	NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents												
BASI	C INFORMA				200								
	nt/Incident Loc		· · · · · · · · · · · ·				A	cident/Incid	ent Date/	lime			
Nearest	City/Place: Darr	ington			State:	Na	Da	te: <u>08/1</u>	1/2014	Lo	oal Time:	11:30 AM	
									1/уууу				
			Longitude:							Tr	me Zone: _	PST	
	(Enter in decima	degrees or a	legrees:minutes:se	conds)			Co	llision with	Other Air	craft: C) Midair	OOn-groun	nd O None
AIRC	RAFT INFO	RMATIO	N										_
Registr	ation Number:	N7432F						IFR-Equip					:
Manufa	acturer: Hugh	es						Commerci		ght			
Model:							⊢	Laximum Gr		+ 2050		115e	
	Number: 1604	58						eight at Tin	8	-			lbs
	Manufacture:							0					
	_		NZAMI	rat				umber of Se abin Crew Seat				r Seats: <u>2</u>	
Amateu	ur-Built: OYes ONo		OKit/Plans Mal OOriginal Design	ke:				umber of En	26		Passenger	r Seats: <u>2</u>	
Catalan	ry of Aircraft		irworthiness Ce	ntificato		Landing Ge	1	umber of El	igmes: <u> </u>	Engin	e Type (Se	last one)	
OAirpl	*	(Check all t		auncate		(Check all the		oply)		-	procating		id Rocket
Ö Ballo	on	Standar					Ret	ractable		O Turb	o Shaft	OSolid	
	p/Dirigible	Norma				Trioycle	Tailwheel O Tur			Furbo Prop OHybrid Rocket			
OGlide OGyroj						Amphibia	m	Пн	igh Skid	OTurb		OUnkn	1
OHelic	opter	Comm	uter 🔲 Special	l Flight DEmergeno				loat 🗹 Si	kid	OElec		-	
	red Lift	Transj				Float							
ORock OUltra		🗖 Utility		Light-Spo nental Ligi		□Hull			ci/Wheel	ľ	* -	(Reciprocatio	-
OUnkn	-		of Authorization	-	-	Other Lau	unch	/Recovery Sys	tem	OCarb	uretor	•Fuel-	Injected
		None		Unknown	(0011)	None		U U	nknown				
								Date	Rated Pow Horses		Total	Time Inspection	Since:
Engine	Engine Manufa	cturer	Engine Model/Series		Serial 1	cturer's umber		of Mfg. mm/dd/yyyy	O lbs of		(hours)	(hours)	(hours)
Eng. 1	Lycoming		HI0-360-D1A		L-1392	0-51A		1976	200		2652	10	774
Eng. 2													
Eng. 3							_						
Eng. 4													
Last Ir	spection Type			Propell	er 1	OFixed P OControl			Ргор	eller 2		Fixed Pitch Controllable I	Pitch
G 100-Н	our OCon	inuous Airwo	rthiness			OGround					-	Ground Adju	
OAAIP		ditional Inspec	ction	Manufac	eturer:				Manu	facturer:			
OAnnu				Model:					Mode	sl:			
Date La	ast Inspection:	08/09/2 mm/dd/yy		ELT In	stalled:	OYes O	No		Additio	nal Equ	ipment (Check all that	t apply)
Airfran	ne Total Time:			If Yes:									
	s measured at (S					er:				rame Para le of Atta	ohute ok Indicato	r.	
	ast Inspection	_ ,	ccident/Incident					1. (101.63.97	Aut	opilot			
Type of	Maintenance]	Program (Se	elect one)	120 100		(121.5 MHz) 🧯	9 09	14 (121.3 MH)		a Recorde		Handheld De	vice
O Annu		·		-						ditifunction		VICC	
	itional (Amateur-l				unted in aircra			Elex	tronic Pri	mary Fligh			
	facturer's Inspect Approved Inspec	(A A IP)			? OYes O		÷ -	Han	dheid GP: ds Up Dis				
O Conti	nuous Airworthin			If active					- Onl	oard Wea			
	, specify:					ocating Aircra	ft:	UYes ONo	Sate	llite Tracl	king Devic	8	
	tion of Fire Ex	tinguishing	System		ctivated:					l Warning eo Record	System ing Device		
O None				Indicate	reasou:	☐ Impact Dat ☐ Fire Dama		e		er, Specify			
C oper						Battery Ex		d/Damaged					
						Unknown	1	-					

