

ORIGINAL
(RETURN)

FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location					
Nearest City/Place, State, Zip Code <u>EVERETT, WASHINGTON</u>		Date of Accident <u>9 FEB 2003</u>	Local Time (24 HOUR CLOCK) <u>~ 1545</u>	Zone <u>PST</u>	Elevation At Accident Site <u>565</u> Feet MSL ____ Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
Proximity To Airport					
1. <input checked="" type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input type="checkbox"/> Beyond 3 Miles	
Airport Name <u>EVERETT / SNOHOMISH CTY</u>		Airport Ident <u>KPAE</u>	Runway/Landing Surface Conditions:		
			1. <input type="checkbox"/> Direction: <u>160°</u> 3. <input type="checkbox"/> Width: <u>150'</u> 5. <input type="checkbox"/> Condition: <u>WET</u>		
			2. <input type="checkbox"/> Length: <u>9010'</u> 4. <input type="checkbox"/> Surface: <u>ASPHALT</u>		
Phase Of Operation:					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input checked="" type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL
Aircraft Information					
Registration Mark		Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
Type Of Aircraft		Type Of Airworthiness Certificate			Amateur Built
1. <input type="checkbox"/> Airplane		5. <input type="checkbox"/> Blimp/Dirigible			1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Helicopter		6. <input type="checkbox"/> Ultralight			2. <input type="checkbox"/> No
3. <input type="checkbox"/> Glider		7. <input type="checkbox"/> Gyroplane			
4. <input type="checkbox"/> Balloon		8. <input type="checkbox"/> Specify _____			
Landing Gear					No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed		4. <input type="checkbox"/> Tailwheel—Retractable			Flight/Cabin
2. <input type="checkbox"/> Tricycle—Retractable		5. <input type="checkbox"/> Tailwheel—Retractable Mains			Crew _____
3. <input type="checkbox"/> Tailwheel—Fixed		6. <input type="checkbox"/> Amphibian			Pax _____
Stall Warning System Installed		IFR Equipped	Engine Type		
1. <input type="checkbox"/> Yes		1. <input type="checkbox"/> Yes	1. <input type="checkbox"/> Reciprocating—Carburetor		
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No	2. <input type="checkbox"/> Reciprocating—Fuel Injected		
			3. <input type="checkbox"/> Turbo Prop		
			4. <input type="checkbox"/> Turbo Jet		
			5. <input type="checkbox"/> Turbo Fan		
			6. <input type="checkbox"/> Turbo Shaft		
Engine Manufacturer		Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used	
			1. _____ Horsepower	1. <input type="checkbox"/> None	
			2. _____ Lbs Thrust	2. Specify _____	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1			Hours	Hours	Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed	
1. <input type="checkbox"/> Annual		1. <input type="checkbox"/> Annual		____ (M/D/Y)	
2. <input type="checkbox"/> Manufacturer's Inspection Program		2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection _____ Hours	
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)		3. <input type="checkbox"/> AAIP		Airframe Total Time _____ Hours	
4. <input type="checkbox"/> Continuous Airworthiness		4. <input type="checkbox"/> Continuous Airworthiness			
5. <input type="checkbox"/> Specify _____					
Emergency Locator Transmitter (ELT)		ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
		Switch	Operated	Aided In Accident Location	
		1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Registered Aircraft Owner			Address		
Operator Of Aircraft			Address		
1. <input type="checkbox"/> Same As Registered Owner			1. <input type="checkbox"/> Same As Registered Owner		
2. Name _____			2. _____		
3. DBS: _____					

Owner / Operator Information (cont.)											
Operator (Certificate Number)			Operator Designator (4 Letter Designator)								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137					Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____	
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning											
Pilot Information											
Pilot Name			Pilot Certificate No.		Address			Nationality			
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											
Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane			Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider						
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y)		BFR Aircraft 1. Make _____ 2. Model _____						
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y)		Limitations Waivers _____			Date Of Birth (M/D/Y)			
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		Person At Controls At Time Of Accident 1. <input type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots			Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument	Rotorcraft	Glider	Lighter Than Air	
Total Time							Actual Simulated				
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
Second Pilot Information											
Second Pilot Responsibilities At The Time Of Accident INSTRUCTOR 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input checked="" type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name			Pilot Certificate No.		Address			Nationality			
DAVID L CURTIS			1		BOTHELL WA 98011			USA			
Certificate (s) 1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input checked="" type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											

