

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: ADDISON State: TEXAS
 ZIP: 75001 Country: U.S.A
 Latitude: UNKNOWN Longitude: ---
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 12/12/2022 Local Time: AROUND 8 pm?
 mm/dd/yyyy Time Zone: CENTRAL

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number:

Manufacturer: MOONEY

Model: M20K

Serial Number: 25-0253

Year of Manufacture: 1980

Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

IFR-Equipped and Certified

☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: UNKNOWN lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 4 TOTAL Flight Crew Seats: 2

Cabin Crew Seats: 2 Passenger Seats: N/A

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

Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☒ None ☐ Unknown

Landing Gear

(Check all that apply)

Retractable

- ☒ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Other Launch/Recovery System
- ☐ None
- ☐ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel
- ☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating
- ☐ Liquid Rocket
- ☐ Turbo Shaft
- ☐ Solid Rocket
- ☐ Turbo Prop
- ☐ Hybrid Rocket
- ☐ Turbo Jet
- ☐ None
- ☐ Turbo Fan
- ☐ Unknown
- ☐ Electric

Fuel System Type (Reciprocating)

- ☐ Carburetor
- ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	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	<u>CONTINENTAL</u>	<u>TSO520</u>			<u>310</u>	<u>2,000</u>	<u>60</u>	<u>2000</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour
- ☐ AAIP
- ☐ Annual
- ☐ Continuous Airworthiness
- ☐ Conditional Inspection
- ☒ Unknown

Date Last Inspection: UNKNOWN

Airframe Total Time: UNKNOWN hrs

hours measured at (Select one)

- ☐ Last Inspection
- ☐ Time of Accident/Incident

Type of Maintenance Program (Select one)

- ☒ Annual
- ☐ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program (AAIP)
- ☐ Continuous Airworthiness
- ☐ Other, specify: _____

Description of Fire Extinguishing System

- ☒ None
- ☐ Specify: _____

Propeller 1

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: McCAULEY

Model: UNKNOWN

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: N/A

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: BRAND NEW

Model or Part No.: _____

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☐ No

Did ELT Activate? ☐ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☐ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
 - ☐ Fire Damage
 - ☐ Battery Expired/Damaged
 - ☐ Unknown

Additional Equipment (Check all that apply)

- ☒ ADS-B
- ☐ Airframe Parachute
- ☒ Angle of Attack Indicator
- ☒ Autopilot
- ☐ Data Recorder
- ☐ Electronic Flight Bag or Handheld Device
- ☒ Electronic Multifunction Display
- ☒ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☐ Onboard Weather
- ☒ Satellite Tracking Device
- ☒ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: SHELLY INC

City: _____

State: DELAWARE ZIP: CORP.Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: U.S.A.**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: WRIGHT WILEY SINGLETONCity: CARROLLTON

Doing Business As: _____

State: TX ZIP: 75007

Air Carrier/Operator Designator (4 Character Code): _____

Country: U.S.A.**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 ☒ N/A
☐ 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: ADDISON FIELDDistance From Airport Center: 4 smAirport Identifier: KADS

Direction From Airport: _____ degrees true

Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 622 ft. msl**Runway Information**Runway ID: 35 (L/R/C) Length: _____ ft Width: _____ ft**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

Runway/Landing Surface (Check all that apply)

- ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☒ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☒ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Final ☐ Crosswind ☐ Aborted Landing (after touchdown)
☐ Unknown

IFR Approach (Check all that apply)

- ☐ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☒ ILS ☐ ASR ☐ Visual
☐ VOR/DME ☐ Localizer Only ☐ Contact
☐ TACAN ☐ LOC-back course ☐ Circling
☐ RNAV ☐ Unknown

VFR Approach (Check all that apply)

- ☒ None
☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: WRIGHT

City of Residence: CARROLLTON

Middle Initial: W.