OWNER/OPERATOR INFORM/	ATION							
Registered Aircraft Owner		City: Snohomish						
Name: Snohomish Flying Service Inc.	•	State: 3/3 ZIP: 98296						
Fractional Ownership Aircraft: OYes C) No	Country: USA						
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner						
Name:		City:						
Doing Business As:		State: ZIP:						
Air Carrier/Operator Designator (4 Charact	er Code):	Country:						
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Under Revenue Operation for FAR 121, 125, 129, 13 (Select one for each group)	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)					
None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotororaft External Load (FAR 133) Commuter Air Carrier (FAR 135)	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial	R 431 O Non-Scheduled or Air Taxi O Internation R 435	ล่					
 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 	O Non-US, Non-commercial OPublic Aircraft (Select one) Armed Forces Federal State Local OUnknown	OAerial Observation OFlight Test OAir Drop OGlider Tow OAir Race/Show OInstructional OBanner Tow OOther Work Use OBusiness OPersonal OExecutive/Corporate OPositioning	OUnknown					
Revenue Sightseeing Flight	Air Medical Flight	OExternal Load OSkydiving OFerry						
O Yes O No	OYes ONo							
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	pproach, landing, takeoff, departure, or within 3 miles o	an airport)					
Airport Name: N/A		Distance From Airport Center:	sm					
Airport Identifier:			legrees true					
Proximity to Airport: O Off Airport/Airstrip	p OOn Airport/Airstrip ON/A		t. msl					
Runway Information Runway ID: (L/R/C) Length: Runway/Landing Surface (Check all that at Check all that at Asphalt Asphalt Grass/Turf Maca Maca Concrete Gravel Dirt Ice Snow	dam 🔲 Water //Wood	Condition of Runway/Landing Surface (Check all the context of the	r-Calm r-Choppy r-Glassy					
Approach/Departure Segment (Select one)								
OTaxi OTakeoff OInitial Climb	OOn Instrument App edure/Clearance OLanding	Approach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after to OCrosswind OUnknown	ouchdown)					
IFR Approach (Check all that apply)		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 ASR Visual Contact Circling	Traffic Pattern Stop and Go Straight-In Touch and Go Valley/Terrain Following Simulated Force Go Around Forced Landing Full Stop Precautionary L	-					

	NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents												
BAS	C INFORM	ATION								1.			
Accide	ent/Incident Loo	ation	· · · ·				Acciden	t/Incid	ent Date/	Гіте			
	City/Place: Dari				State: Wa			Date: 08/11/2014 Local Time: 1130					
ZIP:	(Country: sno	ohomish						<i>t/yyyy</i>				
Latitude	×		Longitude:				Time Zone: PST						
	(Enter in decima	al degrees or a	degrees:minutes:se	econds)			Collision	a with	Other Air	craft: () Midair	OOn-grou	und O None
AIRC	RAFT INFO	RMATIO	N										
Regist	ration Number:	N7432F							ped and Co				
Manuf	acturer: Hugh	es							al Space Fl Aircraft	ight			
Model:	269C						Maximi	um Cr	oss Weigh	+ 2050		lbs	
	Number: 1604	58							-			50	lbe
	f Manufacture:						-						
			OKit/Plans Ma	dre:			Number Cobin Co	r oi Sea	ats: <u>ə</u>		Flight Cr	ew Seats: <u>1</u> r Seats: <u>2</u>	
Annate	ONo	•	Original Design						gines: 1		Passenge	r Seats: <u>2</u>	
Catego	ory of Aircraft	Type of A	irworthiness C	ertificate		Landing Ge			gines,	Fngin	e Type <i>(S</i>	alaat awa)	
OAirpl	-	(Check all 1				(Check all the					iprocating		uid Rocket
OBallo		Standar				0	Retractable O Turbo Shaft			-	d Rocket		
OBlide	p/Dirigible	Norma Aerob				Tricycle	Tailwheel			lwheel O Turbo Prop O Hybrid Rock O Turbo Jet O None			
ÖGyro	plane	Balloc	n 🔲 Provis	ional 🛛 🗖 Amphib			n	□Hi	gh Skid	OTurt		OUnk	
OHelic OPowe	opter red Lift	Comm				Emergenc Float	y Float			OEleo	tric		
ORock				l Light-Spo	ort				a i/Wheel	Eucl Su	stom Tuno	(Reciprocat	Nime)
OUltra		-	Experi	mental Lig	ht-Sport	Other Lau	nah/Reasy	an Sua	tom	OCarb		· ·	I-Injected
OUnkn	own	Certificate	of Authorization		(COA)		IIGH/ICCOV			0.000		91 00	r nijoonod
		INORE		Unknown		None 🗌	Date		nknown Rated Pow		Total		e Since:
		i	Engine			acturer's	of M		• Horsep	ower or	Time	Inspection	
Engine	Engine Manufa	cturer	Model/Series		100	Number		d/yyyyy	O lbs of	Thrust	(hours)	(hours)	(hours)
Eng. 1 Eng. 2	Lycoming		HI0-360-D1A		1-1392	J-51A	1976		200		2652	10	774
Eng. 3													
Eng. 4													
				Propell	er 1	OFixed Pi	itoh		Prope	ller 2	0	Fixed Pitch	-
	spection Type					OControl					-	Controllable	
О́100-Н О́ааіР		inuous Airwo litional Inspec		Manufac		OGround	2		Manu	Faaturar	-	Ground Adju	
OAnnu													
Date La	ast Inspection:					OYes O						Check all the	
A 5 6		mm/dd/yy		If Yes:	stalled:		NO			-	ipment (спескан та	α αρριγ)
	ne Total Time: _ s measured at (Se		hrs	· ·	nufacture	ein:				rame Para			
_		-	coident/Incident	Model or	Part No.	,1					ck Indicato	г	
	Maintenance F			TSO No.:	_	121.5 MHz) O	C91a (121	.5 MHz) Data	Recorde			
Annu		rogram (oc	1001 01107		-	(406 MHz)	_	-				Handheld De	evice
O Condi	itional (Amateur-b	uilt only)				unted in aircrat nected to anten		_			ltifunction mary Fligh		
	facturer's Inspecti Approved Inspect					? OYes ON	-	GIN		dheld GPS			
	nuous Airworthine		(com)	If activa						ls Up Disj oard Weat			
	, specify:			Did ELT	Aid in L	ocating Aircraf	t: OYes	O No	Sate	llite Track	ing Device	;	
	tion of Fire Ext	tinguishing	System	If not ac		— –				Warning Record	System ing Device		
 None Speci 				Indicate 1	Reason:	☐ Impact Dan ☐ Fire Damag				r, Specify			
	-					Battery Exp		geđ		_			
						Unknown							

OWNER/OPERATOR INFORMATION										
Registered Aircraft Owner		City: Snohomish								
Name: Snohomish Flying Service Inc.		State: ZIP: <u>98296</u>								
Fractional Ownership Aircraft: O Yes O	No	Country: USA								
Operator of Aircraft Same As Re	gistered Owner	Z 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 Un									
 None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotoreraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) 	OFAR 91OFAR 129OFAROFAR 103OFAR 133OFAROFAR 121OFAR 135OFAROFAR 125OFAR 137OFAROFAR 91Special FlightONon-US, Commercial	AR 431 AR 435 ONon-Scheduled or Air Taxi O 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 	ONon-US, Non-commercial OPublic Aircraft (Select one) Armed Forces Federal State Local OUnknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application OFirefighting O Aerial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow OOther Work Use O Business OPersonal O Executive/Corporate OPositioning	1							
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry								
O Yes O No	O Yes O No									
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	approach, landing, takeoff, departure, or within 3 miles of an airport	t)							
Airport Name: <u>N/A</u>		Distance From Airport Center:sm								
Airport Identifier:		Direction From Airport: degrees true								
Proximity to Airport: O Off Airport/Airstri	DOOn Airport/Airstrip ON/A									
Runway Information Runway ID: (L/R/C) Length: Runway/Landing Surface (Check all that	idam 🔲 Water	Condition of Runway/Landing Surface (Check all that apply) h Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Lec Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Slush-Covered Vegetation Unknown								
Approach/Departure Segment (Select one,)									
OTaxi OTakcoff OIFR Departure OIFR Departure Proc OInitial Climb	edure/Clearance	Approach ODownwind OLow Approach OGo Around OFinal OCrosswind OUnknown								
IFR Approach (Check all that apply)		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 ASR Visual Contact Ciroling	Traffic Pattem Stop and Go Straight-In Touch and Go Valley/Terrain Following Simulated Forced Landing Go Around Forced Landing Full Stop Precautionary Landing Unknown Unknown								

