

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

Accident/Incident Location Nearest City/Place: <u>BURLINGTON</u> State: <u>VA</u> ZIP: <u>98233</u> Country: <u>USA</u> Latitude: <u>48.471</u> Longitude: <u>122.422</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>10/08/2022</u> Local Time: <u>4:10 PM</u> mm/dd/yyyy Time Zone: <u>PDT</u> Collision with Other Aircraft: Midair On-ground <u>None</u>																																															
Registration Number: <u>N 73614</u> Manufacturer: <u>CESSNA</u> Model: <u>172 M</u> Serial Number: <u>172 67578</u> Year of Manufacture: <u>1976</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design		☒ IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>2300</u> lbs Weight at Time of Accident/Incident: <u>1770</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>																																															
Category of Aircraft ☒ Airplane Balloons Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Restricted ☐ Aerobatic ☐ Limited ☐ Balloons ☐ Provisional ☐ Commuter ☐ Special Flight ☐ Transport ☐ Experimental ☐ Utility ☒ Special Light-Sport ☐ Experimental Light-Sport ☐ Certificate of Authorization or Waiver (COA) None ☐ Unknown ☐	Landing Gear (Check all that apply) Retractable ☐ Tailwheel ☐ ☒ Tricycle ☐ High Skid ☐ Amphibian ☐ Skid ☐ Emergency Float ☐ Ski ☐ Float ☐ Ski/Wheel ☐ Hull ☐ Other Launch/Recovery System None ☐ Unknown ☐	Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket Turbo Shaft ☐ Solid Rocket Turbo Prop ☐ Hybrid Rocket Turbo Jet ☐ None Turbo Fan ☐ Unknown Electric ☐ Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-Injected																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Serial</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Rated Power Horsepower or lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>LYCOMING</u></td> <td><u>O-320 02 J</u></td> <td><u>L-106 C5-39 FC</u></td> <td><u>12/09/2014</u></td> <td><u>160</u></td> <td><u>8493</u></td> <td><u>70</u></td> <td><u>2633</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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	<u>LYCOMING</u>	<u>O-320 02 J</u>	<u>L-106 C5-39 FC</u>	<u>12/09/2014</u>	<u>160</u>	<u>8493</u>	<u>70</u>	<u>2633</u>	Eng. 2									Eng. 3									Eng. 4									Last Inspection Type ☒ 100-Hour ☐ Continuous Airworthiness ☐ AAIF ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>09/28/2022</u> mm/dd/yyyy Airframe Total Time: <u>8228</u> 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 (AAIF) ☐ Continuous Airworthiness Other, specify: _____ Description of Fire Extinguishing System ☒ None ☐ Specify: _____			
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Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch Ground Adjustable Manufacturer: <u>MC CAULEY</u> Model: <u>LC10 DTH 7557</u>		Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____																																															
ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-01</u> TSO No.: <u>C91 (121.5 MHz)</u> <u>C91a (121.5 MHz)</u> <u>C126 (406 MHz)</u> Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? Yes ☐ No ☒ If activated: Did ELT Aid in Locating Aircraft? Yes ☐ No ☐ If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown		Additional Equipment (Check all that apply) ☒ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☐ Autopilot ☐ Data Recorder ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device ☒ Stall Warning System ☐ Video Recording Device Other, Specify: _____																																															

