

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

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

BASIC INFORMATION

Accident/Incident Location		Date/Time	
Nearest City/Place: <u>ELKINS</u> State: <u>WV</u>		Date: <u>08/13/2011</u> Local Time: <u>11:30 AM</u>	
ZIP: <u>26241</u> Country: <u>USA</u>		Time Zone: <u>EDT</u>	
Latitude: <u>38:53 N</u> (dd:mm:ss N/S) Longitude: <u>79:51 W</u> (ddd:mm:ss E/W)			
Phase of Operation		Collision with Other Aircraft	Altitude of In-Flight Occurrence
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☒ Climb ☒ Maneuvering ☐ Other ☐ Descent ☐ Landing ☐ Approach ☐ Unknown		☐ Midair ☐ On-ground ☐ None	<u>3,800</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>CESSNA</u>		Max Gross Weight: <u>2300</u> lbs	
Model: <u>172 M</u>		Weight at Time of Accident/Incident: <u>2090</u> lbs	
Serial Number: <u>17261784</u>		Location of Center of Gravity at Time of Accident/Incident:	
Registration Number: <u>N5399Q</u> Amateur-built: ☐ Yes ☒ No		inches from ☐ nose or ☐ datum Percent Mean Aerodynamic Cord (% MAC)	
Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)	Number of Seats: <u>4</u>	Landing Gear ☐ Retractable
☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered Lift ☐ Ultralight ☐ Unknown	Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Check any additional landing gear configuration that applies: ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown

Type of Maintenance Program	Last Inspection Type	Date Last Inspection: <u>12/07/2010</u>
☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	Airframe Total Time: <u>3135</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident
IFR Equipped	Seat Warning System Installed	Type of Fire Extinguishing System
☒ Yes ☐ No ☐ Unknown	☒ Yes ☐ No ☐ Unknown	☒ None ☐ Specify _____
ELT Installed ELT Activated	ELT Manufacturer: _____	
☒ Yes ☐ No ☐ Yes ☒ No	Model/Series: _____	
ELT Aided in Locating Accident/Incident	Serial Number: _____	
☐ Yes ☒ No	Battery Type: _____ Battery Exp. Date: <u>JAN. 2012</u>	

Engine Type	Reciprocating Fuel System Type	Propeller
☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	☒ Carburetor ☐ Fuel Injected	☒ Fixed Pitch ☐ Controllable Pitch Manufacturer: <u>McCABLEY</u> Model: <u>1C1160 CTM</u>

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	LYCOMING	O-320-B2	L-33802-27A		150	3135	85	1171
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>WJB L.L.C.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>PARKERSBURG</u> State: <u>[REDACTED]</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>MICHAEL DORN KNOPP</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u> Country: <u>USA</u>	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☒ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger: _____ How many? ☐ Cargo: _____ lbs ☐ Mail	
Type of Commercial Operating Certificate Held (Select all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) ☐ - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft			
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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
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 _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☒ Destroyed		Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	
Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground			

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

The aircraft sustained damage to both wing tips, the empennage and fuselage behind the cabin were totally destroyed as the aircraft impacted the ground tail first. The engine cowling had a dent in the right side. The propeller did not appear to be damaged but impact with trees did cause a sudden engine stoppage. The cabin had no damage except a broken rear window. The instrument panel was not damaged. Any damage to the firewall is unknown. There was no damage to the front windshield or side windows.

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: _____		Distance From Airport Center: _____ SM	
Airport Name: _____		Direction From Airport: _____ degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip		Airport Elevation: _____ ft. MSL	
Approach Segment (Select one)			
☐ On Instrument Approach	☐ Landing	☐ Base leg	☐ Final
☐ Crosswind	☐ Downwind	☐ Low Approach	☐ Aborted Landing (after touchdown)
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
☐ None	☐ PAR	☐ None	☐ Stop and Go
☐ ADF/RDB	☐ Sidestep	☐ Traffic Pattern	☐ Touch and Go
☐ SDF	☐ ILS	☐ Straight-In	☐ Simulated Forced Landing
☐ VOR/TVOR	☐ Localizer Only	☐ Valley/Terrain Following	☐ Forced Landing
☐ VOR/DME	☐ LOC-back course	☐ Go Around	☐ Precautionary Landing
☐ TACAN	☐ RNAV	☐ Full Stop	☐ Unknown
Runway Information		Condition of Runway/Landing Surface (Check all that apply)	
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		☐ Dry ☐ Snow-Compacted ☐ Water-Calm	
Runway/Landing Surface (Check all that apply)		☐ Holes ☐ Snow-Crusted ☐ Water-Choppy	
☐ Asphalt	☐ Grass/Turf	☐ Ice Covered	☐ Snow-Dry
☐ Concrete	☐ Gravel	☐ Rough	☐ Snow-Wet
☐ Dirt	☐ Ice	☐ Rubber Deposits	☐ Soil
☐ Macadam	☐ Metal/Wood	☐ Slush Covered	☐ Vegetation
☐ Water	☐ Unknown		☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point		Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>EKN</u>		Time: <u>11:15A</u>	Airport ID: <u>PKB</u>	☒ None ☐ VFR/IFR
City: <u>ELKINS</u>		Time Zone: <u>EDT</u>	City: <u>PARKERSBURG</u>	☐ Company VFR ☐ IFR
State: <u>WV</u>			State: <u>WV</u>	☐ Military VFR ☐ Unknown
Country: <u>Random USA</u>			Country: <u>WV USA</u>	☐ 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		

Aircraft Load Description (Check all that apply)

☐ None	☐ Towing Glider	☐ Parachutists	☐ Livestock
☒ Passengers	☐ Towing Banner	☐ Water	☐ Unknown
☐ Cargo	☐ Other External	☐ Chemical/Fertilizer/Seeds	

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type	
<u>37</u> Gallons	☐ 80/87	☐ JP3
	☒ 100 Low Lead	☐ JP4
	☐ 100/130	☐ JP5
	☐ Jet A	☐ Other, specify _____
	☐ Automotive	

Other Services, if Any, Prior to Departure

N/A

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

EXITED THROUGH RIGHT SIDE CABIN DOOR.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: EKNObservation Time: 11:51 EDTTime Zone: EDTDistance from Accident Site: 4.7 NMDirection from Accident Site: 125 degrees MAG**Source of Weather Information**

(Check all that apply)

- ☐ National Weather Service
☒ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Commercial Weather Service (DUATS)
- ☐ Company
☐ Military
☒ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☒ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

- ☒ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
- ☐ Abbreviated
☐ Unknown
☐ Not Pertinent

Light Condition

- ☐ Dawn
☐ Dusk
☒ Day
☐ Night
- ☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility10 + miles**Sky/Lowest Cloud Condition**

- ☐ Clear
☒ Few
☐ Partial Obscuration
☐ Scattered
- ☐ Thin Broken
☒ Thin Overcast
☐ Unknown

Ceiling

- ☒ None (clear)
☐ Broken
☐ Overcast
- ☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility (Check all that apply)

- ☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
- ☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction
☒ Indicated:
170 degrees MAG
☒ Variable**Wind Speed**

Velocity: 3 KTS

-or-

☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: _____ KTS

☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, FIREPs in effect at the time of the accident/incident

N/A

Temperature: 27 (C)
 or 81 (F)

Altimeter Setting: 30.05 in. HG
 or _____ MB

Density Altitude: 3,760 ft

Dew Point: 19 (C)
 or 66 (F)

Icing Forecast

Amount

- ☒ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount

- ☒ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
- ☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

PILOT "A" INFORMATION																																																																																																			
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Pilot "A" Identification First Name: <u>MICHAEL</u> City: <u>[REDACTED]</u> Middle Initial: <u>D.</u> State: <u>[REDACTED]</u> Last Name: <u>KNAPP</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>61</u> Date of Birth: <u>[REDACTED]</u> Certificate Number: <u>[REDACTED]</u>																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Single ☐ Center		Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No		Shoulder Harness Used ☒ Yes ☐ No Available ☒ Yes ☐ No																																																																																													
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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		Date of Last Medical <u>09/18/2010</u> mm/dd/yyyy																																																																																													
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Pilot "B" Identification First Name: <u>MICHELLE</u> City: [REDACTED] Middle Initial: _____ State: [REDACTED] Last Name: <u>VARNEY</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>35</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED]																																																																																																				
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Airplane Rating(s) (Check all that apply) ☒ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)											
Pilot Name and Address						Degree of Injury					
First Name: <u>CARL</u> City: <u>[REDACTED]</u>						☒ None ☐ Fatal					
Middle Initial: <u>J.</u> State: <u>[REDACTED]</u>						☐ Minor ☐ Unknown					
Last Name: <u>VARNEY</u> Country: <u>USA</u>						☐ Serious					
Pilot Certificate(s) (Check all that apply)						Seat Occupied					
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front					
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☒ Right ☐ Rear					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single					
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown					
Pilot Name and Address						Degree of Injury					
First Name: _____ City: _____						☒ None ☐ Fatal					
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown					
Last Name: _____ Country: _____						☐ Serious					
Pilot Certificate(s) (Check all that apply)						Seat Occupied					
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front					
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single					
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown					
Pilot Name and Address						Degree of Injury					
First Name: _____ City: _____						☐ None ☐ Fatal					
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown					
Last Name: _____ Country: _____						☐ Serious					
Pilot Certificate(s) (Check all that apply)						Seat Occupied					
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☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single					
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown					
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)											
Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Severe Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____											
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____											
Middle Initial: _____ State: _____ ZIP: _____											
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Last Name: _____ Country: _____											
First Name: _____ City: _____											
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											

