

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>McCall</u> State: <u>ID</u> ZIP: <u>83638</u> Country: <u>USA</u> Latitude: <u>44-53-19.4</u> (dd:mm:ss N/S) Longitude: <u>116-06-06.30</u> (ddd:mm:ss E/W)		Date/Time Date: <u>04/15/2012</u> Local Time: <u>16:00</u> mm/dd/yyyy Time Zone: <u>MDT</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☒ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	
		Altitude of In-Flight Occurrence <u>N/A</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Cessna</u> Model: <u>180</u> Serial Number: <u>18051257</u> Registration Number: <u>N21573</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>2950</u> lbs Weight at Time of Accident/Incident: <u>2572</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>37.4</u> inches from ☐ nose or ☒ datum -or- Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown	
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Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____		Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown		Date Last Inspection: <u>06/15/2011</u> mm/dd/yyyy Airframe Total Time: <u>5710.71</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident	
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IFR Equipped ☒ Yes ☐ No ☐ Unknown		Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown		Type of Fire Extinguishing System ☐ None ☒ Specify <u>hand held mounted under seat</u>	
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ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No		ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____			
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No					

Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown		Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected		Propeller ☐ Fixed Pitch ☒ Controllable Pitch		Manufacturer: <u>McCawley</u> Model: <u>2A34C203-C</u>	
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>0470R</u>	<u>132055-5-R</u>	<u>05/20/2001</u>	<u>230</u>	<u>3892</u>	<u>34</u>	<u>1106</u>
Eng. 2								
Eng. 3								
Eng. 4								

Fax

3

Jim Struhaker

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Dexter Berry Woodworth</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: _____ State: <u>ED</u> ZIP: <u>83638</u> Country: <u>USA</u>
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-U.S. Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-U.S. Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Select all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT COLLISION (If aircraft involved, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If none, it is allowed continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (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
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

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

No other property damaged.
 Propeller (ground strike), left wing tip approx 30"
 from tip inboard, left wing strut, top of tail
 down approx 15".

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: MYL Distance From Airport Center: SM
 Airport Name: McCall Direction From Airport: degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: 5024 ft. MSL
 Approach Segment (Select one)
☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: 16 (R/C) Length: 6108 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glasy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point
 Airport ID: U82 Time of Departure
 City: Council Time: 15:30
 State: ID Time Zone: MDT
 Country: USA
 Destination
 Airport ID: MYL
 City: McCall
 State: ID
 Country: USA
 Type Flight Plan Filed
☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No

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 E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☒ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
 (convert from pounds, as necessary)
33 Gallons
 Fuel Type
☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

None

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

2 passengers exited the left door, 1 exited the right

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: WX Brief (Boise?)Observation Time: 13:15Time Zone: MSTDistance from Accident Site: 80 NMDirection from Accident Site: 167 degrees MAG**Source of Weather Information**

(Check all that apply)

- ☐ National Weather Service
☒ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☒ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

- ☐ Full
☒ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☐ Not Pertinent

Light Condition

- ☐ Dawn
☒ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility10+ miles**Sky/Lowest Cloud Condition**

- ☐ Clear
☒ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

- ☐ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☒ Unknown

Restriction to Visibility (Check all that apply)

- ☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height> 4,000 ft AGL**Ceiling Height**> 4,000 ft AGL**Wind Direction**
☒ Indicated:
290 degrees MAG
☐ Variable**Wind Speed**Velocity: 10 KTS

- ☐ Calm
☐ Light and Variable

Wind GustsVelocity: 15 KTS

- ☒ Gusting
☐ Not Gusting

Type of Turbulence (Check all that apply)

- ☐ None
☒ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☒ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

None

Temperature: 52 (C)
or 52 (F)Altimeter Setting: 30.06 in. HG
or MBDensity Altitude: 5612 ftDew Point: (C)
or (F)**Icing Forecast**

Amount:

- ☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount:

- ☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

PILOT "A" INFORMATION																																																																																																			
Pilot "A" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
Pilot "A" Identification First Name: <u>Dexter</u> City: <u>McCall</u> Middle Initial: <u>B</u> State: <u>ID</u> ZIP: <u>83638</u> Last Name: <u>Woodworth</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>59</u> Date of Birth: _____ Certificate Number: _____ mm/dd/yyyy																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☒ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single		Seat Belt Used ☒ Yes ☐ No Available ☐ Yes ☐ No		Shoulder Harness Used ☒ Yes ☐ No Available ☐ Yes ☐ No																																																																																													
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☒ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military																																																																																																			
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 ☒ With limitations/waivers ☐ Unknown		Date of Last Medical <u>06/03/2011</u> mm/dd/yyyy																																																																																													
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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 ☐ Free 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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ADDITIONAL FLIGHT CREW MEMBERS (Exclude flight attendants; complete the following information)

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ 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 flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Freddie</u> City: <u>McCall</u> Middle Initial: _____ State: <u>ID</u> ZIP: <u>83638</u> Last Name: <u>Van Midden dorp</u> Country: <u>USA</u>											
First Name: <u>Hudson</u> City: <u>McCall</u> Middle Initial: _____ State: <u>ID</u> ZIP: <u>83638</u> Last Name: <u>Van Midden dorp</u> Country: <u>USA</u>											
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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 time and point of departure, intended destination, and services obtained. Following is a record of events.

1. On Sunday, April 15, I phoned WX Brief for a verbal briefing before taking off at 13:00 MST for a sightseeing flight. There were no Airmets, and surface winds at McCall were 260@8 changing to 280@12 later in the afternoon.
2. I flew North around Payette Lake and over to Council, returning at about 14:30 MST. I departed for a second sightseeing flight shortly thereafter, following the same route.
3. On my return I approached the field from the South at about 16:00 MST. ASOS was reporting 260@10 gusting to 15.
4. I entered left downwind for Rwy 16.
5. The approach was normal, excessive crabbing was not required to hold centerline.
6. The touchdown was normal, I applied right stick into the wind and began to slow down.
7. All of a sudden I was hit with a crosswind gust from the right.
8. The gust blew my tail to the left, with the result that I was now headed toward the right edge of the runway.
9. The right wing came off the ground as I continued toward the right edge of the runway on one wheel.
10. We hit soft dirt off the runway and the next thing I knew I was sliding along on the bottom of the cowling.
11. The spinner then dug into the soft dirt, and we tipped up on the nose of the airplane.
12. We were slow enough that we almost did not go over, we hung in the air straight up for what seemed like many seconds.
13. Whether it was the wind or momentum or what, we finally tipped over on our back.
14. Both airplane doors were free to open and my 2 passengers and I exited with no problem.
15. There were no injuries, cuts, scrapes or bruises.

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

Operator/Owner Safety Recommendation

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

04/23/2012
mjb-dt/1339

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

Dexter B. Woodworth

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLY

NTSB Incident/Event No.

WPR12CAT70

Reviewed by NTSB Regional Office

WPR

Name of Investigator

J. STRUMSAKER

Date Report Received

4/23/12