

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: Spokane State: WA
 ZIP: 99224 Country: USA
 Latitude: 47d 31.223m N Longitude: 117d 27.78m W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 09/29/2018 Local Time: 1000PDT
mm/dd/yyyy
 Time Zone: UTC-7

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

AIRCRAFT INFORMATION

Registration Number: N40825

Manufacturer: PIPER

Model: PA28-140

Serial Number: 28-7425174

Year of Manufacture: 1974

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

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

Maximum Gross Weight: 2150 lbs

Weight at Time of Accident/Incident: 2098.1 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

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

Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

☐ Retractable

☒ Tricycle

- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull

☐ Tail-wheel

- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel

☐ Other Launch/Recovery System

☐ None

☐ Unknown

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	O-320E3D	14126-27A	11/21/2000	150	650.53	42.74	650.53
Eng. 2	STC: POWER			SEE				
Eng. 3	FLOW EXHAUST			NOTE 8				
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 09/06/2017
mm/dd/yyyy

Airframe Total Time: _____ 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: PORTABLE HALOGEN

Propeller 1

- ☒ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: SENSENICH

Model: 74DM6-0-58

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: AMERI-KING

Model or Part No.: AK450

TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (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: CLINTON JOHN "CJ" AMESTOYCity: SPOKANE VALLEYState: WAZIP: 99212Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: ROGER BRIAN BERTSCH (PIC)City: SPOKANE

Doing Business As: _____

State: WAZIP: 99224

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

Country: USA**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: FOWLERS NORTHWEST FORTYDistance From Airport Center: 307 smAirport Identifier: 12WADirection From Airport: 044 degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 2313 ft. msl**Runway Information**Runway ID: 03 (L/R/C) Length: 1550 ft Width: 60 ft**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

Runway/Landing Surface (Check all that apply)

- ☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☒ Dirt ☐ Ice ☐ Snow ☐ 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>ROGER</u> Middle Initial: <u>B</u> Last Name: <u>BERTSCH</u> City of Residence: <u>SPOKANE</u> State: <u>WA</u> ZIP: <u>99224</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>70</u> Date of Birth: [REDACTED] <u>mm/dd/yyyy</u> Certificate Number: [REDACTED]																																																																																																				
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																																																																																											
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Principal Occupation ☐ Pilot ☒ Other ☐ Unknown						Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Limitations HOLDER SHALL POSSESS GLASSES FOR NEAR/INTERMEDIATE VISION																																																																																											
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Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																												
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"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: CLINTON City of Residence: SPOKANE VALLEY
 Middle Initial: J State: WA ZIP: 99212
 Last Name: AMESTOY Country: USA
 Age at time of Accident/Incident: 42 Date of Birth: mm/dd/yyyy
 Certificate Number: mm/dd/yyyy

Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td> ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>	Available	Used	☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown								
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Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☐ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☐ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☒ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>		☐ 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	
☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military												
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Principal Occupation ☐ Pilot ☒ Other ☐ Unknown	Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Date of Last Medical <u>05/18/2014</u> <i>mm/dd/yyyy</i>												

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

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) <i>(Check all that apply)</i> ☒ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> ☒ 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	63.4	9.8	63.4	0	5.7	0	3.3	0	0	0
Pilot in Command (PIC)	8.0	0	8.0	0	5.7	0	3.0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	3.1	3.1	3.1	0	0	0	.3	0	0	0
Last 30 Days	3.1	3.1	3.1	0	0	0	0	0	0	9
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

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

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KSFF</u>	Time: <u>0940</u>	Airport ID: <u>12WA</u>	☒ None ☐ VFR/IFR
City: <u>SPOKANE</u>		City: <u>SPOKANE</u>	☐ Company VFR ☐ IFR
State: <u>WA</u>	Time Zone: <u>PDT UTC</u>	State: <u>WA</u>	☐ Military VFR ☐ Unknown
Country: <u>USA</u>		Country: <u>USA</u>	☐ VFR
			Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service <i>(Check all that apply)</i>				
☒ None	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise
☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA
Airspace where the accident/incident occurred <i>(Check all that apply)</i>				
☐ Class A	☐ Class G	☐ Military Operations Area (MOA)	☐ Special	Altitude of In-Flight Occurrence: 2350 ft msl
☐ 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		