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident Pilot O Co-Pilot O Student Pilot O Flight Instructor O Cheok Pilot O Flight Engineer O Other Flight Crew										
"Flight Crewmember 1" was	pilot flying	(es 🗖 l	No		-					
"Flight Crewmember 1" Ide First Name:	ntification				City of D	esidence: L	vanwood			
Middle Initial:					0			710 0000	7 0740	
					State: W	A		ZIP: <u>9808</u>	7-6/13	
Last Name:					Country:					
Age at time of .	Accident/Incident:	59	Date of I	Birth:			m/dd/yyyy			
		C	ertificate Nun	nber:						
Degree of Injury	Seat Occupied				Restraint T	уре			Inflatable I	Restraints
None Fatal Minor Unknown		O Front O Rear	O Unkno	wn	Availabl		Used			
O Minor O Ngit O Kear O Serious O Center O Single O None O None O Lap only O Lap only										
Pilot Certificate(s) (Check all	that apply)			1	● 3-poi		O3-point		Not De	ployed
🔲 None 🛛 Flight In	structor	mercial	🗖 US M	lilitary	O 4-poi		O 4-point		□ Deploy □ Unknov	
☐ Private ☐ Recreati		ine Transp		gn 🛛	O 5-poir O Unkn		O 5-point O Unknow			WIL
Student Sport	Ll rng.	ht Engince	1		•		•	ľ		
Principal Occupation M	ledical Certificate			1	Medical Cer	tificate Va	lidity		Date of Las	st Medical
Pilot O None O Class 3 O Without limitations/waivers O Unknown										
		iver's Lice known	nse (Sport Pilo		With limits O Special Issues		8 O N	1/A.	_04/21/20 mm/dd/y	
Medical Certificate Limitatio					Province and					
Medical Certificate Limitations Must wear corrective lenses, possess glasses for near/intermediate vision										
Must wear contective lenses, po	issess glasses for fi	ieal/intern	neglate vision							
Medical Certificate Special Is	ssuance									
Date of Last Flight Review		Flight	t Review Airo	craft						
or Equivalent, Including FAR 121/135 Checks:	07/42/2014	Make:	Hughes							
FAR 121/155 Cnecks:	07/13/2014 mm/dd/yyyy		: 269C							
Airplane Rating(s)	Other Aircraft R		· · · · ·	ent Ratin	ज(\$)	Instructo	r Rating(s)			
(Check all that apply)	(Check all that apply	<i>y</i>		ll that apply,		(Check all				
	None		D None			None None	-		Instrument	
 Single-Engine Land Single-Engine Sea 	Airship Balloon		Airpla				e Single-Eng e Multi-Engi		Instrument I Helicopter	Helioopter
Multiengine Land	Glider		D Power			Gyropla	me] Glider	
Multiengine Sea	Gyroplane					Powere	d Lift		Sport	
	Powered Lift									
Type Ratings						Student F	ndorsemen	nts (Include	dates)	
A-330, B-737, B-757, B-767, DC	-9									
TRA-LATRANCE (T			Airplane			Inst	rument			
Flight Time (Enter appropriate number of hours in each box)		is Make Model	Single Engine	Airplane Multiengi		Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	18,000	80		**********	Augur		Const LittleCA	80	- Jillion I	A STIMUL FAIL
Pilot in Command (PIC)	10,000			1						
Time as Instructor				t		1				
This Make/Model	والمراجع المحار			CHY L		1				- 18
Last 90 Days	270	6	3			1		6		
Last 30 Days	90	4						4		
Last 24 Hours	2	2						2		

