## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

	<b>CINFORMA</b>	IION				A STATE OF THE PARTY OF THE PAR	cident/Incide	nt Deta/Ti	ma	- 12 E		
	Accident/Incident Location						00101			1 Time: 09	0.30 am	
	Nearest City/Place: Athol State: ID				Date	e: 08/23 mm/dd/	3/2022 VVVV	- 1771.5(50)				
ZIP: 83	ZIP: 83801 Country: USA						minimum	,,,,,	Time	Zone: Pa	acific	_
Latitude: N4757.41 Longitude: W11640.65									OOn-ground	@ None		
	(Enter in decima	l degrees or de	egrees:minutes:seco	onds)		Col	llision with (	Other Airci	ratt: O	Midair	On-ground	O, italia
AIRCE	RAFT INFO	RMATION	1				☐ IFR-Equip	and Car	tified		-	
	ation Number: acturer: Cham						☐ Commercia☐ Unmanned	I Space Flig	ht			
THE RESERVE AND ADDRESS OF THE PARTY OF THE		DIOII	10.4	1 60	CD		aximum Gro		1800		lbs	
	7GCBA	A24	February		- Carrier	w	eight at Tim	e of Accide	nt/Incid	ent: 168	0	lbs
	Number: 7GCB						umber of Sea					
Year of	Manufacture:									Passenger	Seats: 1	
Amateu	ur-Built: OYes		Kit/Plans Mak	(e:			bin Crew Seat			rassenger	ocats t	
and the same	ONo		Original Design				umber of En	gines: _	P	Tune (C-	leat one)	
100 March 100 Ma	ry of Aircraft	Type of A	irworthiness Ce	rtificate		Landing Gear (Check all that ap	oply)		@ Recip	Type (Searcocating	OLiqui	d Rocket
Airpla     Ballo		Standard	d Special	11112		Reti	ractable		O Turbo		O Solid O Hybri	d Rocket
OBlimp	p/Dirigible	☑ Norma				Tricycle	<b>⊘</b> Ta	ilwheel	O Turbo	o i i op		
OGlide OGyro	1920	✓ Aeroba	n Provisi	onal		Amphibian			h Skid O Turbo		oo Fan OUnknow	
OHelic		Comm	nuter	Flight	-0.4	☐ Emergency F	loat SI	20000	OElect	ric		
	ered Lift	Transp		mental Light-Spor	+	□Float □Hull	A STATE OF THE PARTY OF THE PAR	ci/Wheel	Fual Sys	tem Type	(Reciprocati	no)
O Rock O Ultra		Utility		mental Ligh		A STATE OF THE REAL PROPERTY.			OCarbi			Injected
OUnkn		□Certificate	e of Authorization		923	Other Launch					Jerrie	
		None	Ö	Unknown		☐ None		nknown		m		Cinar
			Engine			facturer's			er oower or Thrust	Total Time (hours)	Inspection (hours)	Since: Overhaul (hours)
Engine	Engine Manufa	cturer	Model/Series		Serial Number L15326-27A							
Eng. 1	t		~320-A2R		L15320	5-27A	06/08/1965	150		1314.5	1.3	n/a
	Lycoming		o-320-A2B		L15320	5-27A	06/08/1965	150		The state of the s	1.3	n/a
Eng. 2	Lycoming		o-320-A2B		L15320	3-27A	06/08/1965	150		The state of the s	1.3	n/a
Eng. 2 Eng. 3	Lycoming		o-320-A2B		L15320	3-27A	06/08/1965	150		1314.5		n/a
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OWNER/OPERATOR INFORMA	TION	TO THE REAL PROPERTY OF THE PERSON OF THE PE
Registered Aircraft Owner	Sharp and Applications and the	City: Spicewood
Name: Daniel L. Black	Citizanian Colors	State: TX ZIP: 78669
Fractional Ownership Aircraft: O Yes O	No	Country: USA
Operator of Aircraft  Same As Re	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 Und	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
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 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight ONon-US, Commercial	Non-Scheduled or Air Taxi O International
□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	O Non-US, Non-commercial O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	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 Banner Tow O Business O Executive/Corporate  O Sir Far 91, 103, 133, 137 O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning
