

**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: Slidell State: La
 ZIP: 70460 Country: USA
 Latitude: 30:21.20N Longitude: 89:49.26W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 03-29-2022 Local Time: 14:30
mm/dd/yyyy Time Zone: CDT
 Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N4299C
 Manufacturer: Piper
 Model: PA34-220T
 Serial Number: 34-8333086
 Year of Manufacture: 1983
 Amateur-Built: Yes *If Yes:* Kit/Plans *Make:* _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
 Maximum Gross Weight: 4750 lbs
 Weight at Time of Accident/Incident: 4203 lbs
 Number of Seats: 6 Flight Crew Seats: 2
 Cabin Crew Seats: _____ Passenger Seats: 4
 Number of Engines: 2

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
 Certificate of Authorization or Waiver (COA)
 None
Special
 Restricted
 Limited
 Provisional
 Special Flight
 Experimental
 Special Light-Sport
 Experimental Light-Sport
 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 <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	TSIO360KB	1039672	10-22-2020	220	90.2	18.9	90.2
Eng. 2	Continental	LTSIO360KB	1001311	11-06-2009	220	2782.7	18.9	894.8
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
 Date Last Inspection: 03-17-2022
mm/dd/yyyy
 Airframe Total Time: 11,100.0 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: McCauley
 Model: 3AF32C508
Propeller 2 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: McCauley
 Model: 3AF32C509C
 ELT Installed: Yes No
If Yes:
 ELT Manufacturer: Ameri-King
 Model or Part No.: AK-450
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 OC126 (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: GTX345, GI275, Aerospace Logic Dual Tac STC#SA02825NY

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: Halon

Registered Aircraft Owner		City: <u>Slidell</u>	
Name: <u>Air Reldan, Inc</u>		State: <u>La</u>	ZIP: <u>70460</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>USA</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner		<input checked="" type="checkbox"/> Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
Operating Certificates Held (Check all that apply)		Regulation Flight Conducted Under	
<input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input checked="" type="checkbox"/> On-Demand Air Taxi (FAR 135) <input checked="" type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input checked="" type="checkbox"/> Pilot School (FAR 141) <input checked="" type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft		<input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Public Aircraft (Select one) <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown	
Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No		Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)	
		<input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only	
		Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	
		<input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown <input type="radio"/> Aerial Observation <input type="radio"/> Flight Test <input type="radio"/> Air Drop <input type="radio"/> Glider Tow <input type="radio"/> Air Race/Show <input checked="" type="radio"/> Instructional <input type="radio"/> Banner Tow <input type="radio"/> Other Work Use <input type="radio"/> Business <input type="radio"/> Personal <input type="radio"/> Executive/Corporate <input type="radio"/> Positioning <input type="radio"/> External Load <input type="radio"/> Skydiving <input type="radio"/> Ferry	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>Slidell Municipal</u>		Distance From Airport Center: <u>1/4</u> sm	
Airport Identifier: <u>ASD</u>		Direction From Airport: <u>NE</u> degrees true	
Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Airport Elevation: <u>28</u> ft. msl	
Runway Information		Condition of Runway/Landing Surface (Check all that apply)	
Runway ID: <u>18</u> (L/R/C) Length: <u>5002</u> ft Width: <u>100</u> ft		<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown	
Runway/Landing Surface (Check all that apply)			
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow			
Approach/Departure Segment (Select one)			
<input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input checked="" type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> <input type="radio"/> <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Crosswind <input type="radio"/> Unknown			
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
<input type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input checked="" type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input checked="" type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> 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: Clinton

City of Residence: LaPlace

Middle Initial: _____

State: La ZIP: 70068

Last Name: Deras

Country: USA

Age at time of Accident/Incident: 38 Date of Birth: _____1983 mm/dd/yyyy

Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input checked="" type="radio"/> 3-point</td> <td><input checked="" type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input checked="" type="radio"/> 3-point	<input checked="" 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 <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input checked="" type="radio"/> 3-point	<input checked="" 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																
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance															
Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown	Date of Last Medical <u>08-25-2021</u> mm/dd/yyyy															

Medical Certificate Limitations

None

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:
07-09-2020
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 172N

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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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	1603	1379	1379	224	243	170	139			
Pilot in Command (PIC)	1501	1344	1344	201	239	170	112			
Time as Instructor	325	301	301	25	45	21	89			
This Make/Model										
Last 90 Days	266	8	8	16	17					
Last 30 Days	52	4	4	6	13					
Last 24 Hours	2	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: James City of Residence: Arcadia
Middle Initial: H State: CA ZIP: 91007
Last Name: Kwan Country: USA
Age at time of Accident/Incident: 48 Date of Birth: █████ 1974 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
 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
05/03/2021
mm/dd/yyyy

Medical Certificate Limitations
Must wear corrective lenses for near and far

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 11/16/2021
mm/dd/yyyy

Flight Review Aircraft
Make: CESSNA
Model: 172

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	441	6.9	437.2	6.9	42.1	1	138.1			
Pilot in Command (PIC)	338.9	6.9	332	6.9	32	1	138			
Time as Instructor										
This Make/Model										
Last 90 Days	14	6.9	7.1	6.9	0	0				
Last 30 Days	12.7	6.9	6	6.9						
Last 24 Hours	0	0	0	0	0	0	0			

