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

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

BASI	C INFORMA	ATION											
Accider	nt/Incident Loc	ation					Accident/Incident Date/Time						
Nearest (City/Place:	State:					Date: Local Time:						
ZIP:	(Country:						mm/da	d/yyyy	T:	ma Zana:		
Latitude:			Longitude:							111	me Zone		
(Enter in decimal degrees or degrees:minutes:seconds)						Coll	lision with	Other Air	craft:	Midair	On-groun	d None	
AIRC	RAFT INFO	RMATIO	N										
Registration Number:									ped and Ce				
Manufacturer:					<u></u>		Unmanned	al Space Fli l Aircraft	ight				
							Ma	ximum Gr	oss Weigh	t:		lbs	
Serial N	lumber:						We	ight at Tin	ne of Accid	lent/Inci	dent:		_ lbs
Year of	Manufacture:						Nur	mber of Se	ats:		Flight Cre	ew Seats:	
Amateu	ır-Built: Yes	v	Kit/Plans Mal	ke:			Cabi	in Crew Seat	ts:		Passenger	Seats:	
	No		Original Design					mber of En	gines:				
	ry of Aircraft	• •	irworthiness Ce	rtificate		Landing Gea		7 \		_	e Type (Se		15.1
Airpla Ballo		(Check all to				(Check all that		ctable			procating o Shaft		d Rocket Rocket
	Dirigible	Norma		ted		Tricycle	iccira		ailwheel		o Prop		id Rocket
Glide Gyroj		Aeroba Balloo				•					o Jet	None	
Helic		Comm				Amphibian Emergency			igh Skid kid	Elec	o Fan tric	Unkn	iown
	red Lift	Transp		mental Float			Sl						
Rocke Ultral		Utility		l Light-Spo mental Ligl		Hull		Sl	ki/Wheel	Fuel Sy	stem Type	(Reciprocation	ng)
Unknown Certificate of Authorization or			Other La		Other Laur	nch/R	Recovery Sys	stem	Carb	Carburetor Fuel-Injected		Injected	
		None		Unknown	(0011)	None	Unknown						
			Engine		Manuf	acturer's		Date	Rated Pow	er oower or	Total Time	Time Inspection	Since:
Engine	Engine Manufa	cturer	Model/Series			Number		of Mfg. mm/dd/yyyy	lbs of		(hours)	(hours)	(hours)
Eng. 1			IO-320-B1A										
Eng. 2	Lycoming								160				
Eng. 3													
Eng. 4				Propell	on 1	Fixed Pi	Propeller 2 Fixed				Fixed Pitch		
Last In	spection Type			Tropen	CI I	Controlla	llable Pitch			ciici 2	Controllable Pitch		
100-H		tinuous Airwo ditional Inspec							Ground Adjus				
AAIP Annua		nown	zuon	Manufacturer:									
Date La	ast Inspection:												
		mm/dd/yy		ELT In	stalled:	Yes 1	No			onal Equ S-B	ipment (Check all that	t apply)
	ne Total Time:		hrs	If Yes:	nufactur	er:				frame Para	chute		
	s measured at (S) ast Inspection	,	ccident/Incident			.:				gle of Atta	ck Indicato	r	
TSO No.: C91 (121.5 MHz)					C91a	a (121.5 MH	~)	a Recorde	r				
Type of Maintenance Program (Select one) Annual C126 (406 MHz)				,			Ela		ght Bag or Iltifunction	Handheld De	vice		
Conditional (A mateur-built only) Was ELT still mounted in airc						Yes No Yes No	Ela		mary Fligh				
Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Was ELT still connected to ant Did ELT Activate? Yes					No	103 110	Har	dheld GP					
	nuous Airworthin		(AAII)	If active	ited:					ids Up Dis ooard Wea			
Other	, specify:			ł		ocating Aircraf	ft:	Yes No	Sate	ellite Tracl	king Devic	e	
_	otion of Fire Ex	tinguishing	System		ctivated:					l Warning	System ing Device		
None Spec				Indicate	Keason:	Impact Dam Fire Damag				eo Record er, Specify	-		
2,500	<i>y</i> .					Battery Exp		/Damaged					
						Unknown							

