

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: Freeport State: LL
ZIP: 61032 Country: Stephenson County
Latitude: 42.25N Longitude: 89.58W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 10/05/2022 Local Time: 11:30 am
mm/dd/yyyy Time Zone: Central

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N147DT
Manufacturer: Beechcraft
Model: Bohanza BE36
Serial Number: E 3163
Year of Manufacture: 1998
Amateur-Built: Yes ☐ If Yes: Kit/Plans Make: _____
No Original Design

☒ IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 3,660 lbs
Weight at Time of Accident/Incident: 3,200 lbs
Number of Seats: 6 Flight Crew Seats: 2
Cabin Crew Seats: 0 Passenger Seats: 4
Number of Engines: 1

Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)	Landing Gear (Check all that apply)	Engine Type (Select one)																																						
☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None ☐ Unknown ☐	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	☒ Retractable <table border="0" style="width: 100%;"> <tr> <td>☐ Tricycle</td> <td>☐ Tailwheel</td> </tr> <tr> <td>☐ Amphibian</td> <td>☐ High Skid</td> </tr> <tr> <td>☐ Emergency Float</td> <td>☐ Skid</td> </tr> <tr> <td>☐ Float</td> <td>☐ Ski</td> </tr> <tr> <td>☐ Hull</td> <td>☐ Ski/Wheel</td> </tr> </table> Other Launch/Recovery System None ☐ Unknown ☐	☐ Tricycle	☐ Tailwheel	☐ Amphibian	☐ High Skid	☐ Emergency Float	☐ Skid	☐ Float	☐ Ski	☐ Hull	☐ Ski/Wheel	<table border="0" style="width: 100%;"> <tr> <td>☒ Reciprocating</td> <td>☐ Liquid Rocket</td> </tr> <tr> <td>☐ Turbo Shaft</td> <td>☐ Solid Rocket</td> </tr> <tr> <td>☐ Turbo Prop</td> <td>☐ Hybrid Rocket</td> </tr> <tr> <td>☐ Turbo Jet</td> <td>☐ None</td> </tr> <tr> <td>☐ Turbo Fan</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Electric</td> <td></td> </tr> </table> Fuel System Type (Reciprocating) Carburetor ☐ Fuel-Injected ☒	☒ Reciprocating	☐ Liquid Rocket	☐ Turbo Shaft	☐ Solid Rocket	☐ Turbo Prop	☐ Hybrid Rocket	☐ Turbo Jet	☐ None	☐ Turbo Fan	☐ Unknown	☐ Electric	
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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>Continental</u>	<u>10550B</u>	<u>1004995</u>	<u>N/A</u>	<u>300 HP</u>	<u>629.1</u>	<u>629.1</u>	<u>629.1</u>
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type	Propeller 1	Propeller 2
100-Hour ☐ Continuous Airworthiness AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>5/19/2022</u> Airframe Total Time: <u>3336.4</u> hrs hours measured at (Select one) <u>(3336.4)</u> Last Inspection Time of Accident/Incident	Fixed Pitch ☐ ☒ Controllable Pitch Ground Adjustable Manufacturer: <u>McCaughey</u> Model: <u>D3A32C409-C</u>	Fixed Pitch ☐ ☐ Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) ☒ Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>Airtrek</u> Model or Part No.: <u>A-306-2880</u> 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: _____		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Gabriella Elena Inc.City: WinnetkaFractional Ownership Aircraft: Yes ☐ No ☒State: ILL ZIP: 60093-0249Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: Dr. Ramon Garcia

Same Address as Registered Owner

City: WinnetkaDoing Business As: N/AState: ILL ZIP: 60093-0249

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 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: AlbertusAirport Identifier: KEEP (KEEP)Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A ☐Distance From Airport Center: N/A smDirection From Airport: N/A degrees trueAirport Elevation: 859 ft. msl**Runway Information**Runway ID: 24 (L/R/C) Length: 5504 ft Width: 100 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: <u>James</u> Middle Initial: <u>L</u> Last Name: <u>DeMaria</u> Age at time of Accident/Incident: <u>73</u> Date of Birth: [REDACTED] <u>949</u> mm/dd/yyyy Certificate Number: [REDACTED] City of Residence: <u>Rockford</u> State: <u>IL</u> ZIP: <u>61109</u> Country: <u>USA</u>																																																																																																				
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																																																																																													
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Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☒ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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"Flight Crewmember 2" was pilot flying Yes ☐ No ☒																																																																																																				
"Flight Crewmember 2" Identification First Name: <u>Ramon</u> City of Residence: <u>Winnetka</u> Middle Initial: <u>A</u> State: <u>IL</u> ZIP: <u>60093</u> Last Name: <u>Garcia</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>66</u> Date of Birth: <u>1956</u> mm/dd/yyyy Certificate Number: XXXXXXXXXX																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☒ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>			Available	Used	☐ None	☐ None	☒ Lap only	☐ Lap only	☒ 3-point	☒ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																															
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Last 30 Days	10.0	10.0																																																																																																		
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) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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		
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) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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		
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>KRFD</u> City: <u>Rockford</u> State: <u>IL</u> Country: <u>USA</u>		Time of Departure Time: <u>10:45</u> Time Zone: <u>Central</u>		Destination Airport ID: <u>KJVL</u> City: <u>Janesville</u> State: <u>Wisc</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 ☒ <u>Class E</u> ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☒ <u>Airport Advisory Area</u> ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown Altitude of In-Flight Occurrence: <u>874</u> 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>KJVL AWOS</u> Observation Time: _____ Time Zone: <u>CST</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☒ Day ☐ 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 Ceiling Height _____ ft agl		Temperature: <u>17</u> (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl				
Wind Direction ☒ Variable -or- Direction: <u>250</u> degrees true	Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>6+</u> 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: 				

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)

Gear up landing resulting in prop damage and under belly damage including air conditioning scoop damage and aircraft exhaust tube damage.

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 Oct 5th 2022, Dr Ramon Garcia and I planned a flight to JVL for lunch. We departed KRFD approximately 10:45 EST. I then suggested that, since our previous flights had concentrated on becoming proficient with the recently installed avionics, that we should review basic Airmanship maneuvers, after completing a series of STP turns, stalls, and slow flights maneuvers. I elected to swing over to FEP for some touch & goes. The first circuit went well, but the second resulted in a gear up landing. I was PIC AT THE TIME OF THE INCIDENT.

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

Operator/Owner Safety Recommendation

This incident could have been prevented had I been attentive to my basic flying duties and more disciplined in my checklist duties.

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)

70 Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

☒ 100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☐ No ☒

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

Cockpit door because it was the easiest exit point

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

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

11/28/2022
/mm/dd/yyyy

Name of Pilot/Operator: James J. Demasie

Signature: [Redacted]

— or —

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.
WPR23LA033

Reviewed by NTSB Regional Office
WPR

Name of Investigator
Kristyn Blocher

Date Report Received
12/7/2022