

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 at KAWO State WA

ZIP: _____ Country USA

Latitude: 48.16 N Longitude 122.16 W

(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time

Date 08/20/2019 Local Time 0950

mm/dd/yyyy

Time Zone: Pacific

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

AIRCRAFT INFORMATION

Registration Number: N180TB

Manufacturer: Cessna

Model: 180F

Serial Number: 18051273

Year of Manufacture: 1963

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2650 lbs

Weight at Time of Accident/Incident: 2125 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 3

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

☐ Other Launch/Recovery System

☐ None

☒ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ 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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng 1	PPONK Aviation	0490-50	2837	03-16-2005	235	1411	88	1411
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

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

Date Last Inspection: _____

mm/dd/yyyy

Airframe Total Time: 3512.2 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: McCawley

Model: D3A34C401-C

Propeller 2

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

Manufacturer: N.A.

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes

ELT Manufacturer: _____

Model or Part No.: _____

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: <u>Todd Bohon</u>		City: <u>Stanwood</u> State: <u>WA</u> ZIP: <u>98292</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
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 <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	
Revenue Sightseeing Flight ☐ Yes ☒ No		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Air Medical Flight ☐ Yes ☒ No		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Arlington Municipal Airport</u>		Distance From Airport Center: <u>1/8</u> sm	
Airport Identifier: <u>KALW</u>		Direction From Airport: <u>015 Air-port</u> degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>140</u> ft. msl	
Runway Information Runway ID: <u>34</u> (L/R/C) Length <u>5332</u> ft Width <u>100</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☒ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☐ Crosswind ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MIS ☐ Practice ☐ SDF ☐ Sidestop ☐ LDA ☐ GPS ☐ VOR/TWOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☒ 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																																																																																																				
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"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Todd</u> City of Residence: <u>Stanwood</u> Middle Initial: <u>R</u> State: <u>WA</u> ZIP: <u>98292</u> Last Name: <u>Bollen</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>60</u> Date of Birth: [REDACTED] 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 Available: ☐ None ☐ 1 pt 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 Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>06/16/2019</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations <u>Must wear corrective lenses, possess glasses for near/intermediate vision.</u>																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/24/18</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Boeing</u> Model: <u>777-300</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 ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings <u>B-737, B757; B-767, B-777</u>						Student Endorsements (Include dates)																																																																																														
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
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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	☐ Serious
			☐ Unknown	☐ Fatal
				☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used	☐ Not Installed
☐ Private	☐ Recreational	☐ None	☐ None	☐ Installed
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only	☐ Not Deployed
	☐ Commercial	☐ 3-point	☐ 3-point	☐ Deployed
	☐ Airline Transport	☐ 4-point	☐ 4-point	☐ Unknown
	☐ Flight Engineer	☐ 5-point	☐ 5-point	
	☐ US Military	☐ Unknown	☐ Unknown	
	☐ Foreign			
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	☐ Serious
			☐ Unknown	☐ Fatal
				☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used	☐ Not Installed
☐ Private	☐ Recreational	☐ None	☐ None	☐ Installed
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only	☐ Not Deployed
	☐ Commercial	☐ 3-point	☐ 3-point	☐ Deployed
	☐ Airline Transport	☐ 4-point	☐ 4-point	☐ Unknown
	☐ Flight Engineer	☐ 5-point	☐ 5-point	
	☐ US Military	☐ Unknown	☐ Unknown	
	☐ Foreign			
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	☐ Not Installed	☐ Under 5 years
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____	Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	☐ If Under 5,
☐ Crew	☐ Passenger	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
		Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
				☐ 5-point	☐ 5-point		☐ Unknown
				☐ Unknown	☐ Unknown		
First Name: _____	City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____	Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	☐ If Under 5,
☐ Crew	☐ Passenger	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
		Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
				☐ 5-point	☐ 5-point		☐ Unknown
				☐ Unknown	☐ Unknown		
First Name: _____	City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____	Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	☐ If Under 5,
☐ Crew	☐ Passenger	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
		Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
				☐ 5-point	☐ 5-point		☐ Unknown
				☐ Unknown	☐ Unknown		
First Name: _____	City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____	Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	☐ If Under 5,
☐ Crew	☐ Passenger	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
		Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
				☐ 5-point	☐ 5-point		☐ Unknown
				☐ Unknown	☐ Unknown		