OWNER/OPERATOR INFORM	ATION					
Registered Aircraft Owner		City:				
Name:		State:	ZIP:			
Fractional Ownership Aircraft: Yes	No					
<u> </u>		Country:				
Operator of Aircraft Same As R	egistered Owner	Same Address as Registered Owner				
Name:		City:				
Doing Business As:		State:	ZIP:			
Air Carrier/Operator Designator (4 Charac	ter Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted U	Revenue Operation for FAR 1 (Select one for each group)	121, 125, 129, 135			
None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo	FAR 91 FAR 129 FAR FAR 103 FAR 133 FAR FAR 121 FAR 135 FAR FAR 125 FAR 137 FAR	431 Non-Scheduled or Air Taxi 435 437	Domestic International			
Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135)	FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial	Passenger Cargo Mail Contract Only				
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141)	Public Aircraft (Select one) Armed Forces	Purpose of Flight for FAR 91, (Select one)				
Certificate of Authorization or Waiver (COA Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft		Aerial Observation Flig Air Drop Glic Air Race/Show Inst Banner Tow Oth Business Pers Executive/Corporate Posi	fighting Unknown the Test der Tow ructional er Work Use sonal itioning			
Revenue Sightseeing Flight	Air Medical Flight	External Load Sky Ferry	diving			
Yes No	Yes No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on an	proach landing takeoff departure or	within 3 miles of an airnort)			
Airport Name:		Distance From Airport Center:				
Airport Identifier:	in On Ainmand/Ainmanin N/A	Direction From Airport:				
Proximity to Airport: Off Airport/Airstn	ip On Airport/Airstrip N/A	Airport Elevation:	ft. msl			
Runway Information		Condition of Runway/Landing Surf	face (Check all that apply)			
Runway ID: (L/R/C) Length:	ft Width: ft	Dry Snow-Compa	== ::			
Runway/Landing Surface (Check all that		Holes Snow-Crusted	TIJ			
Asphalt Grass/Turf Mac		Ice Covered Snow-Dry Rough Snow-Wet	Water-Glassy Wet			
	auaiii watti	Rough Show wet				
	al/Wood	Rubber Deposits Soft	** 1			
Dirt Ice Sno	al/Wood	8	Unknown			
Dirt Ice Sno	al/Wood w Unknown	Rubber Deposits Soft	Unknown			
	al/Wood w Unknown e) On Instrument A	Rubber Deposits Soft Slush-Covered Vegetation pproach Downwind Low Base Go A	Approach round ted Landing (after touchdown)			
Approach/Departure Segment (Select on Taxi Takeoff VFR Departure Pro	al/Wood w Unknown e) On Instrument A	Rubber Deposits Soft Slush-Covered Vegetation pproach Downwind Low Base Go A Final Abor	Approach cround ted Landing (after touchdown) nown			
Approach/Departure Segment (Select on Taxi VFR Departure Takeoff Initial Climb	al/Wood w Unknown e) On Instrument A	Rubber Deposits Soft Slush-Covered Vegetation pproach Downwind Low Base Go A Final Abor Crosswind Unkn	Approach cround ted Landing (after touchdown) nown			
Dirt Ice Sno Approach/Departure Segment (Select on Taxi VFR Departure Takeoff IFR Departure Pro Initial Climb IFR Approach (Check all that apply)	al/Wood w Unknown e) On Instrument A	Rubber Deposits Soft Slush-Covered Vegetation pproach Downwind Low Base Go A Final Abor Crosswind Unkn VFR Approach (Check all that apply)	Approach cround ted Landing (after touchdown) nown			

