MSB

Attn: Andrew Sisk

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: 3 Miles North of Medicine Lake State: MT
ZIP [redacted] Country: U.S.A
Latitude: _____ (dd mm ss N/S) Longitude: _____ (ddd mm ss E/W)

Date/Time
Date: 05/21/2014 (mm/dd/yyyy) Local Time: 1430
Time Zone: Mountain

Phase of Operation
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☑ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On-ground
☑ None

Altitude of In-Flight Occurrence
_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: Ayres-Thrush
Model: S2R
Serial Number: 5085R
Registration Number: N702CB Amateur-built: ☐ Yes ☐ No

Max Gross Weight: 9,000 lbs
Weight at Time of Accident/Incident: 4,600 lbs
Location of Center of Gravity at Time of Accident/Incident:
_____ inches from ☐ nose or ☐ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☑ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☐ Normal	☑ Restricted
☐ Utility	☐ Limited
☐ Acrobatic	☐ Provisional
☐ Transport	☐ Experimental
	☐ Special Flight
	☐ Light Sport

Number of Seats: 1
If Large Aircraft, how many seats for:
Flight Crew: _____
Cabin Crew: _____
Passengers: _____

Landing Gear ☐ Retractable
Check any additional landing gear configuration that applies:
☐ Tricycle ☑ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☑ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify _____

Last Inspection Type
☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☑ Annual ☐ Unknown

Date Last Inspection: 03/01/2014 (mm/dd/yyyy)

Airframe Total Time: 6,600 hrs
hours measured at *(check one)*
☑ Last Inspection ☐ Time of Accident/Incident

IFR Equipped
☐ Yes ☑ No ☐ Unknown

Stall Warning System Installed
☐ Yes ☑ No ☐ Unknown

Type of Fire Extinguishing System
☑ None
☐ Specify _____

ELT Installed ☐ Yes ☑ No
ELT Activated ☐ Yes ☐ No
ELT Aided in Locating Accident/Incident ☐ Yes ☑ No

ELT Manufacturer: _____
Model/Series: _____
Serial Number: _____
Battery Type: _____ Battery Exp. Date: _____

Engine Type
☐ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☑ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☐ Carburetor
☐ Fuel Injected

Propeller
☐ Fixed Pitch ☑ Controllable Pitch
Manufacturer: Hartzell
Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Engine Rated Power Measured as (check one) ☑ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng 1	Honeywell - Garrett	TPE331-5			840	10,500	19	
Eng 2								
Eng 3								
Eng 4								

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OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Clear Skies Aviation, LLC

Fractional Ownership Aircraft: ☐ Yes ☑ No

Owner Address

City: Medicine Lake
State: Montana ZIP: 59247
Country: U.S.A

Operator of Aircraft ☐ Same As Registered Owner

Name: Clear Skies Aviation, Inc. - Patrick Stromberg (Owner, Pilot)
Doing Business As:
Air Carrier/Operator Designator (4 Character Code):

Operator Address ☐ Same As Registered Owner

City: Medicine Lake
State: Montana ZIP: 59247
Country: U.S.A

Regulation Flight Conducted Under

☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☑ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight

☐ Yes ☑ No

Air Medical Flight

☐ Yes ☑ No

Purpose of Flight
for FAR 91, 103, 133, 137 (Select one)

☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☑ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 (Select one)

☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International

☐ Domestic ☐ International

Cargo Operation

☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)

☐ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☑ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

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

Aircraft Registration Number

Manufacturer:
Model:

Damage to Other Aircraft

☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

First Name
Middle Initial
Last Name
City
State: ZIP:
Country:

Pilot of Other Aircraft

First Name
Middle Initial
Last Name
City
State: ZIP:
Country:

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☑ Unknown
(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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

☐ None ☑ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire

☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion

☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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Description of Damage to Aircraft and Other Property *(use additional sheet if necessary)*

The aircraft appears to have hit with the left wing down, and as a result the left wing has substantial damage and the outer 3rd of the wing separated from the aircraft, as well as the left main landing gear being bent up to the point of hitting the bottom of the left hand wing. The nose of the aircraft also struck the ground and caused the prop to be bent in several directions as well as damaging the engine and motor mount. After ground contact, the aircraft must rotated in a couple circles and struck the tail, causing the whole tail to be crushed up towards the cockpit, destroying the rudder and elevator. The right wing does not appear to have contacted the ground however the aileron is damaged from exceeding its travel limits and contacting the wing. The right wing also has wrinkles in it from some sort of stress on the airframe.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 5 miles of an airport, complete this section)

Airport Identifier: _____ **Distance From Airport Center:** _____ SM

Airport Name: _____ **Direction From Airport:** _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip **Airport Elevation:** _____ ft. MSL

Approach Segment *(Select one)*

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach *(Check all that apply)*

☐ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach *(Check all that apply)*

☐ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface *(Check all that apply)*

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

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

☐ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KPWD
City: Plentywood
State: MT
Country: U.S.A.

