

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

**This form to be used for reporting civil and public aircraft accidents and incidents**

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: Joseph State: OR  
 ZIP: 97846 Country: USA  
 Latitude: 4-21.989648N Longitude: 117-5.367933W  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 8-13-2016 Local Time: 2:20pm  
*mm/dd/yyyy* Time Zone: UTC-7/PDT

**Collision with Other Aircraft:** Midair  On-ground  Non

**AIRCRAFT INFORMATION**

**Registration Number:** N53331  
**Manufacturer:** Vultee  
**Model:** BT 13a  
**Serial Number:** 1491  
**Year of Manufacture:** 1941  
**Amateur-Built:** Yes  If Yes: Kit/Plans Make: \_\_\_\_\_  
 Original Design

**IFR-Equipped and Certified**  
 Commercial Space Flight   
 Unmanned Aircraft

**Maximum Gross Weight:** 4,670 lbs  
**Weight at Time of Accident/Incident:** 4,084 lbs

**Number of Seats:** 2 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 1  
**Number of Engines:** 1

**Category of Aircraft**

- Airplane
- Balloon
- Blimp/Dirigible
- Glider
- Gyroplane
- Helicopter
- Powered Lift
- Rocket
- Ultralight
- Unknown

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

<b>Standard</b>	<b>Special</b>
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport
	<input type="checkbox"/> Experimental Light-Sport

Certificate of Authorization or Waiver (COA)  
 None  Unknown

**Landing Gear**  
*(Check all that apply)*

Retractable

Tricycle  Tailwheel

Amphibian  High Skid

Emergency Float  Skid

Float  Ski

Hull  Ski/Wheel

Other Launch/Recovery System

None  Unknown

**Engine Type** *(Select one)*

<input checked="" type="checkbox"/> Reciprocating	<input type="checkbox"/> Liquid Rocket
<input type="checkbox"/> Turbo Shaft	<input type="checkbox"/> Solid Rocket
<input type="checkbox"/> Turbo Prop	<input type="checkbox"/> Hybrid Rocket
<input type="checkbox"/> Turbo Jet	<input type="checkbox"/> None
<input type="checkbox"/> Turbo Fan	<input type="checkbox"/> Unknown
<input type="checkbox"/> Electric	

**Fuel System Type** *(Reciprocating)*

Carburetor  Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Pratt and Whitney	R 985	JP295701	6/14/41	450 HP	788.2	4	788.2
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**

100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown

**Date Last Inspection:** 7.8.2016  
*mm/dd/yyyy*

**Airframe Total Time:** 2788.2 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1** Fixed Pitch  Controllable Pitch  Ground Adjustable

Manufacturer: Hamilton Standard  
 Model: Sd30 6101a-12

**Propeller 2** Fixed Pitch  Controllable Pitch  Ground Adjustable

Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Type of Maintenance Program** *(Select one)*

- Annual
- Conditional (Amateur-built only)
- Manufacturer's Inspection Program
- Other Approved Inspection Program (AAIP)
- Continuous Airworthiness
- Other, specify: \_\_\_\_\_

**ELT Installed:** Yes  No

*If Yes:*  
**ELT Manufacturer:** Ameri-King Corp.  
**Model or Part No.:** Ak-450  
**TSO No.:** C91 (121.5 MHz)  C91a (121.5 MHz)  C126 (406 MHz)

**Was ELT still mounted in aircraft?** Yes  No   
**Was ELT still connected to antenna?** Yes  No   
**Did ELT Activate?** Yes  No

*If activated:*  
**Did ELT Aid in Locating Aircraft?** Yes  No

*If not activated:*  
**Indicate Reason:** Impact Damage   
 Fire Damage   
 Battery Expired/Damaged   
 Unknown

**Additional Equipment** *(Check all that apply)*

- ADS-B
- Airframe Parachute
- Angle of Attack Indicator
- Autopilot
- Data Recorder
- Electronic Flight Bag or Handheld Device
- Electronic Multifunction Display
- Electronic Primary Flight Display
- Handheld GPS
- Heads Up Display
- Onboard Weather
- Satellite Tracking Device
- Stall Warning System
- Video Recording Device
- Other, Specify: \_\_\_\_\_

