

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Port Hadlock State: WA

ZIP: 98339 Country: USA

Latitude: N48° 0' 1" Longitude: 122° 50' 36"

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 01-24-2017 Local Time: 02:1435

mm/dd/yyyy

Time Zone: PST

Collision with Other Aircraft: Midair On-ground (None)

AIRCRAFT INFORMATION

Registration Number: N41663

Manufacturer: Beechcraft

Model: E17L

Serial Number: 196

Year of Manufacture: 1937

Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 3590 lbs

Weight at Time of Accident/Incident: 3058 lbs

Number of Seats: 5 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 4

Number of Engines: 1

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard ☒ Normal ☐ Restricted
Aerobatic Limited
Balloon Provisional
Commuter Special Flight
Transport Experimental
Utility Special Light-Sport
Experimental Light-Sport
Certificate of Authorization or Waiver (COA)
☒ None ☐ Unknown

Landing Gear

(Check all that apply)

☒ Retractable ☒ Tailwheel
Tricycle High Skid
Amphibian Skid
Emergency Float Ski
Float Ski/Wheel
Hull
Other Launch/Recovery System
☒ None ☐ Unknown

Engine Type (Select one)

☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>JACOBS</u>	<u>R755B2</u>	<u>11939</u>		<u>275</u>	<u>916</u>	<u>2.0</u> <u>623</u>
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
☒ Annual Unknown

Date Last Inspection: 09/02/2016

mm/dd/yyyy

Airframe Total Time: 3355 hrs

hours measured at (Select one)

☒ Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

☒ Annual
Conditional (Amateur-built only)
Manufacturer's Inspection Program
Other Approved Inspection Program (AAIP)
Continuous Airworthiness
Other, specify: _____

Description of Fire Extinguishing System

None
Specify: _____

Propeller 1

Fixed Pitch
☒ Controllable Pitch
Ground Adjustable

Manufacturer: Hamilton Standard

Model: 2B20

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACK

Model or Part No.: E-01

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft: Yes ☒ No

If not activated:

Indicate Reason: Impact Damage
Fire Damage
Battery Expired/Damaged
☒ Unknown

Additional Equipment (Check all that apply)

ADS-B
Airframe Parachute
Angle of Attack Indicator
Autopilot
Data Recorder
Electronic Flight Bag or Handheld Device
Electronic Multifunction Display
Electronic Primary Flight Display
Handheld GPS
Heads Up Display
Onboard Weather
Satellite Tracking Device
Stall Warning System
Video Recording Device
Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: JEFF DowCity: Port HadlockState: WA ZIP: 98339Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
☐ Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437
- ☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial

Public Aircraft (Select one)

- ☐ Armed Forces
☐ Federal
☐ State
☐ Local
☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- | | |
|--|--|
| ☐ Scheduled or Commuter | ☐ Domestic |
| ☐ Non-Scheduled or Air Taxi | ☐ International |
| ☐ Passenger | |
| ☐ Cargo | |
| ☐ Mail Contract Only | |

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- | | | |
|--|--|----------------------------------|
| ☐ Aerial Application | ☐ Firefighting | ☐ Unknown |
| ☐ Aerial Observation | ☐ Flight Test | |
| ☐ Air Drop | ☐ Glider Tow | |
| ☐ Air Race/Show | ☐ Instructional | |
| ☐ Banner Tow | ☐ Other Work Use | |
| ☐ Business | ☒ Personal | |
| ☐ Executive/Corporate | ☐ Positioning | |
| ☐ External Load | ☐ Skydiving | |
| ☐ Ferry | | |

Revenue Sightseeing FlightYes ☐ No ☒**Air Medical Flight**Yes ☐ No ☒**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Jefferson CountyDistance From Airport Center: 3.8 smAirport Identifier: ØS9Direction From Airport: 190° degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 110 ft. msl**Runway Information**Runway ID: 09/27 (L/R/C) Length: 3,000 ft Width: 75 ft**Runway/Landing Surface (Check all that apply)**

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

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 | |
| ☐ Slush-Covered | ☐ Vegetation | ☐ Unknown |

Approach/Departure Segment (Select one)

- | | | | | |
|--|--|---|------------------------------------|--|
| ☐ Taxi | ☐ VFR Departure | ☐ On Instrument Approach | ☐ Downwind | ☐ Low Approach |
| ☐ Takeoff | ☐ IFR Departure Procedure/Clearance | ☐ Landing | ☐ Base | ☐ Go Around |
| ☐ Initial Climb | | | ☐ Final | ☐ Aborted Landing (after touchdown) |
| | | | ☐ Crosswind | ☒ Unknown |

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>JEFFREY W. HINGTON DOW</u> City of Residence: <u>Port Ludlow</u> Middle Initial: <u>W</u> State: <u>WA</u> ZIP: <u>98365</u> Last Name: <u>DOW</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>58</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0" style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>			Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☒ 3-point	☒ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																															
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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 ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>10/17/2016</u> mm/dd/yyyy																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/25/2016</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Boeing</u> <u>767</u> Model: <u>767</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 ☐ 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 <u>Boeing 767 / 757</u>						Student Endorsements (Include dates)																																																																																														
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"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