Time of Departure

Time: 1315
Time Zone: Mountain

Destination

Airport ID: _____
City: _____
State: _____
Country: _____

Type Flight Plan Filed

☑ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No

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

☑ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*

☐ Class A ☑ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description *(Check all that apply)*

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☑ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

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

135 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☐ 100 Low Lead ☑ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, If Any, Prior to Departure

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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 sole occupant, myself, exited out the left side entry door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information *(Check all that apply)*

☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing *(Check all that apply)*

☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☑ Not Pertinent

Light Condition

☐ Dawn
☑ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

30 miles

Sky/Lowest Cloud Condition

☑ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

☑ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility *(Check all that apply)*

☑ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

☑ Indicated
150 degrees MAG
☐ Variable

Wind Speed

Velocity: 4 KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: _____ KTS
☐ Gusting
☑ Not Gusting

Type of Turbulence *(Check all that apply)*

☐ None
☑ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☑ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C)
or 73 (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Icing Forecast

Amount:
☑ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type:
☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount:
☑ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type:
☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation *(Check all that apply)*

☑ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

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PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

☑ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: Patrick
Middle Initial: J
Last Name: Stromberg

City: Medicine Lake
State: MT ZIP: 59247
Country: U.S.A

Age at time of Accident/Incident: 33 Date of Birth: [redacted]/1980 (mm/dd/yyyy) Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☑ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☑ Center ☐ Single	Used ☑ Yes ☐ No Available ☐ Yes ☐ No	Used ☑ Yes ☐ No Available ☐ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☑ Airline Transport ☐ U.S. Military

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☑ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☑ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	☐ Without limitations/waivers ☑ With limitations/waivers ☐ Unknown	10/29/2012 (mm/dd/yyyy)

Medical Certificate Limitations

Must wear corrective lenses

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 12/10/2012 (mm/dd/yyyy)

Flight Review Aircraft

Make: Dehaviland
Model: DHc-8

Airplane Rating(s)	Other Aircraft Rating(s)	Instrument Rating(s)	Instructor Rating(s)
(Check all that apply)	*(Check all that apply)*	*(Check all that apply)*	*(Check all that apply)*
☐ None ☑ Single-Engine Land ☐ Single-Engine Sea ☑ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☑ Airplane ☐ Helicopter ☐ Powered Lift	☐ None ☑ Airplane Single-Engine ☑ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☑ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings

DHC 8

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	3,900	15	2,300	1,600	450	205	225			
Pilot in Command (PIC)	2,100	15	2,100	200	95	25	0			
Time as Instructor	1,008	0	950	100	55	25				
This Make/Model										
Last 90 Days	35	15	35	0	2	0	0			
Last 30 Days	15	15	15	0	0	0	0			
Last 24 Hours	4	4	4	0	0	0	0			

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PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name _____ City _____
Middle Initial _____ State _____ ZIP _____
Last Name _____ Country _____

Age at time of Accident/Incident: _____ Date of Birth: _____ (mm/dd/yyyy) Certificate Number: _____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt
Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness
Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation
☐ Pilot
☐ Other
☐ Unknown

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

Medical Certificate Validity
☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical
_____ (mm/dd/yyyy)

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ (mm/dd/yyyy)

Flight Review Aircraft
Make: _____
Model: _____

Airplane Rating(s) *(Check all that apply)*
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: ______ City: ______
Middle Initial: ______ State: ______ ZIP ______
Last Name: ______ Country: ______

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address

First Name: ______ City: ______
Middle Initial: ______ State: ______ ZIP ______
Last Name: ______ Country: ______

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address

First Name: ______ City: ______
Middle Initial: ______ State: ______ ZIP ______
Last Name: ______ Country: ______

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP ______ Country: ______		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP ______ Country: ______		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP ______ Country: ______		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP ______ Country: ______		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP ______ Country: ______		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP ______ Country: ______		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP ______ Country: ______		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP ______ Country: ______		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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 time and point of departure, intended destination, and services obtained.

I departed from KPWD airport at approximately 1315 Local time, and headed south about 15 miles to finish the field I had started spraying earlier in the day. I proceeded to spray out my load and was making the last past before heading back to the airport. The field was basically flat, with just very slight variations in elevation. I was heading south on the last spray run, and upon reaching the end of the field I pulled up and started a turn to come back around to the north. This is where my memory is still pretty vague as to what happened. After coming out of the field, the next thing I can remember is not being able to arrest the descent with elevator and knowing that ground contact was imminent. The time from pulling up out of the field to impact was 1-2 seconds judging by the distance traveled south of the field before the skid marks started. After the aircraft made ground contact, I released the controls and put my hands under the seat as well as taking my feet off the rudders and then the next thing I remember is being stopped and shutting off the emergency fuel shut-off and the battery switches. The engine was still making noise when I come to rest, however I don't remember is the prop was turning or not. I then exited the aircraft through the left side door.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

I was empty, with at least 140mph of airspeed in a shallow bank, so the aircraft was not stalled, but for some reason it wanted very badly to head towards the ground. If I could remember more, I would offer some recommendation. The only thing I can think of that would cause that is if the propeller had gone into a flat pitch high drag configuration or had feathered.

MAY-30-2014 06:56 From: [redacted] To: P.9/10

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

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

Date of this Report	Signature and Name of Pilot/Operator
05/29/2014 *mm/dd/yyyy*	Signature Type or Print Name

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature

Type or Print Name

Title

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR14LA198	WPR-Seattle, WA	Andrew L. Swick	

MAY-30-2014 06:56 From: [redacted] To: P.10/10