

NTSB

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents
BASIC**Accident/Incident Location**Nearest City/Place: GRAND VIEW State: IDZIP: 83624 Country: USALatitude: 42.9896 N Longitude: 116.0934 W

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

Accident/Incident Date/TimeDate: 9/23/24 Local Time: 1:PM

mm/dd/yyyy

Time Zone: MTNCollision with Other Aircraft: Midair On-ground None**AIRCRAFT**Registration Number: N30YCManufacturer: CUB CRAFTERSModel: CUB SS (LSA)Serial Number: CC11-00442Year of Manufacture: 2024

Amateur-Built: Yes If Yes Original Design

NO

Kit/Plans

Make: _____

 IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 1320 lbs.Weight at Time of Accident/Incident: 1250 lbs.Number of Seats: 2 Flight Crew Seats: _____Cabin Crew Seats: _____ Passenger Seats: 1Number of Engines: 1**Category of Aircraft**
(Select one)
☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown
Type of Airworthiness Certificate
(Check all that apply)

Standard	Special
☒ Normal	☐ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ 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	☐ High Skid
☐ Tricycle	☐ Skid
☒ Tailwheel	☐ Ski/Wheel
☐ Emergency Float	☐ Hull
☐ Float	☐ Ski
☐ Amphibian	
☐ 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/Series	Engine 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	CONTINENTAL	0X340CCB3J3N4	1046050	9/24/23	180			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
☒ 100-Hour
☐ AAIP
☐ Annual
☐ Continuous Airworthiness
☐ Condition Inspection
☐ Unknown
Date of Last Inspection: 2/9/24

mm/dd/yyyy

Airframe Total Time: 50 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: NO ANNUAL DUE
Description of Fire Extinguishing System
☐ None
☒ Specify: HAND HELD
Additional Equipment

☒ ADS-B	☐ Handheld GPS
☐ Airframe Parachute	☐ Heads Up Display
☐ Angle of Attack Indicator	☐ Night Vision Goggles
☒ Autopilot	☐ Onboard Weather
☐ Autopilot/FMS, Model: _____	☐ Primary Flight Display
☐ Coupled Flight Director	☐ SAS, Axis (circle one): 2, 3, 4, Model: _____
☐ Data Recorder	☒ Satellite Tracking Device
☒ Device Stall Warning System	☒ Stall Warning System
☐ Electronic Flight Bag or Handheld Device	☐ Video Recording Device
☒ Electronic Multifunction Display	☐ Wire Strike Detection
☒ Electronic Primary Flight Display	☐ Wire Strike Protection
☐ Flight Management System	☐ Other, Specify: _____

ELT Installed: ☒ Yes ☐ No If Yes:ELT Manufacturer: KANAD
Model or Part No.: 406 AF INTEGRATSO No.: C91 (121.5 MHz) C91a (121.5 MHz)C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☒ Yes ☐ NoIf activated: Did ELT aid in locating aircraft? ☒ Yes ☐ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ Unknown**Propeller 1**
☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable
Manufacturer: CATTOModel: 8050 PITCH NLE 2 BLADE**Propeller 2**
☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

Registered Aircraft Owner

Name: JOHN VAUNDERHOEF
 City: MERIDIAN State: ID
 ZIP: 83646 Country: USA

Fractional Ownership Aircraft:
☐ Yes ☒ No
Operator of Aircraft
☒ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: _____
 City: _____ State: _____
 ZIP: _____ Country: _____

Doing Business As: _____

Air Carrier/Operator Designator (4-character code): _____

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 450

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

Revenue Sightseeing Flight
 Yes ☒ No
Air Medical Flight
 Yes ☒ No
AIRPORT

Airport Name: _____
 Airport Identifier: _____
 Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm.
 Direction From Airport: _____ degrees true
 Airport Elevation: _____ ft. MSL

Runway Information

Runway ID: _____ Length: _____ ft. Width: _____ ft.

