

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: <u>Chelaw</u> <u>(S10)</u> State: <u>WA</u> ZIP: _____ Country: <u>US</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees, minutes, seconds)						Accident/Incident Date/Time Date: <u>7/18/23</u> Local Time: <u>2:00pm</u> mm/dd/yyyy Time Zone: <u>Pacific</u>																																																
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None																																																						
AIRCRAFT INFORMATION																																																						
Registration Number: <u>N300SS</u> Manufacturer: <u>Cessna</u> Model: <u>150F</u> Serial Number: <u>15062792</u> Year of Manufacture: <u>1966</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>1600</u> lbs Weight at Time of Accident/Incident: <u>1300</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: _____																																																
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Special ☐ Restricted ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Experimental ☐ Experimental Light-Sport ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown ☐		Landing Gear (Check all that apply) ☐ Retractable ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ High Skid ☐ Ski ☐ Ski/Wheel Other Launch/Recovery System: _____ None ☐ Unknown ☐		Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Solid Rocket ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ None ☐ Unknown 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.</th> <th>Rated Power</th> <th>Total Time</th> <th>Time Since Inspection</th> <th>Time Since Overhaul</th> </tr> </thead> <tbody> <tr> <td>Eng 1</td> <td><u>Lycoming</u></td> <td><u>O-320B2H</u></td> <td><u>1-3626321AC</u></td> <td></td> <td><u>160</u></td> <td><u>26598</u></td> <td><u>5</u></td> <td><u>45936</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.	Rated Power	Total Time	Time Since Inspection	Time Since Overhaul	Eng 1	<u>Lycoming</u>	<u>O-320B2H</u>	<u>1-3626321AC</u>		<u>160</u>	<u>26598</u>	<u>5</u>	<u>45936</u>	Eng 2									Eng 3									Eng 4																
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Last Inspection Type ☒ 100-Hour ☐ AAIP ☐ Annual Continuous Airworthiness Conditional Inspection Unknown Date Last Inspection: <u>02-15-23</u> mm/dd/yyyy Airframe Total Time: <u>2538.55</u> hrs hours measured at (Select one) Last Inspection: _____ Time of Accident/Incident: _____				Propeller 1 Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable ☐ Manufacturer: <u>Hartzell</u> Model: <u>HCC24L-1B 72"</u> ELT Installed: ☒ Yes ☐ No If Yes: _____ ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? ☒ Yes ☐ No If activated: _____ Did ELT Aid in Locating Aircraft? ☒ Yes ☐ No If not activated: _____ Indicate Reason: _____ Impact Damage Fire Damage Battery Expired/Damaged Unknown				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 ☐ Vision Recording Device Other, Specify: _____																																														
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: _____																																																		

