

# 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: Royal City State: WA

ZIP: 99357 Country: Canada

Latitude: 99357 Longitude: ?

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

### Accident/Incident Date/Time

Date: 4/3/21 Local Time: 11:AM

mm/dd/yyyy

Time Zone: PST

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

## AIRCRAFT INFORMATION

Registration Number: N82094

Manufacturer: Cessna

Model: 175B

Serial Number: 17556909

Year of Manufacture: 1960

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2350 lbs

Weight at Time of Accident/Incident: 1852 lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: 2 Passenger Seats: 1

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
- ☐ 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)

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

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>LYC</u>          | <u>O-360-A1A</u>    | <u>17556909</u>              | <u>1/28/20</u>             | <u>180</u>                                                                                           | <u>2324</u>           |                                      | <u>75</u>           |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 8/28/20

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: \_\_\_\_\_

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

### Propeller 2

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

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

### 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: Forester Dwin E

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: Tonopah  
 State: NV ZIP: 89049  
 Country: NVE USA

## Operator of Aircraft ☐ Same As Registered Owner

Name: Dwin Forester

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

## ☐ Same Address as Registered Owner

City: Royal City  
 State: WA ZIP: 99357  
 Country: GRANT

## 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: Home  
 Airport Identifier: 17201 R d H B. W  
 Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: \_\_\_\_\_ sm  
 Direction From Airport: \_\_\_\_\_ degrees true  
 Airport Elevation: 1120 ft. msl

## Runway Information

Runway ID: 17201 R d H B. W (L/R/C) Length: 1500 ft Width: 150/200

## 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 ☐ Instrument Approach ☒ Downwind  
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base  
☐ Initial Climb ☐ Low Approach ☐ Go Around  
☐ Aborted Landing (after touchdown)  
☐ Unknown

## IFR Approach (Check all that apply)

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

City of Residence: Royal City

Middle Initial: E

State: WA   ZIP: 99357

Last Name: Forester

Country: USA

Age at time of Accident/Incident: 83   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**

4-02-21  
mm/dd/yyyy

### **Medical Certificate Limitations**

NONE

### **Medical Certificate Special Issuance**

NONE

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

1/18/21  
mm/dd/yyyy

### **Flight Review Aircraft**

Make: Cessna  
Model: 175B

### **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**

Third Class

### **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                                                  | <u>1170</u>       | <u>175B</u>       | <u>1</u>               | <u>1</u>             |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      |                   |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |                   |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             | <u>[REDACTED]</u> |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | <u>7</u>          | <u>175B</u>       | <u>1</u>               | <u>1</u>             |       |            |           |            |        |                  |
| Last 30 Days                                                |                   | <u>175B</u>       |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               |                   | <u>175B</u>       |                        |                      |       |            |           |            |        |                  |

# N/A **"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: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

mm/dd/yyyy

Certificate Number: \_\_\_\_\_

### **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**

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)**

☐ 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**

**Actual**

**Simulated**

**Rotorcraft**

**Glider**

**Lighter Than Air**

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

NIA

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

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

| Crew Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                | Injury                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         | City of Residence: _____ | <input type="radio"/> Left <input type="radio"/> Front                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> None                                                                                                                                                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State: _____ ZIP: _____  | <input type="radio"/> Center <input type="radio"/> Rear                                                                                                                                                                                                                                                                                                                                                                                      | <input type="radio"/> Minor                                                                                                                                                                                                    |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country: _____           | <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Serious                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Fatal                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Unknown                                                                                                                                                                                                  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                          | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> None<br><input type="radio"/> Center <input type="radio"/> Minor<br><input type="radio"/> Right <input type="radio"/> Serious<br><input type="radio"/> Unknown <input type="radio"/> Fatal<br>Row: _____ <input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> None<br><input type="radio"/> Center <input type="radio"/> Minor<br><input type="radio"/> Right <input type="radio"/> Serious<br><input type="radio"/> Unknown <input type="radio"/> Fatal<br>Row: _____ <input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> None<br><input type="radio"/> Center <input type="radio"/> Minor<br><input type="radio"/> Right <input type="radio"/> Serious<br><input type="radio"/> Unknown <input type="radio"/> Fatal<br>Row: _____ <input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> None<br><input type="radio"/> Center <input type="radio"/> Minor<br><input type="radio"/> Right <input type="radio"/> Serious<br><input type="radio"/> Unknown <input type="radio"/> Fatal<br>Row: _____ <input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

