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

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

	C INFORMA	IION					ı						
Nearest City/Place: Chester Field State: Mo ZIP: 63005 Country: USA					111		ident/Incide			,	~ 1700		
Nearest C	City/Place:	nestarti	<u> </u>		_State: _	14/0	Date	: 10/09 mm/dd	102	Loc	al Time: _	~1200	
				.,				nim/dd.	יצצצצ	Tin	ne Zone: _	Centra	1
Latitude:			Longitude:										
	(Enter in decima	l degrees or d	egrees:minutes:sec	onds)			Coll	lision with (Other Air	eraft: O) Midair	On-ground	1 O None
	RAFT INFO												
Registra	ation Number:	N247	<u>83</u>					IFR-Equip					
Manufa	icturer: <u>C</u> E	SSNA						Unmanned	Aircraft				
Model:	172-	R					Ma	ximum Gro	oss Weigh	t: <u>2</u> 5	58	lbs	
	umber:1		<u> </u>				We	eight at Tim	e of Accid	lent/Incid	lent:		
	Manufacture:						Nu	mber of Sea	its:	<u>. </u>	Flight Cre	w Seats:	·
	ır-Built: OYes		Kit/Plans Mak	re:			Cab	oin Crew Seats	s:		Passenger	Seats:Z	
	ØN0		Original Design				Nui	mber of En	gines:		<u> </u>		
Catego	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge		3.1		_	Type (Se	lect one)	l Rocket
Airpla	ane	(Check all ti Standare				(Check all the		<i>oly)</i> actable		Recij O Turb	procating o Shaft	O Liqui O Solid	
OBallo OBlim	on o/Dirigible	Norma		ted		Tricycle	LICUIA		ilwheel	O Turb	o Prop	OHybri	d Rocket
O Glide	r -	Aeroba	ntic 🔲 Limited			•		_	gh Skid	O Turb		ONone OUnkn	own
O Gyrot O Helice		☐ Balloo ☐ Comm				☐Amphibia ☐Emergeno				O Elect		O Jimir	
OPowe	red Lift	☐ Transp	ort 🗖 Experin	nental		☐Float	÷	□Sk				/m	,
O Rocke O Ultral		≯ Æ Utility		al Light-Sport				_	ci/Wheel	1		(Reciprocation) Fuel-	
O Unkn	-	☐ Certificate	-	or Waiver (COA)			unch/I	Recovery Sys		OCarb	urcioi.	Luci-	micoren
		None		Unknown		☐ None			nknown	<u></u>	m. 4.2	m	Ci
			Engine			acturer's		of Mfg.	Rated Pow Horse	power or	Total Time	Time Inspection	Overhaul
Engine	Engine Manufa		Model/Series	1	Serial 1	Number	316	mm/dd/yyyy	O lbs of		(hours) 2756,1	(hours)	(hours) 1753.4
Eng. 1	LYCOMIN	4	IO-360.	- LZM	KL"	32609-5	n C		180	' —	617011		1139.1
Eng. 2										-	!	 	
Eng. 3 Eng. 4											1		
	Eng. 4												
Last Inspection Type				Propell	l er 1	Fixed I		Dital.	Prop	eller 2		Fixed Pitch	Pitch
l 👡 .		inuone Airma	orthiness	_		Contro	llable	vetoble	Prop	eller 2	ŏ	Fixed Pitch Controllable	
Ж100-Н О ААІР	our O Cont	inuous Airwo		_		Contro	llable	vetoble			00	Controllable	stable
Ø100-H OAAIP OAnnu	our OCond OCond al OUnk	ditional Inspec nown	etion	Manufac	oturer:	6Contro	ollable d Adju	ustable		ufacturer: _	00	Controllable : Ground Adju	stable
OAAIP OAnnu OAnnu Date La	our O Cont O Cont al O Unk ast Inspection:	ditional Inspect nown Of 10 mm/dd/yy	2021	Manufac Model:	cturer:	OContro OGround McCaule 170E/t	ollable d Adju	ustable	Man Mod Additi	ufacturer: _ el: onal Equ	00	Controllable : Ground Adju	stable
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Name: Tawas Name: Doing Business As: Renter Code): Operating Certificates Held (Check all that apply) ENone Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commercial Air Taxi (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 Revenue Sightseeing Flight O Yes No Air Medical Flight O Yes No Air Medical Flight O Yes Distance Tourist (FAR 136) Air Medical Flight O Yes Distance Tourist (FAR 137) Distance Tourist (FAR 137) Commercial Space Transportation License O Local O Unknown Distance Tourist (FAR 136) O Yes Distance Tourist (FAR 137) Distance Tourist (FAR 137) O Yes Distance Tourist (FAR 137) Distance Tourist (FAR 137) Air Medical Flight O Yes Distance Tourist (FAR 137) Distance Touri	City:				
Practional Ownership Aircraft	Country:				
Practional Ownership Aircraft	Country:				
Name: Tawks Nardall Name: Jawks Nardall Name: Jawks Nardall Na	City: State: ZIP: Country: Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) O Scheduled or Commuter O Domestic O Non-Scheduled or Air Taxi O International O Passenger O Cargo O Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown				
