## 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 Loc	cation					Accident/Incident Date/Time						
Nearest City/Place: Rich				_ State: V	Va	Date	e: <u>04</u>	/17/22	Lo	cal Time:	03:50 pm	
ZIP: <u>99354</u>		<u> </u>					mm/da	<i>l/yyyy</i>	т:-	me Zone:	Pacific	
Latitude:		Longitude:							111	me Zone: _	acilic	
(Enter in decimal degrees or degrees:minutes:seconds)				Col	llision with	Other Air	eraft: C	) Midair	OOn-groun	d <b>O</b> None		
AIRCRAFT INFO	RMATIO	N										
Registration Number: N341SS							IFR-Equip					
Manufacturer: Vans						□ Commercia □ Unmanned		gnt				
Model: RV6-A						Maximum Gross Weight: 1650 lbs						
Serial Number: 2389						We	eight at Tin	ne of Accid	ent/Inci	dent: <u>159</u>	98	_lbs
Year of Manufacture						Nu	mber of Sea	ats: 2		Flight Cre	ew Seats: 1	
Amateur-Built: OYe		Kit/Plans Mal		V6-A			bin Crew Seat			Passenger	Seats: 1	
ONo		Original Design					mber of En	gines: 1				
Category of Aircraft	Type of A (Check all t	irworthiness Ce	ertificate		Landing Ges (Check all tha		-h.)		_	Type (Se		d Danlert
OAirplane OBalloon	Standar						actable		O Reci	procating o Shaft	OLiqui	d Rocket Rocket
OBlimp/Dirigible	✓ Norma				✓ Tricycle	Tailwheel O Turbo Prop OHybrid						
OGlider OGyroplane	☐ Aerob		ed — ·			n	☐ High Skid ☐ Turbo Jet ☐ Turbo Fan			o Jet	ONone OUnkn	
OHelicopter	Comm	uter	al Flight Emerger			y Float Skid O Electric			Conki	OWII		
OPowered Lift ORocket	☐ Transp		mental l Light-Spo	rt	□ Float □ Hull			ci ci/Wheel				
OUltralight	ounty		mental Ligh		☐ Other Launch/Recovery System							
OUnknown					inch/			<b>O</b> Carb	uretor	O Fuel-	Injected	
	None		Unknown		☐ None	_		nknown		m - t - 1		~-
		Engine		Manuf	acturer's		Date of Mfg.	Rated Pow Horsep	ower or	Total Time	Inspection	Since: Overhaul
Engine Engine Manuf	acturer	Model/Series			Number	4	mm/dd/yyyy	O lbs of	Thrust	(hours)	(hours)	(hours)
Eng. 1 Lycoming		O-360		L-35231	1-36A	$\dashv$		180		1490.2	25	1490.2
Eng. 2 Eng. 3						+						
Eng. 4						$\dashv$						
Last Inspection Type			Propelle	er 1	●Fixed Pi			Prope	ller 2	_	Fixed Pitch	
	tinuous Airwo	arthinace	_		•	rollable Pitch OControllable Pitch						
OAAIP OCon	ditional Inspe		Manufac	OGround Adjustable OGround Adjustable  Manufacturer: Performance Propeller Manufacturer:								
	nown							Mode	_			_
Date Last Inspection:			ELT Ins	stalled:	<b>⊙</b> Yes O	No		Additio	nal Equi	ipment (	Check all that	t apply)
Airframe Total Time:	mm/dd/yy	yy hrs	If Yes:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				□AD:	S-B	• `		-FF-57
hours measured at (			1		er:				rame Para	chute ck Indicato	r	
OLast Inspection	● Time of A	ccident/Incident			.: (121.5 MHz) <b>C</b>			✓Aut	opilot		•	
Type of Maintenance	Program (Se	elect one)	150 110		(121.5 MHz) <b>C</b> (406 MHz)	<i>(</i> ) 1	14 (121.5 MITA	Date	Recorder		Handheld De	vice
O Annual			Was ELI		unted in aircra	ft?	OYes ONo			ltifunction		VICC
O Conditional (Amateur- O Manufacturer's Inspec			Was ELT	still con	nected to anter	nna?		□Elec		mary Fligh	t Display	
O Other Approved Inspe		(AAIP)			e? • OYes ON	No		1 =	dheld GPS ds Up Dis			
O Continuous Airworthin	ness		If activa		ocating Aircraf	a. 1	OVac ANT-	Onb	oard Wea	ther		
O Other, specify:	etinguishie -	System	If not ac		ocaung Airerai		OTES ONO	Dute	llite Track Warning	cing Device System	e	
Description of Fire Ex O None	kunguisning	System	Indicate		✓ Impact Dar	mage	,	□Vide	eo Record	ing Device		
O Specify:					☐ Fire Damag	ge		Oth	er, Specify	<b>/</b> :		
					☐ Battery Exp ☐ Unknown	pired	/Damaged					
			ı		- Olikilowil							

OWNER/OPERATOR INFORMA	OWNER/OPERATOR INFORMATION								
Registered Aircraft Owner		City: Mose Lake							
Name: Mark Stevens		State: Wa ZIP: 98837							
Fractional Ownership Aircraft: O Yes O	No	Country: USA							
