

**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: Reserve State: LA  
 ZIP: 70084 Country: UNITED STATES  
 Latitude: 30.08 N Longitude: -90.58 W  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 12/21/2022 Local Time: 1954  
*mm/dd/yyyy* Time Zone: CST  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N321GD  
**Manufacturer:** GRUMMAN AMERICAN  
**Model:** AA-5B  
**Serial Number:** AA5B-0461  
**Year of Manufacture:** 1977  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 2400 lbs  
**Weight at Time of Accident/Incident:** 2,129 lbs  
**Number of Seats:** 4 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_  
**Number of Engines:** 1

**Category of Aircraft**  
 Airplane  
 Balloon  
 Blimp/Dirigible  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift  
 Rocket  
 Ultralight  
 Unknown

**Type of Airworthiness Certificate**  
*(Check all that apply)*  
**Standard**  
 Normal  
 Aerobatic  
 Balloon  
 Commuter  
 Transport  
 Utility  
 Certificate of Authorization or Waiver (COA)  
 None  
**Special**  
 Restricted  
 Limited  
 Provisional  
 Special Flight  
 Experimental  
 Special Light-Sport  
 Experimental Light-Sport  
 Unknown

**Landing Gear**  
*(Check all that apply)*  
 Retractable  
 Tricycle  
 Amphibian  
 Emergency Float  
 Float  
 Hull  
 None  
 Tailwheel  
 High Skid  
 Skid  
 Ski  
 Ski/Wheel  
 Other Launch/Recovery System  
 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. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	O-360	L-22850-36A		180	3560.39	35.09	1512.39
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**  
 100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown  
**Date Last Inspection:** 11/22/2022  
*mm/dd/yyyy*  
**Airframe Total Time:** 3562.55 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident


**Propeller 1**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: SENSENICH  
 Model: 76EM8S10-0-63

**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:** NARCO  
**Model or Part No.:** ELT-10  
**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: NO FIRE, BUT  
EXTINGUISHER WAS 

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: FIRST LIGHT INC.City: LAFAYETTEFractional Ownership Aircraft:  Yes  NoState: LA ZIP: 70506Country: UNITED STATES**Operator of Aircraft** Same As Registered Owner Same Address as Registered OwnerName: MICHAEL BREWSTERCity: LAFAYETTE

Doing Business As: \_\_\_\_\_

State: LA ZIP: 70506

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: UNITED STATES**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: PORT OF SOUTH LOUISIANA EXECUTIVE REGION

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: KAPS

Direction From Airport: \_\_\_\_\_ degrees true

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

Airport Elevation: \_\_\_\_\_ ft. msl

**Runway Information**Runway ID: 35 (L/R/C) Length: 5,151 ft Width: 75 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     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 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: \_\_\_\_\_

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input checked="" type="radio"/> 3-point</td> <td><input checked="" type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input checked="" type="radio"/> 3-point	<input checked="" type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input checked="" type="radio"/> 3-point	<input checked="" type="radio"/> 3-point																
<input type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> Unknown																

**Pilot Certificate(s)** *(Check all that apply)*

<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver’s License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> _____ <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**

\_\_\_\_\_

**Medical Certificate Special Issuance**

\_\_\_\_\_

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <i>mm/dd/yyyy</i>	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b> _____ _____ _____	<b>Student Endorsements</b> <i>(Include dates)</i> _____ _____ _____
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	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)**

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

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

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>KAPS</u> City: <u>RESERVE</u> State: <u>LOUISIANA</u> Country: <u>UNITED STATES</u>	<b>Time of Departure</b> Time: <u>1950</u> Time Zone: <u>CST</u>	<b>Destination</b> Airport ID: <u>KAPS</u> City: <u>RESERVE</u> State: <u>LOUISIANA</u> Country: <u>UNITED STATES</u>	<b>Type Flight Plan Filed</b> <input type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input checked="" type="radio"/> IFR <input type="radio"/> Unknown Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input checked="" type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

**Altitude of In-Flight Occurrence:**  
560 ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input checked="" type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input checked="" type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>KAPS ASOS</u> Observation Time: <u>1941</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: _____ degrees true
<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input checked="" type="checkbox"/> Internet												
<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input type="checkbox"/> On-Board Weather													