Doing Business As: Air Carrier/Operator Designator (4 Character Code): Operating Certificates Held (Check all that apply) ENone 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) 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 Air Medical Flight Oyes No Air Medical Flight Oyes No Oyes No Oyes No Oyes No Oyes Oy	State: ZIP: Country: Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) O Scheduled or Commuter O Domestic O International O Passenger O Cargo O Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown				
Doing Business As: Air Carrier/Operator Designator (4 Character Code): Operating Certificates Held (Check all that apply) ENone 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) 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 Air Medical Flight Oyes No Air Medical Flight Oyes No Oyes No Oyes No Oyes No Oyes Oy	Country: Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) O Scheduled or Commuter O Domestic O Non-Scheduled or Air Taxi O International O Passenger O Cargo O Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown				
Air Carrier/Operator Designator (4 Character Code): 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) On-Demand Air Taxi (FAR 135) Commercial Air Tour (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 Air Medical Flight Oyes No Air Medical Flight Oyes No Oyes No Oyes No Oyes Oyes	Country:				
Check all that apply Mone	(Select one for each group) O Scheduled or Commuter O Domestic O Non-Scheduled or Air Taxi International O Passenger O Cargo O Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown				
Flag Carrier Operating Certificate (FAR 121) Supplemental Supplemental OFAR 121 OFAR 135 OFAR 435 OFAR 435 OFAR 121 OFAR 135 OFAR 435 OFAR 125 OFAR 135 OFAR 135 OFAR 135 OFAR 135 OFAR 135 OFAR 137	O Non-Scheduled or Air Taxi O International O Passenger O Cargo O Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown				
Foreign Air Carriers (FAR 129)	O Cargo O Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown				
One-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 Revenue Sightseeing Flight O Yes No Air Medical Flight O Yes No Airport INFORMATION (Fill in if accident/incident occurred on approach Airport Identifier:	(Select one) O Aerial Application OFirefighting OUnknown				
□ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft Commercial Space Transportation License □ Other Operator of Large Aircraft Commercial Space Transportation License □ Other Operator of Large Aircraft Ounknown	O'Actial Application				
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach Airport Name: Spirit of Saint Louis Dist Airport Identifier: KSUS Dist	O Air Drop O Glider Tow O Air Race/Show O Instructional O Banner Tow O Other Work Use O Business SPersonal				
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach Airport Name: Spirit of Saint Louis Dist Airport Identifier: KSUS Dist	O Executive/Corporate O Positioning O External Load O Skydiving O Ferry				
Airport Name: Spirit of Saint Louis Dist Airport Identifier: KSUS Directions					
Airport Identifier: KSUS Dire	,				
Airport Identifier: KSUS Dire	Distance From Airport Center:sm				
Proximity to Airport: O Off Airport/Airstrip On Airport/Airstrip ON/A Air	Direction From Airport: ~/A degrees true				
<u>-</u>	port Elevation: 463 ft. msl				
Runway ID: 26	Adition of Runway/Landing Surface (Check all that apply) Ory Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy ce Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft lush-Covered Vegetation Unknown				
Approach/Departure Segment (Select one)					
OTaxi OTakeoff OIFR Departure Procedure/Clearance OInitial Climb OVFR Departure Procedure/Clearance OIFR Departure Procedure/Clearance	O Downwind OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown				
IFR Approach (Check an inal apply)	R Approach (Check all that apply) None				
□ADF/NDB □PAR □MLS □Practice □T □SDF □Sidestep □LDA □GPS □S	Traffic Pattern Straight-In Stop and Go Valley/Terrain Following Simulated Forced Landing Forced Landing				