Operator of Aircraft	gistered Owner	☐ Same Address as Registered Owner							
Name:		City:							
Doing Business As:		State: ZIP:							
Air Carrier/Operator Designator (4 Characte	er Code):	Country:							
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un								
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)	OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight ONon-US, Commercial	R 431 Non-Scheduled or Air Taxi International R 435							
□ 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	ONon-US, Non-commercial OPublic Aircraft (Select one) O Armed Forces O Federal O State O Local OUnknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Instructional O Banner Tow O Business O Executive/Corporate  O Tirefighting O Unknown O Glider Tow O Instructional O Personal O Personal O Positioning							
Revenue Sightseeing Flight	Air Medical Flight	OExternal Load OSkydiving OFerry							
O Yes ⊙ No	OYes ONo								
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	pproach, landing, takeoff, departure, or within 3 miles of an airport)							
Airport Name: Richland Airport Airport Identifier: KLRD Proximity to Airport: Ooff Airport/Airstri		Distance From Airport Center:sm Direction From Airport:degrees true Airport Elevation: 394ft. msl							
Runway Information  Runway ID: 01 (L/R/C) Length: 40  Runway/Landing Surface (Check all that a grass/Turf Maca Concrete Gravel Meta Dirt Ice Snow	<i>apply)</i> dam □ Water I/Wood	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) OTaxi OTakeoff OIrR Departure Proc OInitial Climb	On Instrument App	Approach OBase OFinal OCrosswind ODownwind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown							
IFR Approach (Check all that apply)  □None		VFR Approach (Check all that apply)  □None							
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown ☐ Unknown							

"FLIGHT CREWMEM	"FLIGHT CREWMEMBER 1" INFORMATION									
"Flight Crewmember 1" Res	sponsibilities at O Student Pilot	the Time of OFlight Is		cident OCheck Pilot	OFlight	Engineer	O Other I	Flight Crew		
"Flight Crewmember 1" was	s pilot flying	✓ Yes	lo .							
"Flight Crewmember 1" Ide	ntification									
First Name: Mark					City of Res	idence: M	oses Lake			
Middle Initial: W					State: Wa			ZIP: <u>98837</u>	7	
Last Name: Stevens				(	Country: _	USA				
Age at time of	Accident/Incide	nt: <u>54</u>	Date of I	Birth:		m	m/dd/yyyy			
		Ce	ertificate Nun	nber:						
Degree of Injury	Seat Occupi	ied		Re	straint Ty	pe			Inflatable F	Restraints
None	O Left O Right O Center	Light O Rear Available Used O None				y	✓ Not Ins			
Pilot Certificate(s) (Check all	that apply)				O3-point	1	O3-point		■ Not De	ployed
□ None       □ Flight Instructor       □ Commercial         □ Private       □ Recreational       □ Airline Tran         □ Student       □ Sport       □ Flight Engin			☐ US M ort ☐ Foreig		O 4-point O 4-point O 5-point O 5-point O Unknown O Unknown			vn	☐ Deployed ☐ Unknown	
Principal Occupation M	Aedical Certific	ate		Me	edical Cert	ificate Va	lidity		Date of Las	st Medical
⊙ Other	O Pilot O Other O None O Class 3 O Driver's License (Sport Pilot only) O Without limitations/waivers O Unknown O N/A					11/01/21 				
Medical Certificate Limitation				<u> </u>	_			•		
Hearing Aids required										
Medical Certificate Special I	issuance									
Date of Last Flight Review		Flight	Review Air	craft						
or Equivalent, Including FAR 121/135 Checks:	07/28/21	Make:	Cessna							
FAR 121/135 Checks:	mm/dd/yyyy	— Model								
Airplane Rating(s)	Other Aircraf	t Rating(s)	Instrum	ent Rating(s	s)	Instructo	r Rating(s)			
(Check all that apply)	(Check all that a	pply)		ll that apply)						
None	None		✓ None			✓ None			☐ Instrument Airplane	