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>ASD</u> City: <u>Slidell</u> State: <u>La</u> Country: <u>USA</u>	Time of Departure Time: <u>13:30</u> Time Zone: <u>CDT</u>	Destination Airport ID: <u>ASD</u> City: <u>Slidell</u> State: <u>La</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

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

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: 30 _____ ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather	Weather Observation Facility Facility ID: <u>ASOS</u> Observation Time: <u>13:30</u> Time Zone: <u>CDT</u> Distance from Accident Site: <u>1/2</u> nm Direction from Accident Site: <u>150</u> degrees true
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Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>18</u> kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: <u>25</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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Icing Forecast Amount Type <input checked="" type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Trace <input type="radio"/> Rime <input type="radio"/> Light <input type="radio"/> Clear <input type="radio"/> Moderate <input type="radio"/> Mixed <input type="radio"/> Severe <input type="radio"/> Unknown <input type="radio"/> Unknown	Icing Actual Amount Type <input checked="" type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Trace <input type="radio"/> Rime <input type="radio"/> Light <input type="radio"/> Clear <input type="radio"/> Moderate <input type="radio"/> Mixed <input type="radio"/> Severe <input type="radio"/> Unknown <input type="radio"/> Unknown	Turbulence Type (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe <input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="radio"/> None <input checked="" type="checkbox"/> Substantial <input type="radio"/> Minor <input type="radio"/> Destroyed <input type="radio"/> Unknown <input type="radio"/> Unknown	Aircraft Fire <input checked="" type="checkbox"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown
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Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)*

Landing gear damage, right wing tip damage, propellers damaged, entire nose cone separated from fuselage, underbelly damage, possible twist to aft fuselage.

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

I WAS GIVING MULTI ENGINE INSTRUCTION ON THE PA-34 220T SENECA AT SLIDELL AIRPORT (KASD) AFTER AN HOUR PRACTICING ONE ENGINE OPERATING AND VMC DEMO .WE START PRACTICING FOR ONE ENGINE APPROACH INTO SLIDELL (R-NAV18) AFTER TWO GO AROUNDS WITH LEFT ENGINE OPERATION ,WE CONTINUED THE THIRD APPROACH WITH RIGHT ENGINE IN OPERATION FOR FULL STOP.WE HAD A STABILIZED APPROACH ALL THE WAY DOWN TO THE THRESHOLD,WHEN THE AIRCRAFT WAS BROUGHT TO LEVEL OFF IT STARTED YAWNING TO THE LEFT.WE WERE TRAYING TO MAINTAIN DIRECTIONAL CONTROL BUT THE AIRCRAFT CONTINUED TO YAW TO THE LEFT, .I TOOK CONTROL TRAYING TO ADD POWER ON THE LEFT ENGINE AND CUT THE POWER ON THE RIGHT ENGINE,THE AIRPLANE STILL WAS WITH SPEED AND YAWNING TO THE THE LEFT HEADING STRAIGHT TO THE TREES , I ADD MORE POWER TO THE LEFT ENGINE JUST ENOUGH TO TRY TO AVOID TO HIT THE TREES AND LAND ON THE GRASS.ME AND MYSTUDENT WE GET OFF THE AIRPLANE SAFE WITH NOT INJURY.THE AIRPLANE WAS SUSTANCIAL DAMEGE.

Operator/Owner Safety Recommendation

Single engine approaches in a light twin should be done at a slightly higher airspeed and higher approach slope so that the operating engine can be retarded to idle prior to flare, ensuring very little or no adverse yaw on flare and landing. Only crosswind control would be paramount. Should the student begin to get low or slow on approach, and it becomes necessary to add power on the operating engine, the instructor should be immediately aware of an impending problem depending on altitude and h.s distance from the runway. Flaring and or landing with power on one engine makes the landing difficult, and in a crosswind coming from the direction of the operating engine can result in the inability to maintain the runway centerline or worse. The instructor should realize that within a 1/4 of a mile of the runway, should the aircraft get low and/or slow, it may be necessary to give the student back the failed engine for a normal landing, or have the student initiate a single engine go around if safe altitude permits, otherwise a go around with both engines. The instructor may also have to take over the controls and complete the landing or go around with both engines before the situation becomes critical. The concept of situational awareness becomes critical in single engine approaches, and corrective action should be considered well before any situation has the chance to get out of control.

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) 50 _____ Gallons	Fuel Type			
	<input type="radio"/> 80/87 <input checked="" type="radio"/> 100 Low Lead <input type="radio"/> 100/130	<input type="radio"/> 115/145 <input type="radio"/> Jet A <input type="radio"/> Jet A-1	<input type="radio"/> Jet B <input type="radio"/> JP8 <input type="radio"/> Automotive	<input type="radio"/> Other, specify _____

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
 Both occupants were able to exit out of the main cabin door and onto the wing and into the grass area in an normal and orderly manner.

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

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> 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.

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

Date of this Report: 04-06-2022
mm/dd/yyyy

Name of Pilot/Operator: Clinton Deras

Signature: [Redacted]

-- or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: Neil Nadler Title: President

Signature: [Redacted]

-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN22LA162	Reviewed by NTSB Regional Office CENTRAL	Name of Investigator WILLIAMS	Date Report Received 4/11/2022
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