

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: Cascade State: ID

ZIP: _____ Country: _____

Latitude: 44.24.672 N Longitude: 115.40.648 W

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

Accident/Incident Date/Time

Date: 9/02/2017 Local Time: 10:30 AM

mm/dd/yyyy

Time Zone: MT

Collision with Other Aircraft: ☐ Mid-air ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N65EW

Manufacturer: Glassstar

Model: GS-1

Serial Number: 5296

Year of Manufacture: 1998

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

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: _____ Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

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
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☒ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

- ☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

- ☐ Retractable

- ☐ Tricycle ☒ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski Wheel

☐ 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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng 1	<u>Lycoming</u>	<u>0320</u>		<u>10/1/98</u>	<u>190</u>			
Eng 2								
Eng 3								
Eng 4								

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 (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: Hartzell

Model: _____

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (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		City: <u>Nampa</u>	
Name: <u>Michael Berardinelli</u>		State: <u>ID</u>	ZIP: <u>83687</u>
Fractional Ownership Aircraft: ☐ Yes ☒ No		Country: <u>USA</u>	
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 <i>(Check all that apply)</i>		Regulation Flight Conducted Under	
☐ 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		☒ 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-U.S. Commercial ☐ Non-U.S. Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	
Revenue Sightseeing Flight ☐ Yes ☒ No		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i>	
		☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i>	
		☐ 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	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: _____		Distance From Airport Center: _____ sm	
Airport Identifier: _____		Direction From Airport: _____ degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Airport Elevation: _____ ft. msl	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		☐ 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 <i>(Select one)</i>			
☐ 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 <i>(Check all that apply)</i>		VFR Approach <i>(Check all that apply)</i>	
☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TWOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ Unknown ☐ RNAV		☐ 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: Andrew Akin

City of Residence: Fairburn

Middle Initial: D.

State: GA

ZIP: 30213

Last Name: Akin

USA

Age at time of Accident/Incident: 54 Date of Birth: 11/2 mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☒ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Restraint Type

Available

☐ None
☐ Lap only
☐ 3-point
☒ 4-point
☐ 5-point
☐ Unknown

Used

☐ None
☐ Lap only
☐ 3-point
☒ 4-point
☐ 5-point
☐ Unknown

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

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

Feb 2017
mm/dd/yyyy

Medical Certificate Limitations

none

Medical Certificate Special Issuance

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

mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 172

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

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
Total Time	998+	1.5 hrs	998+	0	75 hrs	70 hrs				
Pilot in Command (PIC)	998+									
Time as Instructor										
This Make Model										
Last 90 Days	5 hrs									
Last 30 Days	3 hrs									
Last 24 Hours	1.5 hrs	1.5 hrs								

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ 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 cabin crew; continue on separate sheet if necessary)						
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints
First Name: <u>David</u> City: <u>Borke</u> Middle Initial: <u>R.</u> State: <u>ND</u> ZIP: _____ Last Name: <u>Henderson</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other		☐ Left ☐ Center ☒ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☒ Serious ☒ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown		☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>High Valley</u> City: <u>Swanson</u> State: <u>ID</u> Country: <u>USA</u>	Time of Departure Time: <u>10:</u> Time Zone: <u>Pacific</u>	Destination <u>Sulphur</u> Airport ID: <u>Sulphur Creek</u> City: <u>(ID: 74)</u> State: <u>ID</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
--	---	---	---

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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93			
			Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☒ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
--	---

Basic Conditions ☒ VMC ☐ DMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Obscured ☐ Few ☐ Thin Overcast ☐ Broken ☐ Indefinite ☐ Partial Obscuration ☐ Unknown ☐ Overcast ☐ Unknown ☐ Scattered	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.00</u> in Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast Ceiling Height _____ ft agl

Wind Direction ☐ Variable -or- <u>none</u> Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>6</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
---	---	--	--

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 ☐ Fog ☐ Ground Fog ☐ Blowing Dust ☐ Haze ☐ Ice Fog ☐ Blowing Sand ☒ Smoke ☐ Unknown ☐ Blowing Snow ☐ Blowing Spray ☐ Dust
--	--	---

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
---	---	--

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 ☐ Substantial
☐ Minor ☒ Destroyed
☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

Aircraft was totally destroyed. - wings broken off.

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

I met with previous owner and got first look at airplane. He called an instructor to give about an hours worth of instruction. After an hour of touch and go's, one of the local pilots and I had lunch at the airport restaurant.