"FLIGHT CREWMEI	MBER 1" INFOR	MATION	1							
"Flight Crewmember 1" R										
Pilot Co-Pilot	Student Pilot	Flight Instr	ructor C	Check Pilot	Fligh	nt Engineer	Other I	Flight Crew		
"Flight Crewmember 1" w		es No								
"Flight Crewmember 1" Id					T. CD	. 1				
First Name:										
Middle Initial:				S	State:			ZIP:		
Last Name:					Country:					
Age at time of	of Accident/Incident: _					<i>m</i>	m/dd/yyyy			
		Certi	ificate Numb					1		
Degree of Injury None Fatal	Seat Occupied Left	Front	Unknown		traint Ty	pe			Inflatable F	Restraints
Minor Unknown Serious	Right Center	Rear Single	Ulknown	,	Available None Lap o	-	None Lap only	v	Not Installed	
Pilot Certificate(s) (Check	all that apply)				3-poir	nt	3-point	,	Not Dep	oloyed
		nercial	US Milit	tary	4-poir 5-poir		4-point 5-point		Deploye Unknov	
Private Recre Student Sport		e Transport Engineer	Foreign		Unkn		Unknov	vn	O IIIIII O I	,
Sport		2118111441								
Principal Occupation	Medical Certificate					tificate Va	-		Date of Las	t Medical
Pilot	None Class Class 1 Driv		(Cnort Dilat a	·		nitations/wai tions/waivers		nknown /A		
Other Unknown	D11 1	nown	e (Sport Pilot o))	special Issu		5 1	/A	mm/dd/yyyy	
Medical Certificate Limita	ntions							•		
Modical Contificate Specie	l Issuance									
Medical Certificate Specia	ii Issuance									
Date of Last Flight Review	u.	Flight D	Review Aircra	o ft						
or Equivalent, Including										
FAR 121/135 Checks:	(11/									
4: 1 P 4: ()	mm/dd/yyyy	Model: _		4 D 4 (1)		T	D (1 ()			
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)		(Check all t	nt Rating(s))	(Check all	r Rating(s)			
None	None		None			None			Instrument .	Airplane
Single-Engine Land Single-Engine Sea	Airship Balloon		Airplane				e Single-Eng		Instrument 1	Helicopter
Multiengine Land	Glider		Helicopt Powered			Airpian Gyropla	e Multi-Engii ine	ne	Helicopter Glider	
Multiengine Sea	Gyroplane					Powere	d Lift		Sport	
	Helicopter Powered Lift									
Type Ratings			· I			Student E	Endorsemer	nts (Include	dates)	
Disable Time of			Airplane			Inet	rument			
Flight Time (Enter appropriation number of hours in each box)		s Make Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time						2 Ictuar	Simulated			
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"FLIGHT CREWMEN	<u>IBER 2" INFO</u>	<u>ORMATIC</u>	<u>N</u>							
"Flight Crewmember 2" Re	_									
Pilot Co-Pilot "Flight Crewmember 2" wa	Student Pilot	Č	nstructor No	Check Pilot	Flig	ght Engineer	Other I	Flight Crew		
"Flight Crewmember 2" Id		100								
First Name:				Cit	ty of Re	esidence:				
Middle Initial:										
								IP:		
Last Name:										
Age at time of	Accident/Incident					mn	ı/dd/yyyy			
			rtificate Numb					1		
Degree of Injury	Seat Occupi				raint T	ype		I	nflatable R	estraints
None Fatal Minor Unknown	Left Right	Front Rear	Unknov	/n	Availab		Used			
Serious	Center	Single			None		None		Not Inst Installed	
Pilot Certificate(s) (Check a	ll that apply)				Lap	•	Lap only 3-point	,	Not Dep	
, , ,		Commercial	US Mi	litary	4-po		4-point		Deploye	ed
Private Recrea		Airline Transpo	_	ı	5-po	int nown	5-point Unknow	712	Unknow	'n
Student Sport	F	Flight Engineer	r		Oliki	nown	Clikilow	, ii		
