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: Bryant State: AR
ZIP: 72022 Country: USA
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 03/26/2022 *mm/dd/yyyy* Local Time: 3:00 pm
Time Zone: Central

Collision with Other Aircraft: ○ Midair ○ On-ground ◉ None

AIRCRAFT INFORMATION

Registration Number: N7523Z
Manufacturer: Piper
Model: PA-25-235
Serial Number: 25-3564
Year of Manufacture: 1965
Amateur-Built: ○ Yes ◉ No *If Yes:* ○ Kit/Plans ○ Original Design Make: _____

☐ **IFR-Equipped and Certified**
☐ **Commercial Space Flight**
☐ **Unmanned Aircraft**

Maximum Gross Weight: 2900 lbs
Weight at Time of Accident/Incident: ~1750 lbs
Number of Seats: 1 Flight Crew Seats: 1
Cabin Crew Seats: 0 Passenger Seats: 0
Number of Engines: One

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

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☐ Normal	☑ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

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

Landing Gear *(Check all that apply)*
☐ Retractable
☐ Tricycle ☑ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ 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 ◉ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Lycoming	0540B2B5	L15461-40		235	842	2.2	199.2
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
○ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
◉ Annual ○ Unknown

Date Last Inspection: 01/12/2022 *mm/dd/yyyy*
Airframe Total Time: 7621 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: _____

Propeller 2 ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer: NA
Model: _____

ELT Installed: ○ Yes ◉ No
If Yes:
ELT Manufacturer: _____
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: Lloyd Howard (previous owner)

Fractional Ownership Aircraft: ○ Yes ◉ No

City: Holdenville

State: OK ZIP: 74848

Country: USA

Operator of Aircraft ☐ *Same As Registered Owner* ☐ *Same Address as Registered Owner*

Name: Stacey Kirk Franks (just purchased airplane)

Doing Business As: NA

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

City: Tupelo

State: MS ZIP: 38804

Country: USA

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: Saline County Regional

Airport Identifier: KSUZ

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

Distance From Airport Center: .2 sm

Direction From Airport: ENE degrees true

Airport Elevation: 389 ft. msl

Runway Information

Runway ID: 02/20 (L/R/C) Length: 5002 ft Width: 100 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 ○ Final ◉ 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 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: Stacey
Middle Initial: K
Last Name: Franks
City of Residence: Tupelo
State: MS ZIP: 38804
Country: USA
Age at time of Accident/Incident: 49 Date of Birth: [redacted] *mm/dd/yyyy*
Certificate Number: [redacted]

Degree of Injury
◉ None ○ Fatal ○ Minor ○ Unknown ○ Serious

Seat Occupied
○ Left ○ Front ○ Unknown ○ Right ○ Rear ◉ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
◉ 3-point	◉ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ 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
09/08/2021 *mm/dd/yyyy*

Medical Certificate Limitations
None

Medical Certificate Special Issuance
None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/28/2022 *mm/dd/yyyy*

Flight Review Aircraft
Make: American Champion Citabria
Model: GCBC

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
None

Student Endorsements *(Include dates)*
NA

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	276	2	266	10	8	5	42	0	0	0
Pilot in Command (PIC)	178	2	178	0	8	0	0	0	0	0
Time as Instructor	0	0	0	0		0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	3	2	3	0	0	0	0	0	0	0
Last 30 Days	2	2	2	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

"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
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ 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

First Name: ____________ City of Residence: ____________

Middle Initial: ______ State: ________ ZIP: ________

Last Name: ____________ Country: ____________

Seat Occupied

O Left O Center O Right O Front O Rear O Single O Unknown

Injury

O None O Minor O Serious O Fatal O Unknown

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

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

Restraint Type:

Available	**Used**
O None	O None
O Lap Only	O Lap Only
O 3-point	O 3-point
O 4-point	O 4-point
O 5-point	O 5-point
O Unknown	O Unknown

Inflatable Restraints

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

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ________ hrs

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Crew Name and Address

First Name: ____________ City of Residence: ____________

Middle Initial: ______ State: ________ ZIP: ________

Last Name: ____________ Country: ____________

Seat Occupied

O Left O Center O Right O Front O Rear O Single O Unknown

Injury

O None O Minor O Serious O Fatal O Unknown

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

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

Restraint Type:

