FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
This form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Lewistown, MT. 59457	06/28/2002	9:15 pm		4000 Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport

1.☐ On Approach 2.☐ Within 1/4 Mile 3.☐ Within 1/2 Mile 4.☐ Within 3/4 Mile 5.☐ Within 1 Mile 6.☐ Within 2 Miles 7.☐ Within 3 Miles 8.☒ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions: — NA —
Lewistown Airport		1.☐ Direction: 2.☐ Length: 3.☐ Width: 4.☐ Surface: 5.☐ Condition:

Phase Of Operation:

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

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
Power Parachute	Infinity	Power Parachute	—	—

Type Of Aircraft

1.☐ Airplane 2.☐ Helicopter 3.☐ Glider 4.☐ Balloon 5.☐ Blimp/Dirigible 6.☒ Ultralight 7.☐ Gyroplane 8.☐ Specify _____

Type Of Airworthiness Certificate

1.☒ Normal 2.☐ Utility 3.☐ Acrobatic 4.☐ Transport 5.☐ Restricted 6.☐ Limited 7.☐ Experimental 8.☐ Specify _____

Amateur Built

1.☐ Yes 2.☒ No

Landing Gear

1.☒ Tricycle—Fixed 2.☐ Tricycle—Retractable 3.☐ Tailwheel—Fixed 4.☐ Tailwheel—Retractable 5.☐ Tailwheel—Retractable Mains 6.☐ Amphibian 7.☐ Skid 8.☐ Limited 9.☐ Specify _____

No. Of Seats

Flight/Cabin Crew Pax 2

Stall Warning System Installed	IFR Equipped	Engine Type
1.☐ Yes 2.☐ No — NA —	1.☐ Yes 2.☒ No	1.☒ Reciprocating—Carburetor 2.☐ Reciprocating—Fuel Injected 3.☐ Turbo Prop 4.☐ Turbo Jet 5.☐ Turbo Fan 6.☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
Rotax	520	1. 60 Horsepower 2. _____ Lbs Thrust	1. None 2. Specify _____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	01/01/02	—	70 Hours	— Hours	— Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1.☐ Annual 2.☒ Manufacturer's Inspection Program 3.☐ Other Approved Inspection Program(AAIP) 4.☐ Continuous Airworthiness 5.☐ Specify _____

Type Of Last Inspection

1.☐ Annual 2.☐ 100 Hours 3.☐ AAIP 4.☐ Continuous Airworthiness — New Engine

Date Last Inspection Performed

_____ (M/D/Y)

Time Since Last Inspection With 70 Hrs. Hours

Airframe Total Time _____ Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
	Flashing Beacon			

Switch 1.☒ On 2.☐ Off 3.☐ Armed

Operated 1.☒ Yes 2.☐ No

Aided In Accident Location 1.☒ Yes 2.☐ No

Registered Aircraft Owner	Address
Richard T. Miller/Blair Patton	[redacted] Lewistown, MT. 59457

Operator Of Aircraft	Address
1.☒ Same As Registered Owner 2. Name 3. DBS:	1.☒ Same As Registered Owner 2. _____

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)
NA	NA

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under
1. ☐ FAR91 (only) 4. ☐ FAR 121 7. ☐ FAR 133
2. ☐ FAR91D 5. ☐ FAR 125 8. ☐ FAR 135
3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137

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

Operator Authority
FAR121
1. ☒ Domestic
2. ☐ Flag
3. ☐ Supplemental

FAR 135
4. ☐ On Demand
5. ☐ Commuter

FAR 133
6. ☐ Rotorcraft External Load

FAR125
7. ☐ Large Aircraft

FAR 129
8. ☐ Foreign

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

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
Richard T. Miller	—	[redacted] Lewistown, MT 59457	American

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

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

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

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

Type Ratings/Student Endorsements

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

BFR Aircraft
1. Make Infinity
2. Model 520 Rotax

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

Date Of Last Medical (M/D/Y)

Limitations

Waivers

Date Of Birth (M/D/Y) [redacted]

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

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

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

Seat Belt Available
1. ☒ Yes
2. ☐ No

Seat Belt Used
1. ☒ Yes
2. ☐ No

Shoulder Harness Available
1. ☒ Yes
2. ☐ No

Shoulder Harness Used
1. ☒ Yes
2. ☐ No

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

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time 70 Hrs										
Pilot In Command (PIC)										
Instructor										
This Make & Model	[redacted]							[redacted]		
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Second Pilot Information

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

Pilot Name	Pilot Certificate No.	Address	Nationality
Richard T. Miller	—	[redacted] Lewistown, MT 59457	American

