

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: SALEM AIRPORT (KSLE) State: OR

ZIP: _____ Country: _____

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 06/04/2020 Local Time: 1821

mm/dd/yyyy

Time Zone: PDT

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N82447

Manufacturer: PIPER

Model: PA-36

Serial Number: 36-917

Year of Manufacture: 1965

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 3,800 lbs

Weight at Time of Accident/Incident: 3,400 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 3

Number of Engines: 2

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

☐ Amphibian

☐ Emergency Float

☐ Float

☐ Hull

☐ Other Launch/Recovery System

☐ None

☐ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

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

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	LYCOMING	I0-320-C1A	L-1884-55A		160		25.3	1045.8
Eng. 2	LYCOMING	I0-320-C1A	L-1881-66E		160		25.3	1045.8
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour
- ☐ AAIP
- ☒ Annual
- ☐ Continuous Airworthiness
- ☐ Conditional Inspection
- ☐ Unknown

Date Last Inspection: 03/10/2020

mm/dd/yyyy

Airframe Total Time: 4785 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: HC-E2YL-2B5

Propeller 2

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: HARTZELL

Model: HC-E2YL-2BLS

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

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

NO
CRASH

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: TRUDEL JOHN DBA TRUDEL GROUPCity: NEWBERGState: OR ZIP: 97132Fractional Ownership Aircraft: ☐ Yes ☐ NoCountry: USA**Operator of Aircraft**☒ Same As Registered OwnerName: JOHN TRUDEL☒ Same Address as Registered OwnerCity: NEWBERGDoing Business As: TRUDEL GROUPState: OR ZIP: 97132

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

Country: USA**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 Flight☐ Yes ☒ 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: MENARY FIELDDistance From Airport Center: N/A smAirport Identifier: KSLEDirection From Airport: N/A degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 243 ft. msl**Runway Information**Runway ID: 34 (L/R/C) Length: 5,146 ft Width: 100 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: JOHN City of Residence: NEW BERG
 Middle Initial: D State: OR ZIP: 97132
 Last Name: TRUDEL Country: USA
 Age at time of Accident/Incident: 77 Date of Birth: [REDACTED] 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

12/11/2019
 mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTING LENSES

Medical Certificate Special Issuance

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

12/09/2019
 mm/dd/yyyy

Flight Review Aircraft

Make: PIDGER
 Model: PA-30

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
						Actual	Simulated			
Total Time	4562	2533	2,029	3,533	200	1500	400			
Pilot in Command (PIC)	4500	2506								
Time as Instructor										
This Make/Model										
Last 90 Days	30	30								
Last 30 Days										
Last 24 Hours										

[illegible]

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		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Private ☐ Recreational ☐ Student ☐ Sport ☐ Commercial ☐ US Military ☐ Airline Transport ☐ Foreign ☐ Flight Engineer			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	
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		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Private ☐ Recreational ☐ Student ☐ Sport ☐ Commercial ☐ US Military ☐ Airline Transport ☐ Foreign ☐ Flight Engineer			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	
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	Age	
First Name: <u>PATRICIA</u> City: <u>NEW BERG</u> Middle Initial: <u>A</u> State: <u>OR</u> ZIP: <u>97132</u> Last Name: <u>TRUDEL</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	☐ Under 5 years 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	☐ Under 5 years 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	☐ Under 5 years 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	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>KMER</u> City: <u>MEDFORD</u> State: <u>OR</u> Country: <u>USA</u>		Time of Departure Time: <u>~1500</u> Time Zone: <u>PDA</u>		Destination Airport ID: <u>KMMV</u> City: <u>McMINNVILLE</u> State: <u>OR</u> Country: <u>USA</u>
Type Flight Plan Filed ☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☒ IFR ☐ Unknown Activated? ☐ Yes ☒ No ☐ Unknown				
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>N/A</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>KSLF</u> Observation Time: <u>1820</u> Time Zone: <u>PDA</u> Distance from Accident Site: <u>ZERO</u> nm Direction from Accident Site: _____ degrees true	
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 Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft agl		
Wind Direction ☒ Variable -or- Direction: _____ degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>6</u> kts		Wind Gusts ☐ Not Gusting -or- Speed: <u>18</u> kts
Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		Temperature: <u>22</u> (C) or _____ (F) Dew Point: <u>7</u> (C) or _____ (F) Altimeter Setting: <u>29.91</u> in. Hg or _____ MB		
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		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)

SEE NTSB PRELIMINARY REPORT
WPR 70 LA 252

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.

