

**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

<b>Location</b>					
Nearest City/Place, State, Zip Code <u>Sweet Grass, MT</u>		Date of Accident <u>July 2, 2002</u>	Local Time (24 HOUR CLOCK) <u>10:50 AM</u>	Zone <u>MNT</u>	Elevation At Accident Site <u>3552</u> Feet MSL ____ Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
<b>Proximity To Airport</b>					
1. <input checked="" type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
7. <input type="checkbox"/> Within 3 Miles		8. <input type="checkbox"/> Beyond 3 Miles			
Airport Name <u>Ross Int</u>		Airport Ident <u>75A</u>		Runway/Landing Surface Conditions: <u>Grass</u>	
		1. <input type="checkbox"/> Direction: <u>W</u>		3. <input type="checkbox"/> Width: <u>80</u>	
		2. <input type="checkbox"/> Length: <u>3100</u>		4. <input type="checkbox"/> Surface: <u>Grass</u>	
				5. <input type="checkbox"/> Condition: <u>windy</u>	
<b>Phase Of Operation:</b>					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input type="checkbox"/> Approach	
				8. <input checked="" type="checkbox"/> Landing	
				9. <input type="checkbox"/> Hover/Maneuver	
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
<b>Aircraft Information</b>					
Registration Mark <u>N3387Y</u>		Aircraft Manufacturer <u>Cessna</u>		Aircraft Type/Model <u>182E</u>	
				Serial Number <u>18254387</u>	
				Cert Max Gross WT <u>2800</u>	
Type Of Aircraft		Type Of Airworthiness Certificate		Amateur Built	
1. <input checked="" type="checkbox"/> Airplane		1. <input checked="" type="checkbox"/> Normal		1. <input type="checkbox"/> Yes	
2. <input type="checkbox"/> Helicopter		2. <input type="checkbox"/> Utility		2. <input checked="" type="checkbox"/> No	
3. <input type="checkbox"/> Glider		3. <input type="checkbox"/> Acrobatic			
4. <input type="checkbox"/> Balloon		4. <input type="checkbox"/> Transport			
5. <input type="checkbox"/> Blimp/Dirigible		5. <input type="checkbox"/> Restricted			
6. <input type="checkbox"/> Ultralight		6. <input type="checkbox"/> Limited			
7. <input type="checkbox"/> Gyroplane		7. <input type="checkbox"/> Experimental			
8. <input type="checkbox"/> Specify _____		8. <input type="checkbox"/> Specify _____			
<b>Landing Gear</b>				No. Of Seats	
1. <input checked="" 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 <u>2</u>	
3. <input type="checkbox"/> Tailwheel—Fixed		6. <input type="checkbox"/> Amphibian		Pass <u>2</u>	
7. <input type="checkbox"/> Skid					
8. <input type="checkbox"/> Limited					
9. <input type="checkbox"/> Specify _____					
<b>Stall Warning System Installed</b>		<b>IFR Equipped</b>		<b>Engine Type</b>	
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input checked="" 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	
<b>Engine Manufacturer</b>		<b>Engine Model/Series</b>		<b>Engine Rated Power</b>	
<u>Continental</u>		<u>O-470-R</u>		1. <u>230</u> Horsepower	
				2. _____ Lbs Thrust	
				<b>Type Of Fire Extinguishing System Used</b>	
				1. <input checked="" type="checkbox"/> None	
				2. <input type="checkbox"/> Specify _____	
<b>Engine(s)</b>	<b>Date of Mfg.</b>	<b>Mfg. Serial No.</b>	<b>Total Time</b>	<b>Time Since Inspection</b>	<b>Time Since Overhaul</b>
Engine No. 1		<u>130771-4R4</u>	<u>30</u> Hours	<u>30</u> Hours	<u>30</u> Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
<b>Type Of Maintenance Program</b>		<b>Type Of Last Inspection</b>		<b>Date Last Inspection Performed</b>	
1. <input checked="" type="checkbox"/> Annual		1. <input checked="" type="checkbox"/> Annual		<u>4-3-02</u> (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		<u>5135.02</u> Hours	
5. <input type="checkbox"/> Specify _____					
<b>Emergency Locator Transmitter (ELT)</b>	<b>ELT Manufacturer</b>	<b>Model/Series</b>	<b>Serial Number</b>	<b>Battery Date (M/D/Y)</b>	
	<u>LEIGH</u>	<u>SHARC-7</u>	<u>12092</u>	<u>4/23/02</u>	
	Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed	Operated 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		
<b>Registered Aircraft Owner</b>			<b>Address</b>		
<u>Fred E + Carole A Vestal</u>			<u>Denver, CO 80231</u>		
<b>Operator Of Aircraft</b>			<b>Address</b>		
1. <input checked="" type="checkbox"/> Same As Registered Owner			1. <input checked="" type="checkbox"/> Same As Registered Owner		
2. Name _____			2. _____		
3. DBS: _____					

