

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: Cody State: Wyo
 ZIP: 82414 Country: PAK
 Latitude: N44°31.21 Longitude: W109°01.43
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 08-25-2017 Local Time: 505 pm
 mm/dd/yyyy Time Zone: Mountain
 Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: 3355B

Manufacturer: Hughes

Model: ATB

Serial Number: 2040

Year of Manufacture: 2000

Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Make: ☐ Original Design

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 2000 lbs

Weight at Time of Accident/Incident: 1800 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

- ☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

- Standard**
☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear (Check all that apply)

- ☐ Retractable
☐ Tricycle
☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull
☐ Other Launch/Recovery System
☐ None
- ☒ Tailwheel
☐ High Skid
☐ Skid
☐ Ski
☐ Ski/Wheel
☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>0-360</u>			<u>180</u>	<u>610</u>		
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 04/1/2017
 mm/dd/yyyy

Airframe Total Time: 610 hrs
 hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program (Select one)

- ☐ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Description of Fire Extinguishing System

- ☐ None
☐ Specify: _____

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: HARTZELL

Model: _____

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☐ No

If not activated:

- Indicate Reason: ☐ Impact Damage
☐ Fire Damage
☐ Battery Expired/Damaged
☐ Unknown

Additional Equipment (Check all that apply)

- ☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Rock County Wyoming Sheriffs
Fractional Ownership Aircraft: ☐ Yes ☒ No DEPORT MEUFCity: _____
State: _____ ZIP: _____
Country: _____**Operator of Aircraft**☒ Same As Registered Owner☐ Same Address as Registered OwnerName: _____
Doing Business As: _____
Air Carrier/Operator Designator (4 Character Code): _____City: _____
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 ☐ NoRESCUE
USED ONLY FOR SEARCH +**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: YELLOWSTONE REGIONAL
Airport Identifier: KCOD Cody, Wyo
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: _____ sm
Direction From Airport: _____ degrees true
Airport Elevation: 5162 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-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
- ☐
- 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
- ☐
- 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: William City of Residence: Podu
 Middle Initial: D State: Wyo ZIP: 82414
 Last Name: Holder Country: USA
 Age at time of Accident/Incident: 83 Date of Birth: 1/19/34 mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																			
☐ None	☐ None																			
☐ Lap only	☐ Lap only																			
☐ 3-point	☐ 3-point																			
☐ 4-point	☐ 4-point																			
☐ 5-point	☐ 5-point																			
☐ Unknown	☐ 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 <u>1/31/2018</u> mm/dd/yyyy																

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 9/19/2017
 mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA C182
 Model: C-182

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
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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	14.777	C610	12.031	2.321	4.96	512	80			
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	22		22							
Last 30 Days	5		5							
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: NOXIE

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**Medical Certificate Special Issuance**

**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:** _____
mm/dd/yyyy

Flight Review Aircraft

Make: _____
Model: _____

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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

Actual

Simulated

Rotorcraft

Glider

**Lighter
Than Air**

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single ☐ Unknown	☐ Serious
			☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
		☐ Unknown	☐ 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: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single ☐ Unknown	☐ Serious
			☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
		☐ Unknown	☐ 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: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ If Under 5,
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Child Restraint
			☐ 5-point	☐ 5-point	☐ Lap-Held
			☐ Unknown	☐ Unknown	☐ Unknown
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ If Under 5,
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Child Restraint
			☐ 5-point	☐ 5-point	☐ Lap-Held
			☐ Unknown	☐ Unknown	☐ Unknown
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ If Under 5,
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Child Restraint
			☐ 5-point	☐ 5-point	☐ Lap-Held
			☐ Unknown	☐ Unknown	☐ Unknown
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ If Under 5,
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Child Restraint
			☐ 5-point	☐ 5-point	☐ Lap-Held
			☐ Unknown	☐ Unknown	☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KCOD</u> City: <u>Wyocody</u> State: <u>Wyo</u> Country: <u>USA</u>	Time of Departure Time: <u>3:30pm</u> Time Zone: <u>MST</u>	Destination Airport ID: <u>KCOD</u> City: <u>Cody</u> State: <u>Wyo</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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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: <u>KCOD AWOS</u> Observation Time: <u>4:00pm</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>on Airport . 54 mi</u> Direction from Accident Site: <u>030</u> degrees true
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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 _____ ft agl	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl
Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction ☐ Variable <u>090-350</u> -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>9</u> kts	Wind Gusts ☐ Not Gusting Speed: <u>16</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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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
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Icing Forecast Amount Type ☐ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown	Icing Actual Amount Type ☐ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown	Turbulence Type (Check all that apply) Severity ☐ None ☐ Light ☒ Clear Air ☒ Moderate ☐ Terrain-Induced ☐ Severe ☐ Convective Turbulence ☐ Extreme <u>WIND SHEAR</u>
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NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

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)

Bent Right Seat - Bent Fuselage Right wing
Bent
Runway 4 Distance Remaining Marker Lit.

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.

See Attached -

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

Operator/Owner Safety Recommendation

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)

_____ 50 _____ 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 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

Pushed door up with assistance from
live person. Exited aircraft.**OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number

3355B

Manufacturer:

Model:

Husky
A1B

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 3/16/2018
mm/dd/yyyy

Name of Pilot/Operator: William D. Halder

Signature: _____

– or – ☐ Check here to electronically sign this document

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. GAA17CA512	Reviewed by NTSB Regional Office GAAID	Name of Investigator HICKS, M.	Date Report Received 16MAR2018
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Yellowstone Regional Airport/Cody Wy
Aug 27, 2017 5:05 pm -COD
N 355SB

Returning from Search /North Fork. Alone in plane
AWOS Winds 070-350 9 MPH gusts to 16 MPH

Landing 04 runway

I touched down mains. tail wheel just down when a gust from west turned aircraft to 290 degrees, I left the runway and right strut hooked runway marker (7) . and turned the aircraft around to 090 degrees and stopped. I had probably been going about 30-40 MPH

It bent the right struts and stuck the right wing in the ground. Turned all systems off.
I was not injured.

Got out, the gas was running out of right wing.
Turned off ELT.

The airport and City Fire Dept were on scene in minutes.

