

**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 INFORMATION****Accident/Incident Location**Nearest City/Place: Snohomish State: WAZIP: 98296 Country: USALatitude: 47.89 Longitude: -122.10

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

**Accident/Incident Date/Time**Date: 02/28/2026 Local Time: 16:57  
mm/dd/yyyy HH:MMTime Zone: PSTCollision with Other Aircraft: ☐ Midair ☒ On-ground ☐ None**AIRCRAFT INFORMATION**Registration Number: N1850NManufacturer: BeechModel: 76 DuchessSerial Number: ME-429Year of Manufacture: 1981Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: \_\_\_\_\_

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

Maximum Gross Weight: 3900 lbs.Weight at Time of Accident/Incident: 3300 lbs.Number of Seats: 4 Flight Crew Seats: 1Cabin Crew Seats: 0 Passenger Seats: 3Number of Engines: 2**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**
- 
- ☒
- Normal
- 
- ☐
- Aerobatic
- 
- ☐
- Balloon
- 
- ☐
- Commuter
- 
- ☐
- Transport
- 
- ☐
- Utility
- 
- ☐
- Certificate of Authorization or Waiver (COA)
- 
- ☐
- None
- 
- Special**
- 
- ☐
- Restricted
- 
- ☐
- Limited
- 
- ☐
- Provisional
- 
- ☐
- Special Flight
- 
- ☐
- Experimental
- 
- ☐
- Special Light-Sport
- 
- ☐
- Experimental Light-Sport
- 
- ☐
- Unknown

**Landing Gear**  
(Check all that apply)

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

**Engine Type** (Select one)

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

**Fuel System Type** (Reciprocating)

- ☒
- Carburetor
- ☐
- Fuel Injected

| Engine | Engine Manufacturer | Engine Model/Series | Engine Serial Number | Date of Mfg.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | O-360-A1G6D         | L-27551-36A          |                              | 180                                                                                                   | 7017.7                   | 160.0                                |                     |
| Eng. 2 | Lycoming            | LO-360-A1G6D        | L-424-71A            |                              | 180                                                                                                   | 7017.7                   | 160.0                                |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |

**Last Inspection Type**

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

Date of Last Inspection: 10/09/2025  
mm/dd/yyyyAirframe Total Time: 4418.5 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: \_\_\_\_\_

**Additional Equipment**

- ☒
- ADS-B
- 
- ☐
- Airframe Parachute
- 
- ☐
- Angle of Attack Indicator
- 
- ☒
- Autopilot
- 
- ☐
- Autopilot/FMS, Model: \_\_\_\_\_
- 
- ☐
- Coupled Flight Director
- 
- ☐
- Data Recorder
- 
- ☐
- Device Stall Warning System
- 
- ☒
- Electronic Flight Bag or Handheld Device
- 
- ☐
- Electronic Multifunction Display
- 
- ☐
- Electronic Primary Flight Display
- 
- ☐
- Flight Management System

- ☐
- Handheld GPS
- 
- ☐
- Heads Up Display
- 
- ☐
- Night Vision Goggles
- 
- ☐
- Onboard Weather
- 
- ☐
- Primary Flight Display
- 
- ☐
- SAS, Number of Axes: \_\_\_\_\_ Model: \_\_\_\_\_
- 
- ☐
- Satellite Tracking Device
- 
- ☒
- Stall Warning System
- 
- ☐
- Video Recording Device
- 
- ☐
- Wire Strike Detection
- 
- ☐
- Wire Strike Protection
- 
- ☐
- Other, Specify: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No If Yes:ELT Manufacturer: ArtexModel or Part No.: 345 GPSTSO 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 ☐ UnknownPropeller 1 ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground AdjustableManufacturer: HartzellModel: HC-M2YR-2CEUFPropeller 2 ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground AdjustableManufacturer: HartzellModel: HC-M2YR-2CLEUF

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Snohomish Flying Service, Inc.