SEE ATTACHED NASA FORM INFO.
(MY MEMORY WAS MORE CURRENT
WHEN I FILED THAT.)

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

Operator/Owner Safety Recommendation

IN MY OPINION THERE IS A MAJOR PROBLEM
WITH PIPER COMANCHE TRUNNIONS. THEY
HAVE BEEN FAILING FOR AT LEAST TWO
DECADES.

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.)

MAJOR CATASTROPHIC FAILURE OF
RIGHT TRUNNION UPON GEAR
RETRACTION.

* ABOUT 50 HOURS SINCE COMPLIANCE
WITH 1,000 HOUR GEAR AD

Total Time/Cycles
On Part

4810.3 Hours

Cycles

Time Since This Part
Inspected/Overhauled

30 Hours *

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

90

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

N/A

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

MAIN DOOR. TWO OCCUPANTS. WIFE FIRST, THEN ME.

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

N/A

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

10/06/2020

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.

WPR20LA252

Reviewed by NTSB Regional Office

AS-WPR

Name of Investigator

Tealeye Cornejo

Date Report Received

10/06/2020



NASA AVIATION SAFETY REPORTING SYSTEM

Thank you for submitting your report on **2020-07-08 16:22:04**

Your receipt code is: [REDACTED]

Your report has been securely submitted to the NASA Aviation Safety Reporting System (ASRS). No identifying information will be kept in our system after our review. Your Identification Strip (ID Strip) will be printed, date stamped, and mailed back to you at the address you have provided. When this ID Strip is removed, your name has been removed from our system and your report is being processed.

Your receipt code is simply a number that indicates that we have received your report electronically. This number is not linked to your report. ASRS recommends you record and/or print your receipt code, if you may do so securely.

Thank you for your contribution to aviation safety!



When complete, close this window to further ensure the privacy of your report information.

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DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.
ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA.
ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip.
NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.



TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

HOME [REDACTED] HOURS 9-5 local
OTHER [REDACTED] HOURS 24/7

NAME John D. Trudel

ADDRESS/PO BOX [REDACTED]

ADDRESS LINE 2

CITY Newberg STATE OR ZIP 97132

TYPE OF EVENT/SITUATION
Incident, No injuries, major damage to
A/C. NTSB is investigating.

DATE OF OCCURRENCE (MM/DD/YYYY)
06/04/2020

LOCAL TIME (24 HR. CLOCK) [HH:MM]
18:30

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER		FLYING TIME (IN HOURS)	
Pilot Flying		Total Time: 4562hrs	
		Last 90 Days: 30hrs	
		Time in Type: 2533hrs	
CERTIFICATES & RATINGS		ATC EXPERIENCE	
Private			
Multiengine		Radar yrs	Supervisory yrs
Instrument		Non-Radar yrs	Military yrs
AIRSPACE	CONDITIONS / WEATHER ELEMENTS	LIGHT / VISIBILITY	ATC / ADVISORY SVC.
Class D	VMC	Daylight	Tower
	Other: Clear	Ceiling: feet	ATC Facility Name: KSLE
		Visibility: miles	
		RVR: feet	

AIRCRAFT 1	
Your Aircraft Type	PA30 C/R (Make / Model, e.g. B737, NOT N#, Flt #, etc)
Operator FAR Part	91 Other:
Operator	Personal Other:

Mission **Personal** **Other: Returning Biz/Vacation**

Flight Plan **None**

Flight Phase **Landing** **Other: Emergency Handling**

Route in Use **None**

IF MORE THAN ONE AIRCRAFT WAS INVOLVED, PLEASE ADD AN ADDITIONAL AIRCRAFT.

AIRCRAFT 2

Other Aircraft Type (Make / Model, e.g. B737, NOT N #, Flt #, etc)

Operator FAR Part **Other:**

Operator **Other:**

Mission **Other:**

Flight Plan

Flight Phase **Other:**

Route in Use

LOCATION

CONFLICTS

Altitude: 0 (single
value) **AGL**

Distance: and/or Radial: (bearing) from:

Airport: KSLE

Estimated miss distance in feet:

Horizontal

Vertical

Was evasive action taken?

Was TCAS a factor?

Did terrain warning system activate?

DESCRIBE EVENT/SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation.