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident										
Pilot O Co-Pilot O	Student Pilot	O Flight Ins	tructor OC	heck Pilot	O Flight I	Engineer	O Other Fit	ght Crew		
"Flight Crewmember 1" was p	ilot flying	Yes □ No							<u> </u>	
"Flight Crewmember 1" Ident First Name:	ification	-1		Cit	v of Resid	dence:	21chmar	ad Heigh	ghts	_
Middle Initial: R State: Mo ZIP: 63117										
. 1 / 1										
Last Name: NARD					untry:	0 3				
Age at time of A	ccident/Incident	. 61	Date of Bir tificate Numb			<i>mm</i>	/dd/yyyy			
	Seet Commission		inicate ivanio		aint Typ	е		Ir	flatable Re	straints
Degree of Injury Of None O Fatal	Seat Occupied	O Front	O Unknown	.			Inad		_	
None O Fatal O Minor O Unknown	ORight	O Rear	O cimioni		yailable O None	,	Jsed O None		Not Insta	lled
O Serious	O Center	O Single			O Lap only	¥ .	OLap only	1	Installed	
Pilot Certificate(s) (Check all th	nat apply)	-"			3-point	,	3-point 4-point		☐ Not Depl	
☐ None ☐ Flight Inst		mmercial	☐ US Mili	tary	O 4-point O 5-point		O 5-point		Unknow	
Private Recreation Student Sport		rline Transpor ight Engineer	t □Foreign		O Unknow	'n	OUnknown	1		
	edical Certificat	te		Medi	cal Certi	ficate Vali	dity		ate of Last	Medical
A Time Ipan Good Ipanion		Class 3		νOWi	thout limit	ations/waiv	ers OUn	known	04/291	17000
O Other O	Class 1 OI	Driver's Licen	se (Sport Pilot o	only) XWi	th limitatio	ons/waivers	O N/2	A _	mm/dd/yyy	
O Unknown O		Jnknown		USp	eciai issuai	шсс				<u> </u>
Medical Certificate Limitation	ıs			10027	e keen					
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Medical Certificate Special Is	SHARCE									
	sumee									
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Date of Last Flight Review or Equivalent, Including	1	_		SSNA	7					
FAR 121/135 Checks:	5 05 202	L Make:	17	7-0						
	mm/dd/yyyy						Doffne(s)			
Ant plane Raung(s)	Other Aircraft (Check all that ap)			nt Rating(s) that apply)		Instructor (Check all ti	Rating(s)			
(Citech till till till till till	,	עניע	None	mai uppiy)	-	ĭ None			Instrument A	Airplane
☐ None ☐ Single-Engine Land	None Airship		Airplan 🗖 Airplan		- 1	☐ Airplane	Single-Engli	ne 🗖	Instrument F	T elicopter
☐ Single-Engine Sea	■ Balloon		☐ Helicop	pter			Multi-Engin		Helicopter Glider	
	☐ Glider ☐ Gyroplane		☐ Powere	d Litt		☐ Gyropla ☐ Powered			Sport	
	☐ Helicopter							_	-	
	☐ Powered Lift					Ctudant T	ndorsemen	te Analude	lates)	
Type Ratings						Student E	aquiscillell	са (тение в	unca/	
					İ					
			Airplane			Insti	ument			Lighter
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	290.1	191.6	213.3	76.8	10.4	38.6	3.0			
Pilot in Command (PIC)	72.3	60.4	11.9		مسند					
Time as Instructor	10.0									
This Make/Model					6.3	2.8	2.8			
Last 90 Days	42.3	9.7	20,2	3.0	 .	2.5			Pe	
Last 30 Days	1.4		1.4		turned.					
Last 34 Hours	1 -7							-	and the	

