

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>Novato</u> State: <u>CA</u> ZIP: _____ Country: <u>USA</u> Latitude: <u>38°08.62'N</u> (dd:mm:ss N/S) Longitude: <u>122°23.37'W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>05/27/2014</u> Local Time: <u>1:00 PM</u> mm/dd/yyyy Time Zone: <u>Pacific Time</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>Ground</u> <u>2 FT.</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>PIPER</u> Model: <u>P28A 201T</u> Serial Number: <u>28R-7703307</u> Registration Number: <u>N222RS</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>1645</u> lbs Weight at Time of Accident/Incident: <u>2075</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ 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 ☒ 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

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>04/14/2014</u> mm/dd/yyyy Airframe Total Time: <u>2065</u> 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 <u>HALON</u> <u>ELECTRICAL</u> <u>"NOT USED"</u>
ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No	ELT Manufacturer: <u>NARCO</u> Model/Series: <u>ELT-10</u> Serial Number: _____ Battery Type: <u>2 YR.</u> Battery Exp. Date: <u>02/16</u>	
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>Hartzell</u> Model: <u>BHC-C2YF-1BF</u>					
Engine Eng. 1 Eng. 2 Eng. 3 Eng. 4	Engine Manufacturer <u>Continental</u>	Engine Model/Series <u>TSIO360F</u>	Manufacturer's Serial Number <u>305327</u>	Date of Mfg. mm dd yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust <u>200</u>	Total Time (hours) <u>202.7</u>	Time Since Inspection (hours) <u>6.7</u>	Time Since Overhaul (hours) <u>889</u>

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Robert Schoenhof</u>		Owner Address City: <u>Boise</u> State: <u>IDAHO</u> ZIP: <u>83703</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Pamela J. Schoenhof</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Revenue Sightseeing Flight ☐ Yes ☒ No	
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		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: _____	
Registered Owner of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, 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)

Right Main Landing gear Collapsed.
Tip of Right wing damaged.
Entry step damaged.
Nose Wheel Bent -
Stabilator Bent

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

Airport Identifier: DVO Distance From Airport Center: _____ SM
Airport Name: GROSS Field Direction From Airport: _____ degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☒ On Airstrip Airport Elevation: 2' 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 ☐ Sideslip ☐ 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 Information
Runway ID: 31 (L/R/C) Length: 3300 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-Glassy
☐ Rough ☐ Snow Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KMAN</u> City: <u>Nampa</u> State: <u>IDAHO</u> Country: <u>USA</u>	Time of Departure Time: <u>10:00 AM</u> Time Zone: <u>Mountain</u>	Destination Airport ID: <u>DVO</u> City: <u>Novato</u> State: <u>CA</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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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 1 ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary) <u>78</u> Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5
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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

Through Right passenger door - 2 occupants

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>Nampa - AWOS</u> Observation Time: <u>5:00 AM</u> Time Zone: <u>Mountain</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) <u>AWOS</u> ☐ Company ☐ Military ☐ Internet ☐ Unknown		Method of Briefing (Check all that apply) ☐ In Person ☐ Teletype ☒ Telephone/Computer <u>ADD</u> ☐ 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		Visibility <u>10</u> 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 <u>None</u> ft AGL		Ceiling Height <u>None</u> ft AGL		
Wind Direction ☐ Indicated: _____ degrees MAG ☒ Variable	Wind Speed Velocity: <u>22</u> KTS -or- ☐ Calm ☐ Light and Variable	Wind Gusts Velocity: <u>26</u> KTS ☒ Gusting ☐ Not Gusting	Type of Turbulence (Check all that apply) ☐ None ☒ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☒ Severe <u>to</u> ☒ Moderate ☐ Moderate Chop ☐ Light	

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

Temperature: _____ (C) or <u>68</u> (F) Altimeter Setting: <u>30.1</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast 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
	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	

PILOT "A" INFORMATION																																																																																																				
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Pilot "A" Identification First Name: <u>Pamela</u> City: <u>Boise</u> Middle Initial: <u>J</u> State: <u>IDAHO</u> ZIP: <u>83703</u> Last Name: <u>Schoenhof</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>61</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED]																																																																																																				
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>07/09/2013</u> mm/dd/yyyy																																																																																											
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/27/2013</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PIPER</u> Model: <u>PA 28R 201T</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 ☐ 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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PILOT "B" INFORMATION <i>None</i>																																																																																																				
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None

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

See Attachment

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

Operator/Owner Safety Recommendation

See Attachment

NARRATIVE HISTORY OF FLIGHT

5/27/2014 - Date of Accident/Incident

Tuesday, May 27, 2014 Departed Nampa, Idaho approximately 10:00am, total flight time approximately 4 hours (4.0) Direct route by GPS , flight conditions at 8,500FT were considerably bumpy. Within the next 45 minutes to an hour with turbulence increasing, I climbed to 10,500FT. Turbulence was still moderate to severe. Reno approach cautioned all landing pilots from 12,500FT. down to 7,000FT. While still in Nevada I climbed to 12,500FT. to lessen the turbulence. I crossed the Sierra's at 12,500FT. then began a very gradual descent toward our intended destination at Gness Field Airport (DVO).

After crossing the Sierra's the turbulence completely ceased and I had a smooth ride clear to Gness Field Airport (DVO). Arriving on the 45 to Gness Field (DVO) I started to encounter some turbulence on my final descent. Upon landing I had an approximate 22 MPH crosswind. I compensated the airplane using aileron so that I could touch down on the left main and coast to a stop. While doing so half way down RWY 31 I encountered a reverse type swirl (Dust devil) which pushed my left main into the grassy strip between the runway and the return taxiway. This caused the airplane to pull to the left and crossed the grass strip which had a dip in it and the plane settled on the adjoining taxiway. With the airplane at a complete stop, I called the Gness FBO for assistance to exit the airplane as the right passenger door was jammed. Dan Jensen, Airport Mgr. used a crowbar to help unlatch the door, ultimately a screw driver worked best. We exited the airplane on the taxiway.

No injuries. While at the FBO, I made a written statement of the accident/incident. Dan Jensen, Airport Mgr. called the FAA and we called our Insurance Agent.

No Prop Strike.

RECOMMENDATION :

Perhaps I could have done a go-around, but I had already touched down.

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

06/02/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: Pamela Joyce Schoenhof

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.

WPR14CA215

Reviewed by NTSB Regional Office

WPR Federal Way, WA.

Name of Investigator

Tom Little

Date Report Received

6.5.2014