Revenue Sightseeing Flight  O Yes  O No	Air Medical Flight  O Yes   O No	O External Load O Skydiving O Ferry
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Hackney Airpark Airport Identifier: ID05 Proximity to Airport: O Off Airport/Airstr	ip On Airport/Airstrip ON/A	Distance From Airport Center: .1         sm           Direction From Airport: 210         degrees true           Airport Elevation: 2445         ft. msl
Runway Information	The same of the sa	Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 21 (L/R/C) Length: 38  Runway/Landing Surface (Check all that  Asphalt Grass/Turf Mac	apply) adam	☑ 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	2)	
OTaxi OVFR Departure OTakeoff OIFR Departure Pro OInitial Climb	OOn Instrument Ap	oproach OBase OFinal OCrosswind 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	☑ Traffic Pattern       ☐ Stop and Go         ☐ Straight-In       ☐ Touch and Go         ☐ Valley/Terrain Following       ☐ Simulated Forced Landing         ☐ Go Around       ☐ Forced Landing         ☐ Full Stop       ☐ Precautionary Landing
Control of the last of the las	□Unknown	Unknown

"FLIGHT CREWMEME	BER 1" INF	ORMATIC	N							
"Flight Crewmember 1" Resp	ponsibilities at	the Time of	Accident/Inc							
© Pilot O Co-Pilot "Flight Crewmember 1" was	O Student Pilot	O Flight Ir		Check Pilot	OFlight I	ingineer	O Other Fli	ght Crew		
		eres un	10							
"Flight Crewmember I" Ider First Name: Daniel	itilication			Ci	ty of Resid	lence: Spi	cewood			- 17010
Middle Initial: L					ate: TX	ienee. <u>Op</u>		P: 78669		
Last Name: Black						CA		1. 10003		-
		-+- 50	Date of B	Table 1	1962		/dd/yyyy			
Age at time of A	Accidentincide		ertificate Num	SOURCE STATE OF THE PARTY OF TH	ATP		, aa yyyy			
Description:	Seat Occup		erincate Num		raint Typ			Int	latable Res	traints
Degree of Injury  O None O Fatal	O Left	<b>⊙</b> Front	O Unknow	-	100000		lead	1111	ilatable Nes	LI alites
O Minor O Unknown	O Right	O Rear		A	O None		ONone		☑ Not Install	ed
O Serious	O Center	O Single			O Lap only	,	OLap only		☐ Installed	d
Pilot Certificate(s) (Check all					O 3-point O 4-point		O3-point O4-point		<ul><li>□ Not Deplo</li><li>□ Deployed</li></ul>	yeu
☐ None ☐ Flight In: ☐ Private ☐ Recreation	Contract of the Contract of th	Commercial Airline Transpo	US Mi	ntary	O 5-point		O5-point		Unknown	
Student Sport		Flight Engineer			O Unknow	'n	OUnknown	1		
D- 1-10 (1 )				36.3	ical Cart'	ficate Vali	idity	D:	ate of Last	Medical
	ledical Certific					ations/waive		known		
	AUGUSTONIES IN AUGUST AND AUGUST	Class 3 Driver's Lice	nse (Sport Pilot	The second secon	ith limitation	ns/waivers	O N/		06/23/2022	
	O PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Unknown		Osp	ecial Issua	ice			mm/dd/yyyy	
Medical Certificate Limitation	ons									
none										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	07/11/2022	Make:	t Review Airc	eraft						_
	mm/dd/yyyy	The World of	: B787		- 1.		n // //			
Airplane Rating(s)	Other Aircraft (Check all that a			ent Rating(s)  I that apply)		Check all to	Rating(s)			
(Check all that apply)  None	□ None	PP'	□ None	i inai appiy)		☑ None	an apply)		Instrument A	irplane
☑ Single-Engine Land	☐ Airship		☑ Airpla				Single-Engi		Instrument H	elicopter
☐ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico	THE CONTRACTOR		☐ Airplane ☐ Gyropla	Multi-Engin		Helicopter Glider	
Multiengine Sea	Gyroplane		Liowei	ou Litt		Powered			Sport	