Principal Occupation	Medical Certifica	ate		Med	lical Ce	ertificate Va	lidity]	Date of Las	t Medical
Pilot	None	Class 3				mitations/wai	-	nknown		
Other	Class 1		nse (Sport Pilot	only) W	ith limit	tations/waivers		/A		
Unknown	Class 2	Unknown		Sı	pecial Iss	suance			mm/dd/yy	yy
Medical Certificate Limitat	ions									
Madical Cartificate Special	Iggnanaa									
Medical Certificate Special	Issuance									
Date of Last Flight Review or Equivalent, Including		Flight	t Review Airc	raft						
FAR 121/135 Checks:		Make:								
_	mm/dd/yyyy	Model	:							
Airplane Rating(s)	Other Aircraft	t Rating(s)	Instrum	ent Rating(s)		Instructor	Rating(s)			
(Check all that apply)	(Check all that ap	pply)	(Check all	that apply)		(Check all th	nat apply)			
None	None		None			None			Instrument A	
Single-Engine Land Single-Engine Sea	Airship Balloon		Airpla Helico				Single-Engine Multi-Engine		Instrument H Helicopter	elicopter
Multiengine Land	Glider		Power			Gyroplar	_		Glider	
Multiengine Sea	Gyroplane					Powered	Lift		Sport	
	Helicopter Powered Lift									
Type Ratings	1 o mereu Ent		l			Student Er	ndorsement	ts (Include de	ates)	
-,pg-								(=	,	
Flight Time (Enter appropria	te All	This Make	Airplane	Ajunlone		Inst	rument			Liahtan
number of hours in each box)	Aircraft	& Model	Single Engine	Airplane Multiengine	Night	t Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time			-							
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

	CICETTIME	JEKS (Exclusive	e of cabin cre	ew, complete	the followin	<u>g imormation)</u>			
Crew Name and Address	3						Seat Occupie	d	Injury	
First Name:		_ City	of Resider	nce:			Left	Front Rear	None	
Middle Initial:		State: ZIP:					Center Right	Single	Minor Serious	
Last Name:		Cou	ntry:			_	<i>3</i> ·	Unknown	Fatal	
							D		Unknown	
Pilot Certificate(s) (Check	k all that apply)						Restraint Typ Available	pe: Used	Inflatable Restraints	
None	Flight Instructor		nmercial		Military		None	None	Not Installed	
Private Student	Recreational Sport		ine Transp tht Enginee		eign		Lap Only 3-point	Lap Only 3-point	Installed	
Student	Speri						4-point	4-point	Not Deployed	
Type Rating/Endorseme	nt for			light Time at			5-point Unknown	5-point Unknown	Deployed Unknown	
Accident/Incident Aircra	aft? Yes	No	of this A	Accident/Inci	dent:	hrs	Ulikilowii	Clikilowii		
Crew Name and Address							Sant Onnerin	<u>.</u>	Injury	
		City	of Dogidar				Seat Occupie	Front	None	
First Name:				nce:			Center	Rear	Minor	
Middle Initial:					ZIP:		Right	Single Unknown	Serious Fatal	
Last Name:		Cou	ntry:			_			Unknown	
Pilot Certificate(s) (Check	k all that apply)						Restraint Typ	oe:	Inflatable	
None	Flight Instructor	Con	nmercial	US	Military		Available None	Used None	Restraints	
Private	Recreational		ine Transp		eign		Lap Only	Lap Only	Not Installed	
Student	Sport	Flig	tht Enginee	er			3-point	3-point	Installed Not Deployed	
Type Rating/Endorseme	nt for		Total F	light Time at	t the Time		4-point 5-point	4-point 5-point	Deployed	
Accident/Incident Aircra		No		Accident/Inci			Unknown	Unknown	Unknown	
PASSENGER(S) / O7	THER PERSON	NNEL (Include c	abin araun a	antinua an a	anarata shaq	t if necessary)			
1110011011(0)		/	iliciade c	abin crew; co			t ii liecessary)	T. C. A. L.L.		
