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	INFORMA	TION											
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Registration Number: N9133G] LFR-Lauip	pped soa Ce	rnnea			
Manufacturer: Piper						_	☐ Commercial Space Flight ☐ Unmanned Aircraft						
Model: PA46/310P									oss Weigh				
Serial N	lumber: 46081					t		-				00	
Year of	Manufacture:											w Seats; 2	
Amateu	ır-Built: OYes) Kit/Plans Mak	¢:							Passenger	Scats: 4	
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	ry of Aircraft	Type of A	irworthiness Cer	rtificate		Landing Gea (Check all that		fu)			Type (Se	lect one)	d Rocket
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Date L	ast Inspection:	10/16/2 mm/dd/yy	2014				No				ipment (Check all tha	t apply)
Airfrat	me Total Time:	**	hrs	If Yes:	_	A			☐ AD)S-B :frame Para	schute		
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	ast Inspection		ccident/Incident	Model or		0.: (121.5 MHz) C	3 00 i	9/121 5 \$4*1	□ Au	topilot			
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O Conc	litional (Amateur-	built only)		Was EL	T still co.	anected to anter	004?		(*) Elene	ectronic Pri ndheld GP	imary Fligh S	nt Display	
O Oth-	nfacturer's Inspect r Approved Inspec	non Fro gra m Hion Program	(AAIP)			e? OYes ⊚t	No		☐ He	ads Up Dis	splay		
O Cont	inuous Airworthir	ness		If active		I n==4!	 -	Wee Car	⊡ On	board Wea	ather	_	
O Othe	r specify:			4		Locating Aircrat	uti C	Arcs ON		tellite Trac all Warning	king Devic z System	t e	
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						Unknown							

Registered Aircraft Owner		City: Friday harbor				
Name: Robert H. Malstrom		State: <u>Wa ZIP: 9825</u>	50			
Fractional Ownership Aircraft: O Yes O	No	Country: USA				
Operator of Aircraft Same As Reg	ristered Owner	☑ Same Address as Registered Owner				
Name:		City:				
Doing Business As:		State: ZIP:				
Air Carrier/Operator Designator (4 Character	er Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Unc	Revenue Operation for FAR 121, 125, 129 (Select one for each group)	, 135			
☑ None ☐ Flag Carrier Operating Cortificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135)	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Non-Scheduled or Air Taxi O Intern) Domestic) International			
□ 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	OPublic Aircraft (Select ons) OArmed Forces	Purpose of Flight for FAR 91, 103, 133, 13 (Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O External Load O Skydiving	7 QUnknown			
Revenue Sightseeing Flight	Air Medical Flight OYes No	O Ferry	•			
OYes ⊗ No	- -		opera i produkt da 1818 i 1824 a a a			
MRICORO MINICORNATION ADMINI	R accidental cident occurred on app	rough, landing, takeoff, departury, or within 3 ml				
Airport Name: Roberts Field		Distance From Airport Center:				
Airport Identifier: KRDM		Direction From Airport: degrees true				
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation:	ft. msl			
Runway Information		Condition of Runway/Landing Surface (Check	i			
Runway ID:(L/R/C) Length:	apply) adam Water al/Wood	☐ Holes ☐ Snow-Crusted ☐ Ice Covered ☐ Snow-Dry ☐ Rough ☐ Snow-Wet ☐ Rubber Deposits ☐ Soft	Water-Calm Water-Choppy Water-Glassy Wet Unknown			
Approach/Departure Segment (Select one	<u> </u>					
OTaxi OVFR Departure OTakeoff OIFR Departure Pro-	On Instrument Ap	proach OBase OFinal OCrosswind ODownwind OGo Around OAborted Landing (a	after touchdown)			
IFR Approach (Check all that apply)	AUG.	VFR Approach (Check all that apply)				
□None		□ None				
□ADF/NDB □PAR □SDF □Sidestep □VOR/TVOR □ILS □VOR/DME □Localizer Only □TACAN □LOC-back course □RNAV	□MLS □Practice □LDA □GPS □A5R ☑Visual □Contect	☐ Go Around ☐ Forced L	d Go 1 Porced Landing			
	☐Circling ☐Unknown	☐ Unknown	_			