I am retired from High Tech and now write Thriller novels. We were returning from a short vacation, our 24th anniversary, where we visited friends and gave out promo copies of my novels. This flight was our return, coming home from KMFR to KMMV where we are based.

I had filed IFR from KMFR to KMMV, but never activated it. Instead we took flight following.

The weather was good.

On the departure from KMFR there was a loud "Clunk" when the gear was coming up, a sound we'd never heard before. The gear came up normally and the yellow "up light" came on. Airspeed was normal. The nose gear showed up in the small mirror on my left engine nacelle.

The flight to KMMV was normal, but when we approached the pattern, slowed, and lowered the gear, the green light did not come on. The nose gear doors were open, but the nose wheel was not down.

We reported a problem on unicom, climbed back up to 3,000 feet, and tried to get the gear down. Repeated attempts (~ 6) to extend it failed and kept popping the circuit breaker. Repeated attempts to retract it fully (~ 2 or 3) had the same result.

Two observers on the ground and one in the air (that came by under us to look) reported the nose gear was not down, and the mains were about 20% down.

I tried the emergency procedures, which are purely mechanical. Normally you slow and pull a release lever, the gear falls free, and you put a large lever in place (think pry bar) to push the nose wheel forward past the over-center locks. The system was totally jammed. I tried for some time, but could not free it, not with all my strength, and not by wiggling the lever.

I then called my mechanic, Graham, on my cell phone. He had me explain what I'd done. There was a long silence. I asked, "What else can I do?" The answer was "nothing."

The fire department was dispatched, and I was told to land on RWY 35. When the trucks were in position, I approached to land, but the fire department (on unicom) asked me not to, that they had a better idea. They wanted me to divert to KSLE because it had better fire and rescue facilities. I went back to altitude, we discussed it, and I agreed and complied.

The tower at Salem had me fly by. The controller said the mains were 40% down. It made no difference, they were stuck. I told the tower I'd approach for 34 and land if it looked good, and, if not, I'd make another pass. She cleared to do that. It looked good on the first pass and we landed, sliding to a stop in about 900 feet.

There was no fire and my wife and I are fine. The rescue people were great. There was extensive damage to the airplane.

Still standing on the runway, the incident commander, the airport manager at KSLE, asked me if I was willing to be interviewed by NTSB and the FAA. I agreed. We did the interview on the phone from his truck and I answered all questions. I said that I'd owned my plane for 24 years and had NEVER heard of a failure like what we had, and that my plane had only recently (it turns out to be 45.4 hours) complied with the 1,000 hour Comanche gear AD.

The NTSB asked to go off line to confer with the FAA. She came back on, said they were going to have an investigation of this incident. She asked that my plane be moved to a secure facility pending the FAA investigation.

I am providing information to the FAA and have been asked not to discuss the matter with others pending completion of their investigation. The cause of this failure is, as yet, unknown.

CHAIN OF EVENTS

- How the problem arose
- Contributing factors
- How it was discovered
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgements, decisions
- Factors affecting the quality of human performance
- Actions or inactions

NASA ARC 277B (May 2009)

GENERAL FORM

OMB No. 2700-0172 Exp 7/31/2022

v1.4.0

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From the NASA Aviation Safety Reporting System:

NASA has established an Aviation Safety Reporting System (ASRS) to identify issues in the aviation system which need to be addressed. The program of which this system is a part is described in detail in FAA Advisory Circular 00-46D. Your assistance in informing us about such issues is essential to the success of the program. Please fill out this form as completely as possible.

The information you provide on the identity strip will be used only if NASA determines that it is necessary to contact you for further information. THIS IDENTITY STRIP WILL BE RETURNED DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

Section 91.25 of the Federal Aviation Regulations (14 CFR 91.25) prohibits reports filed with NASA from being used for FAA enforcement purposes. This report will not be made available to the FAA for civil penalty or certificate actions for violations of the Federal Air Regulations. Your identity strip, stamped by NASA, is proof that you have submitted a report to the Aviation Safety Reporting System. We can only return the strip to you, however, if you have provided a mailing address. Equally important, we can often obtain additional useful information if our safety analysts can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you.

NOTE: Aircraft accidents should not be reported on this form. Such events should be filed with the National Transportation Safety Board as required by NTSB Regulation 830.5 (49CFR830.5).

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 2700-0172 and it expires on 7/31/2022. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: P.O. Box 189 Moffett Field, CA 94035-0189. Send only comments relating to our time estimate to this address.

Thank you for your contribution to aviation safety.