**Description of Fire Extinguishing System**

None   
 Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: MARK L, LEWALLENCity: VancouverFractional Ownership Aircraft: Yes State: Wa ZIP: 98684Country: USA**Operator of Aircraft***Same As Registered Owner* *Same Address as Registered Owner* Name: MARK L. LEWALLEN

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held***(Check all that apply)*

None  
 Flag Carrier Operating Certificate (FAR 121)  
 Supplemental  
 Air Cargo  
 Foreign Air Carriers (FAR 129)  
 Rotorcraft External Load (FAR 133)  
 Commuter Air Carrier (FAR 135)  
 On-Demand Air Taxi (FAR 135)  
 Commercial Air Tour (FAR 136)  
 Agricultural Aircraft (FAR 137)  
 Pilot School (FAR 141)  
 Certificate of Authorization or Waiver (COA)  
 Commercial Space Transportation  
 Experimental Permit  
 Commercial Space Transportation License  
 Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

FAR 91    FAR 129    FAR 415  
 FAR 103    FAR 133    FAR 431  
 FAR 121    FAR 135    FAR 435  
 FAR 125    FAR 137    FAR 437

FAR 91 Special Flight  
 Non-US, Commercial  
 Non-US, Non-commercial

**Public Aircraft (Select one)**

Armed Forces  
 Federal  
 State  
 Local  
 Unknown

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

Scheduled or Commuter    Domestic  
 Non-Scheduled or Air Taxi    International

Passenger  
 Cargo  
 Mail Contract Only

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

<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Firefighting	<input type="checkbox"/> Unknown
<input type="checkbox"/> Aerial Observation	<input type="checkbox"/> Flight Test	
<input type="checkbox"/> Air Drop	<input type="checkbox"/> Glider Tow	
<input type="checkbox"/> Air Race/Show	<input type="checkbox"/> Instructional	
<input type="checkbox"/> Banner Tow	<input type="checkbox"/> Other Work Use	
<input type="checkbox"/> Business	<input type="checkbox"/> Personal	
<input type="checkbox"/> Executive/Corporate	<input type="checkbox"/> Positioning	
<input type="checkbox"/> External Load	<input type="checkbox"/> Skydiving	
<input type="checkbox"/> Ferry		

**Revenue Sightseeing Flight**Yes  No **Air Medical Flight**Yes  No **AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: JOSEPH STATE AIRPORTDistance From Airport Center: 0 smAirport Identifier: JSY

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport: Off Airport/Airstrip  On Airport/Airstrip  N/A Airport Elevation: 4,100 FT ft. msl**Runway Information**Runway ID: 33 (L/R/C) Length: 5200 ft Width: 60 ft**Condition of Runway/Landing Surface (Check all that apply)****Runway/Landing Surface (Check all that apply)**

<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Grass/Turf	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water
<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Metal/Wood	
<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Unknown

<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Snow-Compacted	<input type="checkbox"/> Water-Calm
<input type="checkbox"/> Holes	<input type="checkbox"/> Snow-Crusted	<input type="checkbox"/> Water-Choppy
<input type="checkbox"/> Ice Covered	<input type="checkbox"/> Snow-Dry	<input type="checkbox"/> Water-Glassy
<input type="checkbox"/> Rough	<input type="checkbox"/> Snow-Wet	<input type="checkbox"/> Wet
<input type="checkbox"/> Rubber Deposits	<input type="checkbox"/> Soft	
<input type="checkbox"/> Slush-Covered	<input type="checkbox"/> Vegetation	<input type="checkbox"/> Unknown

**Approach/Departure Segment (Select one)**

Taxi	VFR Departure	On Instrument Approach	Downwind	Low Approach
Takeoff	IFR Departure Procedure/Clearance	<input checked="" type="checkbox"/> Landing	Base	Go Around
Initial Climb			Final	Aborted Landing (after touchdown)
			Crosswind	Unknown

**IFR Approach (Check all that apply)**

<input type="checkbox"/> None			
<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> PAR	<input type="checkbox"/> MLS	<input type="checkbox"/> Practice
<input type="checkbox"/> SDF	<input type="checkbox"/> Sidestep	<input type="checkbox"/> LDA	<input type="checkbox"/> GPS
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> ILS	<input type="checkbox"/> ASR	
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> Localizer Only	<input type="checkbox"/> Visual	
<input type="checkbox"/> TACAN	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Contact	
	<input type="checkbox"/> RNAV	<input type="checkbox"/> Circling	
			<input type="checkbox"/> Unknown

**VFR Approach (Check all that apply)**

<input type="checkbox"/> None	
<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> Straight-In	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> Go Around	<input type="checkbox"/> Forced Landing
<input checked="" type="checkbox"/> Full Stop	<input type="checkbox"/> Precautionary Landing
	<input type="checkbox"/> Unknown

**“FLIGHT CREWMEMBER 1” INFORMATION**

**“Flight Crewmember 1” Responsibilities at the Time of Accident/Incident**

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

**“Flight Crewmember 1” was pilot flying**      Yes      No

**“Flight Crewmember 1” Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> None      Fatal Minor      Unknown Serious		<b>Seat Occupied</b> Left      Front      Unknown Right      Rear Center      Single			<b>Restraint Type</b> <b>Available</b> <b>Used</b> None      None Lap only      Lap only 3-point      3-point 4-point      4-point 5-point      5-point Unknown      Unknown		<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> None      Flight Instructor      Commercial      US Military Private      Recreational      Airline Transport      Foreign Student      Sport      Flight Engineer							

<b>Principal Occupation</b> Pilot Other Unknown	<b>Medical Certificate</b> None      Class 3 Class 1      Driver’s License (Sport Pilot only) Class 2      Unknown	<b>Medical Certificate Validity</b> Without limitations/waivers      Unknown With limitations/waivers      N/A Special Issuance	<b>Date of Last Medical</b> _____ mm/dd/yyyy
--	---	--	--

**Medical Certificate Limitations**

\_\_\_\_\_

**Medical Certificate Special Issuance**

\_\_\_\_\_

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy	<b>Flight Review Aircraft</b> <b>Make:</b> _____ <b>Model:</b> _____
--	--

<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider 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>	<b>All Aircraft</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>
						<b>Actual</b>	<b>Simulated</b>			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**“FLIGHT CREWMEMBER 2” INFORMATION**

**“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident**

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

“Flight Crewmember 2” was pilot flying      Yes      No

**“Flight Crewmember 2” Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> None      Fatal Minor      Unknown Serious		<b>Seat Occupied</b> Left      Front      Unknown Right      Rear Center      Single			<b>Restraint Type</b> <b>Available</b> <b>Used</b> None      None Lap only      Lap only 3-point      3-point 4-point      4-point 5-point      5-point Unknown      Unknown		<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) None      Flight Instructor      Commercial      US Military Private      Recreational      Airline Transport      Foreign Student      Sport      Flight Engineer							

<b>Principal Occupation</b> Pilot Other Unknown	<b>Medical Certificate</b> None      Class 3 Class 1      Driver’s License (Sport Pilot only) Class 2      Unknown	<b>Medical Certificate Validity</b> Without limitations/waivers      Unknown With limitations/waivers      N/A Special Issuance	<b>Date of Last Medical</b> _____ mm/dd/yyyy
--	---	--	--

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: _____ Model: _____
--	--

<b>Airplane Rating(s)</b> (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) None Airplane Helicopter Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
--	---	--	--	---

<b>Type Ratings</b>	<b>Student Endorsements</b> (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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)**

<b>Crew Name and Address</b>				<b>Seat Occupied</b>		<b>Injury</b>
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Restraint Type:</b>		<b>Inflatable Restraints</b>
None	Flight Instructor	Commercial	US Military	<b>Available</b>	<b>Used</b>	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>			<b>Total Flight Time at the Time of this Accident/Incident: _____ hrs</b>			
Yes	No					

<b>Crew Name and Address</b>				<b>Seat Occupied</b>		<b>Injury</b>
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Restraint Type:</b>		<b>Inflatable Restraints</b>
None	Flight Instructor	Commercial	US Military	<b>Available</b>	<b>Used</b>	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>			<b>Total Flight Time at the Time of this Accident/Incident: _____ hrs</b>			
Yes	No					

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)**

Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KUAO</u> City: <u>Aurora</u> State: <u>Or</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>12:15pm</u> Time Zone: <u>PDT</u>	<b>Destination</b> Airport ID: <u>JSY</u> City: <u>Joseph</u> State: <u>Or</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> None VFR/IFR Company VFR IFR Military VFR Unknown VFR <input checked="" type="checkbox"/> Activated? Yes No <input checked="" type="checkbox"/> Unknown
--	---	--	--