Fractional Ownership Aircraft:

☐ Yes☒ NoCity: SnohomishState: WAZIP: 98296Country: USA**Operator of Aircraft**☒ The Operator is also the Registered Owner☒ Same address as Registered Owner

Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

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

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**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    ☐ Firefighting  
☐ 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    ☐ Unknown

**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: Harvey FieldDistance From Airport Center: 0.1 sm.Airport Identifier: S43

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip    ☒ On Airport/Airstrip    ☐ N/AAirport Elevation: 22 ft. MSL**Runway Information**Runway ID: 33R    Length: 2672 ft.    Width: 36 ft.**Condition of Runway/Landing Surface (Check all that apply)****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

- ☒ 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    ☐ Crosswind    ☐ Aborted Landing (after touchdown)  
☐ 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" INFORMATION****"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" Identification**

First Name:                     

City of Residence: Seattle

Middle Initial:           

State: WA ZIP: 98119

Last Name:                     

Country: USA

Age at time of Accident/Incident: 80

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

Supplemental Restraint, specify:                     

**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

**Principal Occupation**

☒ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☐ None ☐ Class 3 ☐ Unknown  
☐ Class 1 ☒ BasicMed  
☐ Class 2 ☐ Driver's License (Sport Pilot only)

**Medical Certificate Validity**

☐ Without limitations/waivers ☐ Unknown  
☐ With limitations/waivers ☒ N/A  
☐ Special Issuance

**Date of Last Medical**

02/21/2025  
 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:**

01/01/2024  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: Diamond

Model: DA-42

**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 ☒ Instrument Airplane  
☒ Airplane Single-Engine ☐ Instrument Helicopter  
☒ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements**

Embraer EMB110

**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                             | 14844        | 113               | 7856                   | 6988                 | 1109  | 1279       | 15        |            | 13     |                  |                         | 139        |
| Pilot in Command (PIC)                 | 14520        | 111               | 7611                   | 6664                 | 1091  | 1230       |           |            | 4      |                  |                         | 135        |
| Time as Instructor                     | 7260         | 111               | 6849                   | 361                  | 480   | 371        |           |            |        |                  |                         | 98         |
| This Make/Model                        |              |                   |                        |                      | 19    | 2          |           |            |        |                  |                         |            |
| Last 90 Days                           | 53           | 31                | 27                     | 31                   | 2     |            |           |            |        |                  |                         |            |
| Last 30 Days                           | 22           | 10                | 12                     | 10                   | 2     |            |           |            |        |                  |                         |            |
| Last 24 Hours                          | 4            | 2                 | 2                      | 2                    |       |            |           |            |        |                  |                         |            |

**"FLIGHT CREWMEMBER 2" INFORMATION****"Flight Crewmember 2" 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 2" was pilot flying** ☒ Yes ☐ No

**"Flight Crewmember 2" Identification**

First Name:                     

City of Residence: Marysville

Middle Initial:           

State: WA ZIP: 98271

Last Name:                     

Country: USA

Age at time of Accident/Incident: 31

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, specify:                     

**Principal Occupation**

☐ Pilot  
☒ Other  
☐ Unknown

**Medical Certificate**

☐ None ☐ Class 3 ☐ Unknown  
☒ Class 1 ☐ BasicMed  
☐ Class 2 ☐ Driver's License (Sport Pilot Only)

**Medical Certificate Validity**

☒ Without limitations/waivers ☐ Unknown  
☐ With limitations/waivers ☐ N/A  
☐ Special Issuance

**Date of Last Medical**

04/08/2022  
 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:**

09/08/2024  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: Cessna

Model: 172S

**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 ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ 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 |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             | 340.8        | 22.4              | 316.5                  | 22.4                 | 26.3  | 7.5        | 72.7      |            |        |                  |                         |            |
| Pilot in Command (PIC)                 | 246.7        | 0                 | 246.7                  | 0                    | 21.9  | 5.6        | 64.8      |            |        |                  |                         |            |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      | 0.4   | 1.0        | 7.9       |            |        |                  |                         |            |
| Last 90 Days                           | 3.9          | 3.9               | 0                      | 3.9                  | 0     | 0          | 1.3       |            |        |                  |                         |            |
| Last 30 Days                           | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         |            |        |                  |                         |            |
| Last 24 Hours                          | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         |            |        |                  |                         |            |

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)**

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                                   | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                            | <b>Restraint Type</b><br>Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br>Supplemental Restraint, specify:<br>_____ | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                           | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                                   | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                            | <b>Restraint Type</b><br>Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br>Supplemental Restraint, specify:<br>_____ | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                           | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)**

| Number of Passengers _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Seat                                                                                                                                         | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                         | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Passenger Information</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br><br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br>Supplemental Restraint, specify:<br>_____ | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br>If under 5 years,<br><input type="checkbox"/> Child<br>Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