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

Certificate Number: _____

Degree of Injury		Seat Occupied		Restraint Type		Inflatable Restraints
None	Fatal	Left	Front	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Minor	Unknown	Right	Rear	None	None	
Serious		Center	Single	Lap only	Lap only	
				3-point	3-point	
				4-point	4-point	
				5-point	5-point	
Pilot Certificate(s) (Check all that apply)						
None		Flight Instructor	Commercial	US Military		
Private		Recreational	Airline Transport	Foreign		
Student		Sport	Flight Engineer			

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
Pilot	None	Without limitations/waivers	Unknown
Other	Class 1	With limitations/waivers	N/A
Unknown	Class 2	Special Issuance	mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	None Airship 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)

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address				Seat Occupied		Injury
First Name: _____		City of Residence: _____		Left	Front	None
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor
Last Name: _____		Country: _____		Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

Crew Name and Address				Seat Occupied		Injury
First Name: _____		City of Residence: _____		Left	Front	None
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor
Last Name: _____		Country: _____		Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____					None	None		
Last Name: _____ Country: _____					Lap Only	Lap Only		
Crew Passenger Other					3-point	3-point		
					4-point	4-point		
					5-point	5-point		
					Unknown	Unknown		
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____					None	None		
Last Name: _____ Country: _____					Lap Only	Lap Only		
Crew Passenger Other					3-point	3-point		
					4-point	4-point		
					5-point	5-point		
					Unknown	Unknown		
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____					None	None		
Last Name: _____ Country: _____					Lap Only	Lap Only		
Crew Passenger Other					3-point	3-point		
					4-point	4-point		
					5-point	5-point		
					Unknown	Unknown		
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Middle Initial: _____ State: _____ ZIP: _____					None	None		
Last Name: _____ Country: _____					Lap Only	Lap Only		
Crew Passenger Other					3-point	3-point		
					4-point	4-point		
					5-point	5-point		
					Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>059</u> City: <u>Port Townsend</u> State: <u>WA</u> Country: <u>USA</u>	Time of Departure Time: <u>1415</u> Time Zone: <u>PST</u>	Destination Airport ID: <u>059</u> City: <u>Port Townsend</u> State: <u>WA</u> Country: <u>98739</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR VFR/IFR IFR Unknown Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D Class E ☒ Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown				Altitude of In-Flight Occurrence: <u>900</u> ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather Company Military Internet None Unknown	Weather Observation Facility Facility ID: <u>059 AWOS</u> Observation Time: <u>1415</u> Time Zone: <u>PST</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition Dawn Day Dusk Night Dark Night Bright Night Unknown
Sky/Lowest Cloud Condition Clear Few Partial Obscuration ☒ Scattered ☒ Thin Broken ☒ Thin Overcast ☐ Unknown	Ceiling None (Clear) ☒ Broken Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl
Lowest Cloud Condition Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB

Wind Direction Variable -or- Direction: <u>090</u> degrees true	Wind Speed Calm ☒ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) ☒ None Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	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
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Icing Forecast Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Icing Actual Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Turbulence Type (Check all that apply) ☒ None Clear Air Terrain-Induced Convective Turbulence Severity Light Moderate Severe Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor

☒ Substantial
Destroyed
Unknown

Aircraft Fire

☒ None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

☒ None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

Lower wings damaged from water impact
Lower fuselage damaged from water impact
A/c submerged in water

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Departed Rwy 09, at 0859 APPX 1415 PST
Departed pattern to north around shoreline
Followed shoreline around Port Townsend then south into
Discovery bay.
Was proceeding east over Discovery Bay at 900' Climbing
Fuel pressure dropped to zero with low pressure light & gauge at
0 PSI.
Switched from top tank to main tank and turned on electric fuel
pump - pressure remained at zero.
Did emergency procedures for engine failure, cycled mag, mixture
rich, carb heat on, throttle in, cycled master switch.
At same time turned aircraft south to stay over water and
avoid tall trees to the east.
Cycled fuel pump switch, still no fuel pressure
low on altitude about 200' MSL/AGL, tried other top tank
to get gravity pressure, no result.
Stopped engine/fuel pressure procedures & started landing
prep.
Aligned aircraft with shoreline heading south
Held minimum airspeed until impact, kept wings level.
Egressed aircraft & swam approx 80 ft to shore

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
(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

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**
(Convert from pounds, as necessary)_____ 66 _____ Gallons**Fuel Type**

80/87

115/145

Jet B

Other, specify _____

☒ 100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

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

EXITED MAIN DOOR ON LEFT OF ACFT**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed
SubstantialMinor
None**Registered Owner of Other Aircraft**

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

02/09/2017
mm/dd/yyyy

Name of Pilot/Operator:

Jeffrey W Dow

Signature:

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLYNTSB Accident/Incident No.
wpr17LA058Reviewed by NTSB Regional Office
WPRName of Investigator
Z. KeliherDate Report Received
2-13-17