

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: Burlington State: WA.
ZIP: 98233 Country: USA
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 07/11/2023 Local Time: 12:45
mm/dd/yyyy Time Zone: Pacific

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

AIRCRAFT INFORMATION

Registration Number: N8889K

Manufacturer: Stinson

Model: 108-1

Serial Number: 108-1889

Year of Manufacture: 1947

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

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 2400 lbs

Weight at Time of Accident/Incident: 1600 lbs Aprox

Number of Seats: 2 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

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)

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

Engine Type (Select one)

- ☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Franklin</u>	<u>6A4-165-B3</u>	<u>30216</u>		<u>165</u>	<u>2482</u>		<u>3.1</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 07/01/2023
mm/dd/yyyy

Airframe Total Time: 1347.86 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: McCawley

Model: 1A170-7652

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes: ELT Manufacturer: Narco Avionics

Model or Part No.: ELT 10

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

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: <u>Mitchell F. Tucker</u>		City: <u>Sedro Woolley</u> State: <u>WA.</u> ZIP: <u>98284</u> Country: <u>USA</u>																																															
Fractional Ownership Aircraft: Yes ☐ No ☒																																																	
Operator of Aircraft Same As Registered Owner		Same Address as Registered Owner																																															
Name: <u>Same</u>		City: <u>Same</u>																																															
Doing Business As: _____		State: _____ ZIP: _____																																															
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____																																															
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 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 <i>(Select one)</i> 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	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table 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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Revenue Sightseeing Flight Yes ☐ No ☐		Air Medical Flight Yes ☐ No ☐																																															
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table 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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AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)																																																	
Airport Name: <u>Skaagit Regional</u>		Distance From Airport Center: <u>.1</u> sm																																															
Airport Identifier: <u>KBUS</u>		Direction From Airport: <u>Center</u> degrees true																																															
Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A ☐		Airport Elevation: <u>140</u> ft. msl																																															
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <table 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" was pilot flying ☒ Yes ☐ No																																																																																																			
"Flight Crewmember 1" Identification First Name: <u>Mitchell</u> Middle Initial: <u>F.</u> Last Name: <u>Tucker</u> City of Residence: <u>Sedro Woolley</u> State: <u>WA</u> ZIP: <u>98284</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>70</u> Date of Birth: <u>1953</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>																																																																																																			
Degree of Injury ☒ None ☐ Minor ☐ Fatal ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Right ☐ Center ☐ Front ☐ Rear ☐ Single ☐ Unknown		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 ☒ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign																																																																																																			
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 1 ☐ Class 2 ☒ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown		Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A			Date of Last Medical <u>05/09/2023</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations <u>None</u>																																																																																																			
Medical Certificate Special Issuance <u>None</u>																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11/02/2024</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>172</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>Complex / Tail wheel / Instrument</u>						Student Endorsements (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">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>626.7</td> <td>56.6</td> <td>626.7</td> <td></td> <td>23.4</td> <td>17.1</td> <td>50.8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>530.8</td> <td>58.6</td> <td>530.8</td> <td></td> <td>23.4</td> <td>17.1</td> <td>50.8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>3.1</td> <td>3.1</td> <td>3.1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1.3</td> <td>1.3</td> <td>1.3</td> <td></td> <td></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	626.7	56.6	626.7		23.4	17.1	50.8				Pilot in Command (PIC)	530.8	58.6	530.8		23.4	17.1	50.8				Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days	3.1	3.1	3.1								Last 24 Hours	1.3	1.3	1.3							
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N/A

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
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"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: _____																																																																																																				
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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) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings 						Student Endorsements <i>(Include dates)</i> 																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make & Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	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										
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N/A

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address		Seat	Injury	Restraint Type		Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION					
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>12:27</u> Time Zone: <u>Pacific</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 ☐ 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: <u>140</u> 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 ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather		Weather Observation Facility Facility ID: <u>Notam / Skagit</u> Observation Time: <u>12:15</u> Time Zone: <u>Pacific</u> Distance from Accident Site: <u>.2</u> nm Direction from Accident Site: <u>0</u> 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: <u>30.2</u> in. Hg or _____ MB	
Wind Direction ☒ Variable -or- Direction: <u>180</u> degrees true	Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: <u>8</u> kts		Wind Gusts ☐ Not Gusting -or- Speed: _____ kts		
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 ☐ 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>clear / winds variable to 8 KTS @ 220° (I did not check at time of accident and was told by bystanders)</u>					

On 7/11/2023 @ 12:27 pm I took off on runway 22 for some pattern practice.