Name and Address		(merade c	Seat	Injury	Restraint T		Inflatable Restraints	Age	
Name and Address				Seat	Injury	Restraint T	`ype Used	Restraints		
Name and Address First Name:	City :			Seat Left	Injury None	Restraint T Available None Lap Only	Type Used None	Restraints Not Installed	Age Under 5 years	
Name and Address First Name: Middle Initial:	City : Z	ZIP:		Seat Left Center Right	None Minor Serious	Restraint T Available None Lap Only 3-point	Used None Lap Only 3-point	Not Installed Installed Not Deployed	Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name:	City : Z State: Z Country:	ZIP:		Seat Left Center Right Unknown	None Minor Serious Fatal	Restraint T Available None Lap Only	Vype Used None Lap Only	Restraints Not Installed Installed	Under 5 years If Under 5, Child Restraint	
Name and Address First Name: Middle Initial:	City : Z	ZIP:		Seat Left Center Right	None Minor Serious	Restraint T Available None Lap Only 3-point 4-point	Vype Used None Lap Only 3-point 4-point 5-point	Not Installed Installed Not Deployed Deployed	Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name: Crew	City : Z State: Z Country: Passenger	ZIP:Oti	her	Left Center Right Unknown Row:	None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City : Z State: Z Country: Passenger City :	ZIP:Oti	her	Left Center Right Unknown Row:	None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial:	City : Z State: Z Country: Passenger City : State: Z	ZIP:	her	Left Center Right Unknown Row: Left Center Right	None Minor Serious Fatal Unknown None Minor Serious	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name:	City : Z State: Z Country: Passenger City : State: Z Country:	ZIP:	her	Left Center Right Unknown Row: Left Center Right Unknown	None Minor Serious Fatal Unknown None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial:	City : Z State: Z Country: Passenger City : State: Z	ZIP:	her	Left Center Right Unknown Row: Left Center Right	None Minor Serious Fatal Unknown None Minor Serious	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point	None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point	Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name:	City : Z State: Z Country: Passenger City : Z Country: Z Passenger	Oti	her	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available Available Available Available	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name:	City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z	CIP:Oti	her	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point Unknown	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name:	City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z Country: Z Country: Z State: Z	CIP:Oti	her	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point Jone Lap Only 3-point Only 3-point Available None Lap Only 3-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Unknown Not Installed Installed Unknown Not Installed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name:	City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z Country: Z Country: Z State: Z	CIP:Oti	her	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name:	City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z Country: Z Country: Z State: Z	Oti	her	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Serious Fatal Onknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point Jone Lap Only 3-point Only 3-point Available None Lap Only 3-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Unknown Not Installed Installed Unknown Not Installed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years	
Name and Address First Name:	City : Z Country: Passenger City : Z _ Country: Z _ Country: Passenger City : Z _ Country: Z _ Country: Z _ Country: Z	CIP:Oti	her	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point 5-point 4-point 5-point Unknown Available	None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 1-point 1-po	Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Name and Address First Name:	City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z Country: Z _	CIP:Oti	her	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Installe	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	City : Z Country: Passenger City : Z Country: Passenger City : Z Country: Z Caty : Z City : Z City : Z City : Z	CIP:Oti	her	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown	Vype Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years Under 5 years Under 5, Child Restraint Lap-Held Unknown	
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FLIGHT ITINERARY I	NFORMATIO	١						
Last Departure Point	Tim	e of Departure	Destination	on		Type Flight	Plan Fil	ed
Airport ID:		-	Airport ID:			None		VFR/IFR
City:	Time	:				Company		IFR
State:		Zone: Cental				Military V VFR	FR .	Unknown
Country:						Activated?	Yes	No Unknown
Type of ATC Clearance/Serv			Country.					
