

NISB Form 6160-1  
10 pages TOTAL

## 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

<b>Accident/Incident Location</b>		<b>Date/Time</b>	
Nearest City/Place: <u>BIG CREEK 460</u> State: <u>ID</u>		Date: <u>06/29/2014</u> Local Time: <u>8:30AM</u>	
ZIP: _____ Country: <u>USA</u>		mm/dd/yyyy	
Latitude: <u>N 45° 7.9946</u> (dd:mm:ss N/S) Longitude: <u>W 115° 19.3067</u> (dd:mm:ss E/W)		Time Zone: <u>MDT</u>	

<b>Phase of Operation</b>		<b>Collision with Other Aircraft</b>	<b>Altitude of In-Flight Occurrence</b>
<input type="checkbox"/> Standing	<input type="checkbox"/> Takeoff (incl. initial climb)	<input type="checkbox"/> Midair	<u>5743</u> ft MSL
<input type="checkbox"/> Taxi	<input type="checkbox"/> Climb	<input type="checkbox"/> On-ground	
<input type="checkbox"/> Descent	<input checked="" type="checkbox"/> Landing	<input checked="" type="checkbox"/> None	
<input type="checkbox"/> Cruise	<input type="checkbox"/> Hover	<input type="checkbox"/> Other	
<input type="checkbox"/> Maneuvering	<input type="checkbox"/> Approach	<input type="checkbox"/> Unknown	

### AIRCRAFT INFORMATION

<b>Manufacturer:</b> <u>Cessna</u>		<b>Max Gross Weight:</b> <u>3,100</u> lbs
<b>Model:</b> <u>C-182Q</u>		<b>Weight at Time of Accident/Incident:</b> <u>2,620</u> lbs
<b>Serial Number:</b> <u>18266782</u>		<b>Location of Center of Gravity at Time of Accident/Incident:</b>
<b>Registration Number:</b> <u>N132K</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum
		-or- _____ Percent Mean Aerodynamic Cord (% MAC)

<b>Category of Aircraft</b>	<b>Type of Airworthiness Certificate</b> (Check all that apply)	<b>Number of Seats:</b> <u>4</u>	<b>Landing Gear</b> <input type="checkbox"/> Retractable
<input checked="" type="checkbox"/> Airplane	<b>Standard</b>	If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel
<input type="checkbox"/> Balloon	<input type="checkbox"/> Normal		<input type="checkbox"/> Restricted
<input type="checkbox"/> Blimp/Dirigible	<input checked="" type="checkbox"/> Utility	<input type="checkbox"/> Limited	<input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid
<input type="checkbox"/> Glider	<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional	<input type="checkbox"/> Float <input type="checkbox"/> Ski
<input type="checkbox"/> Gyrocraft	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel
<input type="checkbox"/> Helicopter		<input type="checkbox"/> Special Flight	<input type="checkbox"/> Unknown
<input type="checkbox"/> Powered lift		<input type="checkbox"/> Light Sport	
<input type="checkbox"/> Ultralight			
<input type="checkbox"/> Unknown			

<b>Type of Maintenance Program</b>	<b>Last Inspection Type</b>	<b>Date Last Inspection:</b> <u>06/04/2014</u>
<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 100 Hour	mm/dd/yyyy
<input type="checkbox"/> Conditional (Amateur-built only)	<input type="checkbox"/> Continuous Airworthiness	
<input type="checkbox"/> Manufacturer's Inspection Program	<input type="checkbox"/> Conditional Inspection	<b>Airframe Total Time:</b> <u>1918</u> hrs
<input type="checkbox"/> Other Approved Inspection Program (AAIP)	<input checked="" type="checkbox"/> Annual	hours measured at (check one)
<input type="checkbox"/> Continuous Airworthiness	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
<input type="checkbox"/> Other, specify: _____		

<b>IFR Equipped</b>	<b>Stall Warning System Installed</b>	<b>Type of Fire Extinguishing System</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> None
		<input type="checkbox"/> Specify _____