# FLIGHT ITINERARY INFORMATION

## Last Departure Point

Airport ID: Home  
City: Royal City  
State: WA  
Country: GRANT

## Time of Departure

Time: 10:30<sup>AM</sup>  
Time Zone: PST

## Destination

Airport ID: Home  
City: Royal City  
State: WA  
Country: GRANT

## 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:

1200 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 None  
☐ TV/Radio ☐ Internet  
☐ Automated Report ☐ None  
☐ Commercial Weather Service (DUATS) ☐ Unknown  
☐ On-Board Weather

## Weather Observation Facility

Facility ID: \_\_\_\_\_  
Observation Time: \_\_\_\_\_ None  
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 \_\_\_\_\_ (F)

Dew Point: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Altimeter Setting: \_\_\_\_\_ in. Hg  
or \_\_\_\_\_ MB

Don't know

## Wind Direction

☐ Variable

-or-  
Direction: West degrees true

## Wind Speed

☐ Calm  
☐ Light and Variable

-or-  
Speed: 20 KTS kts

## Wind Gusts

☐ Not Gusting

-or-  
Speed: 20 KT kts

## Visibility

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

## Icing Actual

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

## Turbulence

Type (Check all that apply)  
☒ 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                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Aircraft Damage</b><br><input type="radio"/> None <input type="radio"/> Substantial<br><input type="radio"/> Minor <input checked="" type="radio"/> Destroyed<br><input type="radio"/> Unknown                                      |  | <b>Aircraft Fire</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown |  | <b>Aircraft Explosion</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown |  |
| <b>Description of Damage to Aircraft and Other Property</b> <i>(Use additional sheet if necessary)</i><br><div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;"> <del>My plane</del> Air Plane TOTALED         </div> |  |                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                        |  |
| <b>NARRATIVE HISTORY OF FLIGHT</b> <i>(Please type or print in ink)</i><br><small>to be completed in chronological order including circumstances leading to and nature of accident/incident. Describe terrain and include</small>      |  |                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                        |  |

I took off from my strip around 10:30 am with winds calm taking off to the west. I made a 180 turn and went east to B&G Farms which is five miles away. I made a touch and go landing there and then returned to land on my strip. My gravel strip is 1500 ft long and 200 feet wide

Winds were calm at B & G Farms. I entered downwind on the north side of my runway, on an extended traffic pattern. I slowed down to 80 miles an hour. Turned base at 70mph and turned final to reduce my speed to 60mph on an extended final. I was unaware of the sudden tail wind that developed at 20 knots out of the west.

It was a perfect landing and I was on the ground at touch down about 400 feet from the west end of the runway, heading east. When the wheels touch the ground it became apparent that I was going too fast with the tail wind and that I was going to run out of runway. A go around is not an option because of the power lines on the east end of the runway. As I approached the end of the runway, I tried to make a 180 turn to the left. The plane went up on the right wheel, struck a barrier and flipped.

I have made over 100 landings here with no go arounds. My roll out is usually about 600 ft with minimal braking. My plane was totaled. My injuries minor.

**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)

35

Gallons

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

1-7

Manufacturer:

Cessna 441

Model:

170B

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

mm/dd/yyyy

Name of Pilot/Operator: Dwain RorosterSignature: [Redacted]

- or -

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

- or -

☐ Check here to electronically sign this documentTitle: Owner  
Pilot**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

WPR21LA182

Reviewed by NTSB Regional Office

WPR-AS

Name of Investigator

E Simpson

Date Report Received

5/28/21