Marie Baren Marie	(lejeta kaikika		(* ** 5**					9.8
"Flight Crewmember 1" R	esponsibilities at t	he Time of A	keeident/Incid	lent	A		Oct. To	ales Cons		-
	O Student Pilot	O Flight Ins	tructor OC	Check Pilot	O Flight I	Engineer	O Other Fli	ght Crew		
"Flight Crewmember 1" w	as pilot flying E	ZYes □ No								
"Flight Crewmember 1" Io				Cit	v of Resid	dence: Eric	iay har <u>bor</u>			
First Name: Robert					_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		P: <u>98250</u>	"-"	
Middle Initial: H	•							1. <u>00200</u>		
Last Name: Malstrom	<u> </u>				untry: U		/dd4===:			:
Age at time	of Accident/Inciden		Date of Bir tificate Numb	_		<i>ma</i> u	/dd/yyyy			
The same of Verices	Seat Occupi				aint Typ	e		In	flatable R	estraints
Degree of Injury O None O Fatal	⊕ Left	O Front	O Unknow	.	vailable		J sed	1		
O Minor O Unknown	O Right	O Rear	-		O None	Ì	ONone		□ Not Insta	
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Pilot Certificate(s) (Check				i i	3-point 4-point		O4-point		Deploye	d
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☐ Private ☐ Recre		light Engineer			Unknov	VΠ	OUnknow	'		
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Principal Occupation	Medical Certifica			- 1		ficate Vali		iknown		
O Pilot		Class 3	se (Sport Pilot o	=	gnour umi ith limitati	tations/waivo ons/waivers	ON/	A _	01/23/201	
O Unknown		Unknown	ве (эрон гиол		ccial Issua			<u>\</u>	mm/dd/yy,	νν
Medical Certificate Limit										
Must use corrective lenses										
Medical Certificate Speci	al Issuance									
Diabetes Mellitis, ASCVD										
Date of Last Flight Review	PY	Flight	Review Aires	ruft						
or Equivalent, Including	04/22/2014	Make:								_
FAR 121/135 Checks:	mm/dd/yyyy	Model:	PA\$^/310P	(N9133G)						
Airplane Rating(s)	Other Aircraf	Rating(s)	Instrume	nt Rating(s)			Rating(s)			
(Check all that apply)	(Check all that a	pply)	1 '	that apply)		(Check all t	нат арріу)	-	T	4.2—1.44A
None	☑ None		None None			☑ None	: Single-Engi	===	Instrument A	
☑ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☑ Airplar ☐ Helico			☐ Airplane	: Multi-Engin	ic 🗖	Helicopter	
Multiengine Land	☐ Glider		Powere	d Lift	l	☐ Gyropla	ne		Glider	
☐ Multiengine Sea	☐ Gyroplane					Powered	Lift	Ļ	Sport	
	Helicopter Powered Lift									
Type Ratings	LI . JWWW DIN				<u> </u>	Student E	ndorsemen	ts (Include a	lates)	
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Flight Time (Enter appropr	iate All	This Make	Airplane Single	Airplane			reacest		CN4	Lighter Than Air
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	I HAM ALF
Total Time	2,572	1,299	2,572		88	375	129	<u> </u>		
Pilot in Command (PIC)			2,519		 	 	<u> </u>			 - -
Time as Instructor						-	 			<u> </u>
This Make/Model				1		+				
Last 90 Days	90	60		<u> </u>		 	 	-	-	
Last 30 Days	29	29		-	 	+	ļ. -			
Last 24 Hours	3	3			<u> </u>		l	<u> </u>		