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident											
OPilot OCo-Pilot	O Student Pilot)Flight Instr	uctor OChec	c Pilot OFlig	tht Engineer OOther Flight Crew	′					
"Flight Crewmember 2" w	as pilot flying Y	es 🔲 No									
"Flight Crewmember 2" I	dentification										
First Name: City of Residence:											
Middle Initial: State: ZIP:											
Last Name: Country:											
Age at time o	f Accident/Incident:		Date of Birth: _		mm/dd/yyyy						
-			icate Number: _			T					
Degree of Injury	Seat Occupied			Restraint T	Ууре	Inflatable Restraints					
O None O Fatal		OFront ORear	OUnknown	Availab	,	DN-4 Yestaliod					
O Minor O Unknown O Serious		Okeal OSingle		O Non O Lap	<i>y</i> .	☐ Not Installed☐ Installed					
Pilot Certificate(s) (Check	all that apply)			O 3-po	int O 3-point	□ Not Deployed					
_	t Instructor	nercial	☐ US Military	O 4-po O 5-po	int O 4-point O 5-point	☐ Deployed ☐ Unknown					
☐ Private ☐ Recr	eational	ne Transport	☐ Foreign	O Unk		-					
☐ Student ☐ Spor	t 🔲 Fligh	t Engineer									
Principal Occupation	Medical Certificate			Medical Co	ertificate Validity	Date of Last Medical					
O Pilot	O None O Cla	ss 3			imitations/waivers O Unknown tations/waivers O N/A						
O Other			e (Sport Pilot only)	O With limi O Special Is		mm/dd/yyyy					
O Unknown	O Chabs 2	KIIOWII		/							
Medical Certificate Limit	ations										
			/								
Medical Certificate Speci	al Issuance										
		,	/								
		/			and the same of th						
Date of Last Flight Review	W	Flight F	Review Aircraft								
or Equivalent, Including		Make:									
FAR 121/135 Checks:	mm/dd/yyyy /	Model:									
Airplane Rating(s)	Other Aircraft R	ating(s)	Instrument l	Rating(s)	Instructor Rating(s)						
(Check all that apply)	(Check all that appl)		(Check all that		(Check all that apply)	☐ Instrument Airplane					
☐ None	None		☐ None ☐ Airplane		☐ None ☐ Airplane Single-Engine	☐ Instrument Airplane ☐ Instrument Helicopter					
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		Helicopter		☐ Airplane Multi-Engine	Helicopter					
☐ Multiengine Land	☐ Glider		☐ Powered Li	ft	☐ Gyroplane ☐ Powered Lift	☐ Glider ☐ Sport					
Multiengine Sea	☐ Gyroplane ☑ Helicopter				- Powered Diff	_ ppost					
	Powered Lift										
Type Ratings					Student Endorsements (Inclu	ae aates)					
/											
l /											
/											
			Airplane	Manalana	Instrument	Lighter					
Flight Time (Enter approp number of hours in each box)		his Make & Model		Airplane ultiengine Nig	ht Actual Simulated Rotore	1 " 14					
Total Time			-								
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
L		·									

