NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASI	C INFORMA	TION											
Accide	nt/Incident Loc	ation					Accident/Incident Date/Time						
Nearest	City/Place: Bridg	geport			_State: _	ΓX	Date:	6/1	7/2021	Lo	cal Time: _(09:05-09:1	0
ZIP: _76	426 (Country: Uni	ted States				7		d/yyyy				
Latitude	~33.09°N		Longitude: ~97.	87°W						Tu	me Zone: _(CDT	
	(Enter in decima	l degrees or d	legrees minutes sec	conds)			Collision	with	Other Air	craft:	Midair	On-groun	d / None
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:	N68851					☐ IFR-Equipped and Certified						
	cturer: Cessr	na					☐ Commercial Space Flight ☐ Unmanned Aircraft						
Model: <u>152</u>					Maximur	n Gr	oss Weigh	t: <u>1670</u>		1bs			
	Number: <u>1528</u>						Weight a	t Tin	ne of Accid	ent/Inci	dent:		_lbs
Year of	Manufacture:	1981					Number	of Se	ats: 2		Flight Cre	w Seats:	
Amateu	ır-Built: Yes	If Yes	Kit/Plans Mal	ke:			Cabin Crev	v Seat	ts:		Passenger	Seats:	
	No		Original Design				Number	of En	igines: 1				
_	ry of Aircraft	Type of A	irworthiness Ce	rtificate		Landing Gea (Check all that				_	Type (Se	-	d Doolest
✓ Airpl Ballo		Standard					Retractable				procating o Shaft	_	d Rocket Rocket
_	/Dirigible	Norma	=			✓ Tricycle		ПТа	ailwheel	Turb	o Prop	-	d Rocket
Glide Gyro		☐ Aeroba ☐ Balloo				Amphibian	1	Пн	igh Skid	Turb Turb	o Jet o Fan	None Unkn	
Helic	opter	Comm				Emergency	_ v _						
Powe Rock	red Lift	☐ Transp ☐ Utility	= -	mental Light-Spo	rt	☐ Float ☐ Hull			ki ki/Wheel			_	
Ultra		Cunty		nental Light-Sport				-		(Reciprocativ	_		
Unkn	own	☐ Certificate	of Authorization	or Waiver	(COA)	Other Lau	nch/Recover	ry Sys	stem	✓ Carb	uretor	Fuel-	Injected
		□None	ים	Unknown	` ′	None	□Unknown						
			Engine		Manuf	acturer's	Date of Mfs		Rated Pow Horsep		Total Time	Time Inspection	
Engine	Engine Manufa	cturer	Model/Series			Number	mm/dd/	_	lbs of		(hours)	(hours)	(hours)
Eng 1	Lycoming		O235L2C		L-2006	4-15			118		14,455	42.8	464.4
Eng 2													
Eng 3							-						
Eng 4				Propelle	nn 1	▼Fixed Pi	tch		Prope	ller 2		Fixed Pitch	
	spection Type			rropen	CI 1	Controll	able Pitch		Порс	inci 2	_	Controllable I	Pitch
□100-H AAIP		inuous Airwo litional Inspec					nd Adjustable Ground Adjustable						
Annu		nuonai nispec nown	Luon			Mccauley Indu	istrial Cor	<u>p</u>		_			
Date La	ast Inspection:			ELT Ins	1A103T		No		Mode		inment (Check all that	
A : C	T-4-1 T!	mm/dd/yy		If Yes	staneo:	v ies	NO		Additio	_	іршені (С	леск ан та	арріу)
	ne Total Time: s measured at (S	•	hrs		nufactur	er: Dorne & N	/largolin			rame Para			
	ast Inspection		ccident/Incident	Model or	Part No	.: DM ELT6					ck Indicator	r	
TSO No.: C91 (121.5 MHz)				C91a (121.5 MHz) Autopilot Data Recorder									
Type of Maintenance Program (Select one) C126 (406 MHz)				,	_		□ E1		ght Bag or l littifunction	Handheld De	vice		
Conditional (Amateur-built only) Was ELT still mounte				_	No	□ Elec		mary Flight					
	facturer's Inspect	_	(A AID)				na? L⊻res lo	No	Han	dheld GP	S		
	Approved Inspectuous Airworthin	_	(AAIF)	If activa	ited	-				ds Up Dis oard Wea			
Other	, specify:			Did ELT	Aid in L	ocating Aircraf	t: □Yes	No	Sate	llite Tracl	cing Device	,	
	otion of Fire Ex	tinguishing	System	If not ac		_				Warning			
✓ None Spec				Indicate 1	Keason:	☐ Impact Dan ☐ Fire Damag				eo Kecora er, Specify	ing Device 7:		
Spec	٠. رــــ					☐ Battery Exp		ged	-	,			
						✓ Unknown							

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner		City:				
Name:		State: ZIP:				
Fractional Ownership Aircraft: Yes	No	Country:				
<u> </u>		•				
Operator of Aircraft Same As Re	gistered Owner	☐ Same Address as Registered Owner				
Name:		City:				
Doing Business As:		State: ZIP:				
Air Carrier/Operator Designator (4 Character	er Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
□None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo □Foreign Air Carriers (FAR 129)	FAR 91 FAR 129 FAR FAR 103 FAR 133 FAR FAR 121 FAR 135 FAR FAR 125 FAR 137 FAR	431 Non-Scheduled or Air Taxi International 435				