FF COLFF CREVIMENDER OF INCOMMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident											
OPilot OCo-Pilot O Student Pilot OFlight Instructor OCheck Pilot OFlight Engineer Ochher Fright Crew											
Tight Crownian 2 112 passages and a second a											
"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: Restraint Type Inflatable Restraints											
Degree of Injury Sear Occupied											
O None O Fatal O Minor O Unknown	O Right	O Rear	A CHRIONII		Availa O No			J sed O None	j	□ Not Insta	lied
O Serious	O Center	OSingle			Ŏ La	p onl	ly	O Lap only		Installed	on much
Pilot Certificate(s) (Check	all that apply)				O 3-r O 4-r			O 3-point O 4-point		□ Not Depl □ Deployer	
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☐ Private ☐ Recr ☐ Student ☐ Spor	=	ine Transpor ht Engineer	. — LoteiRu	Ì	Ōυr	q	wn	O Unknown			
-			<u>.</u>		A-311	~	46+	idita.		Date of Last	Medical
Principal Occupation	Medical Certificate						ificate Vali itations/waiv				
O Pilot O Other		iver's Licens	se (Sport Pilot o	nly) 🤇	🔾 With lin	nitati	ions/waivers			mm/dd/yy	
O Unknown		nknown			O Special	lssut	ance			mmawyy	
Medical Certificate Limit	stion\$										
Medical Certificate Speci	al Issuance			•							
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Date of Last Flight Revie		Flight	Review Aircra	nft							
or Equivalent, Including	11							_			
FAR 121/135 Checks:	mm/dd/yyyy	Model:									
Alustona Destructo	Other Aircraft F		Instrume	nt Ratin	g(s)	-Ti	Instructor	Rating(s)			
Airplane Rating(s) (Check all that apply)	(Check all that app		(Check all t				(Check all th				
□ None	□ None		None	•			None None	Gi==1- 12:	=	Instrument A Instrument H	
Single-Engine Land	☐ Airship ☐ Balloon		☐ Airpland				□ Airplane □ Airplane □	Single-Engine Multi-Engine		Helicopter	encopier
☐ Single-Engine Sea ☐ Multiengine Land	☐ Glider		Powered			- [1	☐ Gyropian	c		Glider	
Multiengine Sea	Gyroplane Helicopter					- 1	Powered	Lift		Sport	
	☐ Helicopter ☐ Powered Lift										
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	,		Airplane				Inst	rument	188		Lighter
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Pilot in Command (PIC)	_ - -				<u> </u>						
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Last 90 Days										ļ	
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Crew Name and Adda	ress						Seat Occupied	1	Injury
First Name:		City	of Residen	ce:			O Left	O Front O Rear	O None O Minor
Middle Initial:	_	State	e:	Z.	(P:		O Center O Right	O Single	O Serious
Last Name:							-	O Unknown	O Fatal O Unknown
							Destrolat Tem		
Pilot Certificate(s) (C	heck all that apply)			_			Restraint Typ Available	Used	Inflatable Restraints
□ None	Flight Instructor		nmercial	D US 1			O None	O None	☐ Not Installed
Private	Recreational Sport		line Transpo ght Engineer		ngn		O Lap Only O 3-point	O Lap Only O 3-point	☐ Installed
☐ Student	- Sport		<u></u>				O 4-point	O 4-point	☐ Not Deployed ☐ ☐ Deployed
Type Rating/Endorse	1	lght Time at		_	O 5-point O Unknown	O 5-point O Unknown	Unknown		
Accident/Incident Air	of this A	ccident/Incl	dent:	hrs		_			
	and the state of t					No. of Concession of Concessio	Seat Occupie	The second secon	Injury
Crew Name and Add			£p	•			OLen	O Front	ONone
First Name:				oce:			○ Center	O Rear O Single	O Minor
Middle Initial:				z			ORight	Ounknown	O Serious O Fatal
Last Name:		Cou	intry:			-		_	O Unknown
Pilot Certificate(s) (C	Theck all that apply)		_ 			·	Restraint Typ		Inflatable
□ None	☐ Flight Instructor	☐ Cor	mmercial	□us	Military		Available O None	Used O None	Restraints
☐ Private	☐ Recreational	ΠAir	line Transp		eign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed
☐ Student	☐ Sport	□ Fli	ght Enginee	ir .			O 4-point	O 3-point O 4-point	■ Not Deployed
Type Rating/Endorse	ement for		Total F	ight Time at	e at the Time 5-point 5-point			O 5-point	☐ Deployed ☐ Unknown
Accident/Incident Air	rcraft? 🔲 Yes	□ No		.ccident/Inci		hrs	OUnknown	O Unknown	T Circiowii
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		MNEL	(hoskiede (a	elelle same				Inflatable Restraints	Age
Name and Address					ontinue on e	Restraint	l'ype Used	Inflatable	
	City:			Seat OLon	Injury	Restraint 1 Available ONone	Lype Used O None	Restraints Not Installed	100
Name and Address First Name: Middle Initial:	City :	ZIP:		Seat OLoft OCenter	Injury O None O Minor	Restraint 1 Available ONone OLap Only O3-point	Used O None Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deploye	Under 5 years
Name and Address	City :	ZIP:		Seat OLon	Injury O None O Minor O Serious O Fatal	Restraint 1 Available ONone OLap Only O3-point O4-point	Used ONone Lap Only O3-point O4-point	Inflatable Restraints Not Installed Installed Not Deployee Deployed	Under 5 years If Under 5, O Child Restraint
Name and Address First Name: Middle Initial:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint 1 Available ONone OLap Only O3-point	Used O None Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deploye	Under 5 years If Under 5.
Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP:	Other	Seat OLeft OCenter ORight OUnknown	Injury O None O Minor O Serious O Fatal	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None C Lap Only O 3-point O 4-point O 5-point Unknown Used	Inflatable Restraints Not Installed Installed Not Deploye Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City :	ZIP:	Other	Seat OLeft OCenter ORight OUnknown	Injury O None O Minor O Serious O Fatal	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held