Runway/Landing Surface (Check all that apply)

☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
☐ Concrete ☐ Gravel ☐ Macadam ☐ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

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

Dry
 Holes
 Ice Covered
 Rough
 Rubber Deposits
 Slush-Covered
 Snow-Compacted
 Snow-Crusted
 Snow-Dry
 Snow-Wet
 Soft
 Vegetation
 Water-Calm
 Water-Choppy
 Water-Glassy
 Wet
 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
 VOR/TVOR ILS ASR Unknown
 VOR/DME Localizer Only Visual
 TACAN LOC-back course Contact
 RNAV Circling

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" Responsibilities at the Time of Accident/Incident

☐ Captain ☐ First Officer ☒ 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" IdentificationFirst Name: JONCity of Residence: MERIDIANMiddle Initial: HState: ID ZIP: 83646Last Name: VAUNDERHOEFCountry: USAAge at time of Accident/Incident: 74Date of Birth: [REDACTED] (mm/dd/yyyy)Certificate Number: [REDACTED]**Degree of Injury**

☒ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

Seat Occupied

☐ Left ☒ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Restraint Type**Available**

☐ None
☐ Lap only
☐ 3-point
☒ 4-point
☐ 5-point
☐ Unknown

Used

☐ None
☐ Lap only
☐ 3-point
☒ 4-point
☐ 5-point
☐ Unknown

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial
☐ US Military ☒ Private ☐ Recreational
☐ Airline Transport ☐ Foreign ☐ Sport
☐ Student ☐ Flight Engineer

☐ Supplemental Restraint type: _____

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

1/27/2020
 mm/dd/yyyy

Medical Certificate Limitations

NONE Eye GLASSES

Medical Certificate Special Limitations

NONE - Eye GLASSES

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

08/22/24
 mm/dd/yyyy

Flight Review AircraftMake: CUB CRAFTERSModel: CARBON CUB SS**Airplane Rating(s) (Check all that apply)**

☒ 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 Multiengine
☐ Gyroplane
☐ Powered lift

☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings and Applicable Logbook Endorsements

HIGH PERFORMANCE
TAIL WHEEL

5/23/22
4/02/16

Student Endorsements (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	839.0	139.1	839.0		1							139.1
Pilot in Command (PIC)	839.0	139.1	839.0		1							
Time as Instructor												
This Make/Model												
Last 90 Days	38											38
Last 30 Days	22.6											22.6
Last 24 Hours	2											2

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

ONLY 1 ON BOARD

☒ Captain ☐ First Officer ☐ 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
☐ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor
Seat Occupied
☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single
Restraint Type**Available**
☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown
Used
☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown
Inflatable Restraints
☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown
Pilot Certificate(s) (Check all that apply)
☐ None ☐ Flight Instructor ☐ Commercial
☐ US Military ☐ Private ☐ Recreational
☐ Airline Transport ☐ Foreign ☐ Sport
☐ Student ☐ Flight Engineer
☐ Supplemental. Restraint type: _____**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

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Special Limitations****Personal Flight Equipment** (Check all that apply)
☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____
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)

☐ 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 Multiengine
☐ Gyroplane
☐ Powered lift

☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport
Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)**Flight Time** (Enter hours for each box)

All Aircraft

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Multi-engine Rotorcraft

Tail-wheel

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

Additional Crewmember Information		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: _____		
Personal Flight Equipment (Check all that apply)			
☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
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 ☐ Supplemental. Restraint type: _____	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?	Total Flight Time at the Time of this Accident/Incident: _____ hrs.		
☐ Yes ☐ No			

Additional Crewmember Information		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: _____		
Personal Flight Equipment (Check all that apply)			
☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
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 ☐ Supplemental. Restraint type: _____	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?	Total Flight Time at the Time of this Accident/Incident: _____ hrs.		
☐ Yes ☐ No			

PASSENGER(S) / OTHER PERSONNEL (include cabin crew; continue on separate sheet if

Number of Passengers _____					
Passenger Information	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 ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ Zip: _____					
Last name: _____ Country: _____	Row: _____				
☐ Crew ☐ Passenger ☐ Other					
Personal Flight Equipment (Check all that apply)					
☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____					

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 ☐ Supplemental Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ 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 ☐ Supplemental Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ 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 ☐ Supplemental Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: _____ Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☐ None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)

- ☐ Certificate of Authorization
☒ VFR
☐ Special VFR
☐ IFR
☐ None
☐ Special IFR
☐ VFR Flight Following
☐ Cruise
☐ VFR On Top
☐ Traffic Advisory
☐ Unknown / N/A

Type of ATC Clearance/Service (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: _____ ft.
 _____ 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
☐ Electronic Flight Bag-Application
☐ 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