<ul><li>☑ Single-Engine Land</li><li>☑ Single-Engine Sea</li></ul>	☐ Airship☐ Balloon		☐ Airpl			☐ Airplane Single-Engine ☐ Airplane Multi-Engine			☐ Instrument Helicopter☐ Helicopter	
☐ Multiengine Land	Glider		Powe			☐ Gyropla	ine		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powere	d Lift		Sport	
	☐ Powered Lift									
Type Ratings						Student <b>E</b>	Endorsemen	nts (Include	dates)	
	T I		Airplane	1	<del></del>	Inst	rument	1	T	
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	92	22	Engine	Municigine	3		Simulateu	Rotorciait	Gilder	Than An
Pilot in Command (PIC)	34	22			0	<del>                                     </del>			1	
Time as Instructor		0			0	+				
This Make/Model					0					
Last 90 Days	16	16			0					
Last 30 Days	3	3			0					
Last 24 Hours	0	0			0					

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Ro		Time of A		ident Check Pilot	Ofli	ght Engineer	OOther I	Flight Crew		
"Flight Crewmember 2" w	as pilot flying 🔲 Y	Yes 🗖	No							
"Flight Crewmember 2" Id	lentification									
First Name:				(	City of Re	esidence:				
Middle Initial:					-			IP:		
Last Name:										
Age at time of	Accident/Incident:					<i>mn</i>	i/aa/yyyy			
		Cer	tificate Numb			_				
Degree of Injury O None O Fatal	Seat Occupied OLeft	OFront	Ort	•	straint T	Гуре		1	nflatable R	estraints
O None O Fatal OLeft OFront OUnknown O Minor O Unknown ORight ORear				/n	Available Used					
O Serious		O Non O Lap		O None O Lap only	,	□Not Inst				
Pilot Certificate(s) (Check a	ll that apply)				O 3-po	int	O 3-point	´	☐Not Dep	loyed
☐ None ☐ Flight	Instructor		☐ US Mi		O 4-po		O 4-point		☐Deploye ☐Unknow	
☐ Private ☐ Recrea		ne Transpor		ı	O 5-po O Unk		O 5-point O Unknow	/n	Unknow	'n
☐ Student ☐ Sport	☐ Fligh	nt Engineer	,		• • • • • • • • • • • • • • • • • • • •		• •	-		
Principal Occupation	Medical Certificate			M	edical Ce	ertificate Va	lidity	1	Date of Las	t Medical
O Pilot	O None O Cla	iss 3		_		mitations/wai		nknown		
O Other			ise (Sport Pilot			tations/waiver			/11/	
		known			Special Is	suance			mm/dd/yy	yy
Medical Certificate Limita	tions									
M. H. J. C. H. C. A. C. A. C.	T									
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including FAR 121/135 Checks:		Make:								
TAK 121/133 CHCKs.	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft Ra	ating(s)	Instrume	ent Rating(	s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply,			that apply)	3)	(Check all th	017			
☐ None	☐ None		None	11 77	☐ None ☐ Instrument Airplane					
☐ Single-Engine Land	Airship		☐ Airplai	ne	☐ Airplane Single-Engine ☐ Instrument I				elicopter	
☐ Single-Engine Sea☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico ☐ Powere		Airplane Multi-Engine Helicopter					
Multiengine Sea	Gyroplane		Powere	ed Lift	☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport					
_	□ Helicopter						2111	_	орон	
	☐ Powered Lift					G: 1 : 1				
Type Ratings						Student E	ndorsement	s (Include de	ates)	
		Т	Airplane			Y	t	<u> </u>	1	
Flight Time (Enter appropria		nis Make	Single	Airplane			rument	n	GW.	Lighter
number of hours in each box)	Aircraft &	Model	Engine	Multiengin	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	+ +				+	+	-		-	
Pilot in Command (PIC)					+-					
Time as Instructor										
This Make/Model						+				
Last 90 Days		-			+					
Last 30 Days					+-	+	-		-	
Last 24 Hours										

Middle Initial: State: ZIP: OCenter ORear ORight OSingle OS OUnknown OF OUNknown OUNknown OF OUNknown OUNknown OUNknown OF OUNknown OUNknown OF OUNknown OUNkn							
Middle Initial: State: ZIP: OCenter ORear ORight OSingle OS OUnknown OF OUNknown OUNknown OF OUNknown OUNknown OUNknown OF OUNknown OUNknown OF OUNknown OUNkn	ıry						
Middle Initial: State: ZIP: ORight OSingle OS OUnknown OF OUNKNOWN OUNKNOWN OF OUNKNOWN OF OUNKNOWN OF OUNKNOWN OUNKNOWN OF OUNKNOWN O	None						