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

Second Pilot Information (cont.) NA -

Rating (s)	Instrument Rating (s)	Instructor Rating (s)
1.☐ None 6.☐ Helicopter 2.☐ Single Engine Land 7.☐ Glider 3.☐ Single Engine Sea 8.☐ Free Balloon 4.☐ Multiengine Land 9.☐ Airship 5.☐ Multiengine Sea 10.☐ Gyroplane	1.☐ None 2.☐ Airplane 3.☐ Helicopter	1.☐ None 6.☐ Instrument Airplane 2.☐ Airplane S.E. 7.☐ Instrument Helicopter 3.☐ Airplane M.E. 8.☐ Ground Instructor 4.☐ Helicopter 9.☐ Specify_____ 5.☐ Glider

Type Ratings/Student Endorsements	Date Of Biennial Flight Review or Equivalent (M/D/Y)	BFR Aircraft
		1. Make_____ 2. Model_____

Medical Certificate	Date Of Last Medical (M/D/Y)	Limitations / Waivers	Date Of Birth (M/D/Y)
1.☐ None 3.☐ Class 2 2.☐ Class 1 4.☐ Class 3			

Degree Of Injury	Seat Occupied	Seat Belt Available
1.☐ None 3.☐ Serious 2.☐ Minor 4.☐ Fatal	1.☐ Left 3.☐ Center 5.☐ Rear 2.☐ Right 4.☐ Front	1.☐ Yes 2.☐ No

Seat Belt Used	Shoulder Harness Available	Shoulder Harness Used	
1.☐ Yes 2.☐ No	1.☐ Yes 2.☐ No	1.☐ Yes 2.☐ No	1.☐ Pilot Logbook 4.☐ Company 2.☐ Operators Estimate 5.☐ Specify_____ 3.☐ FAA Records

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

Other Personnel

	Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None
1.												
2.	Karen J. Miller	Rear	[redacted] Lewistown, MT 59457		✓					Serious Injuries		
3.												
4.												
5.												
6.												

Flight Itinerary Information

Last Departure Point	Time Of Departure	Destination	Flight Plan Filed
1. Airport ID _____ 2. City/Place _____ 3. State _____	1. Time 8:00pm. 2. Time Zone _____	1. Airport ID NA - 2. City/Place _____ 3. State _____	1.☒ None 4.☐ VFR/IFR 2.☐ VFR 5.☐ Company (VFR) 3.☐ IFR 6.☐ Military (VFR)

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

Weather was involves Wind and rain storm

Fuel On Board At Last Takeoff	Fuel Type		
10 Gallons or _____ Pounds	1.☐ 80/87 2.☐ 100 Low Lead 3.☐ 100/130	4.☐ 115/145 5.☐ Jet A 6.☒ Automotive	7.Specify_____

Other Services, If Any, Prior to Departure

No

Weather Information At The Accident Site Wind and rain storm

Source Of Weather Information (Pilot/Operator, Weather Observation)	Light Condition	Visibility	Temp (°F)
	1.☐ Dawn 3.☒ Dusk 5.☐ Dark Night 2.☐ Daylight 4.☐ Bright Night	20 Miles	70°

Weather Information At The Accident Site (cont.)

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

Wind Information
1. Direction From South
2. Velocity 50 MPH
3. Gusts 70 MPH

Restriction To Visibility: None

Type Precipitation: Rain

Intensity Of Precipitation: 1.☐ Light 2.☒ Moderate 3.☐ Heavy 4.Specify ____

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

Damage To Aircraft And Other Property Totaled Out

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

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

Description Of Damage To Aircraft And Other Property

Totaled out from Impact to ground.

Mechanical Malfunction Failure None

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

— NA —

Total Time

On Part	At Overhaul
____ Hours	____ Hours

Collision Accident — NA —

If Collision Accident Occurred, Complete The Information For Other Aircraft

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

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

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

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

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry) Just got caught in an un-forseen windstorm before I could land.

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	FAA Certificate No.	Address	Title
Karen Miller	—	Lewiston, MT 59457	Wife

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

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
— NA —	— NA —	— NA —

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify

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.

- Departure and destination was the same area landing field in front of Residence.
- We left and flew in beautiful clear, Calm weather at about 8:00pm and flew until approximately 9:00 pm when the un-forseen rain storm and wind storm caught us as we were landing.
- The strong 60 to 70 mph. wind took us away and up to the north.
- Tried to land in cross-wind as we were blown up over some rim-rocks cliffs.
- Tried 3 times to land on bench above rims.
- 4th Attempt at landing wind blew us into ground (Cross wind.)

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
09/10/2002	[redacted]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____
2. Type Or Print Name — NA —
3. Title _____

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
SEA02LA162	Seattle, WA	Dennis Hogenson	9-16-02