

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

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

Collision with Other Aircraft:	Midair	On-ground	None
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Maximum Gross Weight: 2800 lbs
Weight at Time of Accident/Incident: 2600 lbs
Number of Seats: 4 Flight Crew Seats: 2
Cabin Crew Seats: 0 Passenger Seats: 2
Number of Engines: 1

Fuel-Injected

- 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: Todd BohonCity: PalmerState: AK ZIP: 99045Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**Same As Registered OwnerSame Address as Registered Owner

Name: _____

City: _____

Doing Business As: N/A

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): N/A

Country: _____

Operating Certificates Held

(Check all that apply)

☒ None

Flag Carrier Operating Certificate (FAR 121)

Supplemental

Air Cargo

Foreign Air Carriers (FAR 129)

Rotorcraft External Load (FAR 133)

Commuter Air Carrier (FAR 135)

On-Demand Air Taxi (FAR 135)

Commercial Air Tour (FAR 136)

Agricultural Aircraft (FAR 137)

Pilot School (FAR 141)

Certificate of Authorization or Waiver (COA)

Commercial Space Transportation

Experimental Permit

Commercial Space Transportation License

Other Operator of Large Aircraft

Regulation Flight Conducted Under

☒ FAR 91	FAR 129	FAR 415
☐ FAR 103	FAR 133	FAR 431
☐ FAR 121	FAR 135	FAR 435
☐ FAR 125	FAR 137	FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces

Federal

State

Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter
Non-Scheduled or Air TaxiDomestic
InternationalPassenger
Cargo
Mail Contract Only**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

Aerial Application
Aerial Observation
Air Drop
Air Race/Show
Banner Tow
Business
Executive/Corporate
External Load
FerryFirefighting
Flight Test
Glider Tow
Instructional
Other Work Use
☒ Personal
Positioning
Skydiving

Unknown

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: Arlington, WA.Distance From Airport Center: Unknown smAirport Identifier: KAWODirection From Airport: On Airport degrees trueProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/AAirport Elevation: 142 ft. msl**Runway Information**Runway ID: 29 (L/R/C) Length: 3498 ft Width: 75 ft**Runway/Landing Surface** (Check all that apply)

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

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry	Snow-Compacted	Water-Calm
☐ Holes	Snow-Crusted	Water-Choppy
☐ Ice Covered	Snow-Dry	Water-Glassy
☐ Rough	Snow-Wet	Wet
☐ Rubber Deposits	Soft	
☐ Slush-Covered	Vegetation	Unknown

Approach/Departure Segment (Select one)Taxi
Takeoff
Initial ClimbVFR Departure
IFR Departure Procedure/Clearance☒ On Instrument Approach
☐ LandingDownwind
Base
Final
CrosswindLow 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	
VOR/DME	Localizer Only	Visual	
TACAN	LOC-back course	Contact	
	RNAV	Circling	

Unknown

VFR Approach (Check all that apply)

None

☒ Traffic Pattern	Stop and Go
☐ Straight-In	Touch and Go
☐ Valley/Terrain Following	Simulated Forced Landing
☐ Go Around	Forced Landing
☒ Full Stop	Precautionary Landing
	Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																			
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
"Flight Crewmember 1" was pilot flying Yes No																																																																																																			
"Flight Crewmember 1" Identification First Name: <u>Todd</u> Middle Initial: <u>R</u> Last Name: <u>Bohon</u> City of Residence: <u>Stanwood</u> State: <u>Wa.</u> ZIP: <u>98292</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>62</u> Date of Birth: <u>1959</u> mm/dd/yyyy Certificate Number: XXXXXXXXXX																																																																																																			
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					Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☒ Special Issuance			Date of Last Medical <u>12/08/2020</u> mm/dd/yyyy																																																																																											
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Limitations Corrective lenses																																																																																														
Medical Certificate Special Issuance Sleep Apnea					Flight Review Aircraft Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/10/2021</u> mm/dd/yyyy Make: <u>Boeing</u> <u>(SIM)</u> Model: <u>777-222</u>																																																																																														
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☒ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																													
Type Ratings B737, B757/767, B777					Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="text-align: left;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>24000 +</td> <td>2050</td> <td>4250</td> <td>21135</td> <td>8900</td> <td>4200</td> <td>300</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>20109</td> <td>2050</td> <td>3900</td> <td>16004</td> <td>5150</td> <td>2110</td> <td>175</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>1900</td> <td>95</td> <td>1790</td> <td>110</td> <td>125</td> <td></td> <td>70</td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>75</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>215</td> <td>30</td> <td>60</td> <td>120</td> <td>52</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>47</td> <td>15</td> <td>27</td> <td>20</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										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	24000 +	2050	4250	21135	8900	4200	300				Pilot in Command (PIC)	20109	2050	3900	16004	5150	2110	175				Time as Instructor	1900	95	1790	110	125		70				This Make/Model					75						Last 90 Days	215	30	60	120	52						Last 30 Days	47	15	27	20	0						Last 24 Hours	1	1	1	0	0					
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																																																																																			
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown		
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Commercial	US Military	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	
Private		Recreational		Airline Transport	Foreign				
Student		Sport		Flight Engineer					
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes		No							
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown		
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Commercial	US Military	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	
Private		Recreational		Airline Transport	Foreign				
Student		Sport		Flight Engineer					
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes		No							
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address				Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>HOLLY</u>		City: <u>Stanwood</u>		Left Center Right Unknown	☒ 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	<u>55</u> Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____		State: <u>WA</u> ZIP: <u>98292</u>							
Last Name: <u>Osborne</u>		Country: <u>USA</u>							
Crew ☐ Passenger ☒ Other ☐				Row: _____					
First Name: _____ City: _____				Left Center Right Unknown	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
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Crew ☐ Passenger ☐ Other ☐				Row: _____					
First Name: _____ City: _____				Left Center Right Unknown	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
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Crew ☐ Passenger ☐ Other ☐				Row: _____					
First Name: _____ City: _____				Left Center Right Unknown	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
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Crew ☐ Passenger ☐ Other ☐				Row: _____					