On-Board Weather**Basic Conditions**

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud Condition Height

NONE

ft. AGL

Light Condition

- ☒ Dawn
☐ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Unknown

Sky/Lowest Cloud Condition

- ☒ Clear
☐ Few
☐ Partial
☐ Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

- ☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height

ft. AGL

Temperature: _____ (°C) or 75 (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting: _____
 Hg
 or

 mb

Wind Direction

☒ Variable
 or
 Direction: _____
 degrees true

Wind Speed

- ☐ Calm
☒ Light and Variable
 or
 Speed: _____ kts

Wind Gusts

- ☐ Not Gusting
 or
 Speed: _____ kts
 DUST DEVILS

Visibility

_____ 10 miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: 5300 ft.

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

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☐ N/A
☐ Unknown

NONE

Icing Actual

- Amount**
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
☐ Unknown
Type
☐ N/A
☐ Rime
☐ Clear
☐ Mixed
☐ Unknown

Turbulence (Check all that apply)

- Type**
☐ None
☐ Clean Air
☐ Terrain-Induced
☐ Convective
Severity
☐ N/A
☐ Light
☐ Moderate
☒ Severe
☐ Extreme
 Turbulence DUST DEVILS

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			Aircraft Fire		Aircraft Explosion	
☐ None	☐ Substantial	☒ Minor	☒ None	☐ Both Ground and In-Flight	☒ None	☐ Both Ground and In-Flight
	☐ Destroyed		☐ In-Flight	☐ Fire at Unknown Time	☐ In-Flight	☐ Fire at Unknown Time
	☐ Unknown		☐ On-Ground	☐ Unknown	☐ On-Ground	☐ Unknown

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

BENT STRUT / MINOR SHEET METAL DAMAGE / MINOR BEND VERTICAL STABILIZER

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

LANDED IN SAME SPOT 2 TIMES AT APPROX 10 AM
 FLEW SOUTH TO THE OWYHEE RIVER CANYON AND SURROUNDING
 AREA FOR APPROX. 2 HRS LOCATING RANCHERS
 CATTLE THEY HAD MISSED A ROUNDUP 1 WEEK EARLIER.
 MARKED THEIR LOCATION ON MY OUX APPON MY PHONE
 AND RETURNED TO PREVIOUS LANDING LOCATION AND
 RANCHER WAS THERE SO I LANDED AGAIN TO GIVE
 HIM THE LOCATIONS OF HIS MISSING CATTLE. LANDING
 WAS UNEVENTFUL UNTIL I STOPPED THE AIRPLANE
 AND WAS ABOUT TO SHUT OFF THE ENGINE AND MEET
 THE RANCHER. I FELT THE WIND TRYING TO LIFT THE
 TAIL OF MY AIRPLANE, SO I WAS GOING TO SWING
 THE TAIL AROUND AND NOSE INTO THE WIND, I
 DON'T THINK I WAS EVEN ABLE TO MOVE THE AIRPLANE
 AND MY TAIL WENT UP AND I WAS UPSIDE DOWN.
 RANCHER SAID HE WITNESSED SEVERAL DUST DEVILS AT THE
 TIME OF MY FINAL LANDING. TERRAIN WAS A LONG FLAT
 WITH NO OBSTRUCTION OR VERTICAL OBSTACLES. PERFECT
 LANDING AREA

OPERATIONAL SAFETY RECOMMENDATION (How could this be prevented?)

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate page.)

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 & SERVICE INFORMATION

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

24
 19 1/2 Gallons

Fuel Type

☒ 100 Low Lead☐ Jet A☐ Automotive☐ Jet A-1☐ Unleaded AV☐ Other, specify _____

2ND TAKE OFF FROM RANCH

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:

OPENED WINDOW / DOOR AND EXITED

OTHER AIRCRAFT - COLLISION (If air-to-ground collision occurred, complete this section.)

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Model: _____

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____

ZIP: _____

State: _____

ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (If more space is needed, continue on a separate page.)

Date of this report:

9/26/24

mm/dd/yyyy

Name of Pilot/Operator:

TEAL VANDERNOEF

Signature:

-or-

☐ C

If a person other than Pilot/Operator is filing this report

Name:

Title:

Signature:

-or-

☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR24LA311

Reviewed by NTSB AS Division

WPR

Name of Investigator

Zane Brown

Date Report Received

9/28/2024