

ORIGINAL
(RETURN)

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

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

Location

Nearest City/Place, State, Zip Code

PRINEVILLE, OR. 97754

Date of Accident

JUL 4, 2002

Local Time

(24 HOUR CLOCK)

0845 P.D.T. PAC.

Zone

Elevation At Accident Site

3240 Feet MSL

Feet MSL

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

Proximity To Airport

1. ☐ On Approach

3. ☐ Within 1/2 Mile

5. ☐ Within 1 Mile

7. ☐ Within 3 Miles

2. ☐ Within 1/4 Mile

4. ☐ Within 3/4 Mile

6. ☐ Within 2 Miles

8. ☐ Beyond 3 Miles

Airport Name

PRINEVