



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

AIRCRAFT CRASH REPORT

CAD # P 2 2 1 0 2 3 0 0 0 0 1 4 3 4

WHERE WHEN	<input type="checkbox"/> On Airport <input checked="" type="checkbox"/> Off Airport	NAME OF AIRPORT	ELEVATION 875 Feet	Crash No. 78-133 Co. Name Trumbull Town- Ship Lordstown Pouch No. 78-21189	
	.75 Miles		(City or Other) Lordstown (Village of)		
	Latitude 41.1665070		Longitude -80.8143766		
	Day Sunday	Hour 14:12	<input type="checkbox"/> Dawn <input type="checkbox"/> Twilight <input type="checkbox"/> Night		<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Night - Dark
Received Call 14:16		Arrived Scene 14:39	MO. 10	DAY 23	YEAR 2022

AIRCRAFT	Ohio Reg. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DAMAGE TO AIRCRAFT
MAKE AND MODEL Stolp Starduster Too SA300	REGISTRATION NUMBER N 160JR	All areas due to fire
OWNER Gerald A. Rhinehart Jr.	ADDRESS [REDACTED]	DISPOSITION OF AIRCRAFT Released to FAA

No. 1 PILOT (Pilot-In-Command)		DATE OF BIRTH	SEAT OCC. M/R	SEX M	INJURY A	OCCUPATION Mechanical engineer
NAME AND ADDRESS Gerald A. Rhinehart Jr. [REDACTED] Warren, Ohio 44481		[REDACTED]				CITED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FAA PILOT CERTIFICATE HELD			FAA MEDICAL CERTIFICATE		
CERTIFICATE NO. 290666136	MILITARY BRANCH	DATE OF LAST BIENNIAL FLIGHT REVIEW 3/23/2022	DATE OF ISSUE 6/1/2016	CLASS	<input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> None

No. 2 PILOT (Co-Pilot — Student)		DATE OF BIRTH	SEAT OCC.	SEX	INJURY	OCCUPATION
NAME AND ADDRESS						CITED <input type="checkbox"/> Yes <input type="checkbox"/> No

FAA PILOT CERTIFICATE HELD			FAA MEDICAL CERTIFICATE		
CERTIFICATE NO.	MILITARY BRANCH	DATE OF LAST BIENNIAL FLIGHT REVIEW	DATE OF ISSUE	CLASS	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> None

RATINGS AND LIMITATIONS						PILOT EXPERIENCE			
1	2	Pilot	1	2	Pilot	Limitations	Hours in Type Involved	1	2
		Airline Transport			Airplane				
		Commercial			Rotorcraft				
		Flight Instructor			Multi-Engine Land				
X		Private			Multi-Engine Sea				
		Student			Single Engine Land				
		Recreational			Single Engine Sea	Total in Past Six Months			
						TOTAL			

TYPE OF FLIGHT				INSTRUCTIONAL			
<input type="checkbox"/> Local	<input checked="" type="checkbox"/> Pleasure	<input type="checkbox"/> Executive	<input type="checkbox"/> Air Taxi	<input type="checkbox"/> Dual	<input type="checkbox"/> Practice		
<input type="checkbox"/> Cross Country	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Solo	<input type="checkbox"/> Other (Specify)		

OCCUPANT WITNESSES	TYPE: W—Witness AC—Aircraft Crew AO—Aircraft Occupant INJURY: K—Killed A—Severe B—Noticeable C—Complaint O—None										
	NAME	ADDRESS	CITY	STATE	TYPE	IN UNIT	AGE	SEX	INJURY		
	Benjamin Rhinehart	[REDACTED]	Warren	OH	AO	YES	26	M	A		
	Dave Leatherbarrow	[REDACTED]	McDonald	OH	W	NO	58	M	O		
	Stephen McLaughlin	[REDACTED]	Warren	OH	W	NO	35	M	O		
Thomas Loyen	[REDACTED]	Youngstown	OH	W	NO	50	M	O			
INJURED TAKEN TO St. Elizabeth Hospital				TAKEN BY Lordstown Village/Newton Falls Village				KILLED			
								INJURED 2			