ADDITIONAL FLIGHT CREWME	mbers (e	xclusive	of cabin crev	v, complete	the following	j information)	<u>eri</u>	
Crew Name and Address						Seat Occupied O Left		Injury
First Name: Middle Initial: Last Name:	State:	City of Residence:					○ Front ○ Rear ○ Single ○ Unknown	O Note O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (Check all that apply) None	□ Airlii □ Fligh	☐ Commercial ☐ US Military ☐ Airline Transport ☐ Foreign ☐ Flight Engineer Total Flight Time at the Time						Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
	SOURCE NEW YORK OF	EDSCHIEGE STEELS		0.000014;) 0.0000000000000000000000000000000000		Seat Occupied		Injury
Crew Name and Address First Name: Middle Initial: Last Name:	State	:	ze: Zi	IP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (Check all that apply) None					Restraint Typ Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	e: Used O None D Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
Accident/Incident Aircraft? PASSENGER(S) / OTHER PER:			ccident/Incid		hrs eparate shee	-		
			1	Injury	Restraint T		Inflatable Restraints	Age
Name and Address First Name: City: Middle Initial: State: Last Name: Country: OCrew OPassenger	_ ZIP: <u>/</u>	her	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point	Used O Nonc O Lap Only O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
First Name: City Middle Initial: State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	Under 5 years
First Name: City : Middle Initial: State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknow	O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deploye ☐ Deployed ☐ Unknown	☐Under 5 years
First Name: City:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Onl O3-point O4-point O5-point OUnknow	O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	

FLIGHT ITINERARY INF	OPMATION							
250		of Departure	Destinatio	n	GARGONARIO GERMANICAMIENTA ESTANDA	Type Fligh	t Plan F	iled
Last Departure Point		-	Aim TD-	16523		None		O VFR/IFR
Airport ID: KFYG	Time:	1153	Airport ID:	KSUS Westerlie	1	O Company	VFR	O IFR
city: Washington			City:	VEDTER IR	· 64~	O Military	VFR.	O Unknown
State: MO	Time	Zone: CENTRAL	į.	MO		O VFR	OVec	ONo OUnknown
Country: USW			Country:	USA		Activateur	Ores	Oldo Ochkhown
Type of ATC Clearance/Service	e (Check all that a	pply)						
None	ecial VFR	☐ Spec			☐ VFR Flight Folk ☐ Traffic Advisor		Crui	sc nown / NA
□ VFR □ IFI			On Top			γ		
Airspace where the accident/in		(Check all that o	ipply)	4 (3.60.4)	E Sussial			de of In-Flight
☐ Class A ☐ Cla		☐ Mili	tary Operations ort Advisory A	Arca (MOA)	☐ Special ☐ Air Traffic Cont	rol Area	Occui	rence:
	mo Area ıming Area	☐ Jet T	raining Area	. Du	Unknown			ft msl
	hibited Area	☐ TRS	A					
☐ Class E ☐ Res	stricted Area	☐ FAR						
WEATHER INFORMAT		ACCIDENT	<u> /INCIDEN</u>	TSITE				
Source of Pilot Weather Inform	nation			Weather Ob	servation Facility	<i>!</i>		
(Check all that apply)	Comp	agnst		Facility ID:	KSUS ime: 16543			
☐ National Weather Service ☐ Flight Service Station			·					
, □TV/Radio	Intern	net		i .	Central			
Automated Report	□ None			Distance from	Accident Site:		nm	
Commercial Weather Service (DI	UATS) 🔲 Unkn	iown		Direction from	Accident Site:		degree	s true
Basic Conditions		Light Conditi	on .					
WVMC		ODawn	ODusk			nknown		
OIMC		Фрау	ONight	OBrig	tht Night			
O Unknown		-				2.54		(T)
Sky/Lowest Cloud Condition		Ceiling	_		Temperature			
	hin Broken	None (Clear) O Broken	Ö	Obscured Indefinite	Dew Point: _	<u> 17 (</u>	C) or _	(F)
1 01011	hin Overcast Inknown	O Overcast	_	Unknown				
O Scattered	, mile (111				Altimeter Set	or	m. 	B
Lowest Cloud Condition Heig	ht	Ceiling Heigh	t					
•	ft agl			ft agl				
W. I Dinglan	Wind Speed		Wind Gusts		Visibility	6	miles	
1	_		☐ Not Gusti		7.77			•
	☐ Calm ☐ Light and Varia	ble	☐ Mot Gustr	ing .		₹:		
l .or-	-or-		-or- 1	7	RV	V:	miles	•
Direction: 210 degrees true	Speed:	kts	Speed:	kts	Density Altit			ft
	Type of Precipit	ation (Check all I	hat apply)		Restriction to	_		that apply)
1	None	□ Drizzle	☐ Freezir	ng Rain	□ None		Fog Ground I	lo.
O Moderate [Rain	Ice Pellets	☐ Snow S	Shower	☐ Blowing I	oust 📙	Ground 1 Haze	'og
	Snow	☐ Snow Pellet ☐ Snow Grain		lets Shower	☐ Blowing S	now 🔲	Ice Fog	
	☐ Hail ☐ Rain Showers	I Ice Crystals		ing Diller	☐ Blowing S	pray 🔲	Smoke	
Onknown					☐ Dust		Unknow	1
Icing Forecast		Icing Actual			Turbulence	# .	c	everity
Amount Type		Amount	Type X N/A		Type (Check □ None	all that apply)		Light
None N/A		O Trace	O Rim		Clear Air		Ī	Moderate
O Trace O Rime O Light O Clear		O Light	O Clea		☐ Terrain-In			Severe
O Moderate O Mixed		O Moderate	O Mix		☐ Convective	e Turbulence	L	Extreme
O Severe O Unknown		O Severe O Unknown	O Unk	mown				
OUnknown		<u> </u>				• 1		
NOTAMs (D and FDC), AI	RMETs, SIGN	METs, PIREP	s in effect a	t the time of t	the accident/inc	adent:		
,								

