

**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: Kalispell State: MT
 ZIP: 59901 Country: USA
 Latitude: 48:18:37N (dd:mm:ss N/S) Longitude: 114:15:21W (ddd:mm:ss E/W)

Date/Time

Date: 12/09/2013 Local Time: 0900
mm/dd/yyyy
 Time Zone: MST

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

2,977 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Beech

Model: BE-58P

Serial Number: TJ-246

Registration Number: 53MT

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 6,200 lbs

Weight at Time of Accident/Incident: 5,700 lbs

Location of Center of Gravity at Time of Accident/Incident:

82.1 inches from ☐ nose or ☒ datum
 -or- Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)

Standard **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight ☐ Light Sport

Number of Seats: 6

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

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: 08/27/2013

mm/dd/yyyy

Airframe Total Time: 3,383 hrs

hours measured at *(check one)*

☒ Last Inspection ☐ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify Handheld bottle

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: Unknown

Model/Series: 406

ELT Aided in Locating Accident/Incident

☐ Yes ☐ No

Serial Number: Unknown

Battery Type: Unknown

Battery Exp. Date: 05/31/2017

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: Hartzell

Model: PHC-J3YF-2UF

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	TCM	TSIO520WB	518401	04/22/2010	325	832	35	832
Eng. 2	TCM	TSIO520WB	518402	04/22/2010	325	832	35	832
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>KSZT, LLC President - Andrew Berrey</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Sandpoint</u> State: <u>ID</u> ZIP: <u>83864</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-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, 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) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large 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 ☐ 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 more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> 			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)

Left wing tip was bent. Nose cone was dented. Landing gear collapsed. Both Propellers were bent.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KGPIDistance From Airport Center: 0 SMAirport Name: Glacier Park International AirportDirection From Airport: N/A degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 2,977 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
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☒ ILS ☐ ASR ☐ Loran
☐ 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 InformationRunway ID: RWY 2 (L/R/C) Length: 9,007 ft Width: 150 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-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION**Last Departure Point**Airport ID: KCOECity: Coeur d'AleneState: IDCountry: USA**Time of Departure**Time: 0715Time Zone: PST**Destination**Airport ID: KGPICity: KalispellState: MTCountry: 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)

108 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 AIRCRAFT			
Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location Two pilots exited the copilot door. Three passengers exited the cabin door.			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>KGPI, Atis received at</u> Observation Time: <u>0845</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>30</u> NM Direction from Accident Site: <u>200</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☒ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☐ Internet ☐ Unknown	
Briefing Type/Completeness ☒ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☒ Unknown ☐ Partial / Limited By Briefer ☐ Not Pertinent		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported	
Visibility 10 miles			
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☐ None (clear) ☐ Broken ☒ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	
Lowest Cloud Condition Height ft AGL		Ceiling Height 2,800 ft AGL	
Wind Direction ☒ Indicated: 20 degrees MAG ☐ Variable		Wind Speed Velocity: <u>6</u> KTS -or- ☐ Calm ☐ Light and Variable	
Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting		Restriction to Visibility <i>(Check all that apply)</i> ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Type of Turbulence <i>(Check all that apply)</i> ☐ 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 PIC, Andrew Berrey obtained briefing.			
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount ☐ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed	
Icing Actual Amount ☐ None ☐ Moderate ☐ Trace ☐ Severe ☒ Light Type ☐ Rime ☐ Clear ☐ Mixed		Type of Precipitation <i>(Check all that apply)</i> ☒ 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: Andrew City: Sandpoint
 Middle Initial: W State: ID ZIP: 83864
 Last Name: Berry Country: USA

Age at time of Accident/Incident: 36 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

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

06/26/2013
 mm/dd/yyyy

Medical Certificate Limitations

none

Medical Certificate Waivers

none

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

06/27/2013
 mm/dd/yyyy

Flight Review Aircraft

Make: Beech

Model: 58P Baron

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

Type Ratings

none

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	833	330	142	657	33	35	50	0	0	0
Pilot in Command (PIC)	700	325	100	600	5	30	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	27	27	0	27	1	2	0	0	0	0
Last 30 Days	11	11	0	11	1	1	0	0	0	0
Last 24 Hours	5	5	0	5	1	1	0	0	0	0

