

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		Accident/Incident Date/Time	
Nearest City/Place: <u>SUTTER</u> State: <u>CA</u>		Date: <u>05/05/2019</u> Local Time: <u>10:06</u>	
ZIP: <u>95982</u> Country: <u>USA</u>		mm/dd/yyyy Time Zone: <u>PDT</u>	
Latitude: <u>39°11'37.51N</u> Longitude: <u>121°42'52.7W</u>		Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None	
(Enter in decimal degrees or degrees:minutes:seconds)			

AIRCRAFT INFORMATION

Registration Number: <u>N3630D</u>		☐ IFR-Equipped and Certified	
Manufacturer: <u>Schweizer</u>		☐ Commercial Space Flight	
Model: <u>G-164B</u>		☐ Unmanned Aircraft	
Serial Number: <u>7568</u>		Maximum Gross Weight: _____ lbs	
Year of Manufacture: <u>1984</u>		Weight at Time of Accident/Incident: _____ lbs	
Amateur-Built: ☒ Yes ☐ No		Number of Seats: <u>1</u> Flight Crew Seats: <u>1</u>	
If Yes: ☐ Kit/Plans ☐ Original Design		Cabin Crew Seats: _____ Passenger Seats: _____	
		Number of Engines: <u>1</u>	

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☐ Normal</td> <td>☒ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table>	Standard	Special	☐ Normal	☒ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> ☐ 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 ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel-Injected
Standard	Special																		
☐ 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																			

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)	Overhaul (hours)
Eng. 1	Pratt & Whitney	PT6-34	P-56197	06/17/95	750	13646	55	3660
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ AAIP ☒ Annual ☐ Continuous Airworthiness ☐ Conditional Inspection ☐ Unknown Date Last Inspection: <u>03/20/2019</u> mm/dd/yyyy Airframe Total Time: <u>13561.2</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: <u>HC-B3TN-3D/T10282N+4</u> </td> <td style="width: 50%; vertical-align: top;"> Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____ </td> </tr> </table> 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	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: <u>HC-B3TN-3D/T10282N+4</u>	Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____
Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: <u>HC-B3TN-3D/T10282N+4</u>	Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____		

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✱

"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: Brandon Van DykeCity of Residence: Rio OsoMiddle Initial: CState: CAZIP: 95674Last Name: Van DykeCountry: USAAge at time of Accident/Incident: 29Date of Birth: [REDACTED] mm/dd/yyyyCertificate Number: [REDACTED]**Degree of Injury**
☒ None
 ☐ Fatal
 ☐ Minor
 ☐ Unknown
 ☐ Serious
Seat Occupied
☐ Left
☐ Front
☐ Unknown
☐ Right
☐ Rear
☒ Single
☐ Center
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 Medical02/27/2019
mm/dd/yyyy**Medical Certificate Limitations****Medical Certificate Special Issuance****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**01/05/2019
mm/dd/yyyy**Flight Review Aircraft**Make: Piper
Model: PA-18-150**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
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
Type RatingsComplex, High HP, Tailwheel**Student Endorsements (Include dates)****Flight Time (Enter appropriate number of hours in each box)**

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	5,409.7	423.4	5409.7		13.1	—	10.1			
Pilot in Command (PIC)	5,359.6	423.4	5359.6							
Time as Instructor										
This Make/Model										
Last 90 Days	103.1	98.1	103.1							
Last 30 Days	85	80	85							
Last 24 Hours	8	8	8							

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: <u>Dirt Cropduster</u> State: <u>Runway</u> Country: _____	Time of Departure Time: <u>10:05 +/-</u> Time Zone: <u>PDT</u>	Destination Airport ID: _____ City: _____ State: _____ Country: _____	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	☐ 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	Altitude of In-Flight Occurrence: _____ ft msl
☐ 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		

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

☐ IMC

☐ Unknown

Light Condition

☐ Dawn
 ☐ Dusk | ☐ Dark Night | ☐ Unknown || ☒ Day | ☐ Night | ☐ Bright Night | |

Sky/Lowest Cloud Condition

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

Lowest Cloud Condition Height

_____ ft agl

Ceiling

☒ None (Clear)
 ☐ Obscured || ☐ Broken | ☐ Indefinite |
| ☐ Overcast | ☐ Unknown |

Ceiling Height

_____ ft agl

Temperature: _____ (C) or 80 (F)**Dew Point:** _____ (C) or _____ (F)**Altimeter Setting:** _____ in. Hg
or _____ MB**Wind Direction**☐ Variable-or-
Direction: _____ degrees true**Wind Speed**☐ Calm
☐ Light and Variable-or-
Speed: _____ kts**Wind Gusts**☐ Not Gusting-or-
Speed: _____ kts**Visibility** _____ 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	☐ Drizzle	☐ Freezing Rain
☐ Rain	☐ Ice Pellets	☐ Snow Shower
☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower
☐ Hail	☐ Snow Grains	☐ Freezing Drizzle
☐ Rain Showers	☐ Ice Crystals	

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

Icing Forecast

Amount	Type
☒ None	☐ N/A
☐ Trace	☐ Rime
☐ Light	☐ Clear
☐ Moderate	☐ Mixed
☐ Severe	☐ Unknown
☐ Unknown	

Icing Actual

Amount	Type
☒ None	☐ N/A
☐ Trace	☐ Rime
☐ Light	☐ Clear
☐ Moderate	☐ Mixed
☐ Severe	☐ Unknown
☐ Unknown	

Turbulence

Type (Check all that apply)	Severity
☒ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ 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 <i>(Use additional sheet if necessary)</i> Propeller, Engine, left wing damage, landing gear wiped destroyed, Tail wheel destroyed, fuselage damage Propeller & Engine Destroyed		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>		
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.		

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)

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.

On the 18th takeoff of the day, I departed the gravel runway Southbound with a 3/4 tank of fuel and 2500 pounds of 9-24-24 fertilizer. After a normal takeoff I climbed up to a cruise altitude of 500 ft AGL. I set my power to 36 pounds of torque and propeller RPM to 2000. About fifteen seconds went by and my power seemed to go away. Being loaded and heavy I started to descend, I advanced power lever to full power with no change in sound or rate of descent. I then jettisoned my load of fertilizer and spotted a roadpad in the distance and tried to land there. My plane landed short of the roadpad and impacted prune trees and stopped in 100 ft or so. I exited the cockpit and got away from the wrecked air plane. I noticed that it was still running at an idle on the ground. I then pulled the fuel condition lever to

cutoff position, shut master off and turned off the fuel supply.
 Departure 10:05am Time to 10:10am Time to 10:17am

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)

EST 45 GAL 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

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

1 pilot, opened left window and climbed out

OTHER AIRCRAFT - COLLISION (If an on-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

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

05/10/2019
mm/dd/yyyy

Name of Pilot/Operator

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.
WPR19LA137Reviewed by NTSB Regional Office
WPR - Federal WayName of Investigator
S. SteinDate Report Received
May 10, 2019