<b>ELT Installed</b>	<b>ELT Activated</b>	<b>ELT Manufacturer:</b> <u>Arlex</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Model/Series:</b> <u>ME 406</u>
<b>ELT Aided in Locating Accident/Incident</b>		<b>Serial Number:</b> _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Battery Type:</b> <u>PN 452-6499 Rev. F</u>
		<b>Battery Exp. Date:</b> <u>AUG 2021</u>

<b>Engine Type</b>	<b>Reciprocating Fuel System Type</b>	<b>Propeller</b>
<input checked="" type="checkbox"/> Reciprocating	<input type="checkbox"/> Carburetor	<input type="checkbox"/> Fixed Pitch
<input type="checkbox"/> Turbo Jet	<input checked="" type="checkbox"/> Fuel Injected	<input checked="" type="checkbox"/> Controllable Pitch
<input type="checkbox"/> Turbo Shaft		<b>Manufacturer:</b> <u>McCaughey</u>
<input type="checkbox"/> Turbo Prop		<b>Model:</b> <u>D3A34CA01-C</u>

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one)	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Teledyne</u>	<u>IO 550 D 24</u>	<u>833261-R</u>	<u>10/31/2007</u>	<input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	<u>300</u>	<u>551</u>	<u>8</u>
Eng. 2	<u>Continental</u>							
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
<b>Registered Aircraft Owner</b> Name: <u>CLUTTER Properties LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>West Linn</u> State: <u>OR</u> ZIP: <u>97068</u> Country: <u>USA</u>
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: <u>Jay Minor</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: <u>West Linn</u> State: <u>OR</u> ZIP: <u>97068</u> Country: <u>USA</u>
<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

**Description of Damage to Aircraft and Other Property** (use additional sheet if necessary)  
 Aircraft impacted tops of pine trees, flipped over and impacted ground upside down. Wings dislocated, fuselage bent, motor pushed into firewell.

**AIRPORT INFORMATION** (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: U60 Distance From Airport Center: 0.5 ± SM  
 Airport Name: Big Creek Direction From Airport: 45 ± degrees MAG  
 Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip Airport Elevation: 5743 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: 19 (L/R/C) Length: 3550 ft Width: 50 ± 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**

<b>Last Departure Point</b> Airport ID: <u>MYL</u> <u>McCall</u> State: <u>Idaho</u> Country: _____	<b>Time of Departure</b> Time: <u>8:10AM</u> Time Zone: <u>MDT</u>	<b>Destination</b> Airport ID: <u>U60</u> <u>Big Creek</u> State: <u>Idaho</u> Country: _____	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 Pilot only  Towing Banner  Water  Unknown  
 Cargo  Other External  Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff** (convert from pounds, as necessary)  
64 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**  
N.A.

**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  
*Pilot (sole occupant) was pulled from wreckage by volunteers that were first on scene.*

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: <u>MYL</u> Observation Time: <u>8:00 AM</u> Time Zone: <u>MDT</u> Distance from Accident Site: <u>30</u> NM Direction from Accident Site: _____ degrees MAG	<b>Source of Weather Information</b> (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	<b>Method of Briefing</b> (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown <i>XM-WX down</i>
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<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Pertinent	<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	<b>Visibility</b> <u>10 +</u> miles
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<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	<b>Restriction to Visibility</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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<b>Lowest Cloud Condition Height</b> <u>10,000 Scattered</u> ft AGL	<b>Ceiling Height</b> <u>N/A</u> ft AGL
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<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ degrees MAG <input checked="" type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMs (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

*NONE*

Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	<b>Icing Forecast</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Icing Actual</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle <b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> 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: Jay City: West Linn  
 Middle Initial: W State: OR ZIP: 97068  
 Last Name: Minor Country: USA  
 Age at time of Accident/Incident: 71 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

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

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

**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**  
06/14/2012  
 mm/dd/yyyy

**Medical Certificate Limitations**  
MUST wear lenses for distant, have glasses for near vision

**Medical Certificate Waivers**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 12/13/2012  
 mm/dd/yyyy

**Flight Review Aircraft**  
 Make: Cessna  
 Model: C-182Q, N132K

**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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1267	520	1267	0	30	25	30			
Pilot in Command (PIC)	1,200	520	1,200	0	30	25	30			
Time as Instructor										
This Make/Model										
Last 90 Days	15	15	15							
Last 30 Days	8	0	0							
Last 24 Hours	2	2	2							