Second Pilot Information (cont.)															
Rating (s)				Instrument Rating (s)				Instructor Rating (s)							
1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input checked="" type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea				6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter				1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input checked="" type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____			
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft							
NONE				06/02/2001				1. Make <u>CESSNA</u> 2. Model <u>TR182</u>							
Medical Certificate			Date Of Last Medical (M/D/Y)			Limitations			Date Of Birth (M/D/Y)						
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input checked="" type="checkbox"/> Class 3			05/29/2001			CORRECTING GLASSES REQUIRED									
			Waivers												
Degree Of Injury				Seat Occupied				Seat Belt Available							
1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal				1. <input type="checkbox"/> Left 2. <input checked="" type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear				1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No							
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used											
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____									
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air					
Total Time	2109	286	1960	148	188	105	137								
Pilot In Command (PIC)	2054	285	1923	131	185	103	52	/	/	/					
Instructor	1465	147	1465	0	83	45	400	/	/	/					
This Make & Model					18	9	43								
Last 90 Days	8.6	8.6	8.6	0	0	.7	0	/	/	/					
Last 30 Days	8.6	8.6	8.6	0	0	.7	0	/	/	/					
Last 24 Hours	1.2	1.2	1.2	0	0	.7	0	/	/	/					
Other Personnel															
Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None				
1.															
2.															
3.															
4.															
5.															
6.															
Flight Itinerary Information															
Last Departure Point			Time Of Departure		Destination		Flight Plan Filed								
1. Airport ID _____ 2. City/Place _____ 3. State _____			1. Time _____ 2. Time Zone _____		1. Airport ID _____ 2. City/Place _____ 3. State _____		1. <input type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)								
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished															
Fuel On Board At Last Takeoff				Fuel Type											
_____ Gallons or _____ Pounds				1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____											
Other Services, If Any, Prior to Departure															
Weather Information At The Accident Site															
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition			Visibility			Temp (°F)						
PILOT ESTIMATES			1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night			NA Miles			NA						

Weather Information At The Accident Site (cont.)									
Dew Point NA (°F)	Altimeter Setting NA "Hg	Sky/Lowest Cloud Condition <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL </div> <div> 4. <input checked="" type="checkbox"/> Overcast 400 Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured </div> </div>							
Wind Information 1. Direction NA 2. Velocity _____ Kts 3. Gusts _____ Kts		Restriction To Visibility MIST	Type Precipitation RAIN/MIST	Intensity Of Precipitation 1. <input checked="" type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____					
Turbulence (Multiple Entry) 1. <input checked="" type="checkbox"/> None 2. <input checked="" type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clean Air 7. <input checked="" type="checkbox"/> In Clouds									
Damage To Aircraft And Other Property									
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input type="checkbox"/> No 4. <input type="checkbox"/> On Ground					
Description Of Damage To Aircraft And Other Property 									
Mechanical Malfunction Failure									
1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Total Time</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; text-align: center; padding: 2px;">On Part _____ Hours</td> <td style="width: 50%; text-align: center; padding: 2px;">At Overhaul _____ Hours</td> </tr> </tbody> </table>			Total Time		On Part _____ Hours	At Overhaul _____ Hours
Total Time									
On Part _____ Hours	At Overhaul _____ Hours								
Collision Accident									
If Collision Accident Occurred, Complete The Information For Other Aircraft									
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None						
Registered Aircraft Owner			Address						
Pilot Name		Address		Pilot Certificate No.					
Evacuation Of Aircraft									
Assistance Received 1. <input type="checkbox"/> Outside Person (s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxillary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify _____									
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door _____ 2. Auxillary Door _____ 3. Emergency Exit _____									
Recommendation (How Could This Accident Have Been Prevented)									
Operator/Owner Safety Recommendation (Optional Entry) 									

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

SEE ATTACHED

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

6 MAR 2003

Signature Of Pilot/Operator

Paul R. Cuts

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

SEA03LA037

Reviewed By NTSB Office Located At

Seattle, Washington

Name Of Investigator

Steven A. McCreary

Date Report Received

MAR 11 2003

NARRATIVE SUMMARY
Cessna 172-N912LB
9 February 2003

Pilot/student: Paul A. Maritz, cert # _____ . ASEL
Pilot/instructor: David L. Curtis, cert # _____ CFI-AI

A weather briefing was obtained with no mention of icing. An IFR flight plan was filed with the Seattle AFSS listing Boeing Field/King County International Airport (KBFI) as the departure point and the Paine VOR (PAE) as the destination with notation of instrument training/multiple approaches. Mr. Maritz received a briefing update which included a PIREP of cloud tops at 2100' at Paine Field, but nothing about icing or possible icing along our route of flight. We received our clearance and departed at approximately 1447 local time.