State: TX ZIP: 75007

Last Name: SINGLETON

Country: USA

Age at time of Accident/Incident: 100 Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☒ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Restraint Type

Available

☐ None
☒ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Used

☐ None
☒ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☐ None ☒ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☒ Without limitations/waivers ☐ Unknown
☐ With limitations/waivers ☐ N/A
☐ Special Issuance

Date of Last Medical

11/20/10
mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

5/21/21
mm/dd/yyyy

Flight Review Aircraft

Make: MOONEY
Model: M20K

Airplane Rating(s)

(Check all that apply)
☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☒ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2400	2000	2400	20	900	800				
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

N/A

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury

☐ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

☐ Left
 ☐ Front
 ☐ Unknown
☐ Right
 ☐ Rear
☐ Center
 ☐ Single

Restraint Type

Available	Used
<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

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Flight Instructor
 ☐ Commercial
 ☐ US Military
☐ Private
 ☐ Recreational
 ☐ Airline Transport
 ☐ Foreign
☐ Student
 ☐ Sport
 ☐ Flight Engineer

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None
 ☐ Class 3
☐ Class 1
 ☐ Driver's License (Sport Pilot only)
☐ Class 2
 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
 ☐ Unknown
☐ With limitations/waivers
 ☐ N/A
☐ Special Issuance

Date of Last Medical

_____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

_____ mm/dd/yyyy

Flight Review Aircraft

Make: _____
 Model: _____

Airplane Rating(s) (Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Front	<input type="radio"/> None
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center <input type="radio"/> Rear	<input type="radio"/> Minor
Last Name: _____	Country: _____	<input type="radio"/> Right <input type="radio"/> Single	<input type="radio"/> Serious
		<input type="radio"/> Unknown	<input type="radio"/> Fatal
			<input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	Available	Used
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Lap Only	<input type="checkbox"/> Lap Only
<input type="checkbox"/> Commercial	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point
<input type="checkbox"/> US Military	<input type="checkbox"/> Foreign	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point
<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Front	<input type="radio"/> None
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center <input type="radio"/> Rear	<input type="radio"/> Minor
Last Name: _____	Country: _____	<input type="radio"/> Right <input type="radio"/> Single	<input type="radio"/> Serious
		<input type="radio"/> Unknown	<input type="radio"/> Fatal
			<input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	Available	Used
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Lap Only	<input type="checkbox"/> Lap Only
<input type="checkbox"/> Commercial	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point
<input type="checkbox"/> US Military	<input type="checkbox"/> Foreign	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point
<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>MAURI</u> City: <u>CARROLLTON</u>	<input type="radio"/> Left	<input type="radio"/> None	Available	Used	
Middle Initial: <u>L.</u> State: <u>TX</u> ZIP: <u>75007</u>	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	<input type="radio"/> None	<input type="checkbox"/> Under 5 years
Last Name: <u>DOBBS</u> Country: <u>USA</u>	<input checked="" type="radio"/> Right	<input checked="" type="radio"/> Serious	<input type="radio"/> Lap Only	<input checked="" type="radio"/> Lap Only	<input type="checkbox"/> If Under 5,
<input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="checkbox"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="checkbox"/> Lap-Held
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	Used	
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	<input type="radio"/> None	<input type="checkbox"/> Under 5 years
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	<input type="checkbox"/> If Under 5,
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="checkbox"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="checkbox"/> Lap-Held
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	Used	
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	<input type="radio"/> None	<input type="checkbox"/> Under 5 years
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	<input type="checkbox"/> If Under 5,
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="checkbox"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="checkbox"/> Lap-Held
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	Used	
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	<input type="radio"/> None	<input type="checkbox"/> Under 5 years
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	<input type="checkbox"/> If Under 5,
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="checkbox"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="checkbox"/> Lap-Held
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KABI
City: ABILENE
State: TEXAS
Country: U.S.A.