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

None <input checked="" type="checkbox"/>	Special VFR IFR	Special IFR VFR On Top	VFR Flight Following Traffic Advisory	Cruise Unknown / NA
--	-----------------	------------------------	---------------------------------------	---------------------

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

Class A	Class G	Military Operations Area (MOA)	Special	<b>Altitude of In-Flight Occurrence:</b> <u>4121.1</u> ft msl
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

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

<b>Source of Pilot Weather Information</b> (Check all that apply) National Weather Service Flight Service Station <input checked="" type="checkbox"/> TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military Internet None Unknown	<b>Weather Observation Facility</b> Facility ID: <u>AWOS 23.775</u> Observation Time: <u>2:00pm</u> Time Zone: <u>PDT</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>unknown</u> degrees true
--	---

<b>Basic Conditions</b> VMC IMC Unknown	<b>Light Condition</b> Dawn Day <input checked="" type="checkbox"/> Dusk Night Dark Night Bright Night Unknown
--	---

<b>Sky/Lowest Cloud Condition</b> Clear <input checked="" type="checkbox"/> Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> None (Clear) <input checked="" type="checkbox"/> Broken Overcast Obscured Indefinite Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or <u>87</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> <u>30.06</u> in. Hg or _____ MB
--	--	--

<b>Wind Direction</b> Variable -or- Direction: <u>60?</u> degrees true	<b>Wind Speed</b> Calm Light and Variable -or- Speed: <u>5</u> kts	<b>Wind Gusts</b> Not Gusting <input checked="" type="checkbox"/> -or- Speed: _____ kts	<b>Visibility</b> <u>10</u> miles RVR: <u>12,000</u> feet RVV: _____ miles <b>Density Altitude:</b> <u>6,690</u> ft
---	--	--	--

<b>Intensity of Precipitation</b> Light Moderate Heavy NA <input checked="" type="checkbox"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) None <input checked="" type="checkbox"/> Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	<b>Restriction to Visibility</b> (Check all that apply) None <input checked="" type="checkbox"/> Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown
--	--	--

<b>Icing Forecast</b> Amount None <input checked="" type="checkbox"/> Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	<b>Icing Actual</b> Amount None <input checked="" type="checkbox"/> Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	<b>Turbulence</b> Type (Check all that apply) None Clear Air Terrain-Induced <input checked="" type="checkbox"/> Convective Turbulence Severity Light Moderate Severe Extreme
--	--	---

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

There was none at that time.

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None	Substantial	None	Both Ground and In-Flight	None	Both Ground and In-Flight
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown

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

This event by code is not required as reportable. The damage is excluded from needing to file this form. Damage to both wings, mainly right, with crumbled wing tips. Propeller strike, and main landing gear broken off.

**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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

I was flying from KUAO Aurora State at 12:15pm departure to JSY Joseph, Oregon for a Fly in on August 13th, 2011. Weather was gotten from FSS McMinnville, Oregon. Sky was clear, 10 mile visibility, and dry. I flew at 9,500 feet to Joseph. Talked to Joseph ground upon arrival. They were helping air traffic for Fly in. Flight I failed to maintain control on roll out. And the aircraft groundlooped to the left, rolled off the runway about 15

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

Operator/Owner Safety Recommendation

Had there not been a ditch beside the runway, the aircraft would not have been damaged.  
I learned that quicker response to go around would have prevented this occurrence.

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

Was there Mechanical Malfunction/Failure?    Yes    No

*(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

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff***(Convert from pounds, as necessary)*

\_\_\_\_\_ 120 gal /5hrs    Gallons

**Fuel Type**

80/87

100 Low  Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify \_\_\_\_\_

**Other Services, if Any, Prior to Departure****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 and passenger exited aircraft normally

**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**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_




**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  
August 19, 2016  
*mm/dd/yyyy*

Name of Pilot/Operator: Mark L. Lewallen  


-- or --  Check here to electronically sign this document

**If a Person Other than Pilot/Operator is Filing Report**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. GAA16CA429	Reviewed by NTSB Regional Office GAA	Name of Investigator Eric Swenson	Date Report Received 8/19/2016
--	---	--------------------------------------	-----------------------------------