Our first approach was the VOR-B full approach at Snohomish County Airport (KPAE) with a planned missed approach procedure after the approach. Mr. Maritz flew an acceptable approach to the MDA and we executed the missed approach. I then realized our climb rate was at a slower rate than I expected and I pointed this out to Mr. Maritz. We both then noted that the airplane was beginning to pick up ice. Because of this un-forecast icing I immediately made the decision to terminate the flight. We were in IMC so we had to fly an approach. I requested from ATC an abbreviated approach with radar vectors to final ILS 16-R approach and a full stop landing and ATC acknowledged.

I briefed Mr. Maritz on the procedures to use for final approach and landing with the accumulation of ice (higher speeds than normal at all times, no flaps, and fly the airplane onto the runway/no flare). Mr. Maritz indicated that it was taking full power to maintain altitude. We began losing altitude just as we intercepted the glide slope so I told him to continue to use full power as needed.

I believe we broke out of the clouds at about 400' AGL and on the localizer. After crossing the threshold at approximately 10-15' AGL I felt a shudder in the airframe and then the left wing stalled starting an immediate left rotation both roll and yaw. I assumed control of the aircraft and attempted to stop the spin entry. I was able to stop the rotation and attain an approximately level attitude but I could not stop the left drift. Mr. Maritz attempted to apply full power at this time but I immediately closed the throttle.

We departed the runway to the left traveling through the grass on all three wheels. The grass was very soft and after traveling perhaps 50 meters in the grass the airplane tires dug in. The airplane tipped forward, the propeller impacted the earth and the engine stopped. We continued on over coming to rest with the airplane on the upper wing surfaces and the vertical stabilizer/rudder. After determining that Mr. Maritz was not injured, I instructed him to turn off the Magnetos, the Master switch, and pull the Fuel Shutoff handle. He exited the aircraft through the left window and I then exited through the right side door.

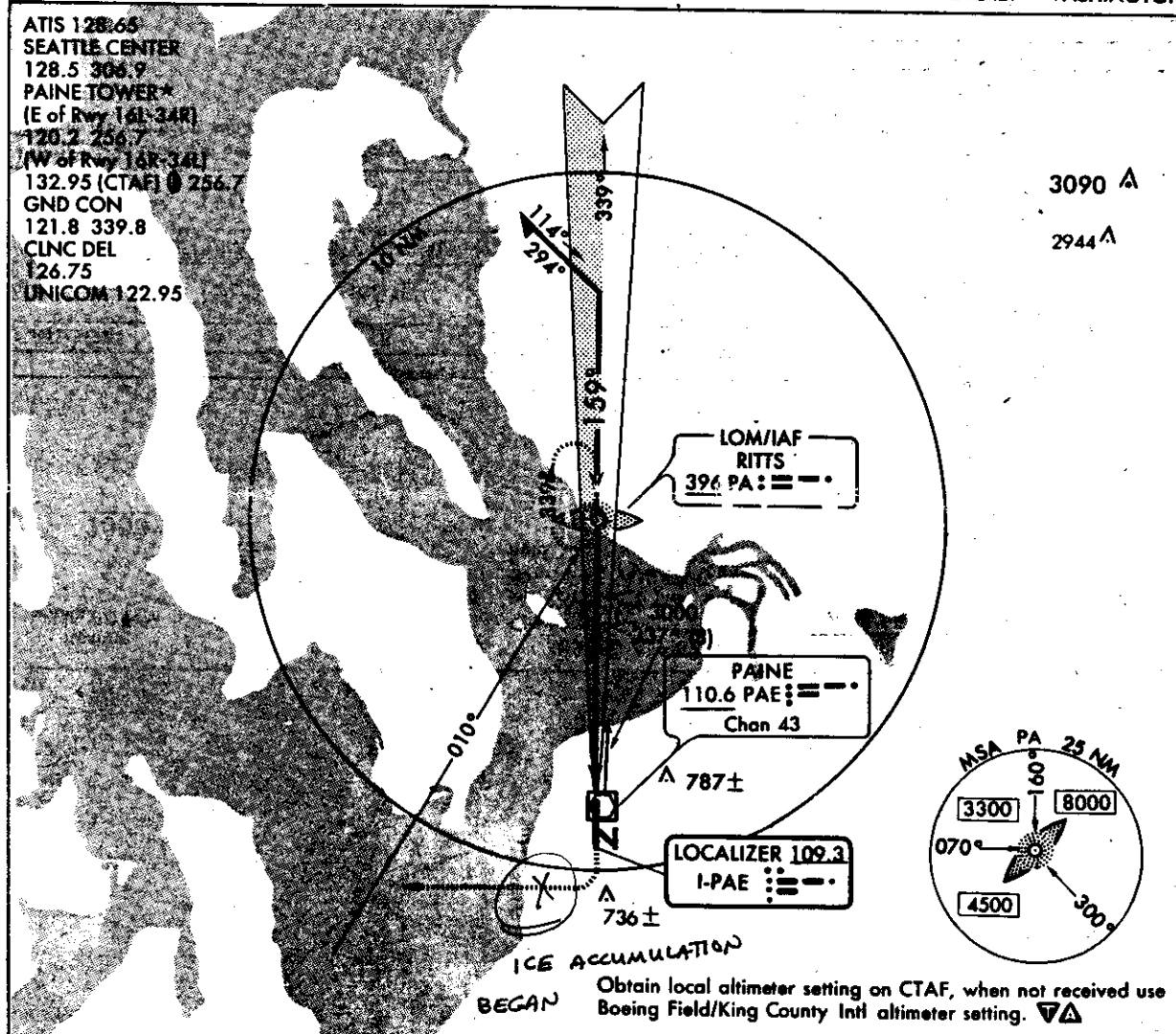
Shortly thereafter, another aircraft in the vicinity encountered un-forecast icing, declared an emergency and landed at KPAE. Approximately 30 minutes after the accident I picked up a piece of the ice from the leading edge that was in the grass. It was still over 1/2" thick and had a very rough surface.