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Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City: State: Country: OPassenger City: State:	ZIP:	Other	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown	Restraint 1 Available ONone OLap Only O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point	Used O None C Lap Only O 3-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point	☐ Not Installed ☐ Not Deploye ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Not Deployed ☐ Unknown ☐ Deployed ☐ Unknown ☐ Deployed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restrain
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State:	ZIP:	Other	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	ONone OMinor OSerious OFatal OUnknown OMinor OSerious	Restraint 1 Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point	Used O None C Lap Only O 3-point O 5-point O Unknown Used O None C Lap Only O 3-point O 4-point O 5-point O 5-point	Not Installed Not Deployed Unknown Unknown Not Deployed Unknown Unknown Unknown Not Deployed Unknown Unknown Unknown Unknown Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State: Country:	ZIP:	Other	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown O Minor O Serious O Fatal O Minor O Serious O Fatal	Restraint 1 Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point	Used O None C Lap Only O 3-point O 4-point O Unknown Used O None C Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used Used Used Used Used Used Used Used	Not Installed Not Deployed Unknown Unknown Not Deployed Unknown Unknown Unknown Not Deployed Unknown Unknown Unknown Unknown Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held
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City: Friday Harbor	Time	0800	City: Redr	*		O Company O Military			
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Airspace where the accide	nt/incident occurred	(Check all that a	apply)		—		Altitude of In-Flight		
☑ Class A	Class G	☐ Mili	tary Operations ort Advisory A	Arca (MOA)	☐ Special ☐ Air Traffic Cont	rol Area	Occurrence:		
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OUnknown		<u></u>							
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⊙ Clear	O None (Clear)		Obscured	Dew Point:	(6	C) or(F)			
O Few	O Thin Overcast O Unknown	O Broken O Indefinite O Overcast O Unknown							
O Partial Obscuration O Scattered	O CHILIOWII	- CYOLCAMI			Altimeter Set	TING:	in. Hg MB		
Lowest Cloud Condition	Height	Ceiling Heigh	it	_	1		78 MF		
	ft agl			ft agl					
Wind Direction	Wind Speed	•	Wind Gust	*	Visibility	30	miles		
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or-	-or-	kts	-or- Speed:	kts	Density Altitu				
Direction: North degrees tr				kts			Check all that apply)		
Intensity of Precipitation				D-!-	Nestriction to		Fog		
OLight	☑ None	Drizzle	☐ Freezir ☐ Snow S	ng Kain Shower	□ None □ Blowing D)ust 🔲	Ground Fog		
O Moderate O Heavy	□ Rain □ Snow	☐ Ice Pellets ☐ Snow Pellet		lets Shower	☐ Blowing S	and 🗀	Haze		
On/A	🗀 Hail	Snow Grain	ns 🔲 Freezis	ng Drizzle	☐ Blowing S		Icc Fog Smoke		
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Aircraft Dau		Aircraft Fire		Aircraft Explosion	
O None	Substantial	None	O Both Ground and In-Flight	None	O Both Ground and In-Flight
O Minor	O Destroyed	Q In-Flight	O Fire at Unknown Time	O In-Flight O On-Ground	O Explosion at Unknown Time O Unknown
	O Unknown	O On-Ground	Q Unknown	O On-Ground	O Chickenin
Description of	f Damage to Aircra	ft and Other Property	(Use additional sheet if necessary)		
Nose dear co	ilapse with damag	e to propeller, cowling	j and firewall. Main gear stresse	ed both wings with wrin	ikles as well as damagew to
both rear spa	rs.		_		
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NADDATIV	E:HOTOPY OF	FLIGHT (Please type	or point in take		
NARRATIV		valenies erder includ	ing circumstances leading to and	nature of accident/incid	ent. Describe terrain and include
Describe wh	at occurred in enro-	rological order, merud ertinent Attach extra sh	eets if needed. State departure time	and and location, service	es obtained, and intended
destination.	Provide as much deta	il as possible.			
See attached		•			
B.				No. 4	1/004E
Note: will h	ave more informat	ion as to aircraft and	pliot time as well as any omitted	information after 04/14	¥/2015.
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Operator/Owner Safety Recommer	ndation							
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(If yes, list the name of the part, manuf	facturer, part	no., serial no., and de	scribe the failur	F.)			ORFAIT	
Loss of power at FL230 neces	itating a no	power landing.					ļ	Hours
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Fuel on Board at Last Takeoff	**************************************	Fuel Type	ли питрансу г <u>еруш ум</u> ожа экону		7 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
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Other Services, if Any, Prior to	Departure							
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Aircraft Registration Number		1rer:				···	☐ Destroyed	☐ Minor
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Date of this Report	Name of F	Hot/Operator: Dobert H. Maletron	<i></i>	<u></u>
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		Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
NTSB Accident/Inc			McKenny	4.3.2015
WPR <u>15LA13</u>	/	WPR		