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: Aaron City: Sandpoint
 Middle Initial: W State: ID ZIP: 83864
 Last Name: Roark Country: USA
 Age at time of Accident/Incident: 36 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	Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No	Shoulder Harness Used ☒ Yes ☐ No Available ☒ Yes ☐ No
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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>06/10/2013</u> <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

None

Medical Certificate Waivers

None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

07/26/2013
mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: PA-23

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 ☐ Free 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

SA-227

Student Endorsements (Include dates)

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	3,600	150	1,100	2,500	1,200	650	119	0	0	0
Pilot in Command (PIC)	3,300	150	1,100	2,200	1,150	550	50	0	0	0
Time as Instructor	630	0	630	0	20	0	0	0	0	0
This Make/Model					40	38	4			
Last 90 Days	3	1	3	1	0	0	0	0	0	0
Last 30 Days	1	1	0	1	0	0	0	0	0	0
Last 24 Hours	1	1	0	1	0	0	0	0	0	0

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin 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 Injury	Serious Injury	Minor Injury	No Injury	Unknown			
First Name: <u>Sean</u> City: <u>Coeur d'Alene</u> Middle Initial: _____ State: <u>ID</u> ZIP: <u>83814</u> Last Name: <u>Henry</u> Country: <u>USA</u>						5	☐	☒	☐	☐	☐	☐	☐	☒	☐	☐			
First Name: <u>Jonathan</u> City: <u>Coeur d'Alene</u> Middle Initial: _____ State: <u>ID</u> ZIP: <u>83814</u> Last Name: <u>Kersey</u> Country: <u>USA</u>						6	☐	☒	☐	☐	☐	☐	☒	☐	☐	☐	☐	☐	
First Name: <u>Fred</u> City: <u>Coeur d'Alene</u> Middle Initial: _____ State: <u>ID</u> ZIP: <u>83814</u> Last Name: <u>Oyrum</u> Country: <u>USA</u>						4	☐	☒	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐			

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.

The week of December 2, 2013 Andrew Berrey informed me of a familiarization flight for me in the BE-58P for Monday, December 09, 2013 to start at 0600 PST. The itinerary was SZT-COE-GPI with a return to GPI in the evening.

On December 9, 2013 I arrived at the hanger in SZT at 0545 PST. Mr. Berrey informed me he had 3 friends to pick up in COE at 0700 PST. I had no prior knowledge to the passenger flight.

After arrival at COE, Mr. Berrey fueled the aircraft. I informed him that I would sit in the back of the aircraft for this leg (COE-GPI). Mr. Berrey then told me he wanted me to sit in the front to familiarize myself with the instrumentation and flight procedures of the 58P Baron. Since it was my understanding that Mr. Berry would be sitting in a pilot seat and had completed all the PIC responsibilities for the flight, I agreed to sit in front left seat. It was my understanding that Mr. Berrey had originated the flight, arranged the passengers, obtained the weather briefing, filed an IFR flight plan listing himself as pilot, did the fuel and load calculations, and flight planning for the leg (COE-GPI).

We departed COE at approximately 0715 PST. I was the manipulator of the controls throughout most of the flight and at the time of the accident.

We were cleared for the ILS RWY 02 at GPI. At GLACI we became VMC. The de-ice boots were blown to rid the light ice that had accumulated and I noticed minimal ice shedding. At 2000 AGL I experienced a stuck elevator or elevator trim for approximately 5 seconds while manually flying the aircraft. I crossed the threshold at 35' AGL and 100 KIAS with 15 degrees of flaps. At approximately 12' AGL I slightly raised pitch to bleed airspeed. The aircraft buffeted, and the nose was lowered, I added power for a go-around. With full power the aircraft stalled and the left wing hit the ground. I aborted the go-around as the aircraft touched down and continued to skid off the left side of runway coming to a stop after several hundred feet. The accident took place at approximately 0900 MST.

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

Operator/Owner Safety Recommendation

Unknown.

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**12/18/2013
mm/dd/yyyy**Signature of Pilot/Operator**Signature: Type or Print Name: Aaron Roark**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**

WPR14CA067

Reviewed by NTSB Regional Office

WPR - SEA

Name of Investigator

LINK

Date Report Received

12/19/2013