I decided to use WingExPro as my main navigation tool, and to use onboard GPS as back up. It wouldn't work on the Droid pad that I owned, so a local pilot drove me to a Verizon store to purchase an iPad. We then drove back to the airport where I topped off the plane. About 5:30 p.m. I departed Nampa for High Valley Swanson, an airstrip near my cousin's cabin.

On the short flight to Hidden Valley Swanson, I had difficulty keeping the CHT below 400 degrees.

I touched down at High Valley Swanson, met my cousin, who took me to his cabin, where I stayed the night with his wife and daughter. The next morning we woke up and went back to High Valley Swanson and did a thorough pre-flight. We climbed into the plane and strapped in. I assisted my cousin, since he was unfamiliar with the shoulder harness.

After departing to the south, and climbing for a few minutes, we turned north and continued climbing. During the climb, it was difficult to keep the CHT below 400 degrees. I think it went as high as 435 degrees at one point. When we saw the Cascade Valley, we headed east toward Sulphur Creek. Some time after that, I found myself in a box canyon. I turned to the right to reverse course, but the wing stalled, and we dropped into the side of the mountain.

I believe I was unconscious for two hours. Once I came to, I unbuckled my seat belt/shoulder harness and reached over to unbuckle my cousin's harness, and noticed that →

RECOMMENDATION (How could this accident/incident have been prevented?)										
Operator/Owner Safety Recommendation ① USE A MORE APPROPRIATE AIRCRAFT FOR MOUNTAIN FLIGHT SUCH AS A SCOUT, SUPERCUB OR HUSKEY. ②. ENTER BOX CANYON HIGHER THAN EXIT RIDGE. ③. PRIOR INSTRUCTION IN HIGH MOUNTAIN FLYING BY A QUALIFIED CFI.										
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.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Total Time/Cycles On Part</td> </tr> <tr> <td style="padding: 2px;">_____ Hours</td> </tr> <tr> <td style="padding: 2px;">_____ Cycles</td> </tr> <tr> <td style="padding: 2px;">Time Since This Part Inspected/Overhauled</td> </tr> <tr> <td style="padding: 2px;">_____ Hours</td> </tr> </table>	Total Time/Cycles On Part	_____ Hours	_____ Cycles	Time Since This Part Inspected/Overhauled	_____ Hours				
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) 43 ± Gallons	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130 </td> <td style="vertical-align: top;"> ☐ 115/145 ☐ Jet A ☐ Jet A-1 </td> <td style="vertical-align: top;"> ☐ Jet B ☐ JP8 ☐ Automotive </td> <td style="vertical-align: top;"> ☐ Other, specify _____ </td> </tr> </table>	Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130	☐ 115/145 ☐ Jet A ☐ Jet A-1	☐ Jet B ☐ JP8 ☐ Automotive	☐ Other, specify _____					
Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130	☐ 115/145 ☐ Jet A ☐ Jet A-1	☐ Jet B ☐ JP8 ☐ Automotive	☐ Other, specify _____							
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 										
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)										
Aircraft Registration Number _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Manufacturer: _____</td> <td style="width: 50%;">Model: _____</td> </tr> </table>	Manufacturer: _____	Model: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Damage to Other Aircraft</td> </tr> <tr> <td style="padding: 2px;">☐ Destroyed</td> <td style="padding: 2px;">☐ Minor</td> </tr> <tr> <td style="padding: 2px;">☐ Substantial</td> <td style="padding: 2px;">☐ None</td> </tr> </table>	Damage to Other Aircraft		☐ Destroyed	☐ Minor	☐ Substantial	☐ None
Manufacturer: _____	Model: _____									
Damage to Other Aircraft										
☐ Destroyed	☐ Minor									
☐ Substantial	☐ 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

from p. 9

his belt was already unbuckled. The next thing I remember, I was wedged between a rock and the right wing on the right side of the plane. I was trying my best to administer mouth-to-mouth resuscitation to my cousin. I noticed he had no breath or pulse, so I pulled my cell phone out and dialed 911. The reception was poor, so I crawled up a few feet to a rock and dialed 911 again. Someone answered and I told them I had crashed and gave them my approximate location.

After some time passed, a logging helicopter flew over, waved and flew off. Approximately one hour later, the rescue helicopter arrived, pulled me up and took me to Cascade Emergency Room.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

09/18/17

mm/dd/yyyy

Name of Pilot/Operator:

ANDREW DAVID AKIN

Signature:

[Redacted 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 ONLY**

NTSB Accident/Incident No.

WP417A195

Reviewed by NTSB Regional Office

WPR

Name of Investigator

10/4/17

Date Report Received

[Redacted Date]