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OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Bunting Jason/ Bunting Rose MFractional Ownership Aircraft: ☒ Yes ☐ NoCity: Red BluffState: CA ZIP: 96080Country: USA

Operator of Aircraft

*Same As Registered Owner*Name: Jason Bunting

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

*Same Address as Registered Owner*City: Same as above

State: _____ ZIP: _____

Country: _____

Operating Certificates Held

(Check all that apply)

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

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: Red Bluff municipalAirport Identifier: KRBLProximity to Airport: ☒ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 6 miDirection From Airport: 104°M degrees trueAirport Elevation: 350' 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
 Dirt Ice Snow Unknown

Condition of Runway/Landing Surface

(Check all that apply)

Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glasy
 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 Final Aborted Landing (after touchdown)
 Crosswind Unknown

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

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

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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>Jason</u>			City of Residence: <u>Red Bluff</u>			
Middle Initial: <u>C</u>			State: <u>CA</u>		ZIP: <u>96080</u>	
Last Name: <u>Bunting</u>			Country: <u>USA</u>			
Age at time of Accident/Incident: <u>48</u>			Date of Birth: mm/dd/yyyy			
Certificate Number: mm/dd/yyyy						
Degree of Injury None Minor Serious		Seat Occupied Left Right Center		Restraint Type Available 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 Private Student		Flight Instructor Recreational Sport		Commercial Airline Transport Flight Engineer		US Military Foreign
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 1 Class 2		Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance		Date of Last Medical Unknown N/A <u>07/31/2015</u> mm/dd/yyyy
Medical Certificate Limitations						
Medical Certificate Special Issuance						
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/14/2016</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Cessna</u> Model: <u>172</u>			
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
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
Total Time	1546	490	1519.9		24.21	Actual Simulated
Pilot in Command (PIC)	1389.79	480.0	1363.69		18.0	
Time as Instructor						
This Make/Model						
Last 90 Days	24.5	15.85	24.5			
Last 30 Days	7.5	7.5	7.5			
Last 24 Hours						

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FLIGHT ITINERARY INFORMATION

Last Departure Point		Time of Departure	Destination	Type Flight Plan Filed	
Airport ID: <u>KRBL</u>		Time: <u>6:00 AM</u>	Airport ID: <u>lol</u>	None	VFR/IFR
City: <u>Red Bluff</u>		Time Zone: <u>Pacific</u>	City: _____	Company VFR	IFR
State: <u>Ca</u>			State: _____	Military VFR	Unknown
Country: <u>USA</u>			Country: _____	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	Altitude of In-Flight Occurrence: _____ ft msl
Class B	Class G	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		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
National Weather Service	Company	Facility ID: <u>KRBL</u>	
Flight Service Station	Military	Observation Time: <u>6:00</u>	
TV/Radio	Internet	Time Zone: <u>Pacific</u>	
Automated Report	None	Distance from Accident Site: <u>6</u> nm	
Commercial Weather Service (DUATS)	Unknown	Direction from Accident Site: <u>104°M</u> degrees true	
On-Board Weather			

Basic Conditions

VMC	Light Condition	Day	Dusk	Dark Night	Unknown
IMC		Day	Night	Bright Night	
Unknown					

Sky/Lowest Cloud Condition

Clear	Thin Broken	Ceiling	None (Clear)	Obscured	Temperature: _____ (C) or <u>75</u> (F)
Few	Thin Overcast		Broken	Indefinite	
Partial Obscuration	Unknown		Overcast	Unknown	
Scattered					
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl		Dew Point: _____ (C) or _____ (F)	
				Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction

Variable	Wind Speed	Wind Gusts	Visibility <u>10</u> miles
	Calm	Not Gusting	RVR: _____ feet
	Light and Variable		RVV: _____ miles
Direction: <u>330</u> degrees true	Speed: <u>8</u> kts	Speed: <u>15</u> kts	Density Altitude: <u>1200</u> ft

Intensity of Precipitation

Light	Type of Precipitation (Check all that apply)	Freezing Rain	Restriction to Visibility (Check all that apply)
Moderate	None	Snow Shower	
Heavy	Rain	Ice Pellets	
NA	Snow	Snow Pellets	
Unknown	Hail	Snow Grains	
	Rain Showers	Freezing Drizzle	
		Ice Crystals	
		Dust	

Icing Forecast

Amount	Type	Icing Actual	Type	Turbulence	Severity
None	N/A	Amount	N/A	Type (Check all that apply)	Light
Trace	Rime	None	Rime	Clear Air	Moderate
Light	Clear	Trace	Clear	Terrain-Induced	Severe
Moderate	Mixed	Light	Moderate	Convective Turbulence	Extreme
Severe	Unknown	Moderate	Severe		
Unknown		Unknown	Unknown		

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

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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 *(Use additional sheet if necessary)*

The visible damage to the aircraft includes, One bent prop, one smashed nose Bowl, One crashed lower Cowell, One bent boot Cowell, One bent rudder, the left strut bent and left wing bowed downward with bent ribs, the right wing showed visible signs of a bent ribs internally. The front wind shield shattered and the same of the green house.

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.

At 6 AM and begin my flight practicing stolo type take off's and landings at Red Bluff municipal airport and decided to head east approx 6NM over to the Sacramento River where there are some known large gravel bars, I performed about 15 take off and landings at these sites. The wind was starting to pick up when I decided to make my last landing along the shore line, the wind was blowing around 8 kts gusting around 15 kts as I came in for my low approach with one notch of flaps and as I got closer to the shoreline the wind seemed to start blowing from the east as I was landing north I seemed to completely lose lift and dropped to the waters edge. The water did not seem to affect me much but as I rolled out onto the sand & gravel my tail seemed to pickup from the wind my prop struck the ground giving me no time to react to the situation...my cub was on it's back before I knew it. Looking back I realize the wind had as much to do with the accident as pilot error I was landing in close proximity to rows of cotton wood trees that were probably creating vortices from the north east winds.

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

Operator/Owner Safety Recommendation

I would probably recommend thinking twice about landing with gusty winds near large structures or rows of trees.
I would recommend landing at a steeper angle of attack further away from shorelines

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)

10

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

The first thing I did when the Aircraft settled on its back was to shut off the fuel valve, then I turned the master switch off...only then that I unbuckle my three point harness and rolled out onto the wing to evacuate the 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**Pilot of Other Aircraft**

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

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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>07/06/2017</u> mm/dd/yyyy	Name of Pilot/Operator <u>Jason Bunting</u> Signature:  -- ee -- Check here to electronically sign this document
---	--

If a Person Other than Pilot/Operator is Filing Report

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

FOR NTSB USE ONLY

NTSB Accident/Incident No. GAA17CA352	Reviewed by NTSB Regional Office GAA	Name of Investigator JACKIE VANOVER	Date Report Received 07/06/2017
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