuselage of the glider. There was no damage to anything on the ground, and I was not injured. I moved the glider off of the runway.

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

Operator/Owner Safety Recommendation

The standard preflight check list for this glider is very thorough and consists of 20 items on each of 2 sides of an 8"x11" laminated sheet. I recommend using a short 6 item check list just prior to take off, highlighting items that could effect take off and safe flight, i.e. wing wheel and tail wheel dolly removed, canopy closed and locked, spoilers closed and locked, and controls free and correct. This shorter check list would be used after the standard check list was completed and just prior to take off. The standard check list would be completed prior to accessing the runway, and the shorter check list used on the runway, just prior to take off.

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)

None _____ Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify electric motor

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

batteries (2) were fully charged

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

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

10/21/2022
mm/dd/yyyy

Name of Pilot/Operator

Russell P. Read

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.

WPR22LA370

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Starr Blum

Date Report Received

10/21/2022