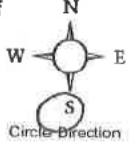
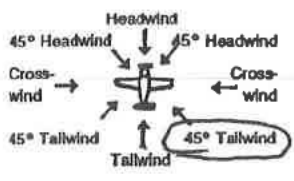
PROPERTY DAMAGED — OTHER THAN AIRCRAFT Fence, gate	OWNER — NAME AND ADDRESS Stephen McLaughlin [REDACTED] Warren, OH 44481				
REPORT BY (Printed Name) Trooper Nicholas Tamarkin	UNIT 1668	POST 78	DISTRICT 4	OK'D BY	REPORT DATE 10/23/2022

Investigator's Report

CAD # P 2 2 1 0 2 3 0 0 0 0 1 4 3 4

TERRAIN FEATURES <input checked="" type="checkbox"/> Level <input type="checkbox"/> Rolling <input type="checkbox"/> Hilly <input type="checkbox"/> Wooded <input type="checkbox"/> Brush <input type="checkbox"/> Swamp <input type="checkbox"/> Plowed Field <input type="checkbox"/> Crops <input type="checkbox"/> River <input type="checkbox"/> City Area <input checked="" type="checkbox"/> Other <u>Animal pasture field</u>	WEATHER <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Light Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Light Snow <input type="checkbox"/> Heavy Snow RESTRICTIONS TO VISIBILITY <input type="checkbox"/> Haze <input type="checkbox"/> Smoke <input type="checkbox"/> Fog <input type="checkbox"/> Blowing <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> None	AIRCRAFT COMPONENT INVOLVED WITH OBSTACLE OR GROUND <input checked="" type="checkbox"/> Propeller <input checked="" type="checkbox"/> Nose <input type="checkbox"/> Right Wing <input checked="" type="checkbox"/> Left Wing <input type="checkbox"/> Fuselage <input type="checkbox"/> Empenage <input type="checkbox"/> Main Rotor <input type="checkbox"/> Tail Rotor <input type="checkbox"/> Nose Landing Gear <input type="checkbox"/> Right Landing Gear
OBSTACLE STRUCK <input type="checkbox"/> Wires <input type="checkbox"/> Trees <input type="checkbox"/> Building <input type="checkbox"/> Other Aircraft in Air <input type="checkbox"/> Other Aircraft on Ground <input type="checkbox"/> Runway - Taxi Light <input checked="" type="checkbox"/> Other <u>Fence, gate</u>	HOW OBTAINED <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> FAA Facility <input type="checkbox"/> Other _____ Name of Station _____ Moved after principal impact? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Distance _____ Fire? <input checked="" type="checkbox"/> On Ground <input type="checkbox"/> In Flight <input type="checkbox"/> None	AIRCRAFT WAS <input type="checkbox"/> Taking Off <input type="checkbox"/> Landing <input type="checkbox"/> Taxiing <input type="checkbox"/> Parked <input checked="" type="checkbox"/> In Flight <input type="checkbox"/> Other _____

Ceiling 12000 Feet
 Visibility 10 Miles
 Wind 10 MPH
 Velocity 50 Knots
 Gusty N Kts. _____
 Turbulence No
 Temperature 69
 Dew Point 37



FLIGHT DATA (If Available) Was a Flight Plan Filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Check Type <input type="checkbox"/> VFR <input type="checkbox"/> IFR DEPARTURE POINT <u>Rhinehart's Landing</u> DATE <u>10/23/2022</u> TIME <u>14:11</u> DESTINATION <u>N/A</u> ESTIMATED TIME OF ARRIVAL	APPROXIMATE ATTITUDE AT IMPACT IN RELATION TO HORIZON Viewed from Front (Circle One) 150° 135° 120° 90° 60° 45° 30° 0° 30° 45° 60° 90° 120° 135° 150° 180° Viewed from Side (Circle One) -10° 0° 10° 30° 45° 60° 90° 120° 135° 150° 180°
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CAUSE Engine Failure Structural Failure Pilot Error Pilot Inexperience Weather Other _____