■Rotorcraft External Load (FAR 133)	FAR 91 Special Flight Non-US, Commercial	Cargo				
☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	Non-US, Non-commercial	Mail Contract Only				
□ Commercial Air Tour (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141)	Public Aircraft (Select one) Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
□ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft		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				
Revenue Sightseeing Flight	Air Medical Flight	External Load Skydiving				
Yes No	Yes No	Ferry				
	_					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name:		Distance From Airport Center:sm				
Airport Identifier:		Direction From Airport: degrees true				
Proximity to Airport: Off Airport/Airstri	p On Airport/Airstrip N/A	Airport Elevation: ft. msl				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)				
Runway ID:(L/R/C) Length:	ft Width:ft	□ Dry □ Snow-Compacted □ Water-Calm □ Holes □ Snow-Crusted □ Water-Choppy				
Runway/Landing Surface (Check all that at a Surface) Asphalt Grass/Turf Maca Concrete Gravel Meta Dirt Ice Snow	dam Water 1/Wood	☐ 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 Takeoff IFR Departure Proc Initial Climb	On Instrument Ap- edure/Clearance Landing	proach Downwind Low Approach Base Go Around Final Aborted Landing (after touchdown) Crosswind Unknown				
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
□None		□None				
□ADF/NDB □PAR □SDF □Sidestep	☐MLS ☐Practice ☐GPS	☐ Traffic Pattern ☐ Stop and Go☐ Touch and				
□VOR/TVOR □VOR/DME □Localizer Only □TACAN □LOC-back course □RNAV	□ASR □Visual □Contact □Circling □Unknown	□ 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" Ider	itification									
First Name: Jarod					City of Re	sidence: F	orth Worth			
Middle Initial: A					State: Tex	xas	2	ZIP: <u>7617</u>	7	
Last Name: April					Country:	United St	ates			
Age at time of A	Accident/Incident:	19	Date of B	irth:			m/dd/yyyy			
		Cer	rtificate Num	ber:						
Degree of Injury	Seat Occupied				Restraint Ty	pe			Inflatable F	
✓ None Fatal	✓ Left	Front	Unknov	I	Available	-	Used			
Minor Unknown Serious	Right Center	Rear Single			None	•	None		✓ Not Inst	
		Singic			Lap or 3-poin		Lap only 3-point	y	☐ Installed ☐ Not Dep	
Pilot Certificate(s) (Check all a ■ None ■ Flight In		nmercial	US Mi	litary	4-poin		4-point		■ Deploye	ed
✓ Private Recreation		imerciai line Transpoi			5-poin		5-point Unknow		Unknov	m
☐ Student ☐ Sport	☐ Flig	ght Engineer			Unkno	own	Clikilow	vii		
Principal Occupation M	edical Certificate	<u> </u>		1	Medical Cer	tificate Va	lidity		Date of Las	t Medical
		lass 3			Without lim		•	nknown		
Other	Class 1 Dr		se (Sport Pilot	only)		tions/waivers	s N	/A	06/03/20 mm/dd/yy	
Unknown		nknown			Special Issu	ance			mm/aa/yy	yy
Medical Certificate Limitatio	ons									
Must wear corrective lenses										
Medical Certificate Special Is	ssuance									
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including										
FAR 121/135 Checks:	mm/dd/yyyy	- Model:								
Airplane Rating(s)	Other Aircraft R			ent Ratin	or(s)	Instructor	r Rating(s)			
(Check all that apply)	(Check all that appl			l that apply	017	(Check all				
None	None		☐ None			☐ None			Instrument	
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		Airpla Helico				e Single-Engi		Instrument I Helicopter	Helicopter
☐ Multiengine Land	Glider		Power			☐ Gyropla	e Multi-Engir me		Glider	
☐ Multiengine Sea	Gyroplane		-			Powered			Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings						Student E	Indorsemen	its (Include	dates)	
									•	
	 		A:l					ı		
Flight Time (Enter appropriate		his Make	Airplane Single	Airplan			rument			Lighter
number of hours in each box)	 	& Model	Engine	Multieng		Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	162.2	58.7	162.2		10.1	1.1	31.5			