	☐ Helicopter☐ Powered Lift		1							
Type Ratings	L Powered Lin					Student E	ndorsemen	ts (Include de	ates)	
B-737 B-757 B-767 B-777 B-787	BE-1900				r	<i>l</i> a				
			Airpiane			Inst	rument			
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	18,000	200	2,900	15,100	8,000	600	500	0	0	0
Pilot in Command (PIC)	6,000	200	2,800	2,900	500	200	200	0	0	0
Time as Instructor	2,400	150	2,000	100	20		100	0	0	0
This Make/Model				00	0		0		0	HH SUCK
ast 90 Days	100	2	2	98	20			0	0	0
Last 30 Days	2	2	0	0	0			0	0	0

"FLIGHT CREWMEN	BER 2" INF	ORMATIC	IN	OF REAL PROPERTY.	COLUMN TWO			-
"Flight Crewmember 2" Re	esponsibilities at	the Time of	Accident/Incident					ALC: NAME OF
OPilot OCo-Pilot	O Student Pilot	OFlight In	structor OCheck	Pilot OFli	ght Enginee	OOther Flight Cr	cw	
"Flight Crewmember 2" wa	s pilot flying	□Yes □	No					
"Flight Crewmember 2" Id	entification							
First Name: n/a				City of D				
Middle Initial:					esidence: _			_
				State:		ZIP:		
Last Name:	and the same of th	17				Author Land		
Age at time of	Accident/Inciden	nt:	Date of Birth: _			mm/dd/yyyy		
A Paris III		Cer	tificate Number:					
Degree of Injury	Seat Occup			Restraint T	Гуре	The same of the sa	Inflatable Rest	traints
O None O Fatal O Minor O Unknown	OLeft ORight	OFront	OUnknown	Availab	ole	Used		
O Serious	O Right O Center	ORear OSingle		O Non		O None	□ Not Installe	ed
Pilot Certificate(s) (Check al	NH STEEL	- omgre		O Lap		O Lap only O 3-point	☐ Installed	
□ None □ Flight I		Commercial	THE MILLS	O 4-pc		O 4-point	□ Not Deploy  □ Deployed	/ed
☐ Private ☐ Recreat		Airline Transpo	US Military	O 5-pc	oint	O 5-point	Unknown	
☐ Student ☐ Sport	TO SECURITY	Flight Engineer		O Unk	nown	O Unknown		
						Carrie Co		
	Medical Certific	ate		Medical Co	ertificate \	Validity	Date of Last N	Aedical
		Class 3		O Without I				
		Driver's Licen Unknown	ise (Sport Pilot only)	O With limi O Special Is		vers O N/A	mm/dd/yyyy	-
Medical Certificate Limitati		Chknown		O Special Is	suance			
Date of Last Flight Review or Equivalent, Including			Review Aircraft					
FAR 121/135 Checks:	mm/dd/yyyy	Model:						
Airplane Rating(s)	Other Aircraf		Instrument Ra	ating(s)	Instruct	or Rating(s)	ELYSTECH TO THE RESIDENCE OF THE PERSON OF T	
(Check all that apply)	(Check all that a	Control of the Contro	(Check all that a	011	200 200 200 and 100 an	l that apply)		
□ None	☐ None		None		□ None	••••	☐ Instrument Air	
☐ Single-Engine Land	☐ Airship		Airplane		☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane		☐ Instrument Helicopter	
Single-Engine Sea	☐ Balloon ☐ Glider		☐ Helicopter☐ Powered Lift				☐ Helicopter☐ Glider	
☐ Multiengine Land ☐ Multiengine Sea	Gyroplane		- Towered Line		Powe		Sport	
	☐ Helicopter		Service 19					
	☐ Powered Lift				0. 1			
Type Ratings					Student	Endorsements (Inc	lude dates)	
	1		Atestane					-
Flight Time (Enter appropriate	All	This Make		plane		Instrument		Lighter
umber of hours in each box)	Aircraft	& Model		tiengine Nigh	ht Actu	al Simulated Roto	rcraft Glider	Than Air
otal Time								
ilot in Command (PIC)								
ime as Instructor						A CONTRACTOR OF THE PARTY OF TH		
his Make/Model								
ast 90 Days						A CELEVILLE		
ast 30 Days								
ast 24 Hours								Name of the last
GOL MY LIVERS	The second secon	-						

ADDITIONAL FLI						6-10		Injury	
Crew Name and Add						Seat Occupied		Injury	
			Residence:			O Left O Center	O Front O Rear	O None O Minor	
