

Yeager Leah

From: Pklesp I
Sent: Tuesday, July 22, 2014 2:18 PM
To: Yeager Leah
Subject: Re: NTSB 6120.1 for for accident involving N9789W

ADDITIONAL INFORMATION (Please type or print in ink)
Use this space if additional space is needed for any answers.
Any information contained in logbooks which were taken by FAA was left intentionally blank on this form.

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

Date of this Report: 07/22/2014
Signature: [Signature]
Type or Print Name: PERK L YEAGER

Signature and Name of Person Filing Report if Other than Pilot/Operator:
Signature: _____
Type or Print Name: _____
Title: _____

FOR NTSB USE ONLY

NTSB Field Office: _____ NTSB Regional Office: _____ Name of Investigator: _____

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 time and point of departure, intended destination, and services obtained.

1) Arrived at airport with intention of taking an evening flight up to KSET for fuel and flying along the Mississippi River for an hour or so.
2) During preflight removed a large bird's nest from engine cowling.
3) Intended to start aircraft and use prop to blow remaining chaff from inside engine cowling and reinspect prior to flight.
4) When attempting to start aircraft the starter motor was not responding.
5) Decided to hand prop airplane.
6) Had wife sit in seat with feet on brakes.
7) Hand propped the airplane.
8) Plane rolled through ditch, soybean field and struck a tied down Cessna 170.
9) Immediately ran to plane and instructed wife to exit the aircraft immediately.
10) Dialed 911, however a bystander offered to call and I accepted.
11) Made sure wife was lying flat on the ground and did not require immediate first aid.
12) Removed our dog from the back seat.
13) Turned off Mags, Master, Mixture and attempted to close fuel valve.
14) At the request of fire dept. removed (+) battery wires.
15) Sent wife to ER as precaution against internal injuries.
16) Answered police questions and provided them with Logbook, PPL, Medical and Photo ID.

RECOMMENDATION (How could this accident/incident have been prevented?)
Operator/Owner Safety Recommendation:
Poor decision to hand prop aircraft.
After removing Bird's Nest and then having the starter be inop for the first time, should have decided to be down the aircraft until a mechanic could inspect.

CEN14CA383 L. Yeager 7/22/14

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address
 First Name: _____ City: _____ Degree of Injury: ☐ None ☐ Minor ☐ Fatal
 Middle Initial: _____ State: _____
 Last Name: _____ Country: _____ ZIP: _____
 Seat Occupied: ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Single ☐ Center ☐ Unknown

Pilot Certificate(s) (Check all that apply)
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No **Total Flight Time at the Time of this Accident/Incident:** _____ hrs

Pilot Name and Address
 First Name: _____ City: _____ Degree of Injury: ☐ None ☐ Minor ☐ Fatal
 Middle Initial: _____ State: _____
 Last Name: _____ Country: _____ ZIP: _____
 Seat Occupied: ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Single ☐ Center ☐ Unknown

Pilot Certificate(s) (Check all that apply)
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No **Total Flight Time at the Time of this Accident/Incident:** _____ hrs

Pilot Name and Address
 First Name: _____ City: _____ Degree of Injury: ☐ None ☐ Minor ☐ Fatal
 Middle Initial: _____ State: _____
 Last Name: _____ Country: _____ ZIP: _____
 Seat Occupied: ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Single ☐ Center ☐ Unknown

Pilot Certificate(s) (Check all that apply)
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No **Total Flight Time at the Time of this Accident/Incident:** _____ hrs

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Sex	Age	Occupation	FAA License	FAA Medical	FAA Training	FAA Experience	FAA Other
First Name: _____ City: _____ Middle Initial: _____ State: _____ Last Name: _____ Country: _____ ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ Last Name: _____ Country: _____ ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ Last Name: _____ Country: _____ ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ Last Name: _____ Country: _____ ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ Last Name: _____ Country: _____ ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ Last Name: _____ Country: _____ ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ Last Name: _____ Country: _____ ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ Last Name: _____ Country: _____ ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ Last Name: _____ Country: _____ ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____

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PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident
☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification
 First Name: _____ City: _____
 Middle Initial: _____ State: _____
 Last Name: _____ Country: _____ ZIP: _____
 Age at time of Accident/Incident: _____ Date of Birth: mm/dd/yyyy Certificate Number: _____

Degree of Injury
☐ None ☐ Minor ☐ Fatal
☐ Unknown

Seat Occupied
☐ Left ☐ Front ☐ Right ☐ Rear ☐ Single ☐ Center ☐ Unknown

Seat Belt
☐ Used ☐ Available ☐ Yes ☐ No

Shoulder Harness
☐ Used ☐ Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation
☐ Pilot ☐ Other ☐ Unknown