<b>Owner / Operator Information (cont.)</b>											
Operator (Certificate Number)			Operator Designator (4 Letter Designator)								
<b>Purpose Of Flight And Type Of Operation</b>											
<b>Regulation Flight Conductor Under</b> 1. <input checked="" 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					<b>Operator Authority</b> 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 <b>Revenue Operations</b> 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 _____	
<b>Purpose of Flight</b> 1. <input checked="" 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											
<b>Pilot Information</b>											
Pilot Name <u>Fred E. Vestal</u>			Pilot Certificate No. _____		Address <u>DEW 7010 80271</u>			Nationality <u>Am.</u>			
<b>Certificate (s)</b> 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 checked="" type="checkbox"/> Private    4. <input type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____											
<b>Rating (s)</b> 1. <input type="checkbox"/> None    6. <input type="checkbox"/> Helicopter 2. <input checked="" 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			<b>Instrument Rating (s)</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating (s)</b> 1. <input checked="" 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						
<b>Type Ratings/Student Endorsements</b>			<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b> <u>1-28-02</u>		<b>BFR Aircraft</b> 1. Make <u>Beach</u> 2. Model _____						
<b>Medical Certificate</b> 1. <input type="checkbox"/> None    3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1    4. <input checked="" type="checkbox"/> Class 3			<b>Date Of Last Medical (M/D/Y)</b> <u>3-06-01</u>		<b>Limitations</b> <u>Corrective Lenses</u>			<b>Date Of Birth (M/D/Y)</b>			
<b>Degree Of Injury</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			<b>Seat Occupied</b> 1. <input checked="" type="checkbox"/> Left    4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right    5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		<b>Person At Controls At Time Of Accident</b> 1. <input checked="" 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			<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No			
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 1. <input checked="" 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					
<b>Flight Time</b>		<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
Total Time		38.55	18.4								
Pilot In Command (PIC)			18.4								
Instructor											
This Make & Model											
Last 90 Days		18.4	18.4								
Last 30 Days		10.4	10.4								
Last 24 Hours		6.0	6.0								
<b>Second Pilot Information</b>											
<b>Second Pilot Responsibilities At The Time Of Accident</b> 1. <input type="checkbox"/> Co-Pilot    2. <input type="checkbox"/> Dual Student    3. <input type="checkbox"/> Safety Pilot    4. <input type="checkbox"/> Check Pilot    5. <input checked="" type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name			Pilot Certificate No.		Address			Nationality			
<b>Certificate (s)</b> 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 _____											

