

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: <u>EVANSTON</u> State: <u>WY</u> ZIP: <u>82930</u> Country: <u>US</u> Latitude: <u>N4116.4867</u> Longitude: <u>W112.0783</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>					Accident/Incident Date/Time Date: <u>07-29-2018</u> Local Time: <u>2:00-3:00 PM</u> <i>mm/dd/yyyy</i> Time Zone: <u>MT</u>								
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None													
AIRCRAFT INFORMATION													
Registration Number: <u>N7893P</u> Manufacturer: <u>PIPER</u> Model: <u>PA-24-250</u> Serial Number: <u>24-3122</u> Year of Manufacture: <u>1962</u> Amateur-Built: ☐ Yes ☒ No <i>If Yes:</i> ☐ Kit/Plans ☐ Original Design <i>Make:</i> _____					☒ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2900</u> lbs Weight at Time of Accident/Incident: <u>2490</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>3</u> Number of Engines: <u>1</u>								
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown		Landing Gear <i>(Check all that apply)</i> ☒ Retractable ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Other Launch/Recovery System ☒ None ☐ Unknown		Engine Type <i>(Select one)</i> ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type <i>(Reciprocating)</i> ☐ Carburetor ☒ Fuel-Injected							
Engine Eng. 1 <u>LYC</u> Eng. 2 _____ Eng. 3 _____ Eng. 4 _____		Engine Manufacturer Eng. 1 <u>LYC</u> Eng. 2 _____ Eng. 3 _____ Eng. 4 _____		LOG BOOKS → <u>W/NEW OWNER</u> Engine Model/Serial Eng. 1 <u>10-540</u> Eng. 2 _____ Eng. 3 _____ Eng. 4 _____		Manufacturer's Serial Number Eng. 1 <u>10-540</u> Eng. 2 _____ Eng. 3 _____ Eng. 4 _____		Rated Power ☒ Horsepower or ☐ lbs of Thrust Eng. 1 <u>250</u> Eng. 2 _____ Eng. 3 _____ Eng. 4 _____		Total Time Eng. 1 <u>UNK</u> Eng. 2 _____ Eng. 3 _____ Eng. 4 _____		Time Since: Inspection Overhaul Eng. 1 <u>19.7</u> <u>600 APRX</u> Eng. 2 _____ Eng. 3 _____ Eng. 4 _____	
Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>07-11-2018 APRX</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>4000 APRX</u> hours measured at <i>(Select one)</i> ☒ Last Inspection ☐ Time of Accident/Incident				Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable LOG W/NEW OWNER Manufacturer: <u>HARTZEL #7</u> Model: <u>COMPACT H85/2 BLADE</u>				Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____					
Type of Maintenance Program <i>(Select one)</i> ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____				ELT Installed: ☒ Yes ☐ No <i>If Yes:</i> <u>W/NEW OWNER</u> ELT Manufacturer: <u>ELT 10</u> Model or Part No.: <u>UNK</u> 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 <i>If activated:</i> Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No <i>If not activated:</i> <u>NO SUDDEN STOP</u> Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown				Additional Equipment <i>(Check all that apply)</i> ☐ 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: _____					
Description of Fire Extinguishing System ☐ None ☐ Specify: _____													

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: DALE GREENECity: LAKEWOODState: CA. ZIP: 90715Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: US**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: NA

State: _____ ZIP: _____

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

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: EVANSTON/HINTA, COUNTY BURNSAirport Identifier: KEVWProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: .5 smDirection From Airport: NE degrees trueAirport Elevation: 7143 ft. msl**Runway Information**Runway ID: 05 (L/R/C) Length: 7300 ft Width: 100 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: <u>DALE GREENE</u> City of Residence: <u>LAKE WOOD</u> Middle Initial: <u>B.</u> State: <u>CA</u> ZIP: <u>9015</u> Last Name: <u>GREENE</u> Country: <u>US</u> Age at time of Accident/Incident: <u>80</u> Date of Birth: <u>1938</u> mm/dd/yyyy Certificate Number: <u> </u>																																																																																																			
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					Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>07-11-2018</u> mm/dd/yyyy																																																																																											
Medical Certificate Limitations <u>GLASSES AVAILABLE TO PILOT</u>																																																																																																			
Medical Certificate Special Issuance <u>NONE</u>																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01-17-2018</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PIPER</u> Model: <u>PA24250</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 ☐ Instrument Airplane ☐ Airplane Multi-Engine ☐ Instrument Helicopter ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Glider ☐ Sport																																																																																											
Type Ratings <u>SEL</u>						Student Endorsements (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>2356.2</td> <td>1575.0</td> <td>2356.2</td> <td>NONE</td> <td>201.4</td> <td>4.8</td> <td>132.4</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>2307.3</td> <td>1575.0</td> <td>2356.2</td> <td>NONE</td> <td>201.4</td> <td>4.8</td> <td>132.4</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>65.2</td> <td>4.8</td> <td>23.5</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>22.0</td> <td>22.0</td> <td>22.0</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										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	2356.2	1575.0	2356.2	NONE	201.4	4.8	132.4				Pilot in Command (PIC)	2307.3	1575.0	2356.2	NONE	201.4	4.8	132.4				Time as Instructor											This Make/Model					65.2	4.8	23.5				Last 90 Days	22.0	22.0	22.0	NONE	NONE	NONE	NONE				Last 30 Days	NONE	NONE	NONE	NONE	NONE	NONE	NONE				Last 24 Hours	NONE	NONE	NONE	NONE	NONE	NONE	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	2356.2	1575.0	2356.2	NONE	201.4	4.8	132.4																																																																																												
Pilot in Command (PIC)	2307.3	1575.0	2356.2	NONE	201.4	4.8	132.4																																																																																												
Time as Instructor																																																																																																			
This Make/Model					65.2	4.8	23.5																																																																																												
Last 90 Days	22.0	22.0	22.0	NONE	NONE	NONE	NONE																																																																																												
Last 30 Days	NONE	NONE	NONE	NONE	NONE	NONE	NONE																																																																																												
Last 24 Hours	NONE	NONE	NONE	NONE	NONE	NONE	NONE																																																																																												

