

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: <u>A243 MARICOPA</u> State: <u>AZ</u> ZIP: <u>85139</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>12/8/2022</u> Local Time: _____ mm/dd/yyyy Time Zone: <u>MNT</u>	
		Collision with Other Aircraft: Midair On-ground <u>None</u>	

AIRCRAFT INFORMATION

Registration Number: <u>N30WL</u> Manufacturer: <u>CESSNA</u> Model: <u>TP206</u> Serial Number: <u>0275</u> Year of Manufacture: <u>1966</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design		IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>3600</u> lbs Weight at Time of Accident/Incident: <u>?</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>?</u> Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>	
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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) ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System Retractable ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel 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
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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>285</u>	<u>1480</u>	<u>15</u>	<u>1480</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☒ 100-Hour ☐ AAIP ☐ Annual Continuous Airworthiness Conditional Inspection Unknown Date Last Inspection: _____ mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at (Select one) Last Inspection Time of Accident/Incident	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>MCCALLUM</u> Model: <u>C88 D3A32CXM</u>	Propeller 2 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: _____ 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	
Description of Fire Extinguishing System ☒ None Specify: _____	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: SKYDIVE COOLIDGE INC

City: TEMPE

State: AZ ZIP: 85282

Fractional Ownership Aircraft: Yes ☐ No ☒

Country: USA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

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

Domestic

Non-Scheduled or Air Taxi

International

Passenger

Cargo

Mail Contract Only

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

(Select one)

Aerial Application

Firefighting

Unknown

Aerial Observation

Flight Test

Air Drop

Glider Tow

Air Race/Show

Instructional

Banner Tow

Other Work Use

Business

Personal

Executive/Corporate

Positioning

External Load

~~Skydiving~~

☒ Ferry

Revenue Sightseeing Flight

Yes

☒ No

Air Medical Flight

Yes

☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: HIDDEN VALLEY

Distance From Airport Center: 250M sm

Airport Identifier: AZ43

Direction From Airport: 090 degrees true

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

Airport Elevation: 1280 ft. msl

Runway Information

Runway ID: 26 (L/R/C) Length: 2750 ft Width: 55 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

Holes

Ice Covered

Rough

Rubber Deposits

Slush-Covered

Snow-Compacted

Snow-Crusted

Snow-Dry

Snow-Wet

Soft

Vegetation

Water-Calm

Water-Choppy

Water-Glassy

Wet

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

☒ 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: ROBERTO City of Residence: MESA
 Middle Initial: _____ State: AZ ZIP: 85207
 Last Name: HOSKIN Country: USA
 Age at time of Accident/Incident: 25 Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury ☒ None ☐ Minor ☐ 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) (Check all that apply) ☐ None ☐ Private ☐ Student ☒ Flight Instructor ☒ Commercial ☐ Recreational ☐ Sport ☐ US Military ☐ Foreign ☐ Airline Transport ☐ Flight Engineer			
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 <u>11/17/2022</u> mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 1/13/22
 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 Lift	☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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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	1006	360	979	26.3						
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
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 Injury		Seat Occupied			Restraint Type			Inflatable Restraints			
None	Fatal	Left	Front	Unknown		Available		Used		Not Installed Installed Not Deployed Deployed Unknown	
Minor	Unknown	Right	Rear			None	None				
Serious		Center	Single			Lap only	Lap only				
Pilot Certificate(s) (Check all that apply)											
None	Flight Instructor		Commercial		US Military						
Private	Recreational		Airline Transport		Foreign						
Student	Sport		Flight Engineer								
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
Pilot	None		Class 3		Without limitations/waivers		Unknown		mm/dd/yyyy		
Other	Class 1		Driver's License (Sport Pilot only)		With limitations/waivers		N/A				
Unknown	Class 2		Unknown		Special Issuance						
Medical Certificate Limitations											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____				Flight Review Aircraft							
				Make: _____							
				Model: _____							
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
None		None		None		None					
Single-Engine Land		Airship		Airplane		Airplane Single-Engine					
Single-Engine Sea		Balloon		Helicopter		Airplane Multi-Engine					
Multiengine Land		Glider		Powered Lift		Gyroplane					
Multiengine Sea		Gyroplane				Powered Lift					
		Helicopter				Instrument Airplane					
		Powered Lift				Instrument Helicopter					
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	Front	None			
Middle Initial: _____		State: _____ ZIP: _____			Center	Rear	Minor			
Last Name: _____		Country: _____			Right	Single	Serious			
						Unknown	Fatal			
							Unknown			
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
None		Flight Instructor		Commercial	US Military	Available	Used			
Private		Recreational		Airline Transport	Foreign	None	None	Not Installed		
Student		Sport		Flight Engineer		Lap Only	Lap Only	Installed		
						3-point	3-point	Not Deployed		
						4-point	4-point	Deployed		
						5-point	5-point	Unknown		
						Unknown	Unknown			
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Yes		No								
Crew Name and Address					Seat Occupied		Injury			
First Name: _____		City of Residence: _____			Left	Front	None			
Middle Initial: _____		State: _____ ZIP: _____			Center	Rear	Minor			
Last Name: _____		Country: _____			Right	Single	Serious			
						Unknown	Fatal			
							Unknown			
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
None		Flight Instructor		Commercial	US Military	Available	Used			
Private		Recreational		Airline Transport	Foreign	None	None	Not Installed		
Student		Sport		Flight Engineer		Lap Only	Lap Only	Installed		
						3-point	3-point	Not Deployed		
						4-point	4-point	Deployed		
						5-point	5-point	Unknown		
						Unknown	Unknown			
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Yes		No								
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	If Under 5, Child Restraint Lap-Held Unknown		
Middle Initial: _____ State: _____ ZIP: _____										None
Last Name: _____ Country: _____					Lap Only	Lap Only				
Crew Passenger Other					3-point	3-point				
					4-point	4-point				
					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	If Under 5, Child Restraint Lap-Held Unknown		
Middle Initial: _____ State: _____ ZIP: _____										None
Last Name: _____ Country: _____					Lap Only	Lap Only				
Crew Passenger Other					3-point	3-point				
					4-point	4-point				
					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	If Under 5, Child Restraint Lap-Held Unknown		
Middle Initial: _____ State: _____ ZIP: _____										None
Last Name: _____ Country: _____					Lap Only	Lap Only				
Crew Passenger Other					3-point	3-point				
					4-point	4-point				
					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	If Under 5, Child Restraint Lap-Held Unknown		
Middle Initial: _____ State: _____ ZIP: _____										None
Last Name: _____ Country: _____					Lap Only	Lap Only				
Crew Passenger Other					3-point	3-point				
					4-point	4-point				
					5-point	5-point				
					Unknown	Unknown				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>IWA</u> City: <u>MESA</u> State: <u>AZ</u> Country: <u>USA</u>	Time of Departure Time: <u>?</u> Time Zone: <u>MTN</u>	Destination Airport ID: <u>A243</u> City: <u>MARICOPA</u> State: <u>AZ</u> Country: <u>USA</u>	Type Flight Plan Filed None VFR/IFR Company VFR IFR Military VFR Unknown ☒ VFR Activated? Yes No Unknown
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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: <u>4100</u> ft msl <u>1750</u> MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service Company Flight Service Station Military TV/Radio Internet Automated Report None Commercial Weather Service (DUATS) Unknown On-Board Weather	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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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
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl
Temperature: <u>70</u> (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction Variable Direction: <u>?</u> degrees true	Wind Speed Calm Light and Variable Speed: <u>?</u> kts	Wind Gusts Not Gusting Speed: <u>?</u> kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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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
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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
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NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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)