<b>Basic Conditions</b> <input type="radio"/> VMC <input checked="" type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Day <input type="radio"/> Dusk <input checked="" type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown	
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<b>Sky/Lowest Cloud Condition</b> <input type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input checked="" type="radio"/> Thin Overcast <input type="radio"/> Unknown <b>Lowest Cloud Condition Height</b> <u>400</u> ft agl	<b>Ceiling</b> <input type="radio"/> None (Clear) <input type="radio"/> Broken <input checked="" type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown <b>Ceiling Height</b> <u>400</u> ft agl	<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB
--	--	---

<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>340</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: <u>6</u> kts	<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>10</u> miles RVR: <u>10</u> feet RVV: <u>10</u> miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		<b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
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<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Turbulence</b> <b>Type</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**  
 AIRMET INDICATED IFR CONDITIONS FOR FLIGHT AND AIRMET WAS IN EFFECT AT TIME OF ACCIDENT

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- None       Substantial  
 Minor       Destroyed  
 Unknown       Unknown

**Aircraft Fire**

- None       Both Ground and In-Flight  
 In-Flight       Fire at Unknown Time  
 On-Ground       Unknown

**Aircraft Explosion**

- None       Both Ground and In-Flight  
 In-Flight       Explosion at Unknown Time  
 On-Ground       Unknown

**Description of Damage to Aircraft and Other Property** *(Use additional sheet if necessary)*

THE END OF THE LEFT WING PAST THE STRUT WAS DISCONNECTED. DUE TO CONTACT OF NOSE GEAR SATURATED SOFT FIELD WITH GRASS SURFACE THE COWLING AND ENGINE MOUNT WHERE PULLED FROM THE FUSELAGE.

**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.

40 MINUTES BEFORE THE FLIGHT BEGAN THE STUDENT ARRIVED. UPON THE STUDENTS ARRIVAL I HAD COMPLETED ALL PRE FLIGHT WALK AROUND CHECK EXCEPT FOR STRAINING OF FUEL. I HAD ADDED A HALF QUART OIL TO THE AIRCRAFT TO RESULT IN A TOTAL OIL LEVEL OF 7 QTS. DURING MY PRE FLIGHT INSPECTION I COMPLETELY CHECKED THE BOTTOM OF COWLING, INTAKE GASKET AREA FOR EACH CYLINDER, FUEL HOSE RUNNING FROM FUEL FLOW METER TO CARB FOR ANY SORT OF FLUIDS (OIL, BLUE DYE FROM 100LL). THE CHECK WAS DONE VISUALLY AND NO TRACES OF OIL, FUEL, OR ANY FLUID WAS DETECTED. (THIS VISUAL CHECK IS PART OF MY STANDARD OPERATING PROCEDURE IT IS DONE BEFORE EACH FLIGHT).

I IMMEDIATELY BEGAN A PRE FLIGHT BRIEFING WITH THE STUDENTS. AREAS COVERED WERE IN ACCORDANCE WITH 91.103 WITH IN DEPTH DISCUSSION ON WEATHER DATA FOR THE FLIGHT, APPROACH BRIEFING AND PROCEDURES. THE LECTURE BEGAN WITH A OPEN ENDED QUESTION BY ME "WHAT KIND OF WEATHER ARE YOU EXPECTING FOR THE FLIGHT" ONCE THE STUDENT WAS ABLE TO SHOW ME VALID APPROVED WEATHER INFORMATION WE DISCUSSED SIGMETS AND AIRMETS. I SHIFTED THE FOCUS OF OUR DISCUSSION TOWARDS ICING. A COMPLETE LECTURE PERTAINING TO DANGERS OF ICING WITH SPECIAL FOCUS ON THE CARBURATOR ICE WAS COMPLETED.

WE PLANNED TO TRAVEL TO STENNIS (KHS), FLY THE RNAV 36 LPV VIA THE IAF WITH HOLD IN LIEU OF PROCEDURE TURN. AFTER COMPLETION WE WOULD FLY A MAP AS PUBLISHED. WE HAD PLANNED TO TRY TO GET RADAR VECTORS FROM GULFPORT FOR THE ILS 18 KHS WHILE HOLDING ON THE MISSED THEN RETURN TO KAPS FOR THE RNAV 35 LPV APPROACH. THE STUDENT BRIEFED EACH APPROACH ON THE GROUND AND I HAD INSURED HIS KNEEBOARD CONTAINED THE PROPER APPROACH BRIEFING DATA AND FREQUENCIES FOR EACH POINT OF CONTACT & APPROACH.

