

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: Leicester Mt State: MT

ZIP: _____ Country: France

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 02/14/2023 Local Time: 5:10 PM

mm/dd/yyyy

Time Zone: MST

Collision with Other Aircraft: Midair On-ground (None)

AIRCRAFT INFORMATION

Registration Number: N899JS

Manufacturer: ENSTRON

Model: 280 FX

Serial Number: 2049

Year of Manufacture: 1989

Amateur-Built: Yes If Yes: Kit/Plans Make: _____

(No) Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2600 lbs

Weight at Time of Accident/Incident: 2125 lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1

Category of Aircraft

Airplane
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>Lycoming</u>	<u>H10-360-F1AD</u>	<u>L-25290-S1A</u>	<u>1989</u>	<u>225</u>	<u>1681</u>		<u>264</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

Continuous Airworthiness

AAIP

Conditional Inspection

Annual

Unknown

Date Last Inspection: 6/21/2023

mm/dd/yyyy

Airframe Total Time: 1591 hrs

hours measured at (Select one)

Last Inspection

Time of Accident/Incident

Type of Maintenance Program (Select one)

Annual

Conditional (Amateur-built only)

Manufacturer's Inspection Program

Other Approved Inspection Program (AAIP)

Continuous Airworthiness

Other, specify: _____

Description of Fire Extinguishing System

None

Specify: _____

Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

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)

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: One PFT LLCCity: DentonState: MT ZIP: 59430Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**Same As Registered OwnerName: Curtis HershbergerSame Address as Registered OwnerCity: Denton

Doing Business As: _____

State: MT ZIP: 59430

Air Carrier/Operator Designator (4 Character Code): _____

Country: USA**Operating Certificates Held**

(Check all that apply)

None
Flag Carrier Operating Certificate (FAR 121)
Supplemental
Air Cargo
Foreign Air Carriers (FAR 129)
Rotorcraft External Load (FAR 133)
Commuter Air Carrier (FAR 135)
On-Demand Air Taxi (FAR 135)
Commercial Air Tour (FAR 136)
Agricultural Aircraft (FAR 137)
Pilot School (FAR 141)
Certificate of Authorization or Waiver (COA)
Commercial Space Transportation
Experimental Permit
Commercial Space Transportation License
Other Operator of Large Aircraft

Regulation Flight Conducted Under

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

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

Public Aircraft (Select one)

Armed Forces
Federal
State
Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

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

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Lewis TownDistance From Airport Center: 2.8 smAirport Identifier: LWTDirection From Airport: 200 degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 4120 ft. msl**Runway Information**

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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 ☒ VFR Departure On Instrument Approach Downwind Low Approach
Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
Initial Climb Final Aborted Landing (after touchdown)
 Crosswind Unknown

IFR Approach (Check all that apply)

☒ None
ADF/NDB PAR MLS Practice
SDF Sidestep LDA GPS
VORT/VOR 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: Curtis Hershberger

City of Residence: Denton

Middle Initial: M

State: MT

ZIP: 59430

Last Name: Hershberger

Country: USA

Age at time of Accident/Incident: 65 Date of Birth: [REDACTED] /dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☒ 4-point</td> <td>☒ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☒ 4-point	☒ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																			
☐ None	☐ None																			
☐ Lap only	☐ Lap only																			
☐ 3-point	☐ 3-point																			
☒ 4-point	☒ 4-point																			
☐ 5-point	☐ 5-point																			
☐ Unknown	☐ Unknown																			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer																				
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance																
				Date of Last Medical <u>02/06/2023</u> mm/dd/yyyy																

Medical Certificate Limitations

Correct Lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06/23/2023
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: C185

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
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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	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	4897.6	59.5						59.5		
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	48	7.2	6					48		
Last 30 Days	12.5	10.5	2					10.5		
Last 24 Hours										

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>LWT</u> City: <u>Lewistown</u> State: <u>MT</u> Country: <u>USA</u>	Time of Departure Time: <u>5:05PM</u> Time Zone: <u>MST</u>	Destination Airport ID: <u>SAME</u> City: _____ State: _____ Country: _____	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR VFR/IFR ☐ IFR ☐ Unknown Activated? Yes No Unknown
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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>4500</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: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition Dawn Day ☒ Dusk ☐ Night Dark Night Bright Night Unknown
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Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height _____ ft agl	Ceiling None (Clear) Broken ☒ Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or <u>12°</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in Hg or _____ MB
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Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm Light and Variable -or- Speed: _____ kts	Wind Gusts Not Gusting -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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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
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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
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NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

NONE

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)

All Major Aircraft Components Are damaged
beyond repair.

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.

See Attachment

The wind was calm and sky had a high overcast with 10 miles or greater visibility.

The purpose of the flight was just to practice some basic maneuver's.

After a preflight check and warm up I had a short hover taxi out to the taxiway and departed the Lewistown Airport from the west end of the airport to the west, after a climb to 4500ft I made a turn out to the south west. I flew past a farm site just off to my right that gave me a visual reference for my altitude and remember looking down to the site. Then less than a mile past that I felt a large bang and thought. What could I have possibly hit? Then at that point I realized I had impacted the ground straight and level with no prior warning. I was obviously deceived by my vision because at the time I felt to be at least 200ft above the ground.

I impacted in a large flat farm field that for the next 2-3 miles in my direction of travel was completely open and snow cover without anything for contrast. After much agonizing review of the accident I believe I encountered what is a VFR white out or also referred to as flat light. I feel that I am a safe and experienced pilot, but none the less the accident was pilot error in maintaining a safe altitude for travel in those conditions.

Curtis Hershberger

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes ☒ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

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

_____ 40 _____ 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

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

out of right hand door

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

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

02/24/2023
mm/dd/yyyy

Name of Pilot/Operator:

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 ONLY

NTSB Accident/Incident No.

WPR24LA090

Reviewed by NTSB Regional Office

OAS WPR

Name of Investigator

S.B. Johnson

Date Report Received

02/25/2024