PROP STRIKE ON ONE BLADE, WING TIP EXTENSION
DAMAGE, WING TIP 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.

FERRY FLIGHT FROM IWA TO AZ43. PILOT
DID 90° TURN BASE TO FINAL RT TURN. FUEL
SELECTOR ON LEFT TANK (LEAST FUEL). PILOT
CLAIMS ENGINE GUIT ON FINAL, ATTEMPTED
TO SWITCH TO RT TANK, THEN BACK TO
LEFT TANK. THEN IMPACTED (TOUCH DOWN)
PILOT CLAIMS NOSE WHEEL DUG INTO
SOFT MUD CAUSING PROP STRIKE (ENGINE
WITHOUT POWER, PROP STILL) THEN SUPPOSEDLY
IMPACTED RT WING TIP. NO INJURIES.
LIKELY UNPORTED FUEL IN LEFT TANK
& DID NOT USE EITHER PUMP TO
REMOVE OR CHANGE TANKS.

RECOMMENDATION (How could this accident/incident have been prevented?)			
Operator/Owner Safety Recommendation PILOT DID NOT CHECK FUEL QUANTITIES, FUEL QUALITY, OR OIL. NO PREFLIGHT DONE (WITNESSED BY MECHANIC + ADMITTED TO BY PILOT) DID NOT KNOW FUEL QUANTITY LOW ON BASE TO FINAL TURN (SHOULD HAVE BEEN ON TANK W/ MOST FUEL) DID NOT USE EMERGENCY OR BOOST PUMP WHEN CHANGING TANKS. POOR JUDGEMENT + AIRMANSHIP.			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? Yes ☐ No ☒			Total Time/Cycles On Part _____ Hours _____ Cycles
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			Time Since This Part Inspected/Overhauled _____ Hours
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 49 gal (L) 189 gal (R) Gallons	Fuel Type 80/87 115/145 100 Low Lead Jet A 100/130 Jet A-1 Jet B Other, specify _____ JPG Automotive		
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 DOOR			
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.

ENCLOSURE IS STATEMENT WRITTEN BY
PILOT ON DAY OF INCIDENT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>01/09/2023</u> mm/dd/yyyy	Name of Pilot/Operator: <u>MARCAL HOQUE</u> Signature: <u>[REDACTED]</u> - or - Check here to electronically sign this document
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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. WPR23LA084	Reviewed by NTSB Regional Office OAS-WPR	Name of Investigator Eleazar Nepomuceno	Date Report Received 1/10/2023
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12/8/22

~~Flw~~ On short final about 3/4 mile final from A243 N30WL began to lose power. I attempted to switch tanks from left to right. Engine died completely, attempted to switch tank back to ~~left~~ left no change. Pitched for the best glide and touched down in the bushes $\frac{1}{4}$ mile short of the runway. Initial landing was soft, after impacting a few bushes the right wing hit the ground and the nose wheel dug into the soft mud and came to a stop. All switches were turned off including fuel. I then exited the plane and called for help.

Bob Hoskin