OUR PRE FLIGHT DISCUSSION CONTINUED WITH Q&a SESSION ON ALTERNATES. I INTRODUCED FOREFLIGHTS ALTERNATE SUGGESTION FEATURE. I HAD ALREADY CHOSEN KMSY AS A ALTERNATE BECAUSE I HAD ALREADY ARRANGED A RIDE FOR US IF THE WEATHER DID NOT PERMIT A LANDING AT KAPS. WE FILED THE FLIGHT PLAN VIA FOREFLIGHT TOGETHER AND I PERSONALLY STRAINED THE FUEL. STUDENT WATCHED ME STRAIN THE FUEL AND WE BOTH INSPECTED IT TOGETHER.

WE WERE IN NO HURRY, DUE TO THE SPECIAL STARTING PROCEDURE OF THE GRUMMAN AA-5B (START ON LEFT MAG, SWITCH TO BOTH AFTER START) I MANDATE THAT STUDENTS DO NOT BEGIN TO TOUCH CONTROLS WITH A "HURRY UP" MINDSET. THE STUDENT CALMLY AND ACCURATELY EXECUTED HIS START PROCEDURE CALLING OUT EACH STEP OF THE CHECKLIST. NO IRREGULARITIES WERE DETECTED IN START PROCEDURE. STUDENT THEN TURNED ON ALL APPLICABLE LIGHTS OMITTING STROBES FOR FLIGHT CONDITIONS AND INPUTED HIS FLIGHT PLAN INTO THE GARMIN 430W. ONCE FLIGHT PLAN WAS INPUTED HE ENTERED FREQUENCIES IN PRIMARY AND "SANDBOX" 430W. BEFORE TAXI STUDENT COPIED HIS WEATHER.

WE RAN THE AIRCRAFT UP HOLDING SHORT OF RUNWAY 35. THERE WERE NO IRREGULAR INDICATIONS AT ALL UNCOVERED ON GROUND RUN UP. THIS RUN UP CHECKLIST WAS PERFORMED ACCURATELY BY STUDENT UNDER MY SUPERVISION. IT IS MY STANDARD FOR THE STUDENTS TO NOTICE AND VERBALIZE EGT RISE ON EACH CYLINDER WHEN ONLY ONE MAG IS ACTIVE ON RUNUP. EGT ROSE UNIFORMLY WHEN CHECKING EACH MAG, TIMING CHECKED OUT WITH NO MAG DIFFERENCE, DROP OF RPM WAS LESS THAN 100 FOR OPERATION ON ONE MAG, AND OUR HOTTEST CYLINDER AT TIME OF TAKEOFF WAS CYLINDER #4 321 DEGREES.

CONTINUATION ON ADDITIONAL SPACE PROVIDED BELOW.

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

## Operator/Owner Safety Recommendation

THIS IS A MAJOR QUESTION THAT HAS BEEN ON MY MIND AS WELL. I PERSONALLY ENSURED THAT ALL PROBLEMS WERE ADDRESSED WITH THIS AIRCRAFT. THERE WAS NO INDICATION THERE WAS ANYTHING WRONG, I HAD PERSONALLY FLOWN THE AIRPLANE SOLO FOR 1 HR PRIOR TO THE INCIDENT 2 DAYS BEFORE, THERE WAS NO REASON TO SUSPECT THIS AIRPLANE WOULD SUFFER THE FAIT THAT IT DID.

AS FAR AS MY PROFICIENCY WITH THE EXISTING WEATHER CONDITIONS, I WAS COMFORTABLE, CURRENT, AND PROFICIENT. I HAD PRACTICED THE SAME TURN MANY TIMES BEFORE AS WELL AS STUDIED THE SURROUNDINGS OF THE AIRPORT ON GOOGLE MAPS. IF THE RUNWAY COULD NOT BE MADE MY PLAN WAS TO PUT THE AIRCRAFT DOWN IN THE FIELD WEST OF THE AIRPORT CLOSE TO THE VOR. ALL AIRPORTS I FREQUENT I HAVE A PLAN FOR ENCASE OF A EMERGENCY LANDING. WEEKS PRIOR TO THE INCIDENT I HAD FLOWN MANY APPROACHES IN IMC IN WHICH IMC WAS MAINTAINED @ AND BEYOND THE FAF.