None	Special VFR		ecial IFR		VFR Flight Follo	owing	Cruise	
VFR	IFR		R On Top		Traffic Advisory	-		wn / NA
Airspace where the accident	/incident occurred	(Check all that	apply)				Altitude	e of In-Flight
	Class G		itary Operations	` /	Special	1.4	Occurr	U
	Demo Area Warning Area		port Advisory Ar Training Area	rea	Air Traffic Conti Unknown	roi Area		ft msl
Class D	Prohibited Area	TRS	SA					
	Restricted Area		R 93					
WEATHER INFORMA	TION AT THE	ACCIDEN'	T/INCIDEN	T SITE		<u>.</u>		
Source of Pilot Weather Info	rmation			Weather Obse	ervation Facility	,		
(Check all that apply) National Weather Service	Com	nany		Facility ID:				
Flight Service Station	Milit			Observation Tim	ne:			
TV/Radio	Inter			Time Zone:				
Automated Report Commercial Weather Service (None (DUATS) Unkr			Distance from A	ccident Site:		_ nm	
On-Board Weather	(Dell'15) Oliki	IOW II		Direction from A	Accident Site:		degrees ti	rue
Basic Conditions		Light Conditi	ion					
VMC		Dawn	Dusk	Dark 1	0	ıknown		
IMC Unknown		Day	Night	Bright	t Night			
Sky/Lowest Cloud Condition		Ceiling			Tommovotuvas		C)	(E)
Clear	Thin Broken	None (Clear)	1	Obscured	Temperature:	(C) or	(F)
Few	Thin Overcast	Broken		Indefinite	Dew Point: _	(C)	or	(F)
Partial Obscuration Scattered	Unknown	Overcast Unknown			Altimeter Sett	ing:	in. H	2
Lowest Cloud Condition He	ight	Ceiling Heigh	t		or			
	_ ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility		miles	
Variable	Calm		Not Gustin	ng	DVD	:	_	
	Light and Varia	ble						
-or- Direction: degrees true	-or- Speed:	kts	-or- Speed:	kts		:		0
	1			KtS	Density Altitud			ft
Intensity of Precipitation	Type of Precipita		***	- D-i	Restriction to		i <i>eck all tha</i> og	t apply)
Light Moderate	None Rain	Drizzle Ice Pellets	Freezing Snow S		Blowing Du		round Fog	
Heavy	Snow	Snow Pellet		ets Shower	Blowing Sa		aze	
N/A Unknown	Hail Rain Showers	Snow Grain Ice Crystals		g Drizzle	Blowing Sn Blowing Sp		e Fog noke	
Chkhowh	Kain Showers	ice Crystais			Dust		nknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Type		Type (Check a	ll that apply)	Seve	rity ght
None N/A Trace Rime		None Trace	N/A Rime	;	None Clear Air			oderate
Light Clear		Light	Clear	•	Terrain-Indu			evere
Moderate Mixed Severe Unknow	· ·	Moderate Severe	Mixe Unkr		Convective '	Turbulence	Ez	xtreme
Severe Unknow Unknown	П	Unknown	Oliki	lown				
NOTAMs (D and FDC), A	IRMET: SICA	IETS PIREDA	s in effect of	the time of the	 	dent•		
TOTAMS (D'anu PDC), A	11111111111111111111111111111111111111	112 1 3, 1 1 NEFS	om cheet at	one time of the	c accident/men	uciit.		

DAMACETO	AIDCDAFT	ND OTHER REAL	EDTV		
	AIRCRAFT A	ND OTHER PROP	EKIY	Aironoft E1	
Aircraft Damage None	Substantial	Aircraft Fire None	Both Ground and In-Flight	Aircraft Explosion None	Both Ground and In-Flight
	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown
Description of Dat	mage to Aircraft a	nd Other Property (Us	e additional sheet if necessary)		
•		• •	•		
		2			
		GHT (Please type or pi		0 11 11	
Describe what oc	curred in chronolo	gical order, including c	ircumstances leading to and nat f needed. State departure time and	ure of accident/incident	t. Describe terrain and include
destination. Provid	de as much detail as	ent. Attach extra sneets i s possible.	i needed. State departure time and	a and location, services of	obtained, and intended
		F			

RECOMMENDATION (How	v could this accident/incident have been pre	evented?)	