Aircraft Damage O None O Substa O Minor O Destro Unkno	yed O In-Flight		Aircraft Explosion None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description of Damage - Prop best 5 - Nosse gear - Cowlings be - Engine lead - Frame 9	ubstanially collapsed	erty (Use additional sheet if necessary) —Belly SKIN AQYYOC	X.	

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

* See Attached

RECOMMENDATION (How or	could this a	cident/incid	lent have be	en prevented?)				
Operator/Owner Safety Recomme	ndation						. 1 -	
Always add	l hal-	the	gus+	<i>factor</i>	to final	abbroo	ich Sp	seed.
1110000			- ,r			-		
						•		
MECHANICAL MALFUN	CTION/F	AILURE	(If more sp	ace is needed, co	ontinue on separal	ie sheet)	Topodos mu	Cyclos
Was there Mechanical Malfunc	tion/Failure	? 🗆 Yes	ŽN₀	the failure 1			Total Time	Cycles
(If yes, list the name of the part, manu	facturer, part	no., serial no.,	, ana aescribe	: те јаниге.)				Hours
								
								Cycles
							Time Since	
							Inspected/C)verhauled
								Hours
FUEL & SERVICES INF	ODMATI	าพ						
Fuel on Board at Last Takeoff		Fuel Type	WARRIES CONTRACTOR		gyanna maddiff ir ogʻi et sintimar u ddiffdir y agʻindan medili et si oʻgʻin		*	
(Convert from pounds, as necessary)	:	O 80/87	Ξ	115/145	O Jet B	O Other, specify		
Est. 44 -	Gallons "	100 Low O 100/130) Jet A) Jet A-1	O JP8 O Automotive			
Other Services, if Any, Prior to	Departure	3.30.100						
Other pervices, it may, a rist to	= - Me A							
EVACUATION OF AIRC								
Was an emergency evacuation	of the aircr	aft performe		Yes No				
Method of Exit - Describe how	the occupan	ts exited and	how many	occupants evacua	ted each location			
1 pilot exited t	hrough	PIC de	per, am	bulatory	4			
	ŕ							
OTHER AIRCRAFT - C	OLLISIO	N (If air or	ground coll	ision occurred, o	omplete this sect	on for <i>other</i> aircra	aft)	A 64
Aircraft Registration Number	Γ					Dai	mage to Othe Destroyed	r Aircrait
8	l .					1-4	Substantial	☐ None
Registered Owner of Other Ai	1				of Other Aircraft			
Name:				Name:				
City:						710.		
City: State: ZIP:					ry:			
Country:					· . ·			

