

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

Accident/Incident Location Nearest City/Place: <u>Fargo</u> State: <u>ND</u> ZIP: <u>58102</u> Country: <u>USA</u> Latitude: <u>46°43'44.75</u> (decimal degrees ☒ N ☐ S) Longitude: <u>96°49'41.11</u> (E ☒ W ☐)		Date/Time Date: <u>12/01/2016</u> Local Time: <u>1629</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u>	
Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None			

Registration Number: <u>N123KK</u>	Maximum Gross Weight: <u>6290</u> lbs
Manufacturer: <u>Cessna</u>	Weight at Time of Accident/Incident: <u>5200</u> lbs
Model: <u>C340</u>	Number of Seats: <u>3</u> Flight Crew Seats: <u>2</u>
Serial Number: <u>340-0251</u>	Cabin Crew Seats: <u>0</u> Passenger Seats: <u>1</u>
Year of Manufacture: <u>1973</u>	Number of Engines: <u>2</u>
Amateur-built: ☐ Yes ☒ No	
☐ Kit/Plans Make: _____ ☐ Original Design	

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unmanned ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i>		Landing Gear <i>(Check all that apply)</i>		Engine Type	
	Standard ☐ Unknown ☐ Normal ☐ Utility ☐ Acrobatic ☐ Transport	Special ☒ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Light Sport	☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull	☐ None ☐ Unknown ☐ Retractable ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel	☒ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Unknown	Fuel System Type (Reciprocating) ☐ Carburetor ☒ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ⊗ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	TSIO-520-JB	275386-R	UNK	310	6694.8	18.4	110
Eng. 2	Continental	TSIO-520-JB	183304-R	UNK	310	7153	18.4	141
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>07/28/2016</u> mm/dd/yyyy Airframe Total Time: <u>7031</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident	ELT Installed ELT Activated ☒ Yes ☐ No ☐ Yes ☐ No ELT Aided in Locating Accident/Incident ☐ Yes ☐ No ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>ME406</u> Serial Number: <u>188-07421</u> Battery Type: <u>452-6499</u> Battery Exp. Date: <u>12/2021</u>	Additional Equipment <i>(Check all that apply)</i> ☐ Airframe Parachute ☐ Angle of Attack Indicator ☒ Auto-Pilot ☐ Data Recorder ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Handheld GPS ☐ Heads Up Display ☒ IFR Equipment ☒ Onboard Weather ☒ Stall Warning System
Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	Propeller ☐ Fixed Pitch ☒ Controllable Pitch Manufacturer: <u>McCauley</u> Model: <u>3AF32C87-N</u> Type of Fire Extinguishing System ☒ None ☐ Specify _____	

Pilot "A" Responsibilities at the Time of Accident/Incident

Pilot "A" Identification

Age at time of Accident/Incident: 55 Date of Birth: mm/dd/yyyy Certificate Number:

☐ None
 ☐ 4-point
☐ Lap only
 ☐ 5-point
☐ 3-point
 ☒ Unknown

04/05/2016
mm/dd/yyyy

Total Time	7,898	3,300	977	6,920	1,165	1,638	103			
Pilot in Command (PIC)	771	3,300								
Time as Instructor	945									
This Make/Model										
Last 90 Days	32	30		30	3	8				
Last 30 Days	19	10		10	3	3				
Last 24 Hours	2	2		2						

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: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Available Restraint Type ☐ None ☐ 4-point ☐ Lap only ☐ 5-point ☐ 3-point ☐ Unknown			Restraint Used ☐ None ☐ 4-point ☐ Lap only ☐ 5-point ☐ 3-point ☐ Unknown																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ 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 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown				Medical Certificate Validity ☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown ☐ Special Issuance ☐ N/A			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: _____																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport																																																																																												
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	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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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)					
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military				Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	
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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	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>KFAR</u> City: <u>Fargo</u> State: <u>ND</u> Country: <u>USA</u>		Time of Departure Time: <u>1430</u> Time Zone: <u>CST</u>		Destination Airport ID: <u>KFAR</u> City: <u>Fargo</u> State: <u>ND</u> Country: <u>USA</u>	
				Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☒ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☒ Yes ☐ No	
Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA					
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special ☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area ☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown ☐ Class D ☐ Warning Area ☐ Airport Advisory Area					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☒ Internet ☐ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees		
Basic Conditions ☐ VMC ☒ IMC		Light Condition ☐ Dawn ☒ Dusk ☐ Dark Night ☐ Day ☐ Night ☐ Bright Night ☐ Not Reported		Temperature: <u>-1</u> (C) or <u>30</u> (F) Dew Point: <u>-3</u> (C) or _____ (F) Altimeter Setting: <u>30.01</u> in. Hg or _____ MB	
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☐ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown			
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height <u>1500</u> ft AGL			
Wind Direction ☐ Variable ☒ Indicated: <u>390</u> degrees		Wind Speed ☐ Calm ☐ Light and Variable -or- Velocity: <u>9</u> KTS		Wind Gusts ☒ Not Gusting ☐ Gusting Velocity: _____ KTS	
				Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm Severity ☐ Light ☐ Moderate ☐ Moderate Chop ☐ Severe ☐ Extreme	
NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 					

Aircraft Damage

☐ None ☐ Substantial
☐ Minor ☒ Destroyed

Aircraft Fire

☐ None
☐ In-Flight
☐ On-Ground

Aircraft Explosion

☒ None
 ☐ Both Ground and In-Flight
☐ In-Flight
 ☐ Unknown Origin
☐ On-Ground

Phase of Operation

☐ Standing	☐ Takeoff (incl. initial climb)	☐ Cruise	☐ Hover
☐ Taxi	☐ Climb	☐ Maneuvering	☐ Other
☐ Descent	☐ Landing	☒ Approach	☐ Unknown

Altitude of In-Flight Occurrence

ft MSL

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

Aircraft destroyed, cabin burned

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.

N123KK departed KFAR at 1430 CST on an IFR flight plan for NOAA air sampling flight. Aircraft climbed to 25000' and headed to 46D to conduct sampling. Over 46D, N123KK began air sampling at 25000' and worked down to 2000'. Once sampling completed, N123KK proceeded back to KFAR for landing. On the instrument approach to runway 36 the pilot reported a cabin fire and proceeded to make an emergency landing to the south of KFAR. The aircraft crashed in a field about 10 miles south of KFAR at about 1629 CST. The aircraft was destroyed and there was a post crash fire.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

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Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(convert from pounds, as necessary)unknown Gallons

Fuel Type

☐ 80/87☐ 115/145☐ JP3☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP4☐ 100/130☐ Automotive☐ JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ 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 01-31-2017 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____		
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: <u>Randall S. Jenson</u> Title: <u>Vice President, Weather Modification LLC</u>			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. CEN17FA045	Reviewed by NTSB Regional Office DENVER, COLORADO	Name of Investigator ARNOLD W. SCOTT	Date Report Received JANUARY 31, 2017