

# 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

<b>Accident/Incident Location</b> Nearest City/Place: <u>Darrington</u> State: <u>Wa</u> ZIP: _____ Country: <u>snohomish</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	<b>Accident/Incident Date/Time</b> Date: <u>08/11/2014</u> Local Time: <u>11:30 AM</u> <i>mm/dd/yyyy</i> Time Zone: <u>PST</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None
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## AIRCRAFT INFORMATION

Registration Number: <u>N7432F</u> Manufacturer: <u>Hughes</u> Model: <u>269C</u> Serial Number: <u>160458</u> Year of Manufacture: <u>1976</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>2050</u> lbs Weight at Time of Accident/Incident: <u>1450</u> lbs Number of Seats: <u>3</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>n/a</u> Passenger Seats: <u>2</u> Number of Engines: <u>1</u>
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<b>Category of Aircraft</b> <input type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input checked="" type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<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	<b>Landing Gear</b> <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input checked="" type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Engine Type (Select one)</b> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric <b>Fuel System Type (Reciprocating)</b> <input type="radio"/> Carburetor <input checked="" type="radio"/> Fuel-Injected
Standard	Special																		
<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																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Lycoming	H10-360-D1A	L-13920-51A	1976	200	2852	10	774
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b> <input checked="" type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIIP <input type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>08/09/2014</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>3015</u> hrs hours measured at (Select one) <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	<b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ <b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____	<b>ELT Installed:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input checked="" type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input checked="" type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input checked="" type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input checked="" type="radio"/> No If activated: Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
<b>Type of Maintenance Program (Select one)</b> <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	<b>Additional Equipment (Check all that apply)</b> <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____	
<b>Description of Fire Extinguishing System</b> <input checked="" type="radio"/> None <input type="radio"/> Specify: _____		



**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: Darrington State: Wa  
 ZIP: \_\_\_\_\_ Country: snohomish  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 08/11/2014 Local Time: 1130  
*mm/dd/yyyy*  
 Time Zone: PST  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

Registration Number: N7432F  
 Manufacturer: Hughes  
 Model: 269C  
 Serial Number: 160458  
 Year of Manufacture: 1976  
 Amateur-Built:  Yes *If Yes:*  Kit/Plans *Make:* \_\_\_\_\_  
 No  Original Design

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
 Maximum Gross Weight: 2050 lbs  
 Weight at Time of Accident/Incident: 1450 lbs  
 Number of Seats: 3 Flight Crew Seats: 1  
 Cabin Crew Seats: n/a Passenger Seats: 2  
 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 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
- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Trieyole        | <input type="checkbox"/> Tailwheel |
| <input type="checkbox"/> Amphibian       | <input type="checkbox"/> High Skid |
| <input type="checkbox"/> Emergency Float | <input type="checkbox"/> Skid      |
| <input type="checkbox"/> Float           | <input type="checkbox"/> Ski       |
| <input type="checkbox"/> Hull            | <input type="checkbox"/> Ski/Wheel |
- Other Launch/Recovery System  
 None  Unknown

- Engine Type (Select one)**
- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric                 |                                     |
- Fuel System Type (Reciprocating)**  
 Carburetor  Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	H10-360-D1A	L-13920-51A	1976	200	2652	10	774
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**

100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown

Date Last Inspection: 08/09/2014  
*mm/dd/yyyy*

Airframe Total Time: 3015 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

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

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

**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: \_\_\_\_\_  
 Model or Part No.: \_\_\_\_\_  
 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: \_\_\_\_\_