Time of Departure

Time: 6:45 PM
Time Zone: CENTRAL

Destination

Airport ID: KADS
City: ADDISON
State: TEXAS
Country: USA

Type Flight Plan Filed

☐ None ☐ VFR/IFR
☐ Company VFR ☒ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

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

☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special
☒ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence:

_____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

☐ National Weather Service ☐ Company
☒ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility

Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ degrees true

Basic Conditions

☐ VMC
☒ IMC
☐ Unknown

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☐ Day ☒ Night ☐ Bright Night

Sky/Lowest Cloud Condition

☐ Clear ☐ Thin Broken
☐ Few ☒ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Lowest Cloud Condition Height

300 ft agl

Ceiling

☐ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☒ Overcast ☐ Unknown

Ceiling Height

300 ft agl

Temperature: _____ (C) or 60 (F)

Dew Point: _____ (C) or 57 (F)

Altimeter Setting: _____ in. Hg
or _____ MB Unknown

Wind Direction

☐ Variable

-or-
Direction: 180 degrees true

Wind Speed

☐ Calm
☒ Light and Variable

-or-
Speed: _____ kts

Wind Gusts

☒ Not Gusting

-or-
Speed: _____ kts

Visibility UNKNOWN miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

☒ Light
☐ Moderate
☐ Heavy
☐ N/A
☐ Unknown

Type of Precipitation (Check all that apply)

☐ None ☐ Drizzle ☐ Freezing Rain
☒ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility (Check all that apply)

☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

Amount ☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Icing Actual

Amount ☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence

Type (Check all that apply)
☒ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective Turbulence ☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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

- ☐ None ☐ Substantial
☐ Minor ☒ Destroyed
 ☐ 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)

TOTAL LOSS
LEFT WING KNOCKED OFF / HIT LIGHT POST
FIRE - NOTHING LEFT

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 and location, services obtained, and intended destination. Provide as much detail as possible.

SEE ATTACHED

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

Operator/Owner Safety Recommendation

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

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)

60

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

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

2 OCCUPANTS HELPED OFF PLANE BY BYSTANDERS

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

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

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

Date of this Report

3/10/2023
mm/dd/yyyy

Name of Pilot/Operator:

WRIGHT W. SINGLETON

Signature:

-- or --

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filling Report

Name:

Signature:

-- or --

☐ Check here to electronically sign this document

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.
CEN23LA062

Reviewed by NTSB Regional Office
Denver Regional Office

Name of Investigator
Kevin Otterstrom

Date Report Received
3/13/2023



Wright W. Singleton, M.D. PLLC

Fellow, American Academy of Disability Evaluating Physicians

To NTSB,
RE: Attachment

As you probably know; on our way back from Abilene to Addison the flight was IFR night. Mauri and I were completing the last of many IFR flights taken in the last 3 weeks. IFR night is for experienced pilots only and requires a fundamental knowledge of weather, radio communications, instrument flying as well as navigation by instruments. Think of driving your car in total darkness with the lights off at 200 miles per hour.

This was our last of many recent instrument flight rules that gives you currency as a proficient IFR trained pilot. This is actually difficult to maintaining in Texas. Our weather is very dry, without many features of weather, the month on November and December are good months to develop currency. Both VFR and IFR ratings are for life but IFR requires currency; if you don't fly any real IFR for 6 months you are no longer current.

After 22 years of IFR flying I was fortunate enough to never have an incident, accident or injury. On final approach into Addison, the engine capable of producing 310 horse power began to sputter. I contacted Addison tower to announce a Mayday situation immediately (communicate), then began to restart emergency procedures, leveling the air plane to max glide angle.

Re-starting procedures included while the engine was turning switching tanks, mixture rich, pumping throttle, low boost on, then never tried before: high boost on. The engine was able to turn over but by the time we were at 300 (we could now see the prop) feet I looked for suitable (as possible) for off field landing. There was no help from tower as to directing us to air park.

The engine would not relight despite all effort and in no time, we declared engine out. We had descended in a control fashion to the cloud deck (300 feet), broke through the clouds to note the engine had indeed stopped. There was no hope to re-light it.

Sincerely,

Wright W. Singleton, M.D.
PIC N231GZ