Winds were mostly favorable for runway 22 with awos calling for winds gusting to 8 knots at 180°. I departed 22 and stayed in the pattern for 2 landings. On my second landing the other traffic was using 29 so I decided to switch runways for some crosswind practice and stay with the flow of traffic. I took off on 22 straight out and came around on the 45 for a downwind approach for 29. On downwind there was a plane calling for a straight in approach to 11 at 11 miles out. Not knowing their airspeed it concerned me. I think there were other aircraft in the pattern for 29. On final all things were as they should be. (airspeed, altitude, engine settings, flaps)

Just after a good 3 point touchdown a gust of wind caught my tail and pushed me to the left. Applying full right rudder (not realizing my feet were partially on the brakes) I applied full throttle for a go around. The plane made a hard 180° turn to the right. I then applied left rudder but was too late to keep it on the runway. I entered the grass between the runway and the taxiway thinking the plane would get enough airspeed to fly. Just before it was airborne I hit a berm going onto the taxiway which ballooned me into the air. I pushed forward on the yoke but didn't get enough speed to stop the stall. I rushed into an aircraft that was tied down in the parking area. I then made sure everything was off and I was ok. I looked around to make sure I could exit the aircraft safely and did.

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 <i>(Use additional sheet if necessary)</i> Hand prop strike - fuselage damage - wing damage		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>		
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.		

RECOMMENDATION (How could this accident/incident have been prevented?)													
Operator/Owner Safety Recommendation <i>should have chosen to continue using runway 22 for favorable winds as my skill level was not adequate for the cross wind speed for 29</i>													
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) <u>24</u> Gallons	Fuel Type <table style="width: 100%; border: none;"> <tr> <td>☐ 80/87</td> <td>☐ 115/145</td> <td>☐ Jet B</td> <td>☐ Other, specify _____</td> </tr> <tr> <td>☒ 100 Low Lead</td> <td>☐ Jet A</td> <td>☐ JP8</td> <td></td> </tr> <tr> <td>☐ 100/130</td> <td>☐ Jet A-1</td> <td>☐ Automotive</td> <td></td> </tr> </table>	☐ 80/87	☐ 115/145	☐ Jet B	☐ Other, specify _____	☒ 100 Low Lead	☐ Jet A	☐ JP8		☐ 100/130	☐ Jet A-1	☐ Automotive	
☐ 80/87	☐ 115/145	☐ Jet B	☐ Other, specify _____										
☒ 100 Low Lead	☐ Jet A	☐ JP8											
☐ 100/130	☐ Jet A-1	☐ Automotive											
Other Services, if Any, Prior to Departure													
EVACUATION OF 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 <i>Door was open. Exited through door</i>													
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft)													
Aircraft Registration Number <u>N7514D</u>	Manufacturer: <u>Piper</u> Model: <u>PA-22-150</u>	Damage to Other Aircraft <table style="width: 100%; border: none;"> <tr> <td>☒ Destroyed</td> <td>☐ Minor</td> </tr> <tr> <td>☐ Substantial</td> <td>☐ None</td> </tr> </table>	☒ Destroyed	☐ Minor	☐ Substantial	☐ None							
☒ Destroyed	☐ Minor												
☐ Substantial	☐ None												
Registered Owner of Other Aircraft Name: <u>Adams Stephen K</u> City: <u>LOPEZ Island</u> State: <u>WA</u> ZIP: <u>98261</u> Country: <u>USA</u>	Pilot of Other Aircraft Name: <u>N/A</u> 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

07/18/2023
mm/dd/yyyy

Name of Pilot/Operator: Mitchell F. Tucker

Signature: [REDACTED]

-- or --

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

N/A

Title:

Signature:

-- or --

☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
WPR23LA271

Reviewed by NTSB Regional Office
AS-WPR

Name of Investigator
Andrew Swick

Date Report Received
07/17/2023