OWNER/OPERATOR INFORMATION																																									
Registered Aircraft Owner Name: <u>LAMOYNE WATHI</u>		City: <u>Loomis/320 Chastanet Rd</u> State: <u>WA</u> ZIP: <u>98527</u> Country: <u>ORANGENUT US</u>																																							
Fractional Ownership Aircraft: Yes ☐ No ☒		Operator of Aircraft <u>Same As Registered Owner</u> Name: _____ City: _____ Doing Business As: _____ State: _____ ZIP: _____ Air Carrier/Operator Designator (4 Character Code): _____ Country: _____																																							
Operating Certificate Field <i>(Check all that apply)</i> ☒ <u>None</u> <u>Private Pilot</u> ☐ <u>Flag Carrier Operating Certificate (FAR 121)</u> ☐ <u>Supplemental</u> ☐ <u>Air Cargo</u> ☐ <u>Foreign Air Carrier (FAR 129)</u> ☐ <u>Rotorcraft External Load (FAR 133)</u> ☐ <u>Commuter Air Carrier (FAR 135)</u> ☐ <u>On-Demand Air Taxi (FAR 135)</u> ☐ <u>Commercial Air Taxi (FAR 136)</u> ☐ <u>Agricultural Aircraft (FAR 137)</u> ☐ <u>Pilot School (FAR 141)</u> ☐ <u>Certificate of Authorization or Waiver (COA)</u> ☐ <u>Commercial Space Transportation</u> ☐ <u>Experimental Permit</u> ☐ <u>Commercial Space Transportation License</u> ☐ <u>Other Operator of Large Aircraft</u>	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> ☐ <u>FAR 91 Special Flight</u> ☐ <u>Non-US, Commercial</u> ☐ <u>Non-US, Non-commercial</u> Public Aircraft (Select one) ☐ <u>Armed Forces</u> ☐ <u>Federal</u> ☐ <u>State</u> ☐ <u>Local</u> ☒ <u>Unknown</u>	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> ☐ <u>Scheduled or Commuter</u> ☒ <u>Domestic</u> ☐ <u>Non-Scheduled or Air Taxi</u> ☐ <u>International</u> ☐ <u>Passenger</u> ☐ <u>Cargo</u> ☐ <u>Mail Contract Only</u> Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table border="0" style="width: 100%;"> <tr> <td>☐ <u>Aerial Application</u></td> <td>☐ <u>Firefighting</u></td> <td>☐ <u>Unknown</u></td> </tr> <tr> <td>☐ <u>Aerial Observation</u></td> <td>☐ <u>Flight Test</u></td> <td></td> </tr> <tr> <td>☐ <u>Air Drop</u></td> <td>☐ <u>Glider Tow</u></td> <td></td> </tr> <tr> <td>☐ <u>Air Race/Show</u></td> <td>☐ <u>Instructional</u></td> <td></td> </tr> <tr> <td>☐ <u>Banner Tow</u></td> <td>☐ <u>Other Work Use</u></td> <td></td> </tr> <tr> <td>☐ <u>Business</u></td> <td>☒ <u>Target</u></td> <td></td> </tr> <tr> <td>☐ <u>Executive/Corporate</u></td> <td>☐ <u>Positioning</u></td> <td></td> </tr> <tr> <td>☐ <u>External Load</u></td> <td>☐ <u>Skydiving</u></td> <td></td> </tr> <tr> <td>☐ <u>Ferry</u></td> <td></td> <td></td> </tr> </table>	☐ <u>Aerial Application</u>	☐ <u>Firefighting</u>	☐ <u>Unknown</u>	☐ <u>Aerial Observation</u>	☐ <u>Flight Test</u>		☐ <u>Air Drop</u>	☐ <u>Glider Tow</u>		☐ <u>Air Race/Show</u>	☐ <u>Instructional</u>		☐ <u>Banner Tow</u>	☐ <u>Other Work Use</u>		☐ <u>Business</u>	☒ <u>Target</u>		☐ <u>Executive/Corporate</u>	☐ <u>Positioning</u>		☐ <u>External Load</u>	☐ <u>Skydiving</u>		☐ <u>Ferry</u>		
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Revenue Sightseeing Flight Yes ☐ No ☒	Air Medical Flight Yes ☐ No ☒																																								
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>																																									
Airport Name: <u>SEE Chelan Airport</u>		Distance From Airport Center: <u>3</u> miles																																							
Airport Identifier: <u>320</u>		Direction From Airport: <u>300</u> degrees true																																							
Proximity to Airport: ☐ Off Airport/Alone ☒ On Airport/Airside ☐ N/A		Airport Elevation: <u>1263</u> ft. msl																																							
Runway Information Runway ID: <u>20-02</u> (L/R/C) Length: <u>3539</u> ft Width: <u>60</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ <u>Dry</u> ☐ <u>Snow-Compacted</u> ☐ <u>Water-Calm</u> ☐ <u>Holes</u> ☐ <u>Snow-Crusted</u> ☐ <u>Water-Choppy</u> ☐ <u>Ice Covered</u> ☐ <u>Snow-Dry</u> ☐ <u>Water-Glassy</u> ☐ <u>Rough</u> ☐ <u>Snow-Wet</u> ☐ <u>Wet</u> ☐ <u>Rubber Deposits</u> ☐ <u>Soft</u> ☐ <u>Stush-Covered</u> ☐ <u>Vegetation</u> ☐ <u>Unknown</u>																																							
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"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>LAMAYRE, STANT</u> Middle Initial: <u>G</u> Last Name: <u>WAHL</u> Age at time of Accident/Incident: <u>52</u> Date of Birth: <u>7/1</u> mm/dd/yyyy					City of Residence: <u>320 Cheate Rd Loomis</u> State: <u>W.Va.</u> ZIP: <u>98827</u> Country: <u>otomaw</u> <u>us</u> mm/dd/yyyy																																																																																														
Certificate Number: _____																																																																																																			
Degree of Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		Seat Occupied ☒ Left ☐ Right ☐ 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 2 <u>6th m ed.</u> ☐ Driver's License (Sport Pilot only) ☐ Unknown		Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance		Date of Last Medical ☐ Unknown ☐ N/A <u>02/10/23</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>none</u>																																																																																																			
Medical Certificate Special Issuance <u>_____</u>																																																																																																			
Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: <u>05/31/21</u> mm/dd/yyyy					Flight Review Aircraft Make: <u>Stinson 108</u> Model: <u>108</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 ☐ Glider ☐ Sport																																																																																											
Type Ratings <u>High Performance</u> <u>TA-1 wheel</u> <u>Private Pilot</u>					Student Endorsements (include dates)																																																																																														
<table border="1"> <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>Planned</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>277.9</td> <td>25.7</td> <td>277.9</td> <td></td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>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>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>5</td> <td>5</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1</td> <td></td> <td></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	Planned	Total Time	277.9	25.7	277.9		4						Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days	5	5	5								Last 30 Days	1										Last 24 Hours	1									
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"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: <u>None</u>					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	Not Installed		
Minor	Unknown	Right	Rear		None	None	Installed		
Serious		Center	Single		Lap only	Lap only	Not Deployed		
Pilot Certificate(s) (Check all that apply)								Deployed	
None	Flight Instructor	Commercial	Airline Transport	US Military	3-point	3-point	Unknown		
Private	Recreational	Flight Engineer	Foreign		4-point	4-point			
Student	Sport				5-point	5-point			
					Unknown	Unknown			
Principal Occupation		Medical Certificate		Medical Certificate Validity		Date of Last Medical			
Pilot	None	Class 3	Without limitations/waivers	Unknown	N/A		mm/dd/yyyy		
Other	Class 1	Driver's License (Sport Pilot only)	With limitations/waivers						
Unknown	Class 2	Unknown	Special Issuance						
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)		Other Aircraft Rating(s)		Instrument Rating(s)		Instructor Rating(s)			
(Check all that apply)		(Check all that apply)		(Check all that apply)		(Check all that apply)			
None	None	None	None	None	None	None	None	Instrument Airplane	
Single-Engine Land	Airship	Balloon	Airplane	Helicopter	Helicopter	Helicopter	Helicopter	Instrument Helicopter	
Single-Engine Sea	Glider	Gyroplane	Helicopter	Powered Lift	Powered Lift	Powered Lift	Powered Lift	Glider	
Multiengine Land	Powered Lift							Sport	
Multiengine Sea									
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		Basic	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									