Operator/Owner Safety Recomm	nendation		
MECHANICAL MALFUN	NCTION/FAILURE (If more space is n	needed, continue on separate sheet)	
Was there Mechanical Malfund (If yes, list the name of the part, manual field) FUEL & SERVICES INF Fuel on Board at Last Takeoff (Convert from pounds, as necessary) Other Services, if Any, Prior to	GRMATION Fuel Type 80/87 100 Low Lead Jet A 100/130 Jet A-1		Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours
EVACUATION OF AIRC	PAFT		
Was an emergency evacuation Method of Exit – Describe how	of the aircraft performed? Yes the occupants exited and how many occupant	No ts evacuated each location	
OTHER AIRCRAFT - C	OLLISION (If air or ground collision occ	curred, complete this section for other airc	eraft)
Aircraft Registration Number	Manufacturer:		Destroyed Minor Substantial None
Registered Owner of Other Air	reraft	Pilot of Other Aircraft	
Name:		Name:	
City:		City:	
State:ZIP:ZIP:		State: ZIP: Country:	
Country.		Country.	

ADDITIONAL INFORMATION (Please type or print in ink)							
Use this space if addi	tional space	is needed for any answers.					
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE			
Date of this Report	Name of	Pilot/Operator:					
	Signature	11 / 1					
mm/dd/yyyy	or	Check here to electronically sign this of	document				
If a Person Other the	<u>l</u> an Pilot/On	erator is Filing Report					
		erator is rining report	Tido.				
		electronically sign this document					
or C	neck nere to						
		FOR NTSB I					
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received 11/16/2021			
ERA22LA037		ERA	L. Read	11/10/2021			

Timeline of events leading up forced landing in N30SH.

Oct. 27, 2021 around 12pm, I called the airport and told them to top my main tanks and my tip tanks because I had a slight imbalance of fuel in my tips. Upon arriving at the airport and doing my pre-flight and starting my airplane, I noticed I only had a half tank of fuel in my mains and full fuel in my auxiliary tanks. Fuel receipt shows the airport put 32.6 gallons of fuel in the aircraft. Because I am fairly new to flying N30SH, I felt that my fuel gauges were reporting accurately which should have technically given me (with full tip tanks) 6 hours of fuel on board. With this information in mind. I still chose to go ahead and depart with the fuel as is. We flew from KXNX to KJAU which to about 40 minutes, burning around 15 gallons/hour. We did no fly the airplane again until our return flight on the afternoon of October 29th which took around 50min at around 15gallons/hour. After landing at KXNX, we picked up some items and planned to start out trip toward Northwest Arkansas with planned stops for weather and fuel. Initially, I had planned to fly to KHZD to get fuel, but after take off from KXNX, I switched to the auxiliary tanks and burned the rest of the remaining fuel in those. After about 7-10 minutes of flight, I consumed the remaining fuel out of the auxiliary tanks which surprised me, because according to my math, I should have still had an additional 10-15 minutes of fuel in the auxiliary tanks. After the auxiliary tanks ran dry, I then switched back to my main tanks, which still had a quarter of a tank remaining. At this point I decided to go ahead and stop at 0M5 and get fuel, instead of continuing on to KHZD for fuel. I still felt I had plenty of fuel according to my fuel calculations and the gauges, and knowing that the fuel guys had obviously no topped the proper tanks I opted to just play it safe and fly into 0M5. I went ahead and began my decent, when about 4 miles out, my left engine began cutting out which really surprised me because I was still showing I had a quarter tank of fuel in my mains. Because my auxiliary tanks were dry, I knew I could not get to the fuel in my tips, so I went ahead and feathered my left propeller after the engine stalled and proceeded to the airport on 1 engine. After about 30 seconds, my right engine began to loose power as well and began to loose altitude. At this time, I had mixture full forward, boost pumps on, power full forward, but was making very little engine power. At this point, I was a 2 mile final for runway 21. The AWOS at M02 was indicating winds at 6 knots from 260 which means I had a head wind. At this point, I did not have enough altitude to glide to the runway and there was no suitable landing places between me and the runway.