Available	**Used**
O None	O None
O Lap Only	O Lap Only
O 3-point	O 3-point
O 4-point	O 4-point
O 5-point	O 5-point
O Unknown	O Unknown

Inflatable Restraints

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

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ________ 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: ________ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available**: O None O Lap Only O 3-point O 4-point O 5-point O Unknown **Used**: O None O Lap Only O 3-point O 4-point O 5-point O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ________ City: ________ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ________ Country: ________ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available**: O None O Lap Only O 3-point O 4-point O 5-point O Unknown **Used**: O None O Lap Only O 3-point O 4-point O 5-point O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ________ City: ________ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ________ Country: ________ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available**: O None O Lap Only O 3-point O 4-point O 5-point O Unknown **Used**: O None O Lap Only O 3-point O 4-point O 5-point O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ________ City: ________ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ________ Country: ________ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available**: O None O Lap Only O 3-point O 4-point O 5-point O Unknown **Used**: O None O Lap Only O 3-point O 4-point O 5-point O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: Private Strip
City: Calvin
State: OK
Country: USA

Time of Departure
Time: 12:45 pm
Time Zone: Central

Destination
Airport ID: 5MS8
City: Okolona
State: MS
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: ~-400 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
_____ ft agl

Ceiling
(●) None (Clear) ( ) Obscured
( ) Broken ( ) Indefinite
( ) Overcast ( ) Unknown

Ceiling Height
_____ ft agl

Temperature: _____ (C) or ~70 (F)
Dew Point: _____ (C) or _____ (F)
Altimeter Setting: 30.09 in. Hg
or _____ MB

Wind Direction
☑ Variable
-or-
Direction: ~170 degrees true

Wind Speed
☑ Calm
☐ Light and Variable
-or-
Speed: _____ kts

Wind Gusts
☐ Not Gusting
-or-
Speed: _____ kts

Visibility 10+ 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
( ) Trace
( ) Light
( ) Moderate
( ) Severe
( ) Unknown
Type
(●) N/A
( ) Rime
( ) Clear
( ) Mixed
( ) Unknown

Icing Actual
Amount
(●) None
( ) Trace
( ) Light
( ) Moderate
( ) Severe
( ) Unknown
Type
(●) N/A
( ) Rime
( ) Clear
( ) Mixed
( ) Unknown

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

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

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
○ None	○ Substantial	◉ None	○ Both Ground and In-Flight	◉ None	○ Both Ground and In-Flight
◉ Minor	○ Destroyed	○ In-Flight	○ Fire at Unknown Time	○ In-Flight	○ Explosion at Unknown Time
	○ Unknown	○ On-Ground	○ Unknown	○ On-Ground	○ Unknown

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

Damage to right landing gear and right wing, outboard of wing strut.

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 NTSB REPORT.

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

Operator/Owner Safety Recommendation

Upon touchdown, of landing gear, stick forward, to plant - landing gear on runway surface, throttle to idle, bleed off airspeed, after tail drops to runway surface, stick back into lap, steering with rudder pedals, gently apply brakes.

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.)

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)

40 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

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

Opened right window, lowered it, exited aircraft.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number

NA

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.

SEE ATTACHED NTSB REPORT.

I had just purchased this airplane and was flying it back home to Mississippi.

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

Date of this Report	Name of Pilot/Operator: Stacey K. Franks
04/17/22 (mm/dd/yyyy)	Signature: [redacted]
	-- *or* -- ☐ 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

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN22LA161	Central Region	T. Sorensen	April 18, 2022

To Whom It May Concern, April 6, 2022

SATURDAY, MARCH 26, 2022

11:45 am Checked weather via Fore Flight at Holdenville, OK and Tupelo, MS airport locations. Also checked Fore Flight flight plan, that was pre established on Friday, March 25, 2022.

12:00 pm I met previous owner at his private air strip in Calvin, OK. We had a briefing re N7523Z including all logs, cockpit instruments, switches, gauges, levers, and functions/safe operation of each.

12:30 pm I performed a pre-flight inspection of N7523Z.