### FLIGHT ITINERARY INFORMATION

| Last Departure Point                                                                        | Time of Departure                                                   | Flight Information                                | Destination                                                                                 | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>S43</u><br>City: <u>Snohomish</u><br>State: <u>WA</u><br>Country: <u>USA</u> | Time: <u>15:49</u><br><small>HH:MM</small><br>Time Zone: <u>PST</u> | Flight Number: _____<br>Operating as Flight _____ | Airport ID: <u>S43</u><br>City: <u>Snohomish</u><br>State: <u>WA</u><br>Country: <u>USA</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i>                                                                                                                                                                                                                                                                |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input type="checkbox"/> Certificate of Authorization                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Special VFR                                                                                                                                  | <input type="checkbox"/> Special IFR                                                                                                                       | <input type="checkbox"/> VFR Flight Following                                                                                                                                                                                              | <input type="checkbox"/> Cruise                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input type="checkbox"/> VFR                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> IFR                                                                                                                                          | <input type="checkbox"/> VFR On Top                                                                                                                        | <input type="checkbox"/> Traffic Advisory                                                                                                                                                                                                  | <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                          |                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                          |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i>                                                                                                                                                                                                                                                |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input type="checkbox"/> Class A                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Class G                                                                                                                           | <input type="checkbox"/> Military Operations Area (MOA)                                                                                                    | <input type="checkbox"/> Special                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input type="checkbox"/> Class B                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Demo Area                                                                                                                                    | <input type="checkbox"/> Airport Advisory Area                                                                                                             | <input type="checkbox"/> Air Traffic Control Area                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input type="checkbox"/> Class C                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Warning Area                                                                                                                                 | <input type="checkbox"/> Jet Training Area                                                                                                                 | <input type="checkbox"/> Unknown                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input type="checkbox"/> Class D                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Prohibited Area                                                                                                                              | <input type="checkbox"/> TRSA                                                                                                                              |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input type="checkbox"/> Class E                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Restricted Area                                                                                                                              | <input type="checkbox"/> FAR 93                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <b>Altitude of In-Flight Occurrence:</b> _____ ft. MSL                                                                                                                                                                                                                                                                            |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <b>Source of Pilot Weather Information</b><br><i>(Check all that apply)</i>                                                                                                                                                                                                                                                       |                                                                                                                                                                       |                                                                                                                                                            | <b>Weather Observation Facility</b>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input checked="" type="checkbox"/> Electronic Flight Bag-Application: _____<br>Foreflight<br><input type="checkbox"/> On-Board Weather |                                                                                                                                                                       |                                                                                                                                                            | <input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                       |                                                                                                                                                            | Facility ID: <u>KPAE</u><br>Observation Time: <u>16:55</u><br>Time Zone: <u>PST</u><br>Distance from Accident Site: <u>7</u> nm<br>Direction from Accident Site: <u>276</u> degrees true                                                   |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <b>Basic Conditions</b>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                       | <b>Lowest Cloud Condition</b>                                                                                                                              | <b>Light Condition</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                |                                                                                                                                                                       | <b>Height</b><br><u>none</u> ft. AGL                                                                                                                       | <input type="radio"/> Dawn<br><input checked="" type="radio"/> Day<br><input type="radio"/> Dusk<br><input type="radio"/> Night<br><input type="radio"/> Dark Night<br><input type="radio"/> Bright Night<br><input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <b>Sky/Lowest Cloud Condition</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                       | <b>Ceiling</b>                                                                                                                                             | <b>Ceiling Height</b>                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <input checked="" type="radio"/> Clear<br><input type="radio"/> Few<br><input type="radio"/> Partial<br>Obscuration<br><input type="radio"/> Scattered                                                                                                                                                                            |                                                                                                                                                                       | <input type="radio"/> Thin Broken<br><input type="radio"/> Thin Overcast<br><input type="radio"/> Unknown                                                  | <input checked="" type="radio"/> None (Clear)<br><input type="radio"/> Broken<br><input type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown                     | <b>Temperature:</b> <u>08</u> (°C) or _____ (°F)<br><b>Dewpoint:</b> <u>04</u> (°C) or _____ (°F)                                                                                                                                                                              |                                                                                                                                                                                 |
| <b>Altimeter Setting:</b>                                                                                                                                                                                                                                                                                                         | <b>Wind Direction</b>                                                                                                                                                 | <b>Wind Speed</b>                                                                                                                                          | <b>Wind Gusts</b>                                                                                                                                                                                                                          | <b>Visibility</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                 |
| <u>30.07</u> (Hg), or _____ (mb)                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Variable<br>or<br>Direction: <u>330</u><br>degrees true                                                                                      | <input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>or<br>Speed: <u>08</u> kts                                                 | <input type="checkbox"/> Not Gusting<br>or<br>Speed: _____ kts                                                                                                                                                                             | _____ miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft.                                                                                                                                                                                       |                                                                                                                                                                                 |
| <b>Type of Precipitation</b> <i>(Check all that apply)</i>                                                                                                                                                                                                                                                                        |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            | <b>Restriction to Visibility</b> <i>(Check all that apply)</i>                                                                                                                                                                                                                 |                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers                                                                                                                                              |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            | <input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals                                                                             |                                                                                                                                                                                 |
| <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle                                                                                                                                                        |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust |                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            | <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown                                                                                                 |                                                                                                                                                                                 |
| <b>Icing Forecast</b>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                       | <b>Intensity of Precipitation</b>                                                                                                                          | <b>Icing Actual</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                | <b>Turbulence</b> <i>(Check all that apply)</i>                                                                                                                                 |
| <b>Amount</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown                                                                                                           | <b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown | <input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Amount</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown                    | <b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown                                                                                                          | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clean Air<br><input type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective<br>Turbulence |
| <b>Severity</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme                                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                                                                            |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None                      ☐ Substantial  
☐ Minor                     ☐ Destroyed  
☒ Unknown