Pilot in Command (PIC) Time as Instructor	 				-	1				
Time as Instructor This Make/Model					5.4		.8			
Last 90 Days	29.9	29.9	29.9		J.2	1	.0			
Last 30 Days	2.2	2.2	2.2			1				
Last 24 Hours	0	0	0							

"FLIGHT CREWMEN	IBER 2" INFOR	MATION								
"Flight Crewmember 2" Re □Pilot Co-Pilot	_									
"Flight Crewmember 2" wa	as pilot flying Y	es □No	•							
"Flight Crewmember 2" Id	entification									
First Name:				_ Cit	ty of Re	esidence:				
Middle Initial:				Sta	ate:		Z	IP:		
Last Name:										
Age at time of Accident/Incident: Date of Birth: mm/dd/yyyy										
Ĭ			icate Number							
Degree of Injury	Seat Occupied				raint T	vpe			Inflatable R	estraints
☐ None Fatal	□Left	Front	Unknown		Availab		Used			
Minor Unknown Serious	Right Center	Rear Single			Non		□ None		■ Not Inst	alled
		Single			_	only	Lap only	7	☐ Installed ☐ Not Dep	
Pilot Certificate(s) (Check a ■ None ■ Flight		:-1	US Milita		3-po 4-po		3-point 4-point		☐ Deploye	
☐ Private ☐ Recrea		nerciai e Transport	☐ Foreign	aly	5-ро		5-point		Unknow	n
☐ Student ☐ Sport	☐ Flight	Engineer			Unk	nown	Unknow	'n		
Principal Occupation	Medical Certificate			Med	lical Ca	ertificate Val	lidity		Date of Las	t Medical
	■ None Clas	ss 3				mitations/waiv	•	nknown	Dute of Lus	
Other			(Sport Pilot on			tations/waivers		/A		
Unknown	Class 2 Unk	nown		Sı	pecial Is	suance			mm/dd/yy	yy
Medical Certificate Limitat	tions									
Medical Certificate Special	Issuance									
Medical Certificate Special	Issuance									
Date of Last Flight Povious		Eliabt Da	ardarı Almana	.64						
Date of Last Flight Review or Equivalent, Including			eview Aircra							
FAR 121/135 Checks:										
	mm/dd/yyyy	Model: _								
Airplane Rating(s) (Check all that apply)	Other Aircraft Rat (Check all that apply)	017	Instrumen			Instructor (Check all th				
None	□ None		(Check all the None	11 07		None		п	Instrument A	imlane
☐ Single-Engine Land	■ Airship		☐ Airplane			☐ Airplane	Single-Engin	ie 🔲	Instrument H	elicopter
☐ Single-Engine Sea☐ Multiengine Land	☐ Balloon ☐ Glider		Helicopte			Airplane			Helicopter	
Multiengine Sea	Gyroplane		Powered	Lift		☐ Gyroplan ☐ Powered			Glider Sport	
	Helicopter					_		_		
Type Ratings	■ Powered Lift					Student Er	doncomon	to (In alma) a	\	
Type Katings						Student El	поглешен	is (Include d	ales)	
Flight Time (Enter appropria	te All Thi	s Make	Airplane Single	Airplane		Inst	rument			Lighter
number of hours in each box)		Model		Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)									<u> </u>	
Time as Instructor										
This Make/Model					<u> </u>					
Last 90 Days	+									
Last 30 Days	1								-	
Last 24 Hours	1 1	ı			ı	1	I	I	1	

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Addr	ess						Seat Occupie	d	Injury	
First Name:		City o	of Resider	nce:			□Left	Front	None	
Middle Initial:		State:			ZIP:		Center Right	Rear Single	Minor Serious	
Last Name:		Count	try:				Right	Unknown	Fatal	
						_			Unknown	
Pilot Certificate(s) (Ch	neck all that apply)						Restraint Ty		Inflatable	
None	☐ Flight Instructor	Com	mercial	□US	Military		Available ☐ None	Used ☐None	Restraints	
Private	Recreational		ne Transp		eign		Lap Only	Lap Only	Not InstalledInstalled	
☐ Student	Sport	Flight	t Engine	er			3-point 4-point	3-point 4-point	☐ Not Deployed	
Type Rating/Endorser	nent for	1	Total F	light Time at	the Time		5-point	5-point	Deployed	
Accident/Incident Aircraft?						Unknown	Unknown	☐ Unknown		
Crew Name and Addr	Crew Name and Address							Seat Occupied		
First Name:		City o	of Resider	nce:			□Left	Front Rear	None	
Middle Initial:		State:			ZIP:		Center Right	Single	Minor Serious	
Last Name:		Count	try:			_	ragin	Unknown	Fata1	
									Unknown	
Pilot Certificate(s) (Ch	neck all that apply)						Restraint Tyj Available	pe: Used	Inflatable	
None	Flight Instructor	Com			Military		None	□None	Restraints	
☐ Private ☐ Student	☐ Recreational ☐ Sport		ine Transport □ Foreign ht Engineer				Lap Only	Lap Only	Not InstalledInstalled	