Medical Certificate
☐ None ☐ Class 1 ☐ Class 2 ☐ Driver's License (Sport Pilot only) ☐ Unknown

Medical Certificate Validity
☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown

Date of Last Medical
 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

Flight Review Aircraft
 Make: _____ Model: _____

Aircraft Ratings (Check all that apply)
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Other Aircraft Ratings (Check all that apply)
☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Instrument Ratings (Check all that apply)
☐ None ☐ Airplane ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Instructor Ratings (Check all that apply)
☐ None ☐ Airplane ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	AB Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument	Simulator	Rotocraft	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										

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PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification
 First Name: Peter City: St Louis
 Middle Initial: K State: MO
 Last Name: L. Esprance Country: USA ZIP: 63139
 Age at time of Accident/Incident: 30 Date of Birth: mm/dd/yyyy Certificate Number: _____

Degree of Injury
☐ None ☐ Minor ☐ Fatal
☐ Unknown

Seat Occupied
☐ Left ☐ Front ☐ Right ☐ Rear ☐ Single ☐ Center ☐ Unknown

Seat Belt
☐ Used ☐ Available ☐ Yes ☐ No

Shoulder Harness
☐ Used ☐ Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation
☐ Pilot ☐ Other ☐ Unknown

Medical Certificate
☐ None ☐ Class 1 ☐ Class 2 ☐ Driver's License (Sport Pilot only) ☐ Unknown

Medical Certificate Validity
☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown

Date of Last Medical
 05/27/2011 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

Flight Review Aircraft
 Make: Piper Model: PA-28

Aircraft Ratings (Check all that apply)
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Other Aircraft Ratings (Check all that apply)
☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Instrument Ratings (Check all that apply)
☐ None ☐ Airplane ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Instructor Ratings (Check all that apply)
☐ None ☐ Airplane ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	AB Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument	Simulator	Rotocraft	Glider	Lighter Than Air
Total Time	145	100	145		18.9	1.2	9.3			
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	23	23								
Last 30 Days	18	18								
Last 24 Hours										

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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

1 - Door

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
 Facility ID: KSTL
 Observation Time: 1730
 Time Zone: CST
 Distance from Accident Site: 2 NM
 Direction from Accident Site: 90 degrees MAG

Source of Weather Information (Check all that apply)
☐ National Weather Service ☐ Company ☐ Military ☐ Other ☐ Unknown
☐ Flight Service Station ☐ TV Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS)

Method of Briefing (Check all that apply)
☐ In Person ☐ Telephone ☐ Computer ☐ Aircraft Radio ☐ TV Radio ☐ Unknown

Briefing Type/Completeness
☐ Full ☐ Partial - Limited By Pilot ☐ Partial - Limited By Briefer ☐ Adhered to ☐ Deviated ☐ Not Reported

Light Condition
☐ Day ☐ Night ☐ Dusk ☐ Dawn ☐ Night ☐ Not Reported

Visibility
 10 miles

Sky/Lowest Cloud Condition
☒ Clear ☐ Partly Cloudy ☐ Broken ☐ Overcast ☐ Unknown

Cloud Ceiling
☒ None (clear) ☐ Broken ☐ Overcast ☐ Unknown

Restriction to Visibility (Check all that apply)
☐ None ☐ Fog ☐ Ice ☐ Thunderstorm ☐ Low Level Wind Shear ☐ Turbulence ☐ Other ☐ Unknown

Lowest Cloud Condition Height
 N/A ft AGL

Cloud Ceiling
 N/A ft AGL

Wind Direction
☐ Indicated ☐ Estimated ☐ Unknown

Wind Speed
 Velocity: 3 KTS
 Direction: 000 degrees MAG

Wind Gusts
 Velocity: _____ KTS

Type of Turbulence (Check all that apply)
☐ None ☐ Clear Air ☐ In Clouds ☐ Proximity of Thunderstorm ☐ Wake Turbulence ☐ Other ☐ Unknown

Severity of Turbulence
☐ None ☐ Moderate ☐ Severe ☐ Extreme

NOTAMS (D, L and FDC), AIRMETS, SIGMETS, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C) _____ (F)

Altitude Setting: _____ in Hg _____ in Hg _____ in Hg

Dew Point: _____ (C) _____ (F)

Ice Forecast
☐ None ☐ Light ☐ Moderate ☐ Severe

Type of Precipitation (Check all that apply)
☐ None ☐ Rain ☐ Snow ☐ Ice Pellets ☐ Hail ☐ Sleet ☐ Freezing Rain ☐ Freezing Drizzle ☐ Other ☐ Unknown

Intensity of Precipitation
☐ Light ☐ Moderate ☐ Heavy

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