PILOT "B" INFORMATION <span style="float: right; font-size: 1.2em; font-weight: bold;">N/A</span>													
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew													
<b>Pilot "B" Identification</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____ <span style="margin-left: 300px;"><i>mm/dd/yyyy</i></span>													
<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military													
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<b>Date of Last Medical</b> _____ <span style="margin-left: 200px;"><i>mm/dd/yyyy</i></span>					
<b>Medical Certificate Limitations</b>  													
<b>Medical Certificate Waivers</b>  													
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span>				<b>Flight Review Aircraft</b> Make: _____ Model: _____									
<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport							
<b>Type Ratings</b>  						<b>Student Endorsements</b> <i>(Include dates)</i>  							
<b>Flight Time</b> <i>(enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	<b>Instrument</b>		Rotorcraft	Glider	Lighter Than Air		
Total Time							Actual	Simulated					
Pilot in Command (PIC)													
Time as Instructor													
This Make/Model													
Last 90 Days													
Last 30 Days													
Last 24 Hours													

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

**Pilot Name and Address** *N.A.*

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

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

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

**Total Flight Time at the Time of this Accident/Incident:** \_\_\_\_\_ hrs

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

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

**Pilot Name and Address**

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

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

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

**Total Flight Time at the Time of this Accident/Incident:** \_\_\_\_\_ hrs

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

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 Left  Front  
 Right  Rear  
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**Pilot Name and Address**

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

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

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

**Total Flight Time at the Time of this Accident/Incident:** \_\_\_\_\_ hrs

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

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

**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
<i>N.A.</i>											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

*See attached statement supplied to FAA*

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

Operator/Owner Safety Recommendation

*If too high on base to final approach,  
make go around.*



**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

07/20/2014  
*mm/dd/yyyy*

Signature: 

Type or Print Name:

Jay W. Minor

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.  
WPR14LA271

Reviewed by NTSB Regional Office  
WPR

Name of Investigator  
Michael Huhn

Date Report Received  
7/23/14

Attachment  
NTSB FORM 6120.1

## N132K Accident, June 29, 2014, Big Creek Idaho

### Pilot Statement

I, Jay W Minor, Commercial Pilot [REDACTED] Certificate [REDACTED]; Residing at [REDACTED] West Linn, OR 97068 make the following statement as the pilot and sole occupant of my Cessna 182Q, N132Q, (converted in 2008 by Peterson Performance for backcountry flying) on the morning of June 29, 2014. I was a group of six other planes that planned to tour various wilderness airstrips that day. Our first destination was Big Creek, (U60) where we would participate in a fly-in breakfast with other pilots and their passengers. I had flown into Big Creek one previous time two years earlier.

We left McCall, Id (MYL). Around 8:10 AM local time, for the short direct flight to Big Creek. Approaching from the south, the planned pattern was to enter a south downwind behind the hogs back ridge, left base, final to North runway. The weather was cool and clear.

Leaving McCall, I was the trailing aircraft of our group. I monitored area traffic on 122.9 and announced my position descending from the south. In addition, our group used another frequency, 130.30, for our own personal transmissions.

I descended into the down wind leg directly from the south. In the downwind leg, I performed pre-landing checklist, slowed the aircraft to 60 knots and lowered flaps to 40 degrees. I do not recall my altitude on downwind, but I do remember entering the airport altitude in my EFIS for reference. When I turned to base at the north end of the hogs back, I noticed that I was high and the threshold of the landing strip was much closer than I anticipated. Initiating a steep turn to final and attempting to slip to loose altitude, with in seconds I was in a stall, with the IAS at 25 knots (stall in this configuration is around 38knots). I immediately attempted to recover with full power and level wings, which put we on the reverse course of base leg. I recall hitting the tops of trees with the gear and then with in split second hitting more trees and crashing to the ground.

Post impact found me severely injured sitting in the back passenger compartment in an upside down aircraft.

I was subsequently carried out through the forest by volunteers and pilots at the airfield and transported by helicopter to Saint Alphonsus Hospital in Boise.

This 9<sup>th</sup> Day of July, 2014

  
Jay W. Minor