Second Pilot Information (cont.)												
<b>Rating (s)</b>				<b>Instrument Rating (s)</b>				<b>Instructor Rating (s)</b>				
1. <input type="checkbox"/> None		6. <input type="checkbox"/> Helicopter		1. <input type="checkbox"/> None		1. <input type="checkbox"/> None		6. <input type="checkbox"/> Instrument Airplane				
2. <input type="checkbox"/> Single Engine Land		7. <input type="checkbox"/> Glider		2. <input type="checkbox"/> Airplane		2. <input type="checkbox"/> Airplane S.E.		7. <input type="checkbox"/> Instrument Helicopter				
3. <input type="checkbox"/> Single Engine Sea		8. <input type="checkbox"/> Free Balloon		3. <input type="checkbox"/> Helicopter		3. <input type="checkbox"/> Airplane M.E.		8. <input type="checkbox"/> Ground Instructor				
4. <input type="checkbox"/> Multiengine Land		9. <input type="checkbox"/> Airship				4. <input type="checkbox"/> Helicopter		9. <input type="checkbox"/> Specify _____				
5. <input type="checkbox"/> Multiengine Sea		10. <input type="checkbox"/> Gyroplane				5. <input type="checkbox"/> Glider						
<b>Type Ratings/Student Endorsements</b>				<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b>				<b>BFR Aircraft</b> 1. Make _____ 2. Model _____				
<b>Medical Certificate</b> 1. <input type="checkbox"/> None      3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1    4. <input type="checkbox"/> Class 3			<b>Date Of Last Medical (M/D/Y)</b>		<b>Limitations</b>				<b>Date Of Birth (M/D/Y)</b>			
					<b>Waivers</b>							
<b>Degree Of Injury</b> 1. <input type="checkbox"/> None      3. <input type="checkbox"/> Serious 2. <input type="checkbox"/> Minor     4. <input type="checkbox"/> Fatal			<b>Seat Occupied</b> 1. <input type="checkbox"/> Left      3. <input type="checkbox"/> Center      5. <input type="checkbox"/> Rear 2. <input type="checkbox"/> Right     4. <input type="checkbox"/> Front						<b>Seat Belt Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
<b>Seat Belt Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input 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 _____				
<b>Flight Time</b>	<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b> Actual   Simulated		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>		
Total Time												
Pilot In Command (PIC)												
Instructor												
This Make & Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												
<b>Other Personnel</b>												
<b>Name</b>	<b>Seat</b>	<b>Address (City &amp; State)</b>	<b>Crew</b>	<b>Non-Revenue</b>	<b>Revenue</b>	<b>Non-Occupant</b>	<b>FAA</b>	<b>Fatal</b>	<b>Serious</b>	<b>Minor</b>	<b>None</b>	
1. <u>Carole Vestal</u>	<u>Right</u>			<u>X</u>							<u>none</u>	
2.												
3.												
4.												
5.												
6.												
<b>Flight Itinerary Information</b>												
<b>Last Departure Point</b>			<b>Time Of Departure</b>		<b>Destination</b>			<b>Flight Plan Filed</b>				
1. Airport ID _____			1. Time <u>9:50</u>		1. Airport ID _____			1. <input type="checkbox"/> None		4. <input type="checkbox"/> VFR/IFR		
2. City/Place <u>Great Falls</u>					2. City/Place <u>Sweetgrass</u>			2. <input checked="" type="checkbox"/> VFR		5. <input type="checkbox"/> Company (VFR)		
3. State <u>Montana</u>			2. Time Zone <u>Mut</u>		3. State <u>Montana</u>			3. <input type="checkbox"/> IFR		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												
<b>Fuel On Board At Last Takeoff</b> _____ Gallons or _____ Pounds				<b>Fuel Type</b> 1. <input type="checkbox"/> 80/87      4. <input type="checkbox"/> 115/145      7. Specify _____ 2. <input type="checkbox"/> 100 Low Lead    5. <input type="checkbox"/> Jet A 3. <input type="checkbox"/> 100/130      6. <input type="checkbox"/> Automotive								
<b>Other Services, If Any, Prior to Departure</b>												
<b>Weather Information At The Accident Site</b>												
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b>			<b>Light Condition</b> 1. <input type="checkbox"/> Dawn      3. <input type="checkbox"/> Dusk      5. <input type="checkbox"/> Dark Night 2. <input checked="" type="checkbox"/> Daylight    4. <input type="checkbox"/> Bright Night				<b>Visibility</b> _____ Miles		<b>Temp (°F)</b>			

Received we had it Great Tolls before take off + filed  
called Cat Rank ATIS is Route

Weather Information At The Accident Site (cont.)							
Dew Point	Altimeter Setting <i>Cat Rank</i> (°F) <i>30.11</i> "Hg	Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured					
Wind Information 1. Direction <i>Unknown</i> 2. Velocity _____ Kts 3. Gusts _____ Kts		Restriction To Visibility <i>NONE</i>	Type Precipitation <i>NONE</i>	Intensity Of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy 4. Specify _____			
Turbulence (Multiple Entry) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Light 3. <input checked="" type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clean Air 7. <input type="checkbox"/> In Clouds							
Damage To Aircraft And Other Property							
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground			
Description Of Damage To Aircraft And Other Property <i>Prop bent right wing dual dentail, could dentail            Left Broke fence post small dent undercarriage</i>							
Mechanical Malfunction Failure							
1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure				Total Time <table border="1"> <tr> <td>On Part _____ Hours</td> <td>At Overhaul _____ Hours</td> </tr> </table>		On Part _____ Hours	At Overhaul _____ Hours
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 2. <input type="checkbox"/> Substantial 3. <input type="checkbox"/> Minor 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) 2. <input type="checkbox"/> Auxiliary Lighting 3. <input type="checkbox"/> Slide 4. <input type="checkbox"/> Rope 5. <input type="checkbox"/> Ladder 6. <input type="checkbox"/> 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)							

Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
<b>Certificate(s)</b> <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student  2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial  4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor  6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign  8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
<b>Certificate(s)</b> <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student  2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial  4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor  6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign  8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
<b>Certificate(s)</b> <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student  2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial  4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor  6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign  8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____

### 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.

Left Great Falls after AMWX Brief + ~~not~~ received  
Cut Bank ATIS in route & landed at  
Sweet Grass on roll out cross wind  
flew aircraft off run way. total time enroute  
1 hr.

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

Date Of This Report

Signature Of Pilot/Operator

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.

Reviewed By NTSB Office Located At

Name Of Investigator

Date Report Received

SEA02LA118

SEATTLE, WA

ANDERSON

7/13/02