**Aircraft Fire**

- ☒ None                      ☐ Both Ground and In-Flight  
☐ In-Flight                ☐ Fire at Unknown Time  
☐ On-Ground              ☐ Unknown

**Aircraft Explosion**

- ☒ None                      ☐ Both Ground and In-Flight  
☐ In-Flight                ☐ Fire at Unknown Time  
☐ On-Ground              ☐ Unknown

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

Damage to Hangar 31 unit 14 at Harvey Field

Damage to Comanche N5662P. Owner is [REDACTED] Snohomish, WA, 98290.

**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.

I was conducting a multi-engine training flight with an instructor. We departed from S43 runway 33R at 3:49pm. We took off departed to the north and completed training between Snohomish and Arlington airport. We were returning to S43 (Harvey Field) to practice a simulated single-engine landing. We entered the traffic pattern at 1000 feet and at the 45 degree to the downwind for runway 33R. I lowered the landing gear while on the 45. We turned onto the downwind for runway 33R and my instructor closed the right throttle to simulate an engine failure. I set the mixtures, propeller controls and the left throttle to full forward positions. I identified the the simulated engine failure on the right engine and informed my instructor who then increased the right throttle to simulate a feathered condition. During this time we descended somewhere between 200-300 feet. I then continued on the downwind at 85 knots while holding altitude. I turned onto the left base when the runway looked to be 45 degrees behind and to my left, and then turned onto final. At this point I felt like I might be low. I continued the approach and added full flaps and brought the left throttle back. As we approached the fence at the approach end of runway 33R I felt like we had an excessive rate of descent so I increased the left throttle slightly. I failed to add the appropriate rudder correction so we drifted off to the right of the runway. I decided to go around, however, I failed to use both throttles and I increased to left throttle to full power. We immediately turned sharply to the right, my instructor pulled both throttles to idle and we hit the ground to the right of runway 33R and crashed into the hangar.

**OPERATOR/OWNER SAFETY RECOMMENDATION** (How could this accident/incident have been prevented?)

Better communication. I should have informed my instructor that I was considering a go-around. I also should have mentioned my concerns about our rate of descent.

A more stable/standardized traffic pattern.

Briefing on using both throttles to perform go-around.

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on a 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)

60 \_\_\_\_\_ Gallons

Fuel Type

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

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:

The pilot sitting in the right seat exited out of the right door, and the pilot sitting in the left seat exited out of the left door.

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

Aircraft Registration Number

N5662P

Manufacturer: Comanche

Model: \_\_\_\_\_

Damage to Other Aircraft:

☐ Destroyed☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_

City: Snohomish

State: WA ZIP: 98290

Country: USA

Pilot of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**ADDITIONAL INFORMATION** (Additional space for answers to any question.)

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

I understand that the information provided may be subject to public release.

Date of this report:

03/05/2026

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 this report

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

-or- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

| NTSB Accident/Incident No. | Reviewed by NTSB AS Division | Name of Investigator | Date Report Received |
|----------------------------|------------------------------|----------------------|----------------------|
| WPR26LA112                 | OAS-WPR                      | GRANT MILLS          | 03/05/2026           |