<b>OWNER/OPERATOR INFORMATION</b>			
<b>Registered Aircraft Owner</b>		City: <u>Snohomish</u>	
Name: <u>Snohomish Flying Service Inc.</u>		State: <u>wa</u>	ZIP: <u>98296</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner		<input checked="" type="checkbox"/> Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____    ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)</li> <li><input type="checkbox"/> Supplemental</li> <li><input type="checkbox"/> Air Cargo</li> <li><input type="checkbox"/> Foreign Air Carriers (FAR 129)</li> <li><input type="checkbox"/> Rotorcraft External Load (FAR 133)</li> <li><input type="checkbox"/> Commuter Air Carrier (FAR 135)</li> <li><input type="checkbox"/> On-Demand Air Taxi (FAR 135)</li> <li><input type="checkbox"/> Commercial Air Tour (FAR 136)</li> <li><input type="checkbox"/> Agricultural Aircraft (FAR 137)</li> <li><input type="checkbox"/> Pilot School (FAR 141)</li> <li><input type="checkbox"/> Certificate of Authorization or Waiver (COA)</li> <li><input type="checkbox"/> Commercial Space Transportation Experimental Permit</li> <li><input type="checkbox"/> Commercial Space Transportation License</li> <li><input type="checkbox"/> Other Operator of Large Aircraft</li> </ul>	<b>Regulation Flight Conducted Under</b> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> FAR 91    <input type="radio"/> FAR 129    <input type="radio"/> FAR 415</li> <li><input type="radio"/> FAR 103    <input type="radio"/> FAR 133    <input type="radio"/> FAR 431</li> <li><input type="radio"/> FAR 121    <input type="radio"/> FAR 135    <input type="radio"/> FAR 435</li> <li><input type="radio"/> FAR 125    <input type="radio"/> FAR 137    <input type="radio"/> FAR 437</li> <li><input type="radio"/> FAR 91 Special Flight</li> <li><input type="radio"/> Non-US, Commercial</li> <li><input type="radio"/> Non-US, Non-commercial</li> <li><input type="radio"/> Public Aircraft <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Armed Forces</li> <li><input type="radio"/> Federal</li> <li><input type="radio"/> State</li> <li><input type="radio"/> Local</li> </ul> </li> <li><input type="radio"/> Unknown</li> </ul>	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Scheduled or Commuter                      <input type="radio"/> Domestic</li> <li><input type="radio"/> Non-Scheduled or Air Taxi                      <input type="radio"/> International</li> <li><input type="radio"/> Passenger</li> <li><input type="radio"/> Cargo</li> <li><input type="radio"/> Mail Contract Only</li> </ul>	
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Aerial Application                      <input type="radio"/> Firefighting                      <input type="radio"/> Unknown</li> <li><input type="radio"/> Aerial Observation                      <input type="radio"/> Flight Test</li> <li><input type="radio"/> Air Drop                      <input type="radio"/> Glider Tow</li> <li><input type="radio"/> Air Race/Show                      <input type="radio"/> Instructional</li> <li><input type="radio"/> Banner Tow                      <input type="radio"/> Other Work Use</li> <li><input type="radio"/> Business                      <input checked="" type="radio"/> Personal</li> <li><input type="radio"/> Executive/Corporate                      <input type="radio"/> Positioning</li> <li><input type="radio"/> External Load                      <input type="radio"/> Skydiving</li> <li><input type="radio"/> Ferry</li> </ul>	
<b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>N/A</u> Airport Identifier: _____ Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl	
<b>Runway Information</b> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dry                      <input type="checkbox"/> Snow-Compacted                      <input type="checkbox"/> Water-Calm</li> <li><input type="checkbox"/> Holes                      <input type="checkbox"/> Snow-Crusted                      <input type="checkbox"/> Water-Choppy</li> <li><input type="checkbox"/> Ice Covered                      <input type="checkbox"/> Snow-Dry                      <input type="checkbox"/> Water-Glassy</li> <li><input type="checkbox"/> Rough                      <input type="checkbox"/> Snow-Wet                      <input type="checkbox"/> Wet</li> <li><input type="checkbox"/> Rubber Deposits                      <input type="checkbox"/> Soft</li> <li><input type="checkbox"/> Slush-Covered                      <input type="checkbox"/> Vegetation                      <input type="checkbox"/> Unknown</li> </ul>	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asphalt                      <input type="checkbox"/> Grass/Turf                      <input type="checkbox"/> Macadam                      <input type="checkbox"/> Water</li> <li><input type="checkbox"/> Concrete                      <input type="checkbox"/> Gravel                      <input type="checkbox"/> Metal/Wood</li> <li><input type="checkbox"/> Dirt                      <input type="checkbox"/> Ice                      <input type="checkbox"/> Snow                      <input type="checkbox"/> Unknown</li> </ul>			
<b>Approach/Departure Segment</b> <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Taxi                      <input type="radio"/> VFR Departure                      <input type="radio"/> On Instrument Approach                      <input type="radio"/> Downwind                      <input type="radio"/> Low Approach</li> <li><input type="radio"/> Takeoff                      <input type="radio"/> IFR Departure Procedure/Clearance                      <input type="radio"/> Landing                      <input type="radio"/> Base                      <input type="radio"/> Go Around</li> <li><input type="radio"/> Initial Climb                      <input type="radio"/> Final                      <input type="radio"/> Aborted Landing (after touchdown)</li> <li><input type="radio"/> Crosswind                      <input type="radio"/> Unknown</li> </ul>			
<b>IFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> ADF/NDB                      <input type="checkbox"/> PAR                      <input type="checkbox"/> MLS                      <input type="checkbox"/> Practice</li> <li><input type="checkbox"/> SDF                      <input type="checkbox"/> Sidestep                      <input type="checkbox"/> LDA                      <input type="checkbox"/> GPS</li> <li><input type="checkbox"/> VOR/TVOR                      <input type="checkbox"/> ILS                      <input type="checkbox"/> ASR                      <input type="checkbox"/> Visual</li> <li><input type="checkbox"/> VOR/DME                      <input type="checkbox"/> Localizer Only                      <input type="checkbox"/> Contact</li> <li><input type="checkbox"/> TACAN                      <input type="checkbox"/> LOC-back course                      <input type="checkbox"/> Circling</li> <li><input type="checkbox"/> RNAV                      <input type="checkbox"/> Unknown</li> </ul>		<b>VFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Traffic Pattern                      <input type="checkbox"/> Stop and Go</li> <li><input type="checkbox"/> Straight-In                      <input type="checkbox"/> Touch and Go</li> <li><input type="checkbox"/> Valley/Terrain Following                      <input type="checkbox"/> Simulated Forced Landing</li> <li><input type="checkbox"/> Go Around                      <input type="checkbox"/> Forced Landing</li> <li><input type="checkbox"/> Full Stop                      <input type="checkbox"/> Precautionary Landing</li> <li><input type="checkbox"/> Unknown</li> </ul>	