ADDITIONAL INF	ORMAT	ON (Please type or prin	it in ink)			
		e is needed for any answe				CV palace diseases
	,					
I HEREBY CERTIFY	Sharp Street All Street Street	the state of the s	PALIFER SO SERVICE CONTROL OF THE PARTY OF T	ETE AND ACCURATE	TO THE BEST OF M	IY KNOWLEDGE
Date of this Report		Pilot/Onerator: . Ja	imes Nar	dulli		
10/14/2021 mm/dd/yyyy	Signature					
	or	Check here to electr	onically sign this c	document		
		erator is Filing Report				
					de:	
		o electronically sign this d				
			FOR NTSB (USE ONLY		
NTSB Accident/Incid CEN22LA014	lent No.	Reviewed by NTSB Re	egional Office	Name of Investigator		Date Report Received 10/15/21



Nothing remarkable was discovered during a normal preflight.

I set up a Stratus 3 (WAAS) and linked it to my iPad with foreflight.

I had the tanks topped off as I was going single pilot.

Weight and Balance were well within limits. Pilot Weight: 245 LBS - Bag 12 LBS.

Runup was normal.

Lobtained clearance to take off RNWY 26 R on course approved. (255M).

I practiced flying to a VOR then turned early to KFYG.

I used a crosswind entry to a right downwind to RNWY 15. I made two normal landings, full stop, and departed the area and headed generally back to KSUS. I picked up the WX which indicated winds 200 degrees 8 Gusting 17. This calculated to a 9 kts headwind and a 15 kts left wind for RNWY 26 R. Tower gave me a left downwind for 26R instruction which is not the customary pattern. He then extended my downwind for traffic. I received base turn approval and clearance to land abeam top golf. As this would be essentially a straight in approach, given my distance from the field, I set my power and trim to intercept my desired altitude at 85 KIAS with 10 degrees of flap. There is a large, U-shaped building just off the approach end of 26R that I use as a pattern marker for turning a base leg when flying the customary right traffic. I planned to cross that location at 70 kts which I achieved exactly. Shortly thereafter I put in a second notch of flaps and slowed to my final approach speed of 65 kts. My plan was to land with 20 degrees of flaps. WAAS enhanced foreflight data shows a stable approach right down the centerline. Ground speeds recorded were consistent with a normal landing. Normal final approach speed is 65 KIAS. However, adding in the Gust factor would have given me a planned final speed of 70 KIAS. I essentially forgot about the 17 kts gusts because during the approach i did not note any gusts. Wind was light and steady consistent with 200 at 8 kts.

A strong gust occurred just after before I crossed the numbers (approx. 30 feet AGL). I input left aileron to counter the gust and maintain centerline. At this point the data indicates 60 kts ground speed – well above a stall.

After a further descent of approx. 5 feet, the gust dissipated completely, and the aircraft dropped abruptly the remaining distance to the runway due to significantly diminished lift. Left main struck the runway and the subsequent bounce to the right was not controllable in my opinion. I considered a go around but decided it was not prudent.

The aircraft bounced right, and then returned to the runway in a flat attitude which (apparently) overstressed the nose gear. Nose gear failure caused a prop strike.

I pulled the fuel cutoff, turned off the mags and the master switch and opened the left door. The aircraft came to rest in the grass on the right side of the runway. I then reported to tower that I was off runway and unable to move the aircraft under its own power.

With Kind Regards,

Jim Nardulli