Pilot Certificate(s) (Check all that apply)  Restraint Type: Inflat: Available Used Postern	Serious						
Available Used Poster	Fatal Unknown						
Available Used Dantus							
None	raints  Not Installed						
□ Student □ Sport □ Flight Engineer □ O3-point □ 3-point □ I	Installed						
1 04-point 1 —	Not Deployed Deployed						
Accident/Incident Aircraft?	Unknown						
Crew Name and Address Seat Occupied Injur	-						
OCenter O Rear O M	None Minor						
Middle Initial: State: ZIP: ORight OSingle OS	Serious Fatal						
Last Name: Country:	Tatai Unknown						
Pilot Certificate(s) (Check all that apply)  Restraint Type:  Available Used Posters							
None	raints						
- Italian Chily   - Italian Ch	Not Installed Installed						
O4-point O4-point	Not Deployed Deployed						
77-point (75-point )	Unknown						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)							
Inflatable							
Name and Address Seat Injury Restraint Type Restraints Age	<u>e</u>						
First Name: Lisa City: Moses Lake ONone ONone ONone I Not Installed III	Inder 5 years						
First Name: Lisa City: Moses Lake  Middle Initial: L State: Wa ZIP: 98837  OLeft ONone ONone OLap Only  OLap Only  OLap Only  Installed	Under 5 years						
First Name: Lisa City: Moses Lake  Middle Initial: L State: Wa ZIP: 98837  Last Name: Stevens Country: USA  OLeft ONone ONone OLap Only OLap Only O3-point O3-point O4-point O	Inder 5,						
First Name: Lisa City: Moses Lake  Middle Initial: L State: Wa ZIP: 98837  Last Name: Stevens Country: USA  OCrew Passenger Oother  OLeft ONone ONone OLap Only OLap Only O3-point O3-point O4-point O4-point O4-point O5-point O5-point O5-point O1-point O1-p	Inder 5, Child Restraint Lap-Held						
First Name: Lisa City: Moses Lake  Middle Initial: L State: Wa ZIP: 98837  Last Name: Stevens Country: USA  OCrew Passenger OOther  OLeft ONone ONone OLap Only Olap O	Inder 5, Child Restraint						
First Name: Lisa City: Moses Lake  Middle Initial: L State: Wa ZIP: 98837  Last Name: Stevens Country: USA  OCrew Passenger OOther  OLeft ONone ONone OLap Only OLap Only O3-point O4-point O4-point OUnknown OUnknown OUnknown OUnknown  Row: ONone ONone ONone ONone OLap Only O4-point	Inder 5, Child Restraint Lap-Held						
First Name: Lisa City: Moses Lake  Middle Initial: L State: Wa ZIP: 98837  Last Name: Stevens Country: USA  OCrew Passenger OOther  OCrew Passenger  OLeft ONone ONone OLap Only	inder 5, Child Restraint Lap-Held Unknown						
First Name: Lisa City: Moses Lake Middle Initial: L State: Wa ZIP: 98837  Last Name: Stevens Country: USA  OCrew Passenger OOther  OCrew OPassenger  OLeft ONone ONone OLap Only	Inder 5, Child Restraint Lap-Held Unknown Under 5 years Inder 5, Child Restraint						
First Name: Lisa City: Moses Lake  Middle Initial: L State: Wa ZIP: 98837  Last Name: Stevens Country: USA  OCrew Passenger OOther  Middle Initial: State: ZIP: OCenter  ONone ONone ONone ONone ONone ONone OLap Only O4-point O4-point O4-point O1-point O	Inder 5, Child Restraint Lap-Held Unknown Under 5 years						
First Name: Lisa City: Moses Lake  Middle Initial: L State: Wa ZIP: 98837  Last Name: Stevens Country: USA  OCrew Passenger OOther  First Name: City: State: ZIP: ONther  OCrew OPassenger  OOther  ONther ONther  Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther  Onther Onther  Onther Onther  Onther Onther  Onther Onther  Onther  Onther Onther  Onth	Inder 5, Child Restraint Lap-Held Unknown  Under 5 years Inder 5, Child Restraint Lap-Held Unknown						
First Name: Lisa	inder 5, Child Restraint Lap-Held Unknown  Under 5 years inder 5, Child Restraint Lap-Held						
First Name: Lisa	Child Restraint Chap-Held Cunknown  Under 5 years  Child Restraint Child Restraint Child Restraint Child Restraint Child Restraint Child Restraint Chap-Held Cunknown  Under 5 years						