IT IS MY PERSONALITY TO LOOK AT THIS FROM EVERY ANGLE THOUGH. DAYS AFTER THE ACCIDENT I BEGAN READING " THE KILLING ZONE WHY PILOTS DIE 2ND EDITION" FOR THE SECOND TIME IN MY LIFE. ONE AREA STOOD OUT TO ME WHEN THE AUTHOR DISCUSSED NIGHT FLYING. WHEN THE TURN WAS MADE I FELT LIKE I HAD A GOOD PERSPECTIVE OF HIGH DUE TO THE FACT THAT I HAD HANGER BUILDINGS TO ADD TO MY ANALYSIS IN MY PERIPHIAL VISION.

I AM HOPING THE INVESTIGATION CAN PROVIDE CONFIDENT ANSWERS AS TO HOW THIS COULD BE PREVENTED

**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.)

UNKNOWN AT THIS TIME

**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)

50 \_\_\_\_\_ 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**

NONE

**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

THE CANOPY WAS OPENED AND WE BOTH GOT OUT. UPON EXIT OF THE AIRCRAFT I SHUT OFF THE FUEL, LEANED THE MIXTURE, TURNED OFF THE MAGS AND TURNED OFF THE MASTER

**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.

AFTER COMPLETING THE GROUND RUNUP AND PRE-TAKEOFF CHECKLIST I CALLED NEW ORLEANS APPROACH VIA IPHONE/BLUETOOTH CONNECT AND REQUESTED CLEARANCE. I WAS GIVEN CLEARANCE BY THE CONTROLLER, WE TAXIED ONTO THE RUNWAY, ON THE INITIAL ROLLOUT I LOOKED AT THE WINDSOCK WHICH REFLECTED WIND 350 @ 6 KNOTS. ON TAKEOFF ROLL I DOUBLE-CHECKED ENGINE GAUGES, ENSURED TAKEOFF RPM, GLANCED AT THE FUEL FLOW METER 15.5 ON TAKEOFF ROLL/CLIMBING, AND CHECKED CYLINDER HEAD TEMPS/EGT. VISUAL CHECK OF ALL SPECIFIED APPEARED NORMAL WITH AIRSPEED CLIMBING. THE AIRPLANE ROTATED AT INDICATED AIRSPEED OF 65 KNTS AND A 10 NOSE-UP PITCH ATTITUDE WAS INITIATED AND HELD ONCE AIRSPEED REACHED BEST CLIMB SPEED OF 90KTS. AFTER I VERIFIED THE STUDENT WAS AT PROPER NOSE-UP PITCH ATTITUDE, CLIMB SPEED, AND FLIGHT WAS COORDINATED, I CONFIRMED AN ALTITUDE 280 FT WITH A 1,000 FPM CLIMB RATE ON VSI. I OFFERED SOME VERBAL INSTRUCTION TO THE STUDENT, GLANCED AT HSI TO CONFIRM WE WERE FLYING RUNWAY HEADING AND GLANCED ONCE AGAIN AT THE FUEL FLOW METER AND G1 ENGINE INSIGHT. EACH CYLINDER EGT APPEARED NORMAL, THE FUEL FLOW DEPICTED ON THE METER JUST BEFORE THE SUDDEN POWER LOSS OCCURRED INDICATED 17.5 GPH.

AS SOON AS I WAS DONE CHECKING FUEL FLOW MY FOCUS WENT BACK TO THE PRIMARY FLIGHT DISPLAY AND IT HAPPENED. I FELT A MAJOR LOSS OF THRUST AND IMMEDIATELY KNEW IT WAS SERIOUS, MY BODY WAS PUSHED AGAINST THE SHOULDER HARNESS, I HAD NEVER FELT POWER LOSS TO THAT MAGNITUDE. TWO MAJOR POWER LOSSES OCCURRED I KNOW THIS BECAUSE I COULD HEAR AND FEEL IT. I IMMEDIATELY BEGAN A TURN TO THE LEFT TOWARDS THE CENTER OF THE AIRPORT. I HAD THE SKILL TO MAINTAIN MY SITUATIONAL AWARENESS AS WELL AS INSTINCTUAL PRIORITIZATION OF AIRSPEED. I WAS CONSCIOUSLY MANAGING AIRSPEED TO ENSURE AIRCRAFT CONTROLABILITY AND CONSERVE AS MUCH ALTITUDE AS POSSIBLE. DURING THE TURN I WAS AWARE OF THE RISK OF ACCELERATED STALL PRESENTED AND TOOK PREVENTATIVE ACTION TO COMPLETELY AVOID IT BY RELIEVING BACK PRESSURE THROUGHOUT THE TURN.

