

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

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

## BASIC INFORMATION

Accident/Incident Location  
 Nearest City/Place: Milton Freewater State: OR  
 ZIP: 97862 Country: USA  
 Latitude: N 45° 54.585 ? Longitude: W 118° 32.190 ?  
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time  
 Date: 1-9-17 Local Time: 4P PST  
 mm/dd/yyyy Time Zone: PST  
 Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N9598Z  
 Manufacturer: Aviat  
 Model: Husky A1  
 Serial Number: 1102  
 Year of Manufacture: 1989  
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft  
 Maximum Gross Weight: 1800 lbs  
 Weight at Time of Accident/Incident: 1400 Aprox. lbs  
 Number of Seats: 2 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 1  
 Number of Engines: 1

|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <b>Category of Aircraft</b><br><input checked="" type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown | <b>Type of Airworthiness Certificate</b><br>(Check all that apply)<br><table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Standard</b><br/> <input checked="" type="checkbox"/> Normal<br/> <input type="checkbox"/> Aerobatic<br/> <input type="checkbox"/> Balloon<br/> <input type="checkbox"/> Commuter<br/> <input type="checkbox"/> Transport<br/> <input type="checkbox"/> Utility<br/> <input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br/> <input checked="" type="checkbox"/> None                 </td> <td style="width: 50%; vertical-align: top;"> <b>Special</b><br/> <input type="checkbox"/> Restricted<br/> <input type="checkbox"/> Limited<br/> <input type="checkbox"/> Provisional<br/> <input type="checkbox"/> Special Flight<br/> <input type="checkbox"/> Experimental<br/> <input type="checkbox"/> Special Light-Sport<br/> <input type="checkbox"/> Experimental Light-Sport<br/> <input type="checkbox"/> Unknown                 </td> </tr> </table> | <b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Aerobatic<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Commuter<br><input type="checkbox"/> Transport<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input checked="" type="checkbox"/> None | <b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Light-Sport<br><input type="checkbox"/> Experimental Light-Sport<br><input type="checkbox"/> Unknown | <b>Landing Gear</b><br>(Check all that apply)<br><input type="checkbox"/> Retractable<br><input type="checkbox"/> Tricycle<br><input type="checkbox"/> Amphibian<br><input type="checkbox"/> Emergency Float<br><input type="checkbox"/> Float<br><input type="checkbox"/> Hull<br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | <b>Engine Type (Select one)</b><br><input checked="" type="radio"/> Reciprocating<br><input type="radio"/> Turbo Shaft<br><input type="radio"/> Turbo Prop<br><input type="radio"/> Turbo Jet<br><input type="radio"/> Turbo Fan<br><input type="radio"/> Electric<br><input type="radio"/> Liquid Rocket<br><input type="radio"/> Solid Rocket<br><input type="radio"/> Hybrid Rocket<br><input type="radio"/> None<br><input type="radio"/> Unknown<br><b>Fuel System Type (Reciprocating)</b><br><input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
| <b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Aerobatic<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Commuter<br><input type="checkbox"/> Transport<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input checked="" type="checkbox"/> None                          | <b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Light-Sport<br><input type="checkbox"/> Experimental Light-Sport<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br>Horsepower or lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|--------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>O360 C1G</u>     | <u>L-32166-3CA</u>           | <u>6-23-89</u>             | <u>180</u>                                 | <u>1510</u>           | <u>90</u>                            | <u>444</u>          |
| Eng. 2 |                     |                     |                              |                            |                                            |                       |                                      | <u>STOH</u>         |
| Eng. 3 |                     |                     |                              |                            |                                            |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                            |                       |                                      |                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input checked="" type="radio"/> Annual <input type="radio"/> Unknown<br><b>Date Last Inspection:</b> <u>5-24-16</u><br>mm/dd/yyyy<br><b>Airframe Total Time:</b> <u>1510</u> hrs<br>hours measured at (Select one)<br><input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident<br><b>Type of Maintenance Program (Select one)</b><br><input checked="" type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program (AAIP)<br><input type="radio"/> Continuous Airworthiness<br><input type="radio"/> Other, specify: _____<br><b>Description of Fire Extinguishing System</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Specify: _____ | <b>Propeller 1</b><br><input checked="" type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: <u>Hartzell</u><br>Model: <u>HC-C2YK-1BF/FT66A</u><br><b>Propeller 2</b><br><input type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____ | <b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br>If Yes: _____ ?<br><b>ELT Manufacturer:</b> _____ ?<br><b>Model or Part No.:</b> _____ ?<br><b>TSO No.:</b> <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz)<br><input type="radio"/> OC126 (406 MHz)<br><b>Was ELT still mounted in aircraft?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br><b>Was ELT still connected to antenna?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br><b>Did ELT Activate?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If activated:<br><b>Did ELT Aid in Locating Aircraft:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If not activated:<br><b>Indicate Reason:</b> <input type="checkbox"/> Impact Damage<br><input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged<br><input checked="" type="checkbox"/> Unknown | <b>Additional Equipment (Check all that apply)</b><br><input type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input type="checkbox"/> Autopilot<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input checked="" type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Brent DawsonCity: Walla WallaState: WAZIP: 99362Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: 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)

- ☒ None Private
- ☐ 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

**Regulation Flight Conducted Under**

- ☐ 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

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
- ☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger
- ☐ Cargo
- ☐ Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
- ☐ Aerial Observation ☐ Flight Test
- ☐ Air Drop ☐ Glider Tow
- ☐ Air Race/Show ☐ Instructional
- ☐ Banner Tow ☐ Other Work Use
- ☐ Business ☒ Personal
- ☐ Executive/Corporate ☐ Positioning
- ☐ External Load ☐ Skydiving
- ☐ Ferry