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.

SEG STATEMENT
PROVIDED TO NTSB I.T.C.
ON 8-16-2011

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

Operator/Owner Safety Recommendation

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

08/16/2011

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

MICHAEL DOBEN KNOPP

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA11CA450

Reviewed by NTSB Regional Office

NTSB ERA

Name of Investigator

Cory Smith

Date Report Received

8-17-11

**RECORD OF CONVERSATION**

Carrol A. (Corky) Smith
Air Safety Investigator
Eastern Region

Date: August 16, 2011

Person Contacted: Michael D. Knopp, [REDACTED]

NTSB Accident Number: ERA11CA450

Narrative:

Mr. Knopp stated he is an airline transport pilot with ratings for airplane single and multiengine land and instrument airplane. In addition, he has commercial privileges with ratings for airplane single engine sea, flight instructor, with ratings for airplane single and multiengine land, and instrument airplane. Mr. Knopp holds a second class medical certificate with the restriction "must wear corrective lenses."

On August 13, 2011, Mr. Knopp was conducting a Part 91 instructional flight in a Cessna 172M, N5399Q, registered to WJB LLC, based at Mid-Ohio Valley Regional Airport (PKB), Parkersburg, West Virginia. The instructional flight would depart PKB and go to Elkins-Randolph Co-Jennings Randolph Field Airport (EKN), Elkins, West Virginia, with some mountain flying in the local area and return back to PKB. No flight plan was filed; however a full weather briefing was obtained for the visual flight rules flight.

Mr. Knopp stated a preflight inspection was conducted and no anomalies were noted. The student pilot's husband entered the airplane and was located in the right rear seat with his seatbelt on. The student pilot, Michele Varney was located in the left front seat with her seatbelt and shoulder harness on, and he was located in the right front seat with his seatbelt and shoulder harness on. A passenger crewmember briefing was conducted, followed by the engine start, taxi, engine run up, and takeoff checks before departing PKB at 1015. No anomalies were noted during any of the checks.

They arrived at EKN and entered the traffic pattern for runway 14. The student pilot made a touch and go landing. Mr. Knopp instructed her to climb straight ahead over the next ridge line so they could go practice some mountain flying. Mr. Knopp stated he normally conducted mountain flying after departing from runway 23, and was not real familiar with the area

RECORD OF CONVERSATION

Page 1 of 2

immediately off the departure end of runway 14. They cleared the ridge line and he instructed the student to turn to the right into the next canyon. After she made the turn he realized they had turned into a box canyon and they would not be able to clear the ridge to their immediate front. Mr. Knopp took control of the airplane and made a left turn to get close to the ridge to give him some room to make a 180-degree turn. He started a hard right turn and then realized they were not going to be able to complete the turn. He rolled the wings level and aimed the nose the airplane between the topping of trees with the same height.. The airplane collided with the trees and turned around 180-degrees before coming to a stop on the side of a very steep hill. Mr. Knopp completed an emergency shutdown. They opened the cabin door, shimmied across a tree branch to the bank of the hill and walked over to a logging trail. They walked down the trail until they met an individual bailing hay who called the authorities and informed them where they were located at. When asked if the airplane had any mechanical problems before the accident Mr. Knopp stated no. They were unfamiliar with the area; they flew into a box canyon, and collided with the terrain while trying to reverse their course.

08/16/2011