FLIGHT ITINERARY INFORMATION							
Last Departure Point Airport ID: <u>KRWL</u> City: <u>RAWLINS</u> State: <u>WY</u> Country: <u>US</u>		Time of Departure Time: <u>NOON</u> Time Zone: <u>MT</u>		Destination Airport ID: <u>KCPM</u> City: <u>COMPTON</u> State: <u>CA.</u> Country: <u>US</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 ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☒ On-Board Weather <u>IPAD APP</u>			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 Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>90°</u> (F) <u>EST</u> Dew Point: <u>UNK</u> (C) or _____ (F) Altimeter Setting: <u>UNK</u> in. Hg or _____ MB			
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>5-10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>UNK</u> 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 AT ALT 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: UNK							

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

LEFT WING, LITE DAMAGE, RIGHT WING, SUBSTANTIAL, PROP - DESTROYED
 BELLY - SUBSTANTIAL, STABELATOR - SUBSTANTIAL.

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 and location, services obtained, and intended destination. Provide as much detail as possible.

HOMEWARD BOUND TRIP FR. CARROLL, IA. (KCIN) TO COMTON, CA. (KCPM)
 ON 07-29-18 IN A/C #N7893P, A PIPER COMANCHE, PA-24-250, SER#3122.
 DEPARTED (KCIN) AT ABOUT 8:00 AM^{CT} WITH A PLANNED FUEL STOP A RAWLIN
 WY (KRWL). LANDED THERE AT ABOUT 12:00 CT, HAD A LITE LUNCH FR
 A VENDING MECHINE AND TOPPED FUEL + ADDED 1 QT OIL. HEAT, WIND
 MADE FLITE VERY UNCOMFORTABLE AT 10,500 FT. THE AUTOPILOT FAILED
 ALONG THE WAY WHITCH ADDED TO THE WORK LOAD ANOTHER PROBLEM
 WAS HANDLING ALL THE SECTIONAL CHARTS, I WAS USE TO WAC CHARTS
 WITCH COVERED LARGER AREAS ON ABOUT THE SAME SIZED CHART.
 AS I PROCEED ALONG MY ROUTE, THE SMOKE ALONG THE WAY^{AS} WAS
 BECOMEING (FR. N. CAL. FIRES) A VISABILITY PROBLEM, SO I
 DECIDED TO LAND AT (KEVW) EVANSTON, WY) FOR A OVERNITE STOP OVR.
 VISIABLITY WAS ABOUT 5 TO 10 MIS. SO I A BASIC CK, GUMPS BUT
 PERHAPS NOT IN THAT ORDER. I DID LEAVE THE GEAR UP TO HAVE BETTER
 CONTROL AS I LOOKED FOR THE WIND INDICATOR WHICH^{AS} I COULDN^{OT}
 FIND. I CALLED ON UNICOM BUT WITH CHARTS IN A DISARY AS MENTIONED
 BEFORE, I WAS ON THE WRONG FREQ.. SO I DECIDED TO LAND ON RW05
 WHICH WAS NOT WRIGHT^{AS} / EATHER. FORGOT THE GEAR + LNDED GT UP!!

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

Operator/Owner Safety Recommendation

TAKE MORE TIME IF POSSIBLE. CIRCLE AIR PORT, LOOK IT OVER +
FIND THE WIND SOCK.

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)

90/84 USABLE Gallons

Fuel Type

☐ 80/87☒ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Jet A-1☐ Jet B☐ JP8☐ Automotive☐ Other, specify _____

Other Services, if Any, Prior to Departure

FUEL, OIL, FOOD

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

TURNED OFF MST. SW., REMOVED LAP BELT, UNLATCH UPPER LATCH
OPENED DOOR WITH LOWER DOOR HANDLE LATCH & DEPARTED 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☐ Substantial☐ Minor☐ 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.

WHEN THE PLANE STOPPED I TURN OFF THE MIST SW & PULL THE MIXTURE.
I CAN NOT EXPLAIN WHY I ^{WAS} DIDN'T GO AROUND! PERHAPS AGE, DIET, STRESS.
HAD AN ADEQUATE BREAKFAST AT MOTEL 8 IN CARRALL IA. AT ABOUT 7:AM,
2 LARGE OATMEAL COOKIES A RWL & A COUPLE NUTRITION BAR ALONG WAY.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

02-12-2019

mm/dd/yyyy

Name of Pilot/Operator: DALE B GREENESignature: 

-- 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.

GAA18CA462

Reviewed by NTSB Regional Office

GAAID

Name of Investigator

HICKS

Date Report Received

26FEB2019