Student	■ Sport		ı Ligilici				3-point 4-point	3-point 4-point	☐ Not Deployed	
Type Rating/Endorser	nent for	1	Total F	light Time a	t the Time		5-point	5-point	☐ Deployed	
Accident/Incident Airc				Accident/Inci		hrs	Unknown	Unknown	☐ Unknown	
PASSENGER(S) /	OTUED DEDCOI									
T ASSENSER(S) /	OTHER PERSON	ININEL (IN	iclude c	abin crew; c	ontinue on s	eparate shee	t if necessary)	T 7		
Name and Address	OTHER PERSON	NNEL (IN	iclude c	abin crew; c Seat	ontinue on s Injury	Restraint T	уре	Inflatable Restraints	Age	
Name and Address				Seat	Injury	Restraint T	`ype Used	Restraints		
Name and Address First Name:	City :			Seat	Injury None	Restraint T	ype Used □None	Restraints Not Installed	Age Under 5 years	
Name and Address First Name: Middle Initial:	City : 2	ZIP:		Seat	Injury	Restraint T Available None Lap Only 3-point	ype Used □None Lap Only 3-point	Restraints Not Installed Installed Not Deployed	☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name:	City : 2	ZIP:		Seat Left Center Right Unknown	Injury None Minor Serious Fatal	Restraint T Available None Lap Only	Used □None Lap Only 3-point 4-point	Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint	
Name and Address First Name: Middle Initial:	City : 2	ZIP:		Seat Left Center Right	Injury None Minor Serious	Restraint I Available None Lap Only 3-point 4-point	Used None Lap Only 3-point 4-point 5-point	Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name:	City: Z State: Z Country: Passenger	ZIP:	er	Seat Left Center Right Unknown	Injury None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available	Used □None Lap Only 3-point 4-point 5-point Unknown	Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held	
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City :	ZIP:	er	Seat Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial:	City : Z State: Z Country: Passenger City : State: Z	ZIP:	er	Seat Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City : Z State: Z Country: Passenger City : State: Z	ZIP:	er	Seat Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Deployed Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial:	City : Z State: Z Country: Passenger City : State: Z	ZIP:	er	Seat Left Center Right Unknown Row: Left Center Right	Injury None Minor Serious Fatal Unknown None Minor Serious	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Lap Only 5-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name:	City:	ZIP:	er er	Seat Left Center Right Unknown Row: Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used Used	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Undeployed Unknown Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Name and Address First Name:	City : Zitate: Z	ZIP:	er er	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Left Left	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint I Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 1-point Unknown Used None	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Middle Initial:	City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z State: Z State: Z	ZIP:Othe	er er	Seat Left Center Right Unknown Row: Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years	
Name and Address First Name:	City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z State: Z State: Z	ZIP:Othe	er er	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Unknown Not Installed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5 years	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Middle Initial:	City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z State: Z State: Z	ZIP:Othe	er er	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Lap Only 1-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point Unknown	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Last Name: Last Name: Crew First Name: Middle Initial: Last Name:	City :	ZIP:Othe	er er er	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point 5-point 4-point	Used None Lap Only 3-point 4-point 5-point Unknown Used	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Unknown Not Installed Unknown Unknown Not Installed Installed Installed Installed Installed Installed Unknown Unknown Unknown Unknown Not Deployed Unknown Unknown Unknown Not Deployed Unknown Not Installed Installed Installed Installed Unknown Unknown Not Deployed Unknown Not Deployed Unknown Not Installed Installed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