12:45 pm I departed Calvin, OK private airstrip and climbed to 7,000-7,500 ft enroute to KSUZ

~2:30-2:35 pm Checked weather, via Fore Flight, at KSUZ. The METAR showed Calm, showed all 0's for wind direction and speed. Visually, the skies were clear with excellent visability.

2:45 pm I arrived at KSUZ and observed the runway at my 11:00 position, approximately 3 miles away. I observed no traffic in the traffic pattern, on the runway, on the taxiway, or on the tarmac. At this time, I made the decision to perform two touch and go's, and then, make a full stop on the 3rd attempt. I scanned my gauges, and entered final for Rwy 02 and decreased my approach speed from 80 to 75 mph, then engaged half flaps. A few seconds later I engaged full flaps. I descended to runway 02 to perform the touch-and-

go, but did not actually touch down. I added max power, began to climb out, retracted the flaps slowly, and then continued to climb out, runway heading. Once clear of the runway area, and at ~800-900 feet, I entered right cross wind for runway 02. I then, entered right downwind for runway 02, as I continued to climb to 1,400 feet. I pulled power back to 2,400 rpm and scanned my gauges. Still monitoring the skies around me, the traffic pattern, runway, taxiway, and tarmac areas, and with the runway at a 45 degree angle over my right shoulder, I turned right base for runway 02. I engaged half flaps. I checked final, to my left, and it was clear. By this time, it was time to turn final for runway 02. I did. I pulled power back, slightly, and added full flaps. I adjusted my airspeed to 75 mph with pitch, and continued my descent to the runway. On this attempt, I was able to touch down, briefly, before adding max power, beginning to climb out, retracting all flaps, and ascending, clear of the runway. At ~800-900 feet, I turned right cross wind for runway 02, and continued to climb, until turning right downwind for runway 02. Upon reaching pattern altitude, I pulled power back to 2,400 rpm, scanned my gauges, checked the skies around me, visually, as well as the traffic pattern, runway, taxiway, and tarmac, for traffic. Again, with the runway at a 45 degree angle, over my right shoulder, I turned base for runway 02, engaged half flaps, checked final, to see that it was clear, and then, turned final for runway 02. I adjusted my airspeed to 75 mph, engaged full flaps, and descended to runway 02. I touched down with slightly less than half of the runway area remaining. With left hand on the throttle, and right hand on the stick, I began pulling the power back. As airspeed was decreasing, I felt the tail begin to drop. At this time I pulled the stick rearward. Approximately 2-3 seconds later, the nose began to lift, and the left wing began to lift higher than the right. At this point I realized that I was behind the aircraft. The next few seconds, maybe 5 to 10 seconds, seemed

like an eternity in slow motion. I immediately pushed the stick forward, and applied full left rudder, and max power, in an attempt to go around. The plane, in a 020 heading, was in the process of decreasing the angle of attack to a more level pitch attitude, but continued to turn a full 180 degrees, to an ~200 heading. At this time, I think the right landing gear struck the ground, and the plane turned back to the left, violently. It turned back in the vicinity of runway heading, 020, and in level pitch attitude, but without sufficient airspeed to maintain flight. While in this ~northeast heading, the airplane began to track in an easterly direction and the angle of attack increased slightly, as the plane descended into the ditch on the east side of the runway. Upon impact with terrain, the engine ceased to operate and the plane came to a full stop. I, immediately, opened the right window and exited the plane. Once clear of the plane, it took a few minutes to determine the next best steps to take. As there was no smoke, fire, or fluids leaking from the plane, I determined the site to be safe. I went back to the plane to turn off the mags, master, and position lights.

I am aware that it is my responsibility to report any reportable accident immediately. I reviewed 49 CFR 830.5 (listed below), reading and re-reading. I did not see any description that required my reporting of the accident.

§ 830.5 Immediate notification.

The operator of any civil aircraft, or any public aircraft not operated by the Armed Forces or an intelligence agency of the United States, or any foreign aircraft shall

immediately, and by the most expeditious means available, notify the nearest National Transportation Safety Board (NTSB) office, 1 when:

1 NTSB headquarters is located at 490 L'Enfant Plaza SW., Washington, DC 20594. Contact information for the NTSB's regional offices is available at http://www.ntsb.gov. To report an accident or incident, you may call the NTSB Response Operations Center, at 844-373-9922 or 202-314-6290.