First Name: Lisa	Child Restraint Dap-Held Unknown  Under 5 years  Inder 5, Child Restraint Dap-Held Unknown  Under 5 years  Inder 5, Child Restraint Dap-Held Unknown						
First Name: Lisa City: Moses Lake Middle Initial: L State: Wa ZIP: 98837  OCrew Passenger OOther  OLeft OCenter ORight OUnknown  OCrew OPassenger OOther  OLeft OCenter ORight OUnknown  OCrew OPassenger OOther  OLeft OCenter ORight OUnknown	Child Restraint Dap-Held Unknown  Under 5 years  Child Restraint Dap-Held Unknown  Under 5 years  Child Restraint Dap-Held Unknown  Under 5 years  Child Restraint Child Restraint						
First Name: Lisa	Child Restraint Dap-Held Unknown  Under 5 years  Inder 5, Child Restraint Dap-Held Unknown  Under 5 years  Inder 5, Child Restraint Dap-Held Unknown						
First Name: Lisa	Child Restraint D Lap-Held Unknown  Under 5 years Child Restraint D Lap-Held Unknown  Under 5 years Child Restraint D Lap-Held Unknown  Under 5 years Child Restraint D Lap-Held D Unknown						
First Name: Lisa	Child Restraint Chap-Held Cunknown  Under 5 years Child Restraint Chap-Held Cunknown  Under 5 years Child Restraint Chap-Held Cunknown  Under 5 years Child Restraint						

FLIGHT ITINERARY	INFORMATIO	N						
Last Departure Point Airport ID: KLRD		e of Departure	Airport ID:	W20				Filed OVFR/IFR O IFR
City: Richland State: Wa		Zone: Pacific	State: Wa	City: Moses Lake State: Wa			VFR	O Unknown
Country: USA			Country: U	SA		Activated?	OYes	<b>⊙</b> No OUnknown
	ervice (Check all that  ☐ Special VFR ☐ IFR	☐ Spe	cial IFR R On Top		☐ VFR Flight Foll ☐ Traffic Advisory		□ Cruis	se nown / NA
☐ Class B ☐ Demo Area ☐ Ai			itary Operations port Advisory Ar Fraining Area SA		□Special □Air Traffic Cont	rol Area		de of In-Flight rrence: ft msl
WEATHER INFORM	MATION AT THI	ACCIDENT	T/INCIDEN	T SITE				
Source of Pilot Weather I (Check all that apply)  National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Servi	□ Con □ Mili □ Inte □ Non	mpany itary met  ne cnown  Facility ID: K Observation Time Zone: F Distance from			me:			
Basic Conditions  OVMC OIMC OUnknown		Light Conditi ODawn ODay	ODusk ONight	ODark OBrig	a Night OUr ht Night	iknown		
Sky/Lowest Cloud Condit  Clear  Few  Partial Obscuration  Scattered  Lowest Cloud Condition	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh	0	Obscured Indefinite Unknown	Temperature:				
Wind Direction  ✓ Variable  -or-  Direction:degrees true	Wind Speed  □ Calm □ Light and Vari -or- se Speed:	ablekts	Wind Gusts  Not Gustin  or-  Speed:		Visibility  RVR  RVV  Density Altitu			_ ft
Intensity of Precipitation OLight OModerate OHeavy ON/A OUnknown	Type of Precipit  ☑ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers	ation (Check all t	Freezing Snow Si S   Ice Pello S   Freezing	hower ets Shower	Restriction to  None Blowing Du Blowing Sa Blowing Sn Blowing Sp Dust	ust G		og
Icing Forecast  Amount  O None O N/A O Trace O Light O Moderate O Severe O Unknown	d	Icing Actual Amount O None O Trace O Light O Moderate O Severe O Unknown	Type O N/A O Rime O Clear O Mixe O Unkn	· ·d	Turbulence Type (Check a None Clear Air Terrain-Indu	ıced		verity Light Moderate Severe Extreme
NOTAMs (D and FDC)	, AIRMETs, SIGN	METs, PIREPs	s in effect at	the time of th	he accident/incid	dent:		

DAMAGE	TO AIRCRAFT A	ND OTHER PRO	PERTY							
Aircraft Dam	0	Aircraft Fire		Aircraft Explosion						
O None O Minor	O Substantial O Destroyed O Unknown	<ul><li>None</li><li>In-Flight</li><li>On-Ground</li></ul>	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	<ul><li>None</li><li>In-Flight</li><li>On-Ground</li></ul>	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown					
Description of	Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)									
Both wings destroyed. Emmpanage wrinkled. Canopy shattered. Plane was upside down.										
