

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

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner		City: Touchet
Name: Kermit N. Chicha		State: WA ZIP: 99360
Fractional Ownership Aircraft: ☐ Yes ☒ No		Country: USA
Operator of Aircraft ☒ Same As Registered Owner		☒ Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Character Code):		Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Under	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
		Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
☒ 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) ☐ 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	☐ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft (Select one) ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☒ Unknown	☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)		
Airport Name: Kalispell Clty		Distance From Airport Center: sm
Airport Identifier: S27		Direction From Airport: degrees true
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Airport Elevation: 2932 ft. msl
Runway Information		Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 13 (L/R/C) Length: 3600 ft Width: 60 ft		☒ Dry ☐ Snow-Compacted ☐ Water-Calm
Runway/Landing Surface (Check all that apply)		☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water		☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Concrete ☐ Gravel ☐ Metal/Wood		☐ Rough ☐ Snow-Wet ☐ Wet
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush-Covered ☐ Vegetation		
Approach/Departure Segment (Select one)		
☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach		
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around		
☐ Initial Climb ☐ Final ☐ Crosswind ☐ Aborted Landing (after touchdown)		
☐ Unknown		
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
☒ None		☐ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice		☒ Traffic Pattern ☐ Stop and Go
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS		☐ Straight-In ☐ Touch and Go
☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual		☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ VOR/DME ☐ Localizer Only ☐ Contact		☐ Go Around ☐ Forced Landing
☐ TACAN ☐ LOC-back course ☐ Circling		☐ Full Stop ☐ Precautionary Landing
☐ RNAV ☐ Unknown		☐ Unknown

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident												
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew												
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No												
"Flight Crewmember 1" Identification												
First Name: <u>Kermit</u>					City of Residence: <u>Touche</u>							
Middle Initial: <u>N</u>					State: <u>WA</u>			ZIP: <u>99360</u>				
Last Name: <u>Chicha</u>					Country: <u>USA</u>							
Age at time of Accident/Incident: <u>66</u>			Date of Birth: <u>[REDACTED] 1948</u> mm/dd/yyyy									
Certificate Number: <u>[REDACTED]</u>												
Degree of Injury		Seat Occupied			Restraint Type				Inflatable Restraints			
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown				Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Pilot Certificate(s) (Check all that apply)												
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer												
Principal Occupation		Medical Certificate			Medical Certificate Validity				Date of Last Medical			
☐ Pilot ☒ Other ☐ Unknown		☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance				<u>05/27/2014</u> mm/dd/yyyy			
Medical Certificate Limitations												
Must have a available glasses for near vision												
Medical Certificate Special Issuance												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft								
<u>07/11/2014</u> mm/dd/yyyy				Make: <u>Cessna</u>								
				Model: <u>172</u>								
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)						
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift						
						☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport						
Type Ratings						Student Endorsements (Include dates)						
None												
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air		
						Actual	Simulated					
Total Time	1,412		1,412									
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days	26	26	26									
Last 30 Days												
Last 24 Hours	0	0	0									

[illegible]

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Address			Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints		
☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign			Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Crew Name and Address			Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints		
☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign			Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
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 cabin crew; continue on separate sheet if necessary)							
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>Sharon</u> City: <u>Kalispell</u> Middle Initial: <u>D</u> State: <u>MT</u> ZIP: <u>59901</u> Last Name: <u>Johnson</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other		☐ Left ☐ Center ☒ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ 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	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>S27</u> City: <u>Kalispell</u> State: <u>MT</u> Country: <u>USA</u>		Time of Departure Time: <u>10:30 a.m.</u> Time Zone: <u>MST</u>	
Destination Airport ID: <u>S27</u> City: <u>Kalispell</u> State: <u>MT</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown	
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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93			Altitude of In-Flight Occurrence: _____ ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☒ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☐ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
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 _____ ft agl	
Wind Direction ☐ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility 10 _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	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 ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme			
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: None			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☐ Minor ☒ Substantial ☐ Destroyed ☐ Unknown	Aircraft Fire ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Fire at Unknown Time ☐ Unknown	Aircraft Explosion ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Explosion at Unknown Time ☐ Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> Wings / Nose Wheel / Propeller / Cowling Insurance Company to determine total amount		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>		
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. - Local VFR, sightseeing, pleasure flight - Depart time, 10:30 a.m. local - No services obtained - Terrain - Valley floor - Entered Left downwind landing pattern for RW 13 at Kalispell City S27 - Touched down, veered to the right - Added rudder / brake to correct - Over corrected - Plane struck landing / taxi light - Veered Left across runway - Stopped in ditch on left side of runway		

RECOMMENDATION (How could this accident/incident have been prevented?)		
Operator/Owner Safety Recommendation Quicker reaction to plane movement		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part _____ Hours _____ Cycles
		Time Since This Part Inspected/Overhauled _____ Hours
FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 30 _____ Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP8 ☐ 100/130 ☐ Jet A-1 ☐ Automotive	
Other Services, if Any, Prior to Departure None		
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 Occupants exited out of pilot's door		
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 <u>08/28/2015</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Kermit N. Chicha</u> Signature: _____ -- or -- ☐ Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: _____	Title: _____
Signature: _____ -- or -- ☐ Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No. GAA15CA235	Reviewed by NTSB Regional Office GAA	Name of Investigator HICKS, M.	Date Report Received 28AUG2015
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