### "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: Lynnwood  
 Middle Initial: ████      State: WA      ZIP: 98087-6713  
 Last Name: ██████████      Country: USA  
 Age at time of Accident/Incident: 59      Date of Birth: ██████████ *mm/dd/yyyy*  
 Certificate Number: ██████████

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input checked="" type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input checked="" type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input checked="" type="radio"/> 3-point	<input type="radio"/> 3-point																
<input type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> Unknown																
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer																	

<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input checked="" type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> <u>04/21/2014</u> <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**  
 Must wear corrective lenses, possess glasses for near/intermediate vision

**Medical Certificate Special Issuance**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>07/13/2014</u> <i>mm/dd/yyyy</i>	<b>Flight Review Aircraft</b> Make: <u>Hughes</u> Model: <u>269C</u>
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input checked="" 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"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" 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
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**Type Ratings**  
 A-330, B-737, B-757, B-767, DC-9

**Student Endorsements** *(Include dates)*

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	18,000	80						80		
Pilot in Command (PIC)	10,000									
Time as Instructor										
This Make/Model										
Last 90 Days	270	6						6		
Last 30 Days	90	4						4		
Last 24 Hours	2	2						2		

**"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> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Restraint Type</b> <table border="0"> <tr> <td><b>Available</b></td> <td><b>Used</b></td> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>		<b>Available</b>	<b>Used</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
<b>Available</b>	<b>Used</b>																				
<input type="radio"/> None	<input type="radio"/> None																				
<input type="radio"/> Lap only	<input type="radio"/> Lap only																				
<input type="radio"/> 3-point	<input type="radio"/> 3-point																				
<input type="radio"/> 4-point	<input type="radio"/> 4-point																				
<input type="radio"/> 5-point	<input type="radio"/> 5-point																				
<input type="radio"/> Unknown	<input type="radio"/> Unknown																				
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer																					
<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown		<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> 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: _____
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<b>Airplane Rating(s)</b> (Check all that apply) <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> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <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
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<b>Type Ratings</b>	<b>Student Endorsements</b> (Include dates)
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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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Restraint Type:</b> Available    Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

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

**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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown



## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>S43</u> City: <u>Snohomish</u> State: <u>WA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>0815</u> Time Zone: <u>PST</u>	<b>Destination</b> Airport ID: _____ City: _____ State: _____ Country: _____	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

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

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

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	<b>Altitude of In-Flight Occurrence:</b> <u>4000</u> ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet												
<input type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input type="checkbox"/> On-Board Weather													

<b>Basic Conditions</b> <input type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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<b>Sky/Lowest Cloud Condition</b> <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered	<b>Ceiling</b> <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown	Temperature: _____ (C) or <u>75</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>29.92</u> in. Hg or _____ MB
<b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling Height</b> _____ ft agl	

<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts	<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>CAVU</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		<b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
<input type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain																											
<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower																											
<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower																											
<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle																											
<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals																												
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<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog																												
<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke																												
<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown																												

<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Turbulence</b> <table style="width: 100%;"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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**NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**



**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**

- None
- Substantial
- Minor
- Destroyed
- Unknown

**Aircraft Fire**

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Fire at Unknown Time
- Unknown

**Aircraft Explosion**

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Explosion at Unknown Time
- Unknown

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

No Property Damage  
Aircraft appears to be a total loss - see attached photographs

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

Lost power at 4000' MSL and initiated an Auto-rotation

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

Operator/Owner Safety Recommendation

**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)

20 \_\_\_\_\_ Gallons

Fuel Type

- 80/87                       115/145                       Jet B                       Other, specify \_\_\_\_\_
- 100 Low Lead               Jet A                       JP8
- 100/130                       Jet A-1                       Automotive

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

Exited through the right side door.

**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**

08/17/2014  
*mm/dd/yyyy*

**Name of Pilot/Operator:** \_\_\_\_\_

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

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

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

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

**Title:** President/Snohomish Flying

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

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

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**  
WPR14LA340

**Reviewed by NTSB Regional Office**  
WPR - San Dimas

**Name of Investigator**  
PATRICK JONES

**Date Report Received**  
08/17/2014



August 11, 2014 – Helicopter HU-269 N7432F







August 11, 2014 – Helicopter HU-269 N7432F









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