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Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Last Name: Last Name: Last Name:	City : State: Z Country: Passenger City : Z Country: State: Z Country: Passenger City : State: Z Country: Passenger City : State: Z Country: Country: State: Z Country: Country: State: Z Country:	ZIP:Othe	er er	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point 4-point 5-point 4-point 5-point Unknown Available None Lap Only	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used Lap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Unknown Not Installed Unknown Not Installed Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:	City : State: Z Country: Passenger City : Z Country: Passenger City : State: Z Country: Passenger City : State: Z Country: Passenger City : State: Z State: Z	ZIP:Othe	er er	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Unknown Not Installed Installed Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY	Y INFORMAT	ION							
Last Departure Point	1	Time of Departure	Destination	on		Type Fligh	ıt Plan Fi	led	
Airport ID: KRPH	_ _		Airport ID:	KAFW		✓ None		VFR/I	FR
City: Graham		Γime: <u>~08:40</u>	City: Fort	Worth		Company		IFR	
State: Texas		Time Zone: CDT	State: Tex			Military VFR	VFK	Unkno	wn
Country: United States	-			Inited States		Activated?	Yes	No	Unknown
Type of ATC Clearance/S	Service (Chack all	that annly)	country.		-				
□ None	Special VFR		cial IFR		✓ VFR Flight Foll	owing	☐ Cruise		
VFR	☐ IFR		R On Top		☐ Traffic Advisory		_	own/NA	
Airspace where the accid	ent/incident occu	rred (Check all that	apply)				A leien d	e of In-H	Tiabt
Class A	Class G		itary Operations		☐ Special		Occurr		ngnt
Class B	Demo Area		oort Advisory A	rea	☐ Air Traffic Cont	rol Area	3,50		A1
☐ Class C ☐ Class D	☐ Warning Area ☐ Prohibited Area		Training Area		Unknown		3,30	,,,	_ ft msl
Class E	Restricted Area	FAI							
WEATHER INFOR	MATION AT T	HE ACCIDENT	T/INCIDEN	IT SITE					
Source of Pilot Weather				ı	servation Facility	,			
(Check all that apply)				Facility ID: KF	RPH ASOS				
National Weather Service		Company			me:				
☐ Flight Service Station ☐ TV/Radio		Military Internet		Time Zone: C					
✓ Automated Report	_	None							
Commercial Weather Serv	ice (DUATS)	Unknown			Accident Site: 35		_		
On-Board Weather		1		Direction from	Accident Site: 93		degrees t	rue	
Basic Conditions		Light Conditi		ъ.	NT 1. TT				
☑VMC IMC		□Dawn Day	Dusk		Night Un nt Night	known			
Unknown		Day	Night	Diigi	it I vight				
Sky/Lowest Cloud Condi	tion	Ceiling			Temperature:		(C) or		(F)
☑ Clear	Thin Broken	None (Clear)		Obscured					
Few	Thin Overcast	Broken		Indefinite	Dew Point: _	((c) or		_(F)
Partial Obscuration Scattered	Unknown	Overcast		Unknown	Altimeter Sett	ing:	in. H	g	
Lowest Cloud Condition	Height	Ceiling Heigh	+			or			
Lowest Cloud Condition	ft agl	Cennig Heigh	•	ft agl					
Wind Direction	Wind Speed		Wind Gusts	3	Visibility	10	miles		
☐ Variable	✓ Calm		Vot Gusting	ng	RVR	:	feet		
-or-	Light and V	Variable	-or-		RVV	:	miles		
Direction: 090 degrees tr		kts	Speed:	kts	Density Altitu			ft	
Intensity of Precipitation	Type of Prec	ipitation (Check all t	hat apply)		Restriction to	Visibility (C			
Light	☑ None	□ Drizzle	☐ Freezin	g Rain	✓ None	<u> </u>		11 07	
Moderate	☐ Rain	Ice Pellets	☐ Snow S		☐ Blowing Du		Ground Fog	5	
Heavy	Snow	Snow Pellet		ets Shower	☐ Blowing Sa ☐ Blowing Sn		Haze Ice Fog		