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>KAWO</u> City: <u>Arlington</u> State: <u>WA</u> Country: <u>USA</u>		Time of Departure Time: <u>1520</u> Time Zone: <u>Pacific</u>		Destination Airport ID: <u>KAWO</u> City: <u>Arlington</u> State: <u>WA</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>ON Gnd</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>KAWO AWOS-3</u> Observation Time: <u>1456, EVENT @ 1548</u> Time Zone: <u>Pacific</u> Distance from Accident Site: <u>at Airport</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 <u>EST 12-14000</u> ft agl		Ceiling ☐ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft agl		Temperature: <u>13</u> (C) or _____ (F) Dew Point: <u>3</u> (C) or _____ (F) Altimeter Setting: <u>30.26</u> in. Hg or _____ MB	
Wind Direction Variable -or- Direction: <u>250</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>13</u> kts	Wind Gusts Not Gusting "Peak Gusts" -or- Speed: <u>17</u> kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
Intensity of Precipitation Light Moderate Heavy N/A Unknown		Type of Precipitation (Check all that apply) ☒ None Rain Snow Hail Rain Showers ☐ Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals ☐ Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle		Restriction to Visibility (Check all that apply) ☒ None 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
Minor

Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

Left Wingtip & leading edge, Right Wingtip & leading edge,
Right Aileron & Propeller, rt wheel

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Departed on a short local flight, returning about 20 minutes later. On returning I tuned & listened to AWOS about 5 miles west over LK Goodwin. AWOS indicated "Wind 250 at 13, peak gusts 17" I entered rwy 29 traffic pattern and tuned AWOS again turning base. AWOS still indicating 250@13 G 17. Turning final I aligned the aircraft slightly diagonally across the runway from N.E to S.W. to reduce crosswind component as much as possible. I touched down with the left wing slightly low on the left gear in a wheel landing using wing low slip technique. Upon touchdown the aircraft began weathervaning hard to the left into the wind, I applied full right rudder, to no effect and then right brake to attempt to realign aircraft with runway, also to no effect. Left wing contacted the ground and the right tire began hopping as the aircraft passed about 90 degrees of turn. Right tire & gear then tucked under causing aircraft to swerve back to the right and right wing struck the ground slowly and then aircraft very slowly pitched forward onto nose and stopped. I pulled mixture to lean, turned off fuel valve, master switch & magnetos and we both exited through the right door. After exiting the aircraft I slipped on the grass and my rt. thumb sustained a laceration when it contacted a metal brake clip attempting to slow my fall. (END)

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

Operator/Owner Safety Recommendation

According to AWOS data obtained from AWO airport office the AWOS data was approximately an hour old, observed at 1356[#]1456 local. I checked the AWOS twice at approximately 1540 & 1545 and we landed at 1547 approximately. The 1556 AWOS data indicates wind had increased to 23 Kts.

More frequent collection/observations & more timely dissemination & reporting of AWOS data might allow pilots to more accurately assess conditions.

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)

50

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

door. Both occupants exited via the right passenger

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

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

Date of this Report

5/25/21
mm/dd/yyyy

Name of Pilot/

Signature:

- or -

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

- or -

Check here to electronically sign this document

FOR NTSB USE ONLYNTSB Accident/Incident No.
WPR21LA189Reviewed by NTSB Regional Office
AS-WPRName of Investigator
Andrew SwickDate Report Received
05/19/2021