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

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>3205</u> City: <u>Los Angeles</u> State: <u>CA</u> Country: <u>US</u>		Destination Airport ID: <u>SIO</u> City: <u>San Jose</u> State: <u>CA</u> Country: <u>US</u>	
Type of ATC Clearance/Service (Check all that apply) ☒ VFR ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top		Type Flight Plan Filed None ☒ Company VFR ☒ Military VFR ☒ VFR Activated? Yes ☐ No ☒ Unknown	
Airspace where the accident/incident occurred (Check all that apply) Class A ☒ Class B ☒ Class C ☐ Class D ☐ Class E Class G ☐ Class G ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area		Airports where the accident/incident occurred (Check all that apply) Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93	
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Flight Service Station ☐ TWEB ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather		Weather Observation Facility Facility ID: <u>SIO</u> Observation Time: <u>1:56</u> Time Zone: <u>Pacific</u> Distance from Accident Site: <u>0.5</u> mi Direction from Accident Site: _____ degrees true	
Basic Conditions VMC ☒ IMC ☐ Unknown ☐		Light Condition Day ☒ Night ☐ Dark Night ☐ Bright Night ☐ Unknown ☐	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Thin Overcast ☐ Partial Obscuration ☐ Scattered Unknown ☐		Temperature: _____ (C) or <u>90</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Wind Direction ☒ Variable Direction: _____ degrees true		Wind Speed ☒ Calm ☒ Light and Variable Speed: <u>0-5</u> kts	
Intensity of Precipitation Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	
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		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Icing Forecast Amount: <u>None</u> Type: <u>N/A</u> Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown		Icing Actual Amount: <u>None</u> Type: <u>N/A</u> Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	
Turbulence Type: <u>Clear Air</u> ☐ 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 <u>Substantial</u> Destroyed Unknown	Aircraft Fire <u>Along</u> In-Flight On-Ground	Both Ground and In-Flight Fire at Unknown Time Unknown	Aircraft Explosion <u>None</u> In-Flight On-Ground	Both Ground and In-Flight Explosions at Unknown Time Unknown
--	---	---	---	---

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)
 AIRCRAFT WAS NOSED OVER SO PROP ALL WINDOWS FRONT & BACK
 BROKE, FUEL DESTROYED WINGS BENT. PLANE IS TOTALLED

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 end location, services obtained, and intended destination. Provide as much detail as possible.

Left home Airport at 1:00pm. to fly to SIO in Chelan
 Flight was clear. little Bumpy at 3500 made
 A straight in approach to runway 20. At SIO
 lined up good. good flight path. to runway
 Touched down. 150 past the numbers at end of
 Runway started to veer left I think I over
 corrected. to the right ending in a ground loop.
 Right wing hit the grass on the side of the runway
 ending in a nose over. off the right side of runway,
 plain and simple I messed up & over corrected
 resulting in a unrecoverable ground loop.

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

Operator/Owner Safety Recommendation

I + could have been prevented By me
not over correcting. taking more time to
not over correct. Being a lot Lighter on the Peddels.

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

16

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

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☒ No ☐

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Just WAS upside Down so ~~un~~ unbuckled myself then
Found the Fuel & master switch. turned off Had to Kick the
door open then exit.

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

Minor

Substantial

None

Registered Owner of Other Aircraft

Name:

City:

State:

Country:

ZIP:

Pilot of Other Aircraft

Name:

City:

State:

Country:

ZIP:

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

07/20/23

mm/dd/yyyy

Name of Pilot/Operator

Signature

-- SF --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- SF --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received

WPR23LA276

OAS WPR

11 S. B. Johnson

07/20/2023