	State:   ZIP:						O Single O Unknown	O Serious	
Last Name:	:		-		Conkilowii	O Fatal O Unknown			
Pilot Certificate(s) (C	Check all that apply)	-			0.0	Restraint Typ Available	e: Used	Inflatable Restraints	
None						O None	ONone	□ Not Installed	
☐ Private ☐ Student	☐ Recreational ☐ Sport	☐ Flight I		eign	77	O Lap Only O 3-point	O Lap Only O 3-point	☐ Installed	
						O4-point O5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed	
Type Rating/Endorse			otal Flight Time at		hrs	O Unknown	O Unknown	Unknown	
Accident/Incident Ai	rcraft? Yes	LI No OI	this Accident/Incident	dent:	ms				
Crew Name and Add	ress					Seat Occupie	d	Injury	
First Name:		City of	Residence:	- 1	and the second	OLeft	O Front O Rear	O None	
Middle Initial:		State: _	z	CIP:		OCenter ORight	O Single	O Minor O Serious O Fatal O Unknown	
Last Name:		Country	/:	The same			OUnknown		
DIL 4 Continue (A)		-				Restraint Typ	oe:	Inflatable	
Pilot Certificate(s) (6	□ Flight Instructor	□ Comm	ercial DIIS	Military		Available	Used	Restraints	
Private	Recreational	CONTROL OF THE PARTY OF THE PAR	Transport For			O None O Lap Only	O None O Lap Only	☐ Not Installed	
☐ Student	☐ Sport	☐ Flight	Engineer			O 3-point	O 3-point	☐ Installed ☐ Not Deployed	
			Flight Time at the Time			O 4-point	☐ Deployed		
Type Rating/Endors	ement for	T	otal Flight Time at	the Time		O 4-point	Company of the Compan		
Type Rating/Endors Accident/Incident Ai		1000	otal Flight Time at this Accident/Inci		hrs	O 5-point O Unknown	O 5-point O Unknown	☐ Deployed ☐ Unknown	
The state of the s	rcraft?  Yes	□No of	this Accident/Inci	dent:	10000	O 5-point O Unknown	O 5-point O Unknown		
Accident/Incident Ai	rcraft?  Yes	□No of	this Accident/Inci	dent:	eparate shee	O 5-point O Unknown of if necessary)	O 5-point		
Accident/Incident Air PASSENGER(S) Name and Address	rcraft?	No of	f this Accident/Inci- clude cabin crew; co Seat	dent: ontinue on se Injury	Restraint 1	O 5-point O Unknown of if necessary) Type Used	O 5-point O Unknown Inflatable Restraints	Age	
Accident/Incident Ai PASSENGER(S) Name and Address First Name: Karen	rcraft? □Yes  / OTHER PERSO  City: Spicew	No of ONNEL (incovood	f this Accident/Incidented Cabin Crew; Colude Cabin Crew; Columbia	dent:ontinue on se	Restraint 1 Available O None O Lap Only	O 5-point O Unknown of if necessary)  Type  Used O None O Lap Only	O 5-point O Unknown  Inflatable Restraints  Not Installed	Age Under 5 years	
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Accident/Incident Air PASSENGER(S)  Name and Address  First Name: Karen  Middle Initial: L  Last Name: Black  OCrew  First Name:	City: Spicew State: TX Country: US  OPassenger  City:	No of ONNEL (Inc.  wood  ZIP: 78669	Seat  OLeft OCenter ORight OUnknown Row: OLeft	ontinue on se Injury  None OMinor OSerious OFatal	Restraint 1  Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Available O None O Lap Only	O 5-point O Unknown  of if necessary)  (Sype  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only	O 5-point O Unknown  Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed	Age Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