3/32015

N9133G Incident

On March 1, 2015 I departed Friday Harbor airport (KFHR) on an instrument flight plan for North Las Vegas airport (KVGT) shortly after 0800 PST. Cruising altitude was FL230. My expected course took me from the SEA vor direct LKV vor direct FMG vor OAL BTY direct.

South of KPDX (Portland Int.) the engine developed an occasional cough and the temperature of cyl 5 decreased to the low 200's. I did a mag check. The left mag (right switch off) had increased missing from normal. I enriched the mixture to 22 gal/hr (from 15.8) to have the engine run rich of peak. Cylinder 5 temp returned to normal. I did a second mag check, both mags showed a normal rpm drop.

I leaned the mixture back to 15.7 gal/hr, cylinder 5 temp again decreased and an occasion cough returned. I therefore returned the mixture to 22 gal/hr. Cyl 5 temp went back to normal.

The engine ran normally for a few minutes and then lost complete power. It seemed to me the engine was still running as there was still about 3.5 gal/hr fuel flow. There was no sudden noise when the power dropped nor was there any roughness.

I started to lose altitude, declared an emergency with ATC, put my O2 mask up to my face with the O2 on, trimmed for best glide speed (90 knots) and set out direct to KRDM. I put my O2 mask on securely and ran the emergency check list without any change or improvement in the power.

I had about 90 gals of fuel on board.

About 5 miles from KRDM I still could not visualize the airport even though I had it on the GPS/MFD. I finally saw the airport about 2 miles out and tried to turn enough to position for landing on the runway. Unfortunately I ran out of altitude before reaching the runway and the nosegear collapsed.

I was not injured nor was anyone else.

Robert H. Malstrom

Friday Harbor, Wa. 98250