**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: NONEAirport Identifier: NONEProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: \_\_\_\_\_ sm

Direction From Airport: \_\_\_\_\_ degrees true

Airport Elevation: \_\_\_\_\_ ft. msl

**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**Runway/Landing Surface (Check all that apply)**

- ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
- ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
- ☐ Dirt ☐ Ice ☐ Snow

**Condition of Runway/Landing Surface (Check all that apply)**

- ☐ Dry ☐ Snow-Compacted ☐ Water-Calm
- ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
- ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
- ☐ Rough ☐ Snow-Wet ☐ Wet
- ☐ Rubber Deposits ☐ Soft
- ☐ Slush-Covered ☐ Vegetation ☐ Unknown

**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 ☐ Crosswind ☐ Aborted Landing (after touchdown)
- ☐ Unknown

**IFR Approach (Check all that apply)**

- ☒ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
- ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual
- ☐ VOR/DME ☐ Localizer Only ☐ Contact
- ☐ TACAN ☐ LOC-back course ☐ Circling
- ☐ RNAV ☐ Unknown

**VFR Approach (Check all that apply)**

- ☒ None
- ☐ Traffic Pattern ☐ Stop and Go
- ☐ Straight-In ☐ Touch and Go
- ☐ Valley/Terrain Following ☐ Simulated Forced Landing
- ☐ Go Around ☐ Forced Landing
- ☐ Full Stop ☐ Precautionary Landing
- ☐ Unknown

# "FLIGHT CREWMEMBER 1" INFORMATION

## "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: NONE

City of Residence: \_\_\_\_\_

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

### Restraint Type

**Available**  
☐ None  
☐ Lap only  
☐ 3-point  
☐ 4-point  
☒ 5-point  
☐ Unknown  
**Used**  
☐ None  
☐ Lap only  
☐ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

### Inflatable Restraints

☒ 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

☐ 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
 ☐ Unknown  
☐ With limitations/waivers
 ☐ N/A  
☐ Special Issuance

### Date of Last Medical

mm/dd/yyyy

### Medical Certificate Limitations

NONE

### Medical Certificate Special Issuance

### Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

6/5/16  
mm/dd/yyyy

### Flight Review Aircraft

Make: Aviat

Model: Husky

### 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  
☐ 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

### Type Ratings

### Student Endorsements (Include dates)

| 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                                                  | 1057         | 848.8             | 1057                   |                      | 4     |            | 10.7      |            |        |                  |
| Pilot in Command (PIC)                                      | 1057         | 848.8             | 1057                   |                      | 4     |            | 10.7      |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 21.7         | 21.7              | 21.7                   |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 7.7          | 7.7               | 7.7                    |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               |              | 0                 | 0                      |                      | 0     |            | 0         |            |        |                  |

# FLIGHT ITINERARY INFORMATION

## Last Departure Point

Airport ID: 595  
 City: College Place  
 State: WA  
 Country: USA

## Time of Departure

Time: 2:30  
 Time Zone: PST

## Destination

Airport ID: Local Private Strip  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country: \_\_\_\_\_

## 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: Ground level 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: Walla Walla Regional  
 Observation Time: 2:40 PM  
 Time Zone: PST  
 Distance from Accident Site: 10 nm  
 Direction from Accident Site: SW 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

## Lowest Cloud Condition Height

10,000 ft agl

## Ceiling

☐ None (Clear) ☐ Obscured  
☐ Broken ☐ Indefinite  
☒ Overcast ☐ Unknown

## Ceiling Height

10,000 ft agl

Temperature: \_\_\_\_\_ (C) or 17 (F)

Dew Point: \_\_\_\_\_ (C) or N/A (F)

Altimeter Setting: 29.62 in. Hg  
 or \_\_\_\_\_ MB

## Wind Direction

☒ Variable  
SW  
 -or-  
 Direction: \_\_\_\_\_ degrees true

## Wind Speed

☐ Calm  
☒ Light and Variable  
 -or-  
 Speed: \_\_\_\_\_ kts

## Wind Gusts

☐ Not Gusting  
 -or-  
 Speed: 12-15 kts

Visibility 10 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Density Altitude: 400 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 ☐ N/A  
☐ Trace ☐ Rime  
☐ Light ☐ Clear  
☐ Moderate ☐ Mixed  
☐ Severe ☐ Unknown  
☐ Unknown

## Icing Actual

Amount ☒ None ☐ N/A  
☐ Trace ☐ Rime  
☐ Light ☐ Clear  
☐ Moderate ☐ Mixed  
☐ Severe ☐ Unknown  
☐ 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
- ☐ Substantial
- ☐ Minor
- ☒ 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** (Use additional sheet if necessary)

Left wing struts, Left wing, Vertical stab, motor maint, Prop strike, Airframe  
Horizontal stab.

# **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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

Left 595 Headed South, at approx 10 miles out motor had slight roughness, checked for carb ice but didn't change decided to land in field on top of hills to south of Milton-Free water, OR. to figure out issue. I figured it might be plug fouling from leaded fuel so did run up, full Throttle and leaned mixture to blow out carbon. Problem cleared up. I had landed into the wind and ~~down~~ up hill. I chose to depart with wind down hill because of approx. 6" of snow on ground. upon Take off: Full Throttle to get rolling then pulled Flaps after descent GS, rolled over steeper part of hill and noticed gust on tail, kept full throttle stick back and 3 notches of flap plus any extra to keep weight off mains. A drift of snow 12-14" deep ~~down~~ Down wind side sucked wheels down and lost GS. Plane rotated forward and flipped on lid. Approx Speed 25-35 mph + or - No ~~injuries~~ Injuries.

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

Operator/Owner Safety Recommendation

Don't land in snow covered field.

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No  
(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

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

14

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

**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

**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: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP: \_\_\_\_\_