Registered Aircraft Owner Name: <u>JEROME HIGGINS</u>		City: <u>OK HARBOR</u> State: <u>WA</u> ZIP: <u>98277</u> Country: <u>USA</u>																																									
Fractional Ownership Aircraft: Yes ☒ No ☐																																											
Operator of Aircraft <i>Same As Registered Owner</i> Name: <u>CASCADE AVIATION</u> Doing Business As: <u>A FLYING CLUB</u> Air Carrier/Operator Designator (4 Character Code): _____		<i>Same Address as Registered Owner</i> City: <u>BURLINGTON</u> State: <u>WA</u> ZIP: <u>98233</u> Country: <u>USA</u>																																									
Operating Certificates Held <i>(Check all that apply)</i> 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 <table border="0" style="width: 100%;"> <tr> <td>☒ FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial Public Aircraft (Select one) Armed Forces Federal State Local Unknown		☒ FAR 91	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437																												
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FAR 125	FAR 137	FAR 437																																									
		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table border="0" style="width: 100%;"> <tr> <td>Scheduled or Commuter</td> <td>Domestic</td> </tr> <tr> <td>Non-Scheduled or Air Taxi</td> <td>International</td> </tr> </table> Passenger Cargo Mail Contract Only		Scheduled or Commuter	Domestic	Non-Scheduled or Air Taxi	International																																				
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		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table border="0" style="width: 100%;"> <tr> <td>Aerial Application</td> <td>Firefighting</td> <td>Unknown</td> </tr> <tr> <td>Aerial Observation</td> <td>Flight Test</td> <td></td> </tr> <tr> <td>Air Drop</td> <td>Glider Tow</td> <td></td> </tr> <tr> <td>Air Race/Show</td> <td>Instructional</td> <td></td> </tr> <tr> <td>Banner Tow</td> <td>Other Work Use</td> <td></td> </tr> <tr> <td>Business</td> <td>☒ Personal</td> <td></td> </tr> <tr> <td>Executive/Corporate</td> <td>Positioning</td> <td></td> </tr> <tr> <td>External Load</td> <td>Skydiving</td> <td></td> </tr> <tr> <td>Ferry</td> <td></td> <td></td> </tr> </table>		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															
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Revenue Sightseeing Flight Yes ☐ No ☒		Air Medical Flight Yes ☐ No ☒																																									
Airport Name: <u>SKATIT REGIONAL AIRPORT</u> Airport Identifier: <u>K8V</u> Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A ☐		Distance From Airport Center: <u>.5</u> sm Direction From Airport: <u>110</u> degrees true Airport Elevation: <u>145</u> ft. msl																																									
Runway Information Runway ID: <u>29</u> (L/R/C) Length: <u>5480</u> ft Width: <u>100</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <table border="0" style="width: 100%;"> <tr> <td>☒ Dry</td> <td>Snow-Compacted</td> <td>Water-Calm</td> </tr> <tr> <td>Holes</td> <td>Snow-Crusted</td> <td>Water-Choppy</td> </tr> <tr> <td>Ice Covered</td> <td>Snow-Dry</td> <td>Water-Glassy</td> </tr> <tr> <td>Rough</td> <td>Snow-Wet</td> <td>Wet</td> </tr> <tr> <td>Rubber Deposits</td> <td>Soft</td> <td></td> </tr> <tr> <td>Slush-Covered</td> <td>Vegetation</td> <td>Unknown</td> </tr> </table>		☒ 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																						
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"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>DOUGLAS</u> City of Residence: <u>CARAND ISLAND</u> Middle Initial: <u>C</u> State: <u>WA</u> ZIP: <u>98282</u> Last Name: <u>TIPPETT</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>71</u> Date of Birth: <u>1951</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>										
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Right ☐ Front ☐ Rear ☐ Unknown ☐ 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 ☐ None ☐ Class 3 ☐ Driver's License (Sport Pilot only) ☒ Class 1 ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☒ Special Issuance		Date of Last Medical <u>08/17/2022</u> mm/dd/yyyy		
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate Limitations <u>MUST WEAR CORRECTIVE LENSES, POSSES GLASSES FOR NEAR/INTERMEDIATE VISION.</u> <u>NOT VALID FOR ANY CLASS AFTER 08/31/2023.</u>								
Medical Certificate Special Issuance <u>TRANSIENT EPHODES OF NEUROLOGIC DYSFUNCTION</u> <u>ARACHNOID CYST</u> <u>OBSTRUCTIVE SLEEP APNEA</u>										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/30/2022</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>CESSNA</u> Model: <u>172 M</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 <u>MP-11</u> <u>LR-JET</u>						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		Rotocraft	Glider	Lighter Than Air
Total Time	12,340	70.5	527.2	11,812	2267	Actual	Simulated			
Pilot in Command (PIC)	7,078	48	389	6,769		1386	445			
Time as Instructor										
This Make/Model										
Last 90 Days	8.4	8.4	8.4							
Last 30 Days	4.2	4.2	4.2							
Last 24 Hours	0	0	0							