Source of Pilot Weather Information <i>(Check all that apply)</i>	Weather Observation Facility
☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown
Weather Observation Facility Facility ID: <u>KSFF</u> Observation Time: <u>1553Z</u> Time Zone: <u>PDT UTC-7</u> Distance from Accident Site: <u>12</u> nm Direction from Accident Site: <u>044</u> degrees true	

Basic Conditions	Light Condition	
☒ VMC ☐ IMC ☐ Unknown	☐ Dawn ☒ Day	☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
Sky/Lowest Cloud Condition	Ceiling	Temperature: _____ (C) or <u>55</u> (F)
☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered	☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	Dew Point: _____ (C) or <u>31</u> (F)
Lowest Cloud Condition Height	Ceiling Height	Altimeter Setting: <u>29.90</u> in. Hg or _____ MB
_____ ft agl	_____ ft agl	

Wind Direction ☐ Variable - or - Direction: 044 degrees true	Wind Speed ☐ Calm ☐ Light and Variable - or - Speed: 7 kts	Wind Gusts ☒ Not Gusting - or - Speed: kts	Visibility 10+ miles RVR: N/A feet RVV: N/A miles Density Altitude: 2400 ft
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Intensity of Precipitation	Type of Precipitation <i>(Check all that apply)</i>	Restriction to Visibility <i>(Check all that apply)</i>
☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown

Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type <i>(Check all that apply)</i> ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
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8

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)*

AIRCRAFT DESTROYED WITH WINGS TAKING THE IMPACT OF LARGE PONDEROSA PINE TREES. PILOTS FLEW PLANE WITH SMALL SHALLOW TURNS TO CRASH SITE AVOIDING FRONTAL IMPACT. CABIN INTACT. WRECKAGE APPEARED TO BE CENTRALIZED AND NOT SCATTERED.

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.

1. SEE ATTACHED NARRATIVE FROM FLIGHT LOG BOOK WRITTEN ABOUT SEVEN HOURS AFTER THE CRASH (FORWARDED BY SEPARATE EMAIL)

2. WEIGHT AND BALANCE: (WITHIN WEIGHT AND CG LIMITS)

TAKEOFF WEIGHT 2,122.1 LB. CG 88.3 IN. TAKEOFF FUEL 36 GAL 100LL.
LANDING WEIGHT 2,098.1 LB. CG 88.2 IN. LANDING FUEL 32 GAL 100LL.
ZERO FUEL WEIGHT 1,906.1 LB. CG 87.5 IN

3. TERRAIN AHEAD OF RUNWAY 03 WAS A DITCH, SMYTHE ROAD (GRAVEL) AND PONDEROSA TREES THAT HAD BEEN CUT SEVERAL YEARS AGO. THE NEW GROWTH TREES WERE ABOUT 10-15' IN HEIGHT. THESE TREES ENDED ABOUT 850' FROM THE END OF THE RUNWAY. MATURE PONDEROSA TREES EXTENDED FOR AN ADDITIONAL 150'. THE AIRCRAFT IMPACTED THESE TREES WITH THE WINGS ABSORBING MOST THE IMPACT. THE CABIN WAS LARGELY INTACT.

4. WRECKAGE: APPEARED TO BE CONTAINED AT THE CRASH SITE BUT DUE TO MY INJURIES I WAS NOT ABLE TO FULLY ASCERTAIN. DUE INJURIES, NO SKETCH WAS MADE.

5. FLIGHT DEPARTED KSFF AT ABOUT 0940 PDT WITH THE FORCED LANDING .3SM NORTH EAST OF 12WA AT ABOUT 1000 PDT. LANDING INTENDED FOR 12WA.

6. EMERGENCY SERVICES: NEIGHBOR CORY TOBIN ON SCENE WITH A FEW MINUTES OF THE FORCED LANDING. HIS WIFE HEARD THE PLANE ON THE ATTEMPTED GO AROUND AND TOLD HIM TO CHECK IT OUT. NEXT ON SCENE WERE THE SHERIFF DEPUTIES WHO SECURED THE SCENE BUT NEITHER OFFERED NOR RENDERED BASIC FIRST AID. VOLUNTEER FIRE DEPARTMENT PERSONNEL WERE NEXT ON SCENE AND RENDERED FIRST AID UNTIL THE ARRIVAL OF THE AMBULANCE WHOSE PARA MEDICS AND EMT PERSONNEL RENDERED EMERGENCY MEDICAL SERVICES. BOTH PILOTS WERE TAKEN BY AMBULANCE TO THE SACRED HEART EMERGENCY ROOM.