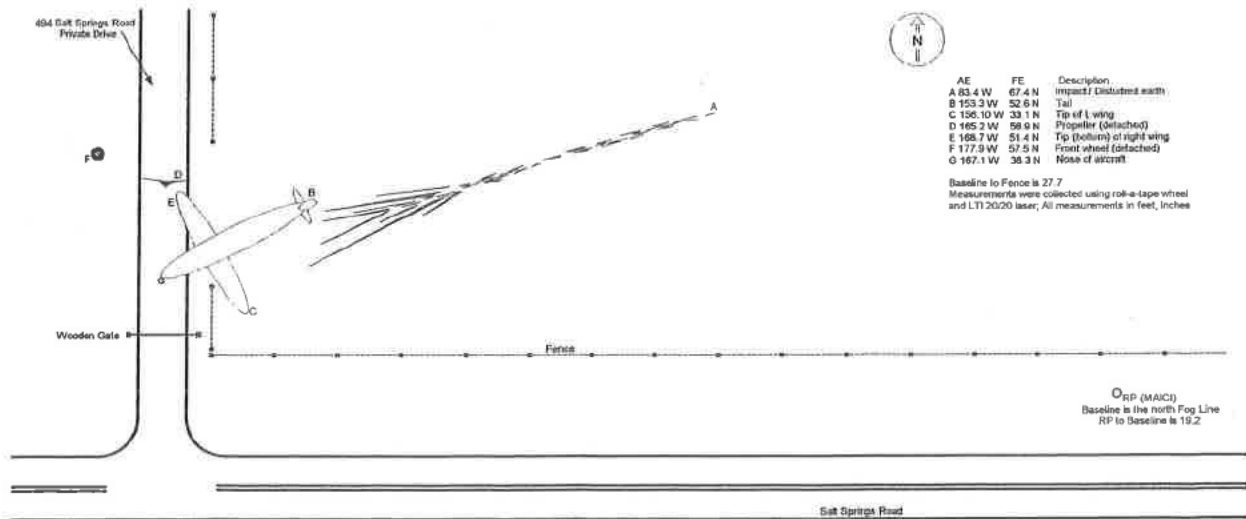
OTHER AIRCRAFT INVOLVED: MAKE AND MODEL _____ REGISTRATION NUMBER _____	NAME AND ADDRESS OF OWNER _____
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DESCRIBE WHAT HAPPENED:
Unit 1 took off then experienced an elevator control failure, resulting in a loss of pitch control. Unit 1 crashed into a field, struck a fence, struck a gate, then caught fire.

Property damaged/used:
 - Fence and gate at [redacted]
 - Fire extinguisher at [redacted]
 - Fence south of the crash at [redacted] damaged by fire department to extract occupants.

FAA:	<input checked="" type="checkbox"/> Notified <input checked="" type="checkbox"/> Investigating	NTSB:	<input checked="" type="checkbox"/> Notified <input checked="" type="checkbox"/> Investigating	FAA MEDICAL EXAMINER:	<input type="checkbox"/> Notified <input type="checkbox"/> Investigating	Hours on Investigation <u>8</u>
CRASH REPORTED BY Trooper Nicholas Tamarkin					TIME REPORTED 14:12	

LOCAL REPORT NUMBER 78-133	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 23 Y 22
IN COUNTY OF TRUMBULL	CRASH LOCATION [REDACTED]	



OFFICER'S SIGNATURE X [REDACTED]	BADGE NUMBER 741
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OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

STATEMENT

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REPORT # 78-133	STATEMENT DATE/TIME (MM/DD/YY HH:MM) 10/23/2022 16:00	OTHER REFERENCE # P22102300001434
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I, Gerald A. Rhinehart, hereby make this voluntary statement to
Tpr. N. TAMARIN at St. Elizabeth Hospital
 on _____

Just broke ground and was probably 50 feet in the air when I realized I had a problem. The elevator was shaking so I attempted to line up with the field to land. I lost all control and it went down. I don't remember a thing after that until I was in the ambulance.

Q. What time did you start the flight?

A. 2 pm

Q. How long was the plane in the air?

A. A minute

Q. Are you injured?

A. Fractured spine, head abrasions

Q. What type of safety equipment were you wearing?

A. Four point harness, hard flying helmet.

Q. What type of inspection did you complete before the flight?

A. Walk around, engine oil, fuel

INFORMANT'S SIGNATURE X	STREET ADDRESS [REDACTED]		
PRINT NAME Gerald Rhinehart	CITY Warren	STATE OH	ZIP CODE 44481
WITNESS SIGNATURE X <u>Could not sign</u>			
REPORTING OFFICER SIGNATURE X <u>Tpr. Tamarin</u>	UNIT 1668	DATE 10/23/2022	

(OSP-203.07)



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I, Gerald A. Rhinehart, hereby make this voluntary statement to
Tr. N. Tamarkin at St Elizabeth Hospital
on _____