"FLIGHT CREWMEN	IBER 2" INFO	ORMATIC	ON							
"Flight Crewmember 2" R OPilot OCo-Pilot			Accident/Ind	cident)Check Pilo	ot O Fli	ght Engineer	O Other 1	Flight Crew		
"Flight Crewmember 2" w	as pilot flying	Yes 🛛	No							
"Flight Crewmember 2" Id	entification									
First Name:					City of Re	esidence:				
Middle Initial:					State:		Z	ZIP:		
Last Name:										
Age at time of	Accident/Incident	t:	Date of Bi	irth:						
			rtificate Numl							
Degree of Injury	Seat Occupi				Restraint T	vpe			Inflatable H	Restraints
O None O Fatal	OLeft	OFront	OUnknow		Availab		Used			
O Minor O Unknown O Serious	ORight OCenter	ORear			O Non		O None		🗖 Not Ins	talled
		OSingle			OLap		O Lap onl			
Pilot Certificate(s) (Check a					О 3-ро О 4-ро		O 3-point O 4-point		□ Not Deploy	
□ None □ Flight □ Private □ Recrea		Commercial Airline Transpo	US M ort D Foreig		O 5-po	int	O 5-point		Unknov	
🗖 Student 🗖 Sport		light Enginee			O Unk	nown	O Unknow	Vn		
Principal Occupation	Medical Certifica	ato			Medical Co	ertificate Va	lidity		Date of Las	st Medical
		Class 3				imitations/wai	-	nknown	Longe of Long	
O Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers O N/A										
O Unknown O Class 2 O Unknown O Special Issuance mm/dd/yyyy										
Medical Certificate Limitat	tions									
Medical Certificate Special	Isenanca									
Metical Certificate Special	Issuance									
Date of Last Flight Review or Equivalent, Including		Ĭ	Review Airc							
FAR 121/135 Checks:		Make:								
	mm/dd/yyyy									
Airplane Rating(s)	Other Aircraft	0.17		ent Rating		Instructor				
(Check all that apply) None	(Check all that ap	op(y)	(Check all	l that apply)	;	(Check all th	iat apply)		Instrument A	imlane
Single-Engine Land	□ Airship			ne		Airplane	Single-Engir	10 🗖	Instrument H	
Single-Engine Sea	Balloon		Helico			Airplane	Multi-Engin	e 🗖	Helicopter	2
 Multiengine Land Multiengine Sea 	Glider Gyroplane		Power	ed Lift		Gyroplan			Glider Sport	
	Helicopter							_	5,500	
T	Powered Lift					Student Er	dovernant	ter (Terrater day	[entern]	
Type Ratings						Student El	ldorsemen	us (Include d	ates)	
Flight Time (Enter appropriat	te All	This Make	Airplane	Airplane		Inst	rument			Lighter
number of hours in each box)	Aircraft	& Model	Single Engine	Multiengi		Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model	And in case of the	- 18 A	at the	the second of				Tel a la la	Dis multiple	
Last 90 Days		_								
Last 30 Days										
Last 24 Hours			- <u></u>							