N/A

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 Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign				Available	Used				
				None	None				
				Lap Only	Lap Only				
				3-point	3-point				
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		Not Installed Installed Not Deployed Deployed Unknown			
Crew Name and Address				Seat Occupied		Injury			
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None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign				Available	Used				
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Name and Address				Seat	Injury	Restraint Type	Inflatable Restraints	Age	
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					
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
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Last Name: _____		Country: _____							
Crew		Passenger		Other					
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Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Crew		Passenger		Other					

N/A

"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: _____				City of Residence: _____						
Middle Initial: _____				State: _____				ZIP: _____		
Last Name: _____				Country: _____						
Age at time of Accident/Incident: _____				Date of Birth: _____ mm/dd/yyyy						
Certificate Number: _____										
Degree of Injury		Seat Occupied			Restraint Type			Inflatable Restraints		
None	Fatal	Left	Front	Unknown	Available	Used				
Minor	Unknown	Right	Rear		None	None				
Serious		Center	Single		Lap only	Lap only				
Pilot Certificate(s) (Check all that apply)					3-point	3-point				
None	Flight Instructor	Commercial	US Military	4-point	4-point					
Private	Recreational	Airline Transport	Foreign	5-point	5-point					
Student	Sport	Flight Engineer		Unknown	Unknown					
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical		
Pilot		None	Class 3		Without limitations/waivers	Unknown				
Other		Class 1	Driver's License (Sport Pilot only)		With limitations/waivers	N/A				
Unknown		Class 2	Unknown		Special Issuance		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)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)				
None		None		None		None				
Single-Engine Land		Airship		Airplane		Airplane Single-Engine	Instrument Airplane			
Single-Engine Sea		Balloon		Helicopter		Airplane Multi-Engine	Instrument Helicopter			
Multiengine Land		Glider		Powered Lift		Gyroplane	Helicopter			
Multiengine Sea		Gyroplane				Powered Lift	Glider			
		Helicopter					Sport			
		Powered Lift								
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	Lighter Than Air
							Actual	Simulated		
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Last Departure Point Airport ID: <u>KBVS</u> City: <u>BURLINGTON</u> State: <u>WA</u> Country: <u>USA</u>		Time of Departure Time: <u>3:05 PM</u> Time Zone: <u>PPT</u>		Destination Airport ID: <u>KBVS</u> City: <u>BURLINGTON</u> State: <u>WA</u> Country: <u>USA</u>		Type Flight Plan Filed None ☐ VFR/IFR Company VFR ☒ IFR Military VFR ☐ Unknown VFR ☐ Activated? Yes No Unknown	
Type of ATC Clearance/Service (Check all that apply) ☒ None 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 G ☒ Military Operations Area (MOA) Class B ☐ Class G ☒ Demo Area Airport Advisory Area Class C ☐ Class G ☒ Warning Area Jet Training Area Class D ☐ Class G ☒ Prohibited Area TRSA Class E ☐ Class G ☒ Restricted Area FAR 93 Special Air Traffic Control Area Unknown Altitude of In-Flight Occurrence: _____ ft msl							
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				Weather Observation Facility Facility ID: <u>KBVS AWOS-3</u> Observation Time: <u>2255 Z, 3:55 PM</u> Time Zone: <u>PPT</u> Distance from Accident Site: <u>.5</u> nm Direction from Accident Site: <u>110</u> degrees true			
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition Dawn ☐ Dusk ☐ Dark Night ☐ ☒ Day ☐ Night ☐ Bright Night ☐ Unknown					
Sky/Lowest Cloud Condition ☒ Clear Thin Broken ☐ Few Thin Overcast ☐ Partial Obscuration Unknown ☐ Scattered		Ceiling ☒ None (Clear) ☐ Broken Obscured ☐ Overcast Indefinite ☐ Unknown		Temperature: _____ (C) or <u>72</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.22</u> in. Hg or _____ MB			
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl					
Wind Direction Variable -or- Direction: <u>310</u> degrees true		Wind Speed Calm Light and Variable -or- Speed: <u>8</u> kts		Wind Gusts ☒ Not Gusting -or- Speed: _____ 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: <u>10/019 Rwy 04/32 CLOSED TO ACFT MORE THAN 1250 LB</u> <u>10/002 AD AP BIRD ACT MIGRATORY</u> <u>03/001 ARROW WEST APN NW 700 FT VIP CONST ADX NE EDGE LGTD AND BARRICADED</u> <u>09/004 AIRSPACE LOW FLYING HEL OPS W/ AN AREA 5NM RADIUS OF BVS SFC-1000 FT AVOIDANCE ADX</u>							