Q. Did you identify any issues before the flight?

A. No.

Q. How much fuel was in the plane?

A. Full tank - 26 gallons.

Q. Where were you seated in the plane?

A. Rear seat.

Q. Have you had any issues with the plane in the past?

A. No I've had it for 26 years

Q. Do you have any medical conditions?

A. No.

Q. Do you take any prescription medications?

A. 10 mg of cholesterol medication once daily

Q. Have you consumed alcohol today?

A. No.

Q. How long have you been flying aircrafts?

A. 14 years old

INFORMANT'S SIGNATURE <input checked="" type="checkbox"/>	STREET ADDRESS [REDACTED]		
PRINT NAME <u>Gerald Rhinehart</u>	CITY <u>Warren</u>	STATE <u>OH</u>	ZIP CODE <u>44481</u>
WITNESS SIGNATURE <input checked="" type="checkbox"/> <u>Could not sign</u>			
REPORTING OFFICER SIGNATURE <input checked="" type="checkbox"/> [REDACTED]	UNIT <u>1668</u>	DATE <u>10/23/2022</u>	

(OSP-203.07)



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I, Gerald A. Rhinehart, hereby make this voluntary statement to
Tpr. N. TAMMARIKIN at St. Elizabeth Hospital
on _____

Q. What was your intended destination?

A. One hour joy ride

Q. Why do you think this crash happened?

A. Elevator and I saw the elevator shaking on the tail.

Q. Did you speak with your passenger during the incident?

A. Yes I have we have a problem, tighten your straps, get yourself out, don't worry about me. (intercom system inside helmets)

Q. Who was your passenger?

A. My son Benjamin

Q. Does the front seat have controls?

A. Yes he didn't touch them.

INFORMANT'S SIGNATURE <input checked="" type="checkbox"/>	STREET ADDRESS [REDACTED]		
PRINT NAME <u>Gerald Rhinehart</u>	CITY <u>Warren</u>	STATE <u>OH</u>	ZIP CODE <u>44481</u>
WITNESS SIGNATURE <input checked="" type="checkbox"/>	<u>Could not sign</u>		
REPORTING OFFICER SIGNATURE <input checked="" type="checkbox"/>	UNIT <u>1668</u>	DATE <u>10/23/2022</u>	

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I, Benjamin Rhinehart, hereby make this voluntary statement to
Tpr. N. Tamarini at St. Elizabeth Hospital
 on _____

We took off and something seemed off. My dad said something was wrong with the elevator. He told me to strap in and prepare for an impact. Not to worry about him. He tried to turn it back but our air speed was so low it just started falling. He did a good job of putting it down when he did.

Q. What type of safety equipment were you using?

A. Leather helmet, safety belt, four point harness

Q. Are you injured?

A. Broken back, bruises, burns

Q. Did you assist with a pre-trip inspection?

A. No I was in the plane putting my harness on

Q. Did you handle any controls?

A. No.

Q. What was the pitch of the plane during impact?

A. Slightly turned left, 45 degrees nose down

INFORMANT'S SIGNATURE <u>X</u>	STREET ADDRESS [REDACTED]		
PRINT NAME <u>Benjamin Rhinehart</u>	CITY <u>Warren</u>	STATE <u>OH</u>	ZIP CODE <u>44481</u>
WITNESS SIGNATURE <u>X</u> <u>Could not sign</u>			
REPORTING OFFICER SIGNATURE <u>X</u> [REDACTED]	UNIT <u>1668</u>	DATE <u>10/23/2022</u>	



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I, Benjamin Rhinehart, hereby make this voluntary statement to
Tr. N. Tamaruk at St Elizabeth Hospital
 on _____

Q. Did you observe any issues with the plane?

A. No just based off what my dad was saying it was the elevator flaps.

Q. Did you hear any motor trouble?

A. No.

Q. Did you notice any differences with this flight?

A. Yes I feel like we were lower than normal and couldn't climb

INFORMANT'S SIGNATURE <u>X</u>	STREET ADDRESS [REDACTED]		
PRINT NAME <u>Benjamin Rhinehart</u>	CITY <u>Warren</u>	STATE <u>OH</u>	ZIP CODE <u>44481</u>
WITNESS SIGNATURE <u>X</u> <u>Could not sign</u>			
REPORTING OFFICER SIGNATURE <u>X</u> [REDACTED]	UNIT <u>1668</u>	DATE <u>10/23/2022</u>	