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Accident/Incident Air PASSENGER(S) Name and Address  First Name: Karen Middle Initial: L Last Name: Black  OCrew  First Name:  Middle Initial: Last Name:  OCrew  First Name:	City: Spicew State: TX Country: US OPassenger City: State: Country: State: Country:	No of ONNEL (Inc.  wood ZIP: 78669 A O Other ZIP:	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OUnknown Row:	ONONE OMINOT OSETIOUS OFATAI OUNKNOWN ONONE OMINOT OSETIOUS OFATAI OUNKNOWN ONONE OMINOT OSETIOUS OFATAI OUNKNOWN	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point ONone OLap Only O3-point O4-point ONone OLap Only O3-point O4-point O4-point O4-point	Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used 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 Used O None O Lap Only O 3-point O 5-point	O 5-point O Unknown  Inflatable Restraints  Not Installed Not Deployed Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Unknown  Unknown	Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years	
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FLIGHT ITINERARY	INFORMATIO	N	THE WAY		and State	132 130					
Last Departure Point Airport ID: <u>ID05</u> City: Athol State: <u>ID</u>	Last Departure Point  Airport ID: ID05  City: Athol  Time: 0915			parture Point D: 1005 Time of Departure Time: 0915			ID05		Type Flight Plan Filed  None Company VFR Military VFR VFR VFR		
Country: USA	1	Andrew Print	Country: U	ISA		Activated?	OYes ONo OUnknown				
	rvice (Check all that Special VFR IFR	☐ Spe	ecial IFR R On Top	Distance la	☐ VFR Flight Follo		☐ Cruise ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that ap			itary Operations port Advisory A Training Area SA		Special Air Traffic Cont	rol Area	Altitude of In-Flight Occurrence:ft msl				
WEATHER INFORMA	ATION AT THE	ACCIDENT	T/INCIDEN	IT SITE							
Source of Pilot Weather Inf (Check all that apply)  National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service On-Board Weather	Cormation Com	pany ary net e		Weather Ol Facility ID: K Observation T Time Zone: L Distance from	ime: <u>0900</u>						
Basic Conditions  OVMC OIMC OUNknown		Light Conditi ODawn ODay	ODusk ONight	10000000	rk Night OUr ght Night	nknown					
O Few (	O Thin Broken O Thin Overcast O Unknown	Ceiling  None (Clear)  Broken  Overcast  Ceiling Heigh	00	Obscured Indefinite Unknown	Dew Point: 1 Altimeter Set	ting: 30.0	(C) or <u>50</u> (F)				
Wind Direction  Variable  or-  Direction:	Wind Speed  ☐ Calm ☐ Light and Varia -or- Speed:	iblekts	Wind Gusts  Not Gusts  or- Speed:			40 R:	feet miles				
Intensity of Precipitation O Light O Moderate O Heavy O N/A O Unknown	Type of Precipits  None Rain Snow Hail Rain Showers	ation (Check all to Drizzle	Freezing Snow State   Ice Pell   Freezing   Freezing	Shower lets Shower		Visibility  Dust [ and [ now [ pray [	(Check all that apply) Fog Ground Fog Haze Ice Fog Smoke Unknown				
Icing Forecast Amount O None O N/A O Trace O Light O Moderate O Severe O Unknown	n	Icing Actual Amount  None Trace Light Moderate Severe Unknown	Type O N/A O Rim O Clea O Mix O Unk	e ur ed	Turbulence Type (Check None Clear Air Terrain-Inc	duced	☐Light ☐Moderate ☐Severe				
NOTAMs (D and FDC), A none	IRMETS, SIGN	IETs, PIREPs	s in effect at	the time of	the accident/inc	ident:					

DAMAGE	TO AIRCRAFT	AND OTHER PI	ROPERTY		
Aircraft Da O None O Minor		Aircraft Fire  None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosio  None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Right main wing spar broken. Bent propeller. Sudden engine stoppage. Collapsed landing gear. Right rudder pedal became disconnected from right brake master cylinder. No damage to other property.

