

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: Hubbard State: OR.
ZIP: 97032 Country: U.S.
Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: 07/19/2014 Local Time: 10:30
mm/dd/yyyy Time Zone: PACIFIC-DST

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

_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: ERCO-ERCOUPE
Model: 415-C
Serial Number: 2244
Registration Number: 99621 Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 1260 lbs

Weight at Time of Accident/Incident: _____ 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 **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 2

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: _____

mm/dd/yyyy

Airframe Total Time: _____ 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

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: AMERI-KING-CORP.

Model/Series: AK450

Serial Number: 462400

Battery Type: ELT-AP/AP1

Battery Exp. Date: _____

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: _____

Model: _____

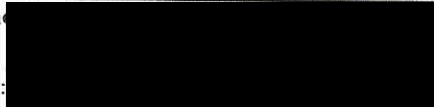
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	CONTINENTAL	C-85	1902-6127		25	2373	3.9	1410
Eng. 2			508092					
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Robert Ten Eyck

Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner: 
City: 
State: 
Country: 

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

(Check 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

(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)

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

 Airport Identifier: 759

 Distance From Airport Center: 1/2 SM

 Airport Name: Lenhardt Airpark

Direction From Airport: _____ degrees MAG

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

 Airport Elevation: 165 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 Information

 Runway ID: 02 (L/R/C) Length: 2956 ft Width: 45 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: 459
 City: Mytino
 State: _____
 Country: _____

Time of Departure

 Time: 10:15
 Time Zone: P.DST
Destination

 Airport ID: 759
 City: Hubbard
 State: OR.
 Country: U.S.A.
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)

11 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

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

climb over WINDOW (SIDE) FRAME, AIDED BY ONLOOKER, 2 people, me and passenger.

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

(Check all that apply)

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

Method of Briefing

(Check all that apply)

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

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 |

Visibility

10 miles

Sky/Lowest Cloud Condition

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

Ceiling

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

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 |

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG

☒ Variable

Wind Speed

Velocity: 4 KTS

-or-

- ☒ Calm
☐ Light and Variable

Wind Gusts

Velocity: 12? KTS

- ☒ Gusting
☐ Not Gusting

Type of Turbulence (Check all that apply)

- | | |
|---|---|
| ☐ 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: _____ (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 (Check all that apply)

- | | |
|--|---|
| ☐ 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: Robert City: [REDACTED]
 Middle Initial: R. State: [REDACTED]
 Last Name: Ten Eyck Count: [REDACTED]
 Age at time of Accident/Incident: 80 Date of Birth: [REDACTED] 1934 Certificate Number: [REDACTED]
 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

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

06/18/2014
 mm/dd/yyyy

Flight Review Aircraft

Make: ERCOUPE
 Model: 415-C

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**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	714.9		714.9							
Pilot in Command (PIC)	714.9		714.9							
Time as Instructor										
This Make/Model										
Last 90 Days			2.4							
Last 30 Days			1.6							
Last 24 Hours			0.6							

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: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____
Age at time of Accident/Incident: _____ Date of Birth: _____
Certificate Number: _____

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

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____
Model: _____

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	☐ Instrument Airplane
☐ Airplane Single-Engine	☐ Instrument Helicopter
☐ Airplane Multi-Engine	☐ Helicopter
☐ Gyroplane	☐ Glider
☐ Powered Lift	☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

[illegible]

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	☐ Center	☐ Single
		☐ Unknown	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

[illegible]

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.

LEFT 759 at 9:00 AM, LANDED 459 FOR PANCAKE
 BREAKFAST, LEFT 459 at about 10:15, AT 10:30 WAS ON
 FINAL AT 450' TO CLEAR LOW TREES IN A 'CORRIDOR'
 USED BY EVERYONE WHEN LANDING Q2. ON EACH SIDE
 OF 'CORRIDOR' ARE VERY TALL PINE TREES, IT WAS A
 BUMPY (WIND) DAY AND A CROSS WIND SHEER GUST MOVED
 THE PLANE TO THE RIGHT OF THE CORRIDOR AND THE RIGHT
 WING CLIPPED A TALL PINE, SWINGING THE PLANE TO THE
 RIGHT and directing it INTO A 'STAND' of
 KN-HARVESTED CHRISTMAS TREES BREAKING THE FORWARD
 MOTION OF THE PLANE. THE PLANE CAME TO REST NOSEDOWN.
 MYSELF AND PASSENGER RECEIVED MINOR CATS & BRUISES
 AND WENT TO HOSPITAL FOR 'CHECK UP' RELEASED ABOUT AN HOUR
 LATER. HEARD SOMEONE (ANOTHER PILOT) COMPLAINING ABOUT
 DOWN DRAFTS, THIS MAY HAVE ALSO BEEN A FACTOR.
 ENGINE WAS RUNNING STRONG AT TIME OF IMPACT.

- altitudes 'AGL' -

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

Operator/Owner Safety Recommendation

perhaps add 100' and a steeper approach.

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

Signature of

07/23/2014
mm/dd/yyyy

Signature:

Type or Print Name: Robert TenEyck

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.

WPR14CA301

Reviewed by NTSB Regional Office

Seattle, WA

Name of Investigator

Andrew L. Swick

Date Report Received

08/01/2014