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I, Steve McLaughlin, hereby make this voluntary statement to
Plane crash at [REDACTED]
 on OCT 23 2022

Pilot did pretrip in Run way Across the street
 He took off heading south, He took Flight
 As normal, circled Around heading north when I
 heard the planes engine start to cut out. He Banked
 left and nose dived into pasture. plane caught fire
 called 911, grabbed fire extinguisher passenger stopped to
 help. suppressed fire, passenger got out. myself and others
 pulled pilot out of plane dragged to safety

Q. Where did the pilot complete his pre-trip?
 A. [REDACTED] North side of run way by Road
 Q. Did you witness the plane strike the ground?
 A. YES
 Q. How long between engine failure and impact?
 A. 15 seconds
 Q. How long was the flight?
 A. one minute

INFORMANT'S SIGNATURE X	STREET ADDRESS [REDACTED]		
PRINT NAME Stephen E. McLaughlin	CITY Warren	STATE OH	ZIP CODE 44481
WITNESS SIGNATURE X [REDACTED]			
REPORTING OFFICER SIGNATURE X [REDACTED]	UNIT 1668	DATE 10/23/2022	



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I, Steve McLaughlin, hereby make this voluntary statement to
Tpr. N. Tamarck at SCENE
 on _____

Q. Where were you when you witnessed the crash?

A. Standing next to truck

INFORMANT'S SIGNATURE <input checked="" type="checkbox"/>	STREET ADDRESS [REDACTED]		
PRINT NAME <u>STEVE McLaughlin</u>	CITY <u>WARREN</u>	STATE <u>OH</u>	ZIP CODE <u>44481</u>
WITNESS SIGNATURE <input checked="" type="checkbox"/>	[REDACTED]		
REPORTING OFFICER SIGNATURE <input checked="" type="checkbox"/>	UNIT <u>1668</u>	DATE <u>10/23/2022</u>	

(OSP-203.07)



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I, Thomas Luyen, hereby make this voluntary statement to
Tr. N. TAMARKIN at SCENE

on 10/23/22 Driving East on Salt Springs noted a yellow plane cross over Salt Springs going South to North very low, while banking west. lost sight of the Plane when I came over hill at [redacted] seen Plane on the ground. 1 gentleman was moving around the Plane trying to get Pilot out.

Q. Did you witness the plane strike the ground?

A. No

Q. How low was the plane when it crossed Salt Springs Rd?

A. 120' roughly

Q. Did you hear the plane motor?

A. If it was running I wouldn't have heard it.

1 man used a extinguisher on fire till it ran out, and 3rd use lifted him out of the cockpit and dragged him back from the Plane.

INFORMANT'S SIGNATURE X	STREET ADDRESS [redacted]		
PRINT NAME Thomas Luyen	CITY Youngstown	STATE OH	ZIP CODE 44515
WITNESS SIGNATURE X	[redacted]		
REPORTING OFFICER SIGNATURE X	UNIT 1668	DATE 10/23/2022	



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I, David Leatherbarrow, hereby make this voluntary statement to
1st. N. TAMARKIN at [REDACTED]

on Oct 23, 2022. I was standing in Jerry Rhinehart's front yard. He was preparing to take off in his airplane with his son Ben Rhinehart. I was videoing the take off and captured the crash. I went to the crash and pulled ~~my~~ Jerry out of the airplane with the help of two others. Ben was already out of the plane and on the ground.

Q. What direction did the plane take off?

A. ~~to the north~~ south

Q. How long was the plane in the air?

A. 1 minute

Q. Did you hear any engine noises before or during flight?

A. yes, engine sputter.

Q. Who was piloting the aircraft?

A. Jerry Rhinehart

INFORMANT'S SIGNATURE <input checked="" type="checkbox"/>	STREET ADDRESS <u>[REDACTED]</u>		
PRINT NAME <u>David Leatherbarrow</u>	CITY <u>McDonald</u>	STATE <u>OH</u>	ZIP CODE <u>44427</u>
WITNESS SIGNATURE <input checked="" type="checkbox"/>	<u>[REDACTED]</u>		
REPORTING OFFICER SIGNATURE <input checked="" type="checkbox"/>	UNIT <u>1668</u>	DATE <u>10/23/2022</u>	

(OSP-203.07)