Aircraft Damage

None
MinorSubstantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown

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

2 INCHES OF ONE PROP BLADE CURLED BACK FROM IMPACTING RUNWAY
CRACKS IN FIREWALL - DAMAGED BEYOND REPAIR

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

I FLEW A VISUAL APPROACH TO RUNWAY 29 AT SKATIT REGIONAL AIRPORT. WINDS WERE NORTHWEST AT 5-10 KNOTS, FLAPS 30 DEGREES, AND I WAS STABILIZED AT 65 KNOTS. APPROACHING THE THRESHOLD, I REDUCED POWER TO IDLE. WINDS WERE SHIFTING QUITE A BIT, BUT I WAS STILL IN GOOD POSITION TO LAND. HAD A VERY FIRM LANDING, AND THE AIRPLANE BOUNCED. I FELT I WAS NOT TOO HIGH, AND COULD EASE IT BACK DOWN TO THE RUNWAY. I RELAXED SOME BACK PRESSURE ON THE YOKE. THE NOSE STARTED TO COME DOWN, AND I THEN TRIED TO RE-ESTABLISH THE PROPER LANDING ATTITUDE. I COULD NOT GET THE NOSE UP; I FELT I HAD NO ELEVATOR AUTHORITY AT THAT POINT. THE NOSE CONTACTED THE RUNWAY AND I HEARD A LOUD NOISE. I SUSPECTED I HAD DAMAGED THE PROP AND/OR THE NOSE GEAR. EXITED THE RUNWAY AND TAXIED TO PARKING. POSTFLIGHT INSPECTION REVEALED ONE PROP BLADE CURLED BACK 2 INCHES. FURTHER INSPECTION BY MECHANICS REVEALED CRACKS IN THE FIREWALL.

DURING MY POSTFLIGHT, I SAW AN INSTRUCTOR ON THE FLIGHTLINE AND SHOWED HER THE DAMAGE. SHE HAD LANDED JUST BEFORE ME. SHE COMMENTED THAT THE SURFACE WINDS WERE "REALLY SQUIBBLY." GOING INSIDE THE HANGAR, I SAW OUR ASSISTANT CHIEF PILOT, BOB HARRISON, AND REPORTED THE INCIDENT TO HIM.

REFLECTING ON THE ACCIDENT, I WONDER IF I ENCOUNTERED A WINDSHEAR ON LANDING, CAUSING ME TO LOSE ELEVATOR EFFECTIVENESS.

IF I HAD THIS TO DO OVER AGAIN, AFTER THE BOUNCE I WOULD ADD FULL POWER AND EXECUTE A GO-AROUND.

Operator/Owner Safety Recommendation

AFTER THE BOUNCED LANDING, FULL POWER AND A GO-AROUND SHOULD HAVE BEEN PERFORMED.

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 on Board at Last Takeoff
(Convert from pounds, as necessary)

26

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

NONE

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

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

Date of this Report

10/21/2022
mm/dd/yyyy

Name of Pilot/Operator: DOUGLAS CHARLES TIVET

Signature: [Redacted]

— 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

NTSB Accident/Incident No.

WPR23LA010

Reviewed by NTSB Regional Office

WPR

Name of Investigator

STARR BLUM

Date Report Received

10/24/2022