

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>Warden</u> State: <u>WA</u> ZIP: <u>98857</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>06/22/2014</u> Local Time: <u>9:30</u> mm/dd/yyyy Time Zone: <u>Pac. Bc</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>500</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Christensen Aviat</u> Model: <u>A-1 Husky</u> Serial Number: <u>1028</u> Registration Number: <u>2914Q</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>1850</u> lbs Weight at Time of Accident/Incident: <u>1725</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>29.5</u> 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>2</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>12/08/2013</u> mm/dd/yyyy Airframe Total Time: <u>675</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 _____
---	---	--

ELT Installed ELT Activated ☒ Yes ☐ No ☐ 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>HARTZELL</u> Model: <u>HCE2YK-1BF</u>
---	---	--	---

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>Licoming</u>	<u>0360-C15</u>	<u>6-31663-36A</u>	<u>12/1987</u>	<u>180</u>	<u>675</u>	<u>675</u>	<u>675</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Warden Air LLC</u>		Owner Address City: <u> </u> State: <u>WA</u> ZIP: <u>98857</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☒ Yes ☐ No		Operator of Aircraft ☒ Same As Registered Owner	
Name: <u> </u> Doing Business As: <u> </u> Air Carrier/Operator Designator (4 Character Code): <u> </u>		Operator Address ☒ Same As Registered Owner City: <u> </u> State: <u> </u> ZIP: <u> </u> Country: <u> </u>	
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	
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	
Revenue Operation ☐ Passenger/Cargo ☐ Passenger <u> </u> How many? ☐ Cargo <u> </u> lbs ☐ Mail		Air Medical Flight ☐ Yes ☒ No	
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: <u>3602442</u>		Manufacturer: <u> </u> Model: <u>191A</u>	
Registered Owner of Other Aircraft First Name: <u>N/A</u> Middle Initial: <u> </u> Last Name: <u> </u>		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☒ None	
City: <u> </u> State: <u> </u> ZIP: <u> </u> Country: <u> </u>		City: <u> </u> State: <u> </u> ZIP: <u> </u> Country: <u> </u>	
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 <u> </u> Hours <u> </u> Cycles
			Time Since This Part Inspected/Overhauled <u> </u> 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)

Leading Edge Skin, Bent Spar

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

Airport Identifier: N/A

Distance From Airport Center: _____ SM

Airport Name: _____

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: _____ 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/TWOR ☐ 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: _____ (I/R/C) Length: _____ ft Width: _____ 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
☐ Holed ☐ 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: 570
 City: Ophello
 State: WA
 Country: USA

Time of Departure

Time: 909
 Time Zone: Pacific

Destination

Airport ID: 254
 City: Warden
 State: WA
 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)

35 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

N/A

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 N/A			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ Unknown ☒ Commercial Weather Service (DUATS)	
Briefing Type/Completeness ☐ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☐ Unknown ☐ Partial / Limited By Briefer ☒ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Not Reported	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	
Lowest Cloud Condition Height N/A ft AGL		Ceiling Height N/A ft AGL	
Wind Direction ☐ Indicated: _____ degrees MAG ☒ Variable		Wind Speed Velocity: _____ KTS -or- ☒ Calm ☐ Light and Variable	
Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting		Type of Turbulence <i>(Check all that apply)</i> ☒ None ☐ In Clouds ☐ Clear Air ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Moderate ☒ Light ☐ Severe ☐ Moderate Chop	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident NONE			
Temperature: <u>16.7°</u> (C) or <u>62°</u> (F) Altimeter Setting: <u>30.01</u> in. HG or _____ MB Density Altitude: <u>1000'</u> ft Dew Point: <u>5</u> (C) or <u>41</u> (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 ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow 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>Arland Hansen</u> City: <u>Warren</u> Middle Initial: <u>R</u> State: <u>WA</u> ZIP: <u>98057</u> Last Name: <u>Hansen</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>39</u> Date of Birth: <u>mm/dd/yyyy</u> <u>1975</u> Certificate Number: <u>mm/dd/yyyy</u>																																																																																																				
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>07/29/2013</u> <i>mm/dd/yyyy</i>																																																																																												
Medical Certificate Limitations None																																																																																																				
Medical Certificate Waivers None																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/29/13</u> <i>mm/dd/yyyy</i>					Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA30</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																																																																																														
Type Ratings A/A						Student Endorsements (Include dates) N/A																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>9800</td> <td>65</td> <td>9600</td> <td>200</td> <td>131</td> <td>28</td> <td>125</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>9738</td> <td>65</td> <td>9450</td> <td>175</td> <td>120</td> <td>20</td> <td>100</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Time as Instructor</td> <td>413</td> <td>30</td> <td>313</td> <td>100</td> <td>20</td> <td>1</td> <td>20</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>This Make/Model</td> <td colspan="10"></td> </tr> <tr> <td>Last 90 Days</td> <td>175</td> <td>15</td> <td>165</td> <td>20</td> <td>5</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>Last 30 Days</td> <td>60</td> <td>10</td> <td>55</td> <td>5</td> <td>5</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>Last 24 Hours</td> <td>6</td> <td>1</td> <td>6</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> </tbody> </table>											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	9800	65	9600	200	131	28	125	2	1	1	Pilot in Command (PIC)	9738	65	9450	175	120	20	100	1	1	1	Time as Instructor	413	30	313	100	20	1	20	1	1	1	This Make/Model											Last 90 Days	175	15	165	20	5	1	1	2	1	1	Last 30 Days	60	10	55	5	5	1	1	2	1	1	Last 24 Hours	6	1	6	1	1	1	1	1	1	1
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	9800	65	9600	200	131	28	125	2	1	1																																																																																										
Pilot in Command (PIC)	9738	65	9450	175	120	20	100	1	1	1																																																																																										
Time as Instructor	413	30	313	100	20	1	20	1	1	1																																																																																										
This Make/Model																																																																																																				
Last 90 Days	175	15	165	20	5	1	1	2	1	1																																																																																										
Last 30 Days	60	10	55	5	5	1	1	2	1	1																																																																																										
Last 24 Hours	6	1	6	1	1	1	1	1	1	1																																																																																										

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

Pilot "B" Identification

Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Used	☐ Yes	☐ No
Available	☐ Yes	☐ No

Date of Last Medical

mm/dd/yyyy

Medical Certificate Waivers

mm/dd/yyyy

Flight Review Aircraft

Make: _____
Model: _____

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift

☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

[illegible]

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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							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: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Departed 254 Warden. Airport at 600am local landed
at 670 Othello, WA at 615am. Departed 670 via
47.01°N 119.27°W Potholes Reservoir ~~to~~ encountered a
Bird Strike then Proceeded Direct 254 landed without
Incident.

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

Operator/Owner Safety Recommendation

N/A

ADDITIONAL INFORMATION (Please type or print in ink)

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

N/A

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report** **Signature and Name of Pilot/Operator**06/29/2013
mm/dd/yyyy

Signature: [REDACTED]

Type or Print Name: Arland Hansen**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.**
WPR14CA276**Reviewed by NTSB Regional Office**
Federal Way, WA**Name of Investigator**
Debra Eckrote**Date Report Received**
07-02-2014