Amdt 18C 1
ILS RWY 16R

EVERETT/SNOHOMISH COUNTY (PAINE FIELD) (PAE)
 AL-142 (FAA)

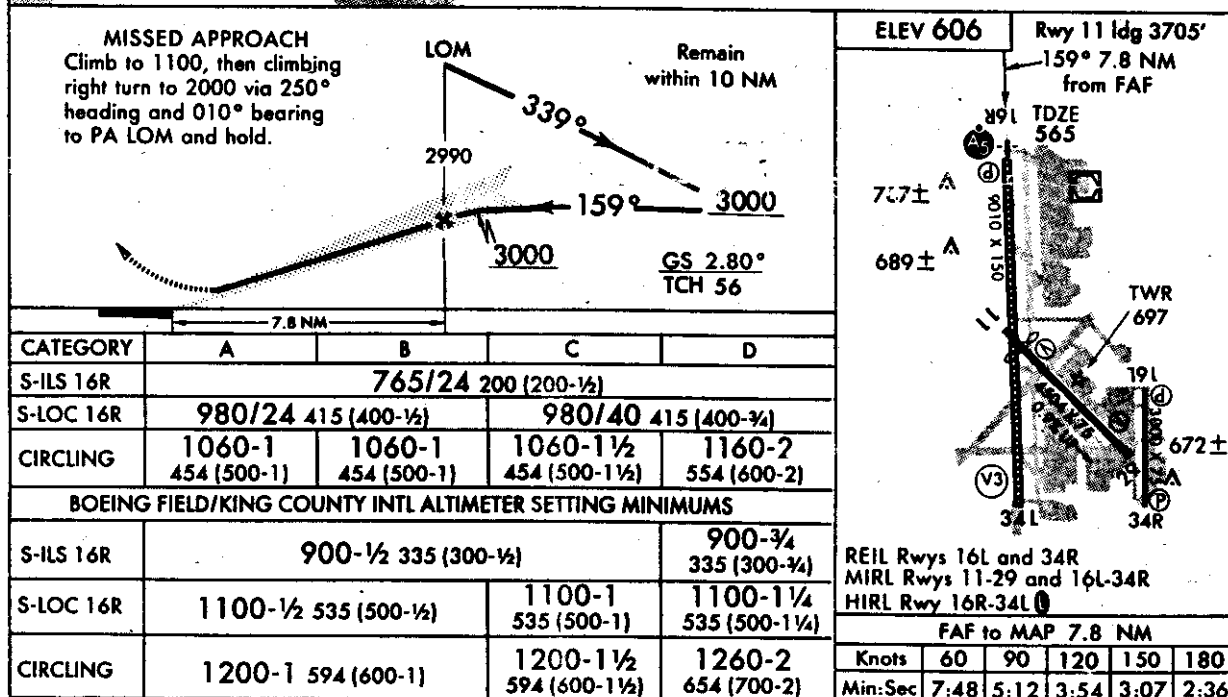
WISH COUNTY (PAINE FIELD) (PAE)
 EVERETT

WASHINGTON



NW-1, 25 JAN 2001

NW-1, 25 JAN 2001



ILS RWY 16R
 Amdt 18C 00251

47°54'N-122°17'W

EVERETT, WASHINGTON
 EVERETT/SNOHOMISH COUNTY (PAINE FIELD) (PAE)