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)											
Crew Name and Add							Seat Occupie	1	Injury		
First Name:		City	of Resider	nce:			OLeft	OFront	O None		
Middle Initial:					ZIP:		O Center	O Rear O Single	O Minor O Serious		
					_		ORight	OUnknown	OFatal		
Last Name:			y.	i		_			OUnknown		
Pilot Certificate(s)	(Check all that apply)						Restraint Ty Available	pe: Used	Inflatable Restraints		
None	Flight Instructor		mercial		Military		O None	O None	□ Not Installed		
Private	Recreational Sport		ne Transp ht Enginee		reign		O Lap Only O 3-point	O Lap Only O 3-point			
Student			ut Enginee				O4-point	O 4-point	□ Not Deployed		
Type Rating/Endors	sement for		Total F	light Time at	t the Time		O 5-point	O 5-point	Deployed Unknown		
Accident/Incident A	ircraft? 🛛 Yes	🗖 No	of this A	Accident/Inci	ident:	hrs	OUnknown	O Unknown			
Crew Name and Add	dress						Seat Occupie		Injury		
First Name:		City	of Resider	noe:			OLeft OCenter	OFront ORear	O None O Minor		
Middle Initial:		State	:		ZIP:		ORight	OSingle	O Serious		
Last Name:		Cou	try:				- ÷	OUnknown	OFatal		
									OUnknown		
Pilot Certificate(s)	Check all that apply)						Restraint Ty Available	pe: Used	Inflatable		
None None	Flight Instructor		mercial		Military		ONone	ONone	Restraints		
Private			ne Transp ht Enginee		reign		O Lap Only		Not Installed Installed		
□ Student	Sport		nt Enginee				O 3-point O 4-point	O 3-point O 4-point	🔲 Not Deployed		
Type Rating/Endors Accident/Incident A		🗆 No		light Time at ccident/Inci	t the Time dent:	hrs	O 5-point O Unknown	O 5-point O Unknown	Deployed Unknown		
PASSENGER(S)			nclude c	abin crew; c	ontinue on s	eparate shee	t if necessary)				
				_	Injury	Restraint T		Inflatable Restraints	Age		
Name and Address		-		Seat	mjury	Available	Used				
First Name:	City :			OLeft	ONone	O None	ONone	□ Not Installed	Under 5 years		
Middle Initial:	State:	ZIP:		OCenter	OMinor	OLap Only	O 3-point O 4-point O 5-point	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown			
Last Name:	Country:			ORight	O Serious	O3-point O4-point			I If Under 5, O Child Restraint		
OCrew	OPassenger	OOt		OUnknown Row:	OFatal OUnknown				OLap-Held		
							-		OUnknown		
First Name:	City :					Available ONone	Used ONone				
Middle Initial:				OLeft OCenter	ONone OMinor	OLap Only	OLap Only	Not Installed	Under 5 years		
Last Name:				ORight	OSerious	O3-point O4-point	O 3-point O 4-point	□ Not Deployed □ Deployed			
OCrew	OPassenger	00		OUnknown Row:	OFatal OUnknown	O5-point OUnknown	O 5-point	Unknown	O Child Restraint O Lap-Held		
						Available	Used		OUnknown		
First Name:				OLeft	ONone	ONone	O None	Not Installed	Under 5 years		
Middle Initial:	State:	ZIP:		OCenter	OMinor OSerious	OLap Only O3-point	OLap Only O 3-point	Installed	If Under 5.		
Last Name:	Country:			ORight OUnknown	OFatal	O4-point	O 4-point	Deployed	O Child Restraint		
OCrew	OPassenger	OOt	ner	Row:	OUnknown	O5-point OUnknown	O 5-point O Unknown	Unknown	O Lap-Held O Unknown		
First Name:	City					Available ONone	Used ONone				
Middle Initial:				OLeft OCenter	ONone OMinor	O Lap Only	O Lap Only	□ Not Installed	Under 5 years		
				ORight	OSerious	O3-point	O 3-point	Not Deployed	If Under 5,		
Last Name:	Country:	-		OUnknown	OFatal	O4-point O5-point	O 4-point O 5-point	Deployed Unknown	O Child Restraint		
OCrew	OPassenger	OOt	ier	Row:	OUnknown	OUnknown			O Lap-Held O Unknown		