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KALOO</u> City: <u>Arlington</u> State: <u>WA</u> Country: <u>USA</u>		Time of Departure Time: <u>0950</u> Time Zone: <u>Pacific</u>	
Destination Airport ID: <u>WID</u> City: <u>Langley</u> State: <u>WA</u> Country: <u>USA</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 ☐ ON Surface ☐ Class E ☐ Restricted Area ☐ FAR 93			Altitude of In-Flight Occurrence: <u>0</u> 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>KALOO ALLOS</u> Observation Time: <u>0945 APPROX</u> Time Zone: <u>Pacific</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>035</u> 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		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in Hg or _____ MB <u>I do not recall</u>	
Lowest Cloud Condition Height <u>900</u> ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☒ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height <u>2400</u> ft agl	
Wind Direction ☒ Variable Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Not Gusting ☒ Light and Variable Speed: _____ kts	Wind Gusts Speed: _____ kts	Visibility <u>6+</u> miles RVR: _____ feet RVR: _____ miles Density Altitude: _____ 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: <u>NONE</u>			

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 <i>(Use additional sheet if necessary)</i> Right Wing Damaged outboard of STRUT Right landing gearbox attach area damaged - Landing Gear attach bolt sheared upper and lower engine Cowling Dented Propeller Damaged			
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i> 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. I applied power slowly toward takeoff (Full) power with the throttle knob. AT approximately 75 percent power the pilot's seat slid back in its track approximately 10-12 inches, leaving me unable to reach the rudder pedals or the throttle. The aircraft accelerated and began a turn to the left due to torque and P-factor, exiting the runway surface and continuing an arc to the left. Between approximately 110 - 125 degrees of heading change I was able to grab the Seaplane V-brace with my left hand and pull myself forward far enough to reach the throttle knob with my right hand. Simultaneously the aircraft reached 180 degrees of turn and hopped sideways on the gear and struck an approximately 1 foot high dirt berm. The gear was ripped from the aircraft. Aircraft went down on the right wing and stopped abruptly. ELT activated. I pulled the mixture knob out, turned off			

Narrative , Continued

all radio's and Electrically operated equipment (master switch and magnetos) and exited the aircraft. I was very shortly (1-2 min) met by five d rescue personnel, - ~~END~~

Note - Secondary Seat STOP - "Safety STOP" brand thumbscrew type was employed, but did nothing to slow rearward seat travel. While it is my habit to give the seat a firm forward aft wiggle prior to each flight to ensure pin is engaged in seat track, It is possible it was not engaged in this case as I do not clearly recall,

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

Operator/Owner Safety Recommendation

Require Cessna Aircraft to install an inertia-reel type Seat STOP ON ALL Remaining Cessna Tailwheel aircraft currently registered.

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

3512 Hours
 _____ Cycles

Time Since This Part
Inspected/Overhauled

88.2 Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

60

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

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 (Message type or print in ink)

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

See additional narrative following
Page 9

I spoke with a representative from the NTSB on Airport manager David Ryan's phone immediately following this incident on 8/20 and verbally reported it, as well as transmitting pictures as requested. Additionally I spoke with Fabian Salazar on 8/28 regarding this report and disposition of the aircraft. When asked if the submittal of report was time critical he responded that, in this case it was not, and that shortly I would be contacted by an "A20". As of submittal of this report I have not been contacted.

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

Date of this Report

9/02/2019

gjm/ahb/ppy

Name of Pilot/Operator: Todd BOHON

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.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received