(a) An aircraft accident or any of the following listed serious incidents occur:

(1) Flight control system malfunction or failure;

Explanation For Not Reporting: There was no flight control system malfunction or failure.

(2) Inability of any required flight crewmember to perform normal flight duties as a result of injury or illness;

Explanation For Not Reporting: I was the only person on board, and without illness or injury.

(3) Failure of any internal turbine engine component that results in the escape of debris other than out the exhaust path;

Explanation For Not Reporting: N7523Z does not have a turbine engine.

(4) In-flight fire;

Explanation For Not Reporting: There was no in-flight fire.

(5) Aircraft collision in flight;

Explanation For Not Reporting: There was no aircraft collision in flight.

(6) Damage to property, other than the aircraft, estimated to exceed $25,000 for repair (including materials and labor) or fair market value in the event of total loss, whichever is less.

Explanation For Not Reporting: There was minimal, if any, damage to property, possibly tracks in the grass from the recovery vehicle.

(7) For large multiengine aircraft (more than 12,500 pounds maximum certificated takeoff weight):

Explanation For Not Reporting: N7523Z is not a multi engine aircraft. Therefore, items 7 (i-iv) do **not** apply.

(i) In-flight failure of electrical systems which requires the sustained use of an emergency bus powered by a back-up source such as a battery, auxiliary power unit, or air-driven generator to retain flight control or essential instruments;

(ii) In-flight failure of hydraulic systems that results in sustained reliance on the sole remaining hydraulic or mechanical system for movement of flight control surfaces;

(iii) Sustained loss of the power or thrust produced by two or more engines; and

(iv) An evacuation of an aircraft in which an emergency egress system is utilized.

(8) Release of all or a portion of a propeller blade from an aircraft, excluding release caused solely by ground contact;

Explanation For Not Reporting: There was no release of all or a portion of a propeller blade from an aircraft.

(9) A complete loss of information, excluding flickering, from more than 50 percent of an aircraft's cockpit displays known as:

Explanation For Not Reporting: There was no loss of information;

Therefore, items 9 (i-iv) do **not** apply.

(i) Electronic Flight Instrument System (EFIS) displays;

(ii) Engine Indication and Crew Alerting System (EICAS) displays;

(iii) Electronic Centralized Aircraft Monitor (ECAM) displays; or

(iv) Other displays of this type, which generally include a primary flight display (PFD), primary navigation display (PND), and other integrated displays;

(10) Airborne Collision and Avoidance System (ACAS) resolution advisories issued when an aircraft is being operated on an instrument flight rules flight plan and compliance with the advisory is necessary to avert a substantial risk of collision between two or more aircraft.

Explanation For Not Reporting: I was operating VFR.

(11) Damage to helicopter tail or main rotor blades, including ground damage, that requires major repair or replacement of the blade(s);

Explanation For Not Reporting: N7523Z is a fixed wing aircraft.

(12) Any event in which an operator, when operating an airplane as an air carrier at a public-use airport on land:

Explanation For Not Reporting: I was not operating as an air carrier;

Therefore, items 12 (i-ii) do **not** apply.

(i) Lands or departs on a taxiway, incorrect runway, or other area not designed as a runway; or

(ii) Experiences a runway incursion that requires the operator or the crew of another aircraft or vehicle to take immediate corrective action to avoid a collision.

(b) An aircraft is overdue and is believed to have been involved in an accident.

[53 FR 36982, Sept. 23, 1988, as amended at 60 FR 40113, Aug. 7, 1995; 75 FR 927, Jan. 7, 2010; 75 FR 35330, June 22, 2010; 80 FR 77587, Dec. 15, 2015]

Explanation For Not Reporting: I was not overdue in arriving at KSUZ; Therefore, statement (b) does **not** apply.

At this time, I have a total flight time of 276.1 hours, and 82.0 hours in a tailwheel aircraft. I have emailed a picture of my tailwheel endorsement, per your request.

I plan to continue my flight training, working toward my commercial rating. In doing this, I will renew and hone my tailwheel skills, in order to become a better, and more proficient pilot.

If you need further information, please do not hesitate to contact me at [redacted] or via email at [redacted]

Kindest Regards,

Stacey Franks