FLIGHT ITINERARY	INFORMATIO	N							
Last Departure Point	Tim	e of Departure	Destinati	on		Type Fligh	t Plan F	iled	
Airport ID: S43		OOTE	Airport ID:			None None		O VFR/	IFR
City: Snohomish	Time	0815				O Company O Military		O IFR O Unkn	AT
State: WA		Zone: PST				O VFR	VFK	O Ulikii	OWII
Country: USA						Activated?	OYes	ONo C	Unknown
Type of ATC Clearance/Se	rvice (Check all that	annhul	Country.						
	Special VFR		ecial IFR		VFR Flight Folk	owing	Cruis	e	
	IFR		R On Top		Traffic Advisory			own / NA	
Airspace where the acciden	t/incident occurred	d (Check all that	apply)				Altifue	le of In-	Flight
	Class G		litary Operations		Special		Occur		r ngas
	Demo Area		port Advisory A Training Area	rea	Air Traffic Contr Unknown	ol Area	400		ft msl
	Warning Area Prohibited Area				• Unknown		400		11_11141
	Restricted Area	F A							
WEATHER INFORM	ATION AT THE	ACCIDEN	MINCIDIEN	IT SITE					
Source of Pilot Weather Inf	formation			Weather Ob	servation Facility				
(Check all that apply)				Facility ID:					
■ National Weather Service ■ Flight Service Station	Com				me:				
TV/Radio									
Automated Report	None	8			Accident Site:				
Commercial Weather Service	(DUATS) 🗖 Unka	IOWI			Accident Site:			true	
Basic Conditions		Light Condit		Direction from	Accident Site.				
OVMC		ODawn	ODusk	ODark	Night OUn	known			
OIMC		ODay	ONight		nt Night				
OUnknown									
Sky/Lowest Cloud Conditio	m	Ceiling			Temperature:		(C) or 7	75	(F)
	O Thin Broken	O None (Clear)		Obscured					
-	O Thin Overcast	O Broken O Overcast	_	Indefinite Unknown	Dew Point:	(C) or		_(F)
O Partial Obscuration	Unknown	Overcast	0	Unknown	Altimeter Setti			Ig	
Lowest Cloud Condition H	eight	Ceiling Heigh	t			or	MB		
	ft agl			ft agi					
Wind Direction	Wind Speed	I <u></u>	Wind Gusts		Visibility	cavu	miles		
Variable			□ Not Gustin	Ig					
	Light and Varia	ble	_	0	1				
-01*-	-01'-		-01-						
Direction:degrees true	J	kts	Speed:	kts	Density Altitud			ft	
Intensity of Precipitation	Type of Precipita				Restriction to V			at apply)	
OLight	None	Drizzle	Freezing		■ None ■ Blowing Du		og Fround For		
O Moderate O Heavy	□ _{Rain} □ Snow	Lice Pellets	Snow Si S		Blowing Sar			ž	
ON/A		Snow Grain	s 🛛 Freezing		Blowing Sno	w 🛛 I	ce Fog		
OUnknown	Rain Showers	Ice Crystals			☐ Blowing Spr ☐ Dust		moke Inknown		
Icing Forecast		Tobury Astron			Turbulence		-mail Will		
Amount Type		Icing Actual Amount	Туре		Type (Check al	that apply)	Sev	erity	
O None O N/A		O None	ON/A		None			ight	
O Trace O Rime		O Trace	ORime		Clear Air		_	/loderate	
OLight OClear OModerate OMixed		O Light O Moderate	O Clear O Mixed		Terrain-Indu			ievere Axtreme	
O Severe O Unknow	vn i	O Severe	O Unkn						
OUnknown		OUnknown							
NOTAMs (D and FDC), A	AIRMETs, SIGM	IETs, PIREPs	in effect at	the time of th	e accident/incid	lent:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage Substantial

O None **O** Minor **Aircraft Fire** None O In-Flight O On-Ground

O Both Ground and In-Flight O Fire at Unknown Time **O** Unknown

Aircraft Explosion

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

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

No Property Damage

O Destroyed

O Unknown

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

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

RECOMMENDATION (H	ow could this	accident/incident	have been preve	(onted?)		<u> </u>		
Operator/Owner Safety Recon		elle varhennen ander en herden kan var herden.	منينة المتحجة فتعاما					
1								
MECHANICAL MALFU				eded, cor	ntinue on sepa	rate sheet)		
Was there Mechanical Malfue (If yes, list the name of the part, ma	nction/Failur	t no serial no and a	0 Jeserihe the failure	. 1			Total Ti On Part	ime/Cycles
, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·	oborioe inc juliare.	~/			On Para	,
								Hours
								Cycles
								nce This Part
							Inspecte	d/Overhauled
								Hours
FUEL & SERVICES IN Fuel on Board at Last Takeoff								
(Convert from pounds, as necessary,		Fuel Type O 80/87	O 115/145		O Jet B	O Other, specify	v	
20	Gallons	100 Low Lead 0 100/130	O Jet A O Jet A-1		O JP8 O Automotive	• • • • • • • • • • • • • •	J	
Other Services, if Any, Prior t	o Departure	0 100/150	V JEI A-1		Automotive			
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation		ft porformed?		No				
Method of Exit - Describe how					anah lagation			
Exited through the right side			any occupants ov	vacuatou	cach location			
- inter innelign and right dide								
OTHER AIRCRAFT - C	OLLISION	(If air or ground	collision occum	ed com	nlate this sect	on for other air	oroff)	
Aircraft Registration Number		rer:					Cran) Damage to Oth	er Aircraft
	Model:						Destroyed	Minor
Registered Owner of Other Air				ilot of Or	ther Aircraft		Substantial	None None
Name:			Na					
City: State:ZIP:			Ci	1ty:				
Country:			518			ZIP:		