7. LAT/LONG AND MEASUREMENTS FROM MOTION X GPS.

8. NEW FACTORY OVERHAULED ENGINE 11/21/2000 AT TACH 3692.7

9. TOTAL TIME AIRFRAME: 4343.23

DATE	The crash of Chevelle N40825 MEMORANDA	CJ Amestoy and I survived the crash,
09/29/2018	This was a fateful day that began with breakfast with CJ at Skyway Cafe at Felts Field. I was on "Hydrocodone" so this may be a bit disjointed. We were going flying in his Chevelle and with favorable wind from the Northeast decides to fly over and land at Fowler (12WA). CJ Piloted and I was in the right seat but PIC. We did a short field (25" Flaps) takeoff from Felts and were airborne in 800' and established a climb of 500 FPM. We were talking to tower until 8 miles from Fowler when we switched to advisory (122.9), we announced our intentions to enter a left downwind for Runway 3. Air was mostly smooth with some light turbulence. I also called overhead Hannaford (11WA). We extended downwind to allow for a longer than usual final. We were	
OAT ~	800'	
60°F	established a climb of 500 FPM.	
W/V est	talking to tower until 8 miles from Fowler when we	
030/10	switched to advisory (122.9), we announced our intentions	
2990	to enter a left downwind for Runway 3. Air was	
	mostly smooth with some light turbulence. I also	
	called overhead Hannaford (11WA). We extended downwind	
	to allow for a longer than usual final. We were	

Injuries:

DATE

Roger: FX Fibula
FX Ankle Concussion
FX Left Ring Finger + Abrasions & Bruises

MEMORANDA

CJ: Compound FX Right Arm
at Elbow. Lacerations
some required stitches
Concussion

09/29/68
(cont.)

lined up on "Centerline" with Flaps at 25° (2 notches).
CJ was a little fast at 85 mph and I said
need to be established at 70 mph. During transition
we got high and with the "airfield mode" went
to full flaps (40°). The plane got slow and low and
CJ elected a go around. Power went to full, Carb Heat
off. The flaps were raised fully and not just
one notch per POH. The plane was struggling to
fly and there was no positive climb being
on the backside of the power curve. I suggested a gradual
turn to the left but we were too low and slow
and trees dead ahead. We missed the shorter trees
and with slight maneuvering "dodged" hitting head on
the large trees. Facing imminent impact we veered left

DATE	MEMORANDA
09/29/2018	to have the left wing take the full impact on
(Cont.)	the crash. The left wing impacted about 20-25'
	above the ground. We sheared some smaller trees.
	God spoke to me and said "we would walk away." The
A/C	plane bounced on its right side. We were both concerned
was	with CT's weight on me. There was a <u>very small</u> opening
totaled	and I started to extricate myself. The only thought was
	to get myself and CT out of the plane. I was halfway
	out when Cory help pull me free and I crawled
Plane	to a nearby tree while Cory was able to break
could	the windshield and help CT out. Cory also turned off
have	all the electronics as neither CT nor I could reach the
turned	switches. due to distance and injuries. The plane was leaking
into	fuel but we were safe! Thanks be to God!
a ball	
of fire	

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

Operator/Owner Safety Recommendation

BOTH PILOT AT CONTROLS AND PIC LEARNED A LESSON TO ONLY LOWER THE "J" BAR FLAPS ONE NOTCH PER POH FOR A GO AROUND. SEE ATTACHED NARRATIVE.

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)

36, _____ 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

PIC IN RIGHT SEAT WAS ABLE TO EGRESS. HELPED BY NEIGHBOR WHEN HALFWAY OUT. NEIGHBOR THEN HELPED EXTRACATE THE PILOT THROUGH THE PILOT'S WINDSHIELD.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

SEE ATTACHED NARRATIVE

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

Date of this Report

10/08/2018

mm/dd/yyyy

Name of Pilot/Operator: ROGER B BERTSCH

Signature: 

-- or --

☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: CLINTON JOHN "CJ" AMESTOY

Title: _____

Signature: 

-- or --

☒ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
GAA18CA575

Reviewed by NTSB Regional Office
GAA

Name of Investigator
Eric Swenson

Date Report Received
10/10/2018