## 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.

I departed airport ID05 at approximately 09:15 local on 08/23/2022 with one passenger on board. It was my second flight of the day. The first flight was completely uneventful. I was planning to fly in the local area and return to the same airport (this is a residential airpark). Everything was normal from takeoff through touchdown. During the landing roll out, at approximately 30 mph, I applied pressure on both toe brakes but only the left side was functioning. We left the runway at about 25 mph. The right main landing gear collapsed. The prop struck the ground. The right wing struck the ground. The aircraft came to rest on it's belly. I had to use the emergency door jetison because the main landing gear blocked the door. Fuel was coming out of the vent on the left at the top of the wing and running down the outside of the windscreen and also inside the aircraft. My wife and I evacuated the aircraft without physical injury. I returned to the aircraft within about 15 minutes with my father and Scott Olson. Scott Olson had completed the annual inspection only 1.3 hours (tach time) before the accident occured. I asked Scott to look inside the aircraft to see if there was something obviously wrong. He said that he saw that the right rudder pedal was not connected to the right brake master cylinder. We got some other help from neighbors and with a heavy equipment machine, we lifted the airplane up and secured the landing gear. Scott used his truck and we towed the aircraft to my father's hanger. This aircraft has been converted to toe brakes from the original heel brakes only 12 tach hours previously with a new Aero Fabricators Inc. Champion 7 Series toe brake rudder conversion kit.

RECOMMENDATION (H	ow could this	accident/incident	have been pr	evented?)				
Operator/Owner Safety Recon		Note that						
The separation of the brake	rudder peda	I from the right br	ake master c	ylinder di	rectly caused le	oss of control after	r an otherwise	uneventful
landing.								
	Minister William Control							
MECHANICAL MALFU				needed, co	ontinue on sepa	rate sheet)		
Was there Mechanical Malfu (If yes, list the name of the part, ma	nction/Failur nufacturer, par	re?  Yes  N t no., serial no., and o	o describe the fail	ure.)			Total Time On Part	e/Cycles
Aero Fabricators INC. Charrand A&P. Jayma Partiett ince	pion 7 serie	s toe brake rudde	er conversion	kit. FAA	inspector Bru	ce Stephanson	12.5	Hours
and A&P Jayme Bartlett insi the pedal to the brake under	the aircraft'	s wooden floor. T	the STC num	ber is: SA	e missing clevi: A507CH	s pin that secures		Cycles
								e This Part Overhauled
							1.3	Hours
FUEL & SERVICES IN	FORMATI	ON		Contract of the Contract of th				
Fuel on Board at Last Takeoff		Fuel Type	The second					
Convert from pounds, as necessary		O 80/87	O 115/145		O Jet B	O Other, specify		
34	Gallons	● 100 Low Lead ● 100/130	O Jet A O Jet A-1		O JP8 O Automotive			
Other Services, if Any, Prior t	o Departure	0 100/150	O Jet A-1	-	O Automotive			
VACUATION OF AIRC	DAET	THE RESERVE OF THE PERSON NAMED IN	Contract of the last	-				
		A STATE OF THE STA						
Vas an emergency evacuation		STATE OF STREET STATE OF STREET	☑ Yes	□ No				
fethod of Exit - Describe how								,
he emergency door jetison h	nandle was u	used as described	d earlier. Bot	h occupa	ints exited the	only exit.		
THER AIRCRAFT - C	OLLISION	(If air or ground	collision occ	urred, co	mplete this sec	tion for other airca	raft)	
rcraft Registration Number		rer:					amage to Othe	r Aircraft
la	Model:						Destroyed	☐ Minor
egistered Owner of Other Air					Other Aircraft		Substantial	□ None
me:								
V.				City:		A. C.		and the second
ate: ZIP: _				State:		_ZIP:		
MILLY.				Country				

ADDITIONAL INFORMATI	ON (Please type or print in lnk)		
Use this space if additional space	e is needed for any answers.		
BEST CONTRACTOR			
Contract of the second			
104 34 11			Eryletan Lines
DESCRIPTION OF THE PERSON OF T			
PERSONAL PROPERTY.			
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GARLES TO STORY TO A STATE OF			
THEREBY CERTIFY THAT TH	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BE	ST OF MY KNOWLEDGE
Date of this Report Name of	Pilot/Operator: Paniel L.	Black	
	Check here to electronically sign this		
		document	
If a Person Other than Pilot/Op			
Name:		Title:	
Signature:			
-or - ☐ Check here to	electronically sign this document		
The second second	FOR NTSB	LISE ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR22LA324	WPR-AS	Albert Nixon	08/30/2022