N/A Unknown	☐ Hail ☐ Rain Showe	☐ Snow Grain rs ☐ Ice Crystals		ig Drizzle	☐ Blowing Sp		Smoke		
Chkhown	- Rain Showe	is Lee Crystais			Dust		Unknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Type		Type (Check a	ll that apply)		erity	
None N/A Trace Rim		None Trace	N/A Rime	_	✓ None ☐ Clear Air			ight Ioderate	
Trace Rime Light Clea		Light	Clea		Terrain-Indu	iced	=	evere	
Moderate Mix		Moderate	Mixe	ed	☐Convective		□E	xtreme	
	nown	Severe	Unkı	nown					
Unknown		Unknown							
NOTAMs (D and FDC)), AIRMETs, SI	GMETs, PIREPS	s in effect at	the time of th	e accident/inci	dent:			

DAMAGE TO	AIRCRAFT A	ND OTHER PROP	PERTY		
Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None Minor	Substantial Destroyed	☑ None In-Flight	Both Ground and In-Flight Fire at Unknown Time	✓ None In-Flight	Both Ground and In-Flight Explosion at Unknown Time
Willion	Unknown	On-Ground	Unknown	On-Ground	Unknown
Description of Da	amage to Aircraft a	and Other Property (Us	e additional sheet if necessary)		
Nose gear collap					
left wing spar be					
		GHT (Please type or pr	•		
			ircumstances leading to and nat f needed. State departure time and		
	ide as much detail as		i needed. State departure time and	and location, services of	biamed, and intended
Got out to the air	rcraft at annrovima	tely 07:40a LCL to pre	form the preflight. Visually look	red into the fuel tanks	where I observed around
			PH from KAFW. After completi		
			ately 09:05-09:10 LCL the engine		
			heat to rule out possible carbo opped sputtering at. I reapplied		
At about the sam	ne moment I reduc	ed throttle a second tin	ne, the engine stopped running	g. Immediately pitched	for glide and started
			nayday call to Fort Worth Cento t field landing. Just before flare		
descent. With the	e mains touching t	he grass first holding th	he nose of the ground the aircr	aft hit a dip in the grou	nd forcing the nose into the
			ng to a complete stop I secured		
Texas State Tro		on the ground for 121.	50 on my hand held NAV/COM	IIVI. LOCAI RESCUE WAS	dispatched along with a
	•				

RECOMMENDATION (How	could this	accident/incident ha	ave been pre	vented?)				
Operator/Owner Safety Recomm	endation							
MECHANICAL MALFUN	NCTION/	FAILURE (If mor	re space is r	needed, cont	tinue on separa	ate sheet)		
Was there Mechanical Malfund						-	Total Tim	e/Cvcles
(If yes, list the name of the part, man			scribe the failt	are.)			On Part	•
								Hours
								Cycles
								Cycles
								e This Part
							Inspected/	Overhauled
								Hours
FUEL & SERVICES INF	ORMATI	ON					•	
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)		80/87	115/145	5	Jet B	Other, specif	ý	
1-5	Gallons	100 Low Lead 100/130	Jet A Jet A-1		JP8 Automotive			
Other Services, if Any, Prior to	Departure							
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation	of the aircr	aft performed?	☐ Yes	✓ No				
Method of Exit - Describe how	the occupan	its exited and how ma	any occupant	s evacuated	each location			
OTHER AIRCRAFT – C	OLL ISIO	N (If air or ground	collision oc	curred com	nlete this secti	on for other si	roraft)	
							Damage to Othe	r Aircraft
Aircraft Registration Number		urer:					Destroyed	☐ Minor
							■ Substantial	None
Registered Owner of Other Air	craft			Pilot of O	ther Aircraft			
Name:				Name:				
City:ZIP:ZIP:				City:				
Country:								

ADDITIONAL INFORMATION (Please type or print in ink)							
Use this space if addi	tional space	is needed for any answers.					
I HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE			
Date of this Report							
06/26/2021							
mm/dd/yyyy							
	or	✓ Check here to electronically sign this of	locument				
If a Person Other tha	an Pilot/Op	erator is Filing Report					
Name:			Title:				
Signature:							
or 🔲 C	heck here to	electronically sign this document					
		FOR NTSB (USE ONLY				
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received			
CEN21LA278		Central Region	Andrew Todd Fox	26 June 2021			