AS SOON AS I CONFIRMED VIA HSI WE WERE ON A FLIGHT PATH TO THE CENTER OF THE AIRPORT WE WERE OUT OF THE CLOUDS, MY STUDENT SAID WE WERE AROUND 380 FT, I DID NOT HAVE ACCURATE READING OF THE ALTIMETER AT THAT TIME. ONCE VISUAL CONTACT WAS MADE WITH THE AIRPORT ENVIRONMENT, MY IMMEDIATE CONCERN WAS THE AMOUNT OF RUNWAY AVAILABLE FOR LANDING AND STOPPING DISTANCE AFTER TOUCHDOWN. BASED ON OUR GEOGRAPHICAL POSITION AND ALTITUDE I ESTIMATED WE WOULD BE ABLE TO INITIATE A ROUNDOUT ABOVE RUNWAY 35 NUMBERS. ON INITIAL VISUAL CONTACT I ESTIMATE 2,000 FT OF RUNWAY REMAINED FOR LANDING, WITH A CONSIDERABLE GROUND SPEED. (I BELIEVE AT ALTITUDE WINDS EXCEEDING 12 KNOTS WAS PRESENT ABOVE THE AIRPORT, IT IS THE ONLY EXPLANATION I CAN GIVE FOR OUR POSITION AT THE TIME VISUAL CONTACT OF RUNWAY WAS MADE. OUR POSITION DID SURPRISE ME)

I IMMEDIATELY LOWERED FLAPS AND BEGAN A FORWARD SLIP MANEUVER FOR A FEW SECONDS BUT BACKED OFF. I HAVE THOUGHT ABOUT MY REASONING FOR BACKING OFF OF THE SLIP QUITE A BIT, AND THE REASON WAS A CANAL ON THE SOUTHERN END OF THE RUNWAY RUNNING EAST TO WEST. THE CANAL INFLUENCED MY DECISION TO TAKE THE ACTION I DID BECAUSE I WANTED TO AVOID COMING CLOSE TO IT. BEING THAT I COULD NOT SEE THE CANAL AND WAS NOT POSITIVELY SURE OF ITS POSITION MY ACTION BECAME FOCUSED ON TURNING TOWARDS A TAXIWAY. I DID NOT WANT TO FLY TOWARD THE UNKNOWN. I EYEBALLED THE TURN IN FLIGHT TOWARDS THE TAXIWAY. FROM MY VIEWPOINT WE HAD THE RADIUS TO MAKE THE TURN WHILE AVOIDING ALL OBSTRUCTIONS. I HAD TAXIED PAST THE POSITION THE AIRPLANE CAME TO REST COUNTLESS TIMES AND I FELT THAT TURNING TOWARDS THE TAXIWAY WAS THE SAFER BET. I BEGAN TO MAKE A TURN TOWARDS THE TAXIWAY AND ROUGHLY 2 FEET ABOVE OF THE GROUND THE LEFT WING MADE CONTACT WITH THE EARTH AND THE NOSE GEAR SANK IN THE SOAKED GROUND. THE COWLING JUST ABOUT DISCONNECTED FROM THE AIRCRAFT AND THE FUSELAGE CAME TO REST. ONCE WE WERE ON THE GROUND I SCREAMED GET OUT AND OPENED THE CANOPY. AS THE STUDENT WAS EXITING THE AIRCRAFT I SHUT OFF THE FUEL, LEANED THE MIXTURE, TURNED OFF THE MAGS, AND FINALLY SWITCHED THE MASTER TO THE OFF POSITION.

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

<b>Date of this Report</b> <u>12/30/2022</u> <i>mm/dd/yyyy</i>	<b>Name of Pilot/Operator:</b> <u>FIRST LIGHT INC.</u> <b>Signature:</b> _____ -- or -- <input checked="" type="checkbox"/> 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**

<b>NTSB Accident/Incident No.</b> CEN23LA068	<b>Reviewed by NTSB Regional Office</b> Central Region	<b>Name of Investigator</b> Andrew Todd Fox	<b>Date Report Received</b> 30 DEC 2022
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