NARRATIVE	HISTORY OF FLIC	GHT (Please type or	print in ink)							
			circumstances leading to and nati							
	ribution sketch if pertine rovide as much detail as		s if needed. State departure time and	and location, services	obtained, and intended					
		-	for our flight home to W20, I slov	wly increased my thr	ottle to full throttle at a rate of					
about 3 secon	nds. At the point of full	throttle, I looked do	wn at my speed was between 55	-60 knotsand slowly	started to pull the stick back					
			eft and I applied full right rudder to time and realized i was already se							
			of the runway causing the plant to							
I am told that	the airplane landed at	out 1000 feet down	the left side off the runway.							

RECOMMENDATION (How	could this	accident/incident ha	ve been pre	vented?)			
Operator/Owner Safety Recomm	endation						
This happened so quickly. I calleft ward track.	n only think	that I could have a	applied right	aileron v	vith the right ru	idder into the wind	to help compensate the
Total and							
MECHANICAL MALFUN	NCTION/F	All LIRE (If mor	e enace ie n	eeded co	ntinue on sena	rate sheet)	
Was there Mechanical Malfund	ction/Failur	e? ☐ Yes ☑ No	-		nunue on sepa	rate sneet,	Total Time/Cycles On Part
(4) yee, acc acc annue of the family annual	,,, <sub>F</sub>	,,					Hours
							Cycles
							Time Since This Part Inspected/Overhauled
							Hours
FUEL & CEDVICES INC	ODMATI	ON.					
FUEL & SERVICES INF Fuel on Board at Last Takeoff	ORMATI	Fuel Type					
(Convert from pounds, as necessary)		O 80/87	O 115/145		O Jet B	O Other, specify	
34	Gallons	<ul> <li>100 Low Lead</li> <li>100/130</li> </ul>	O Jet A O Jet A-1		O JP8 O Automotive		
Other Services, if Any, Prior to	Departure	<b>C</b> 100/150	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
EVACUATION OF AIRC	RAFT						
Was an emergency evacuation		oft norformed?	☐ Yes	☑ No			
Method of Exit – Describe how					d each location		
Without of Exit - Describe now	the occupan	s extred and now ma	шу оссирани	s cvacuate	d cach location		
OTHER AIRCRAFT CO	OLLISIOI					41 f 46 1	<b>54</b> 1
OTHER AIRCRAFT - Co							nage to Other Aircraft
Aircraft Registration Number		irer:				🗖 D	Destroyed
Designational Owner of Other At-				Dilat af	Other Aircraft		ubstantial  None
Registered Owner of Other Air							
Name:City:			_	City:			
State: ZIP:				State:		_ZIP:	
COUNTRY.				COUNTRY			

ADDITIONAL INF	ORMATIC	ON (Please type or print in ink)		
Use this space if addi	tional space	is needed for any answers.		
I HEREBY CERTIF	Y THAT TH	IE ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE
Date of this Report	Name of 1	Pilot/Operator: Mark Stevens	<u> </u>	20
04/25/2022	Signature	E		
mm/dd/yyyy	- or -	Check here to electronically sign this c	locument	
If a Person Other tha	n Pilot/Op	erator is Filing Report		
Name:			Title:	
Selections.				×
200 200 200		electronically sign this document		
		FOR NTSB (	ISE ONLY	
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
	VPR22LA156	WPR	Fabian Salazar	4/25/2022