ADDITIONAL IN	FORMA	TION (Please type or print in ink)						
		ace is needed for any answers.						
1								
1								
1								
1								
				1				
				, 1				
				i				
I HEREBY CERTIFY	THAT T	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BEST OF					
Date of this Report		Pilot/Operator:	ETE AND ACCORATE TO THE BEST OF	MY KNOWLEDGE				
08/17/2014	Signature							
mm/dd/yyyy	or	Check here to electronically sign this	document					
If a Person Other tha	n Pilot/Op	erator is Filing Report						
Name:			Title: President/Snoh	omish Flying				
- or - Check here to electronically sign this document								
FOR NTSB USE ONLY								
NTSB Accident/Incid WPR14LA340	ent No.	Reviewed by NTSB Regional Office WPR - San Dimas	Name of Investigator PATRICK JONES	Date Report Received				
			L'ATNUN JOINES	08/17/2014				



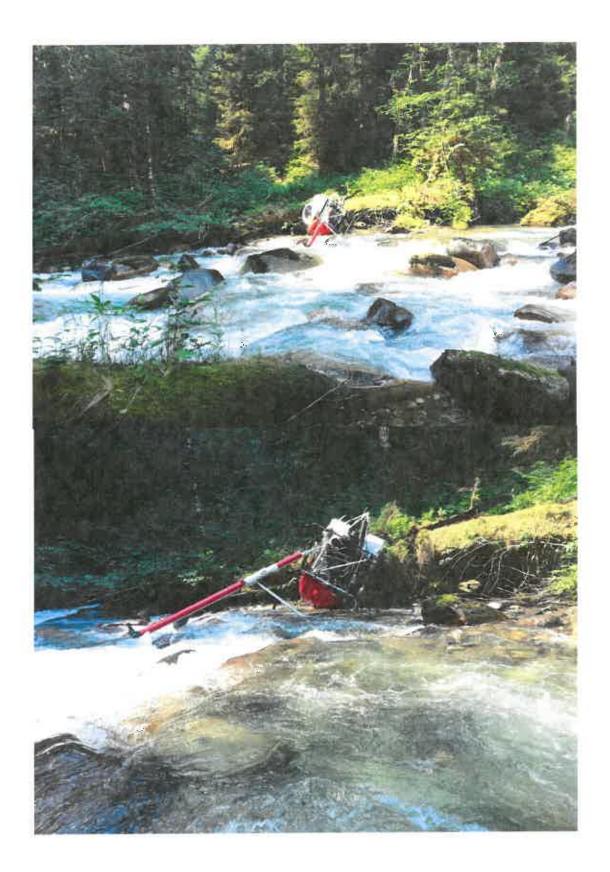
August 11, 2014 – Helicopter HU-269 N7432F

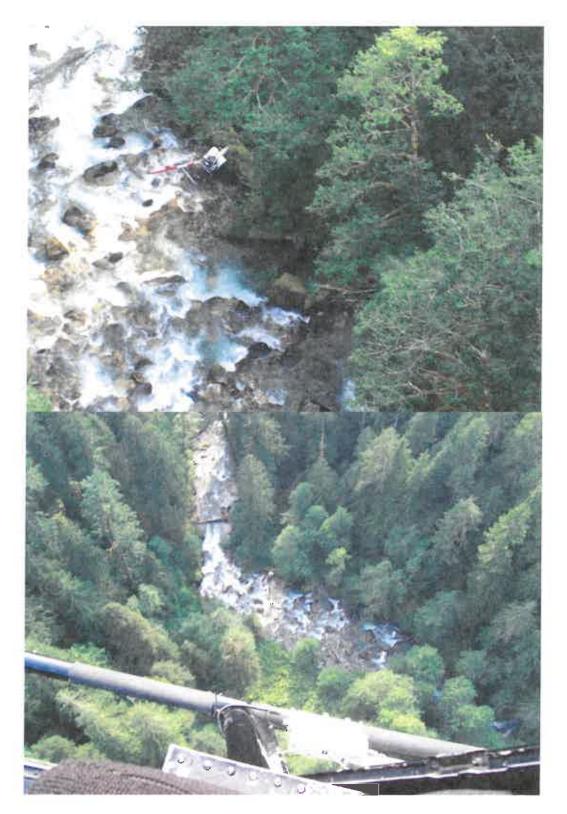




August 11, 2014 - Helicopter HU-269 N7432F







August 11, 2014 – Helicopter HU-269 N7432F