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FORM APPROVED FOR USE THROUGH 11/30/90 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	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Fillmore, UT 84631	7-7-02	18:50	MT	5100 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.[ ] On Airport 3.[ ] Within 1/2 Mile 5.[ ] Within 1 Mile 7.[X] Within 3 Miles
2.[ ] Within 1/4 Mile 4.[ ] Within 3/4 Mile 6.[ ] Within 2 Miles 8.[X] Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface And Conditions:
Fillmore Airport	U19	1. Direction: 4-22 3. Width: 75; 2. Length: 5010 4. Surface: Asphalt 5. Condition: Fair/Good

Phase Of Operation:

1.[ ] Standing 3.[ ] Takeoff 5.[X] Cruise 7.[ ] Approach 9.[ ] Hover/Maneuver
2.[ ] Taxi 4.[X] Climb 6.[ ] Descent 8.[ ] Landing 10.[ ] Altitude Of In-Flight Occurrence ____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
N5190Y	PZL	M-18B	12023-07	11,700

Type Of Aircraft
1.[X] Airplane 2.[ ] Helicopter 3.[ ] Glider 4.[ ] Balloon 5.[ ] Blimp/Dirigible 6.[ ] Ultralight 7.[ ] Gyroplane 8. Specify ____

Type Of Airworthiness Certificate
1.[ ] Normal 2.[ ] Utility 3.[ ] Acrobatic 4.[ ] Transport 5.[X] Restricted 6.[ ] Limited 7.[ ] Experimental 8. Specify ____

Amateur Built
1.[ ] Yes 2.[X] No

Landing Gear
1.[ ] Tricycle—Fixed 2.[ ] Tricycle—Retractable 3.[X] Tailwheel—Fixed 4.[ ] Tailwheel—Retractable 5.[ ] Tailwheel—Retractable Mains 6.[ ] Amphibian 7.[ ] Skid 8.[ ] Skid/Wheel 9. Specify ____

No. Of Seats
Flight/Cabin Crew 2 Pax 0

Stall Warning System Installed
1.[ ] Yes 2.[X] No

IFR Equipped
1.[ ] Yes 2.[X] No

Engine Type
1.[X] Reciprocating—Carburetor 2.[ ] Reciprocating—Fuel Injected 3.[ ] Turbo Prop 4.[ ] Turbo Jet 5.[ ] Turbo Fan 6.[ ] Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
PZL	ASz-621Rm18	1. ____ Horsepower; 2. ____ Lbs. Thrust	1.[X] None; 2. Specify ____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	1995		1700 Hours	20 Hours	275 Reman Hours
Engine No. 2	/	/	/ Hours	/ Hours	/ Hours
Engine No. 3	/	/	/ Hours	/ Hours	/ Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program
1.[X] Annual 2.[ ] Manufacturer's Inspection Program 3.[ ] Other Approved Inspection Program (AAIP) 4.[ ] Continuous Airworthiness 5. Specify ____

Type Of Last Inspection
1.[X] Annual 2.[X] 100 Hour 3.[ ] AAIP 4.[ ] Continuous Airworthiness

Date Last Inspection Performed (M/D/Y) ____
Time Since Last Inspection ____ Hours
Airframe Total Time ____ Hours

Emergency Locator Transmitter (ELT)

ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
			6/02

Switch: 1.[ ] On 2.[ ] Off 3.[X] Armed
Operated: 1.[ ] Yes 2.[ ] No
Aided In Accident Location: 1.[ ] Yes 2.[X] No

Registered Aircraft Owner	Address
Utility Aviation, Inc	P.O. Box 667, Ft Collins, Co 80522

Operator Of Aircraft	Address
1.[ ] Same As Registered Owner; 2. Name Calvin Stratton; 3. DBS:	1.[ ] Same As Registered Owner; 2. ____ Twin Lake, MI 49457

Owner/Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)
1A7G738W	U A 7 G

Purpose Of Flight And Type Of Operation

Regulation Flight Conducted Under
1. ☐ FAR 91 (only) 4. ☐ FAR 121 7. ☐ FAR 133
2. ☐ FAR 91D 5. ☐ FAR 125 8. ☐ FAR 135
3. ☐ FAR 103 6. ☐ FAR 129 9. ☒ FAR 137

Purpose Of Flight
1. ☐ Personal 6. ☐ Aerial Observation
2. ☐ Business 7. ☒ Other Work Use
3. ☐ Instructional 8. ☐ Public Use
4. ☐ Executive/Corporate 9. ☐ Ferry
5. ☐ Aerial Application 10. ☐ Positioning

Operator Authority
FAR 121
1. ☐ Domestic
2. ☐ Flag
3. ☐ Supplemental

FAR 135
4. ☐ On Demand
5. ☐ Commuter

FAR 133
6. ☐ Rotorcraft External Load

FAR 125
7. ☐ Large Aircraft

FAR 129
8. ☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1. ☐ Scheduled
2. ☐ Non Scheduled
3. ☐ Domestic
4. ☐ International
5. ☐ Passenger
6. ☐ Cargo
7. Specify _____

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
CALVIN STRATTON		TWIN LAKE MI 49457	USA

Certificate(s)
1. ☐ Student 3. ☒ Commercial 5. ☒ Flight Instructor 7. ☐ Military 9. ☐ None
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____

Rating(s)
1. ☐ None 6. ☐ Helicopter
2. ☒ Single Engine Land 7. ☐ Glider
3. ☐ Single Engine Sea 8. ☐ Free Balloon
4. ☐ Multiengine Land 9. ☐ Airship
5. ☐ Multiengine Sea 10. ☐ Gyroplane

Instrument Rating(s)
1. ☐ None
2. ☒ Airplane
3. ☐ Helicopter

Instructor Rating(s)
1. ☐ None 6. ☐ Instrument Airplane
2. ☒ Airplane S.E. 7. ☐ Instrument Helicopter
3. ☐ Airplane M.E. 8. ☐ Ground Instructor
4. ☐ Helicopter 9. Specify _____
5. ☐ Glider

Type Ratings/Student Endorsements

Date Of Biennial Flight Review Or Equivalent (M/D/Y)
11/01

BFR Aircraft
1. Make CESSNA
2. Model C-206T

Medical Certificate
1. ☐ None 3. ☒ Class 2
2. ☐ Class 1 4. ☐ Class 3

Date Of Last Medical (M/D/Y)
11/01

Limitations NINE

Waivers NONE

Date Of Birth (M/D/Y)

Degree Of Injury
1. ☐ None
2. ☒ Minor
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☐ Left 4. ☐ Front
2. ☐ Right 5. ☐ Rear
3. ☒ Center

Person At Controls At Time Of Accident
1. ☒ Pilot In Command 3. ☐ Both Pilots 5. ☐ No One
2. ☐ Second Pilot 4. ☐ Non-Pilot

Seat Belt Available
1. ☒ Yes
2. ☐ No

Seat Belt Used
1. ☒ Yes
2. ☐ No

Shoulder Harness Available
1. ☒ Yes
2. ☐ No

Shoulder Harness Used
1. ☒ Yes
2. ☐ No

Source Of Pilot Flight Time Information
1. ☒ Pilot Logbook 4. ☐ Company
2. ☒ Operators Estimate 5. Specify _____
3. ☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2700.0	350.0	2700.0	—	800.0	200.0	100.0	—	—	—
Pilot In Command (PIC)	2600.0	350.0	2600.0	—	700.0	200.0	100.0	—	—	—
Instructor	1500	—			100.0			—	—	—
This Make/Model					—	—				
Last 90 Days	200.0	200.0	200.0		7.0	5.0		—	—	—
Last 30 Days	7.0	7.0	7.0		1.0	0.0		—	—	—
Last 24 Hours	0.0	0.0	0.0			0.0		—	—	—

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1. ☐ Co-Pilot 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☒ None (Pilot-Rated Passenger)

N/A

Pilot Name	Pilot Certificate No.	Address	Nationality

Certificate(s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. None _____
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____

SECOND PILOT INFORMATION (cont.)

Rating(s)
1. ☐ None
2. ☐ Single Engine Land
3. ☐ Single Engine Sea
4. ☐ Multiengine Land
5. ☐ Multiengine Sea
6. ☐ Helicopter
7. ☐ Glider
8. ☐ Free Balloon
9. ☐ Airship
10. ☐ Gyroplane

Instrument Rating(s)
1. ☐ None
2. ☐ Airplane
3. ☐ Helicopter

Instructor Rating(s)
1. ☐ None
2. ☐ Airplane S.E.
3. ☐ Airplane M.E.
4. ☐ Helicopter
5. ☐ Glider
6. ☐ Instrument Airplane
7. ☐ Instrument Helicopter
8. ☐ Ground Instructor
9. Specify _____

Type Ratings/Student Endorsements

Date Of Biennial Flight Review Or Equivalent (M/D/Y)

IFR Aircraft
1. Make _____
2. Model _____

Medical Certificate
1. ☐ None
2. ☐ Class 1
3. ☐ Class 2
4. ☐ Class 3

Date Of Last Medical (M/D/Y)

Limitations

Waivers

Date Of Birth

Degree Of Injury
1. ☐ None
2. ☐ Minor
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☐ Left
2. ☐ Right
3. ☐ Center
4. ☐ Front
5. ☐ Rear

Seat Belt Available
1. ☐ Yes
2. ☐ No

Seat Belt Used
1. ☐ Yes
2. ☐ No

Shoulder Harness Available
1. ☐ Yes
2. ☐ No

Shoulder Harness Used
1. ☐ Yes
2. ☐ No

Source Of Pilot Flight Time Information
1. ☐ Pilot Logbook
2. ☐ Operators Estimate
3. ☐ FAA Records
4. ☐ Company
5. Specify _____

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Other Personnel

	Name	Seat	Address (City & State)	Crew	Passenger Non-Revenue	Passenger Revenue	Non-Occupant	FAA	Degree Of Injury Fatal	Serious	Minor	None
1.												
2.												
3.												
4.												
5.												
6.												

Flight Itinerary Information

Last Departure Point
1. Airport ID U19
2. City/Place Fillmore
3. State UT

Time Of Departure
1. Time 1845
2. Time Zone MST

Destination
1. Airport ID U19
2. City/Place Fillmore
3. State UT

Flight Plan Filed
1. ☐ None
2. ☐ VFR
3. ☐ IFR
4. ☐ VFR/IFR
5. ☒ Company (VFR)
6. ☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished

OBSERVED WX - WX ON LOCAL NEWS

Fuel On Board At Last Takeoff
150 Gallons
or
_____ Pounds

Fuel Type
1. ☐ 80/87
2. ☒ 100 Low Lead
3. ☐ 100/130
4. ☐ 115/145
5. ☐ Jet A
6. ☐ Automotive
7. Specify _____

Other Services, If Any, Prior To Departure

HOPPER LOADED W/ 400 GALLONS OF FIRE RETARDANT

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)

PILOT

Light Condition
1. ☐ Dawn
2. ☒ Daylight
3. ☐ Dusk
4. ☐ Bright Night
5. ☐ Dark Night

Visibility
+10 Miles

Temp (°F)
95°

Weather Information At The Accident Site (cont.)

Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition
N/A (°F)	N/A "Hg	1. ☒ Clear 2. ☐ Scattered _____ Feet AGL 3. ☐ Broken _____ Feet AGL 4. ☐ Overcast _____ Feet AGL 5. ☐ Partial Obscuration 6. ☐ Obscurred

Wind Information
1. Direction NW
2. Velocity 10 KTS
3. Gusts _____ KTS

Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
None	None	1. ☐ Light 3. ☐ Heavy 2. ☐ Moderate 4. Specify _____

Turbulence (Multiple entry)
1. ☒ None 2. ☐ Light 3. ☐ Moderate 4. ☐ Severe 5. ☐ Extreme 6. ☐ Clear Air 7. ☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage
1. ☐ None 2. ☐ Minor 3. ☐ Substantial 4. ☒ Destroyed

Fire
1. ☐ Yes 3. ☐ In-Flight
2. ☒ No 4. ☐ On Ground

Description Of Damage To Aircraft And Other Property

Above

Mechanical Malfunction/ Failure

1. ☒ No
2. ☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

Total Time

On Part	At Overhaul
_____ Hours	_____ Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
N/A			1. ☐ Destroyed 3. ☐ Minor 2. ☐ Substantial 4. ☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received
1. ☐ Outside Person(s) 3. ☐ Slide 5. ☐ Ladder
2. ☐ Auxiliary Lighting 4. ☐ Rope 6. ☐ Specify _____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)
1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation How Could This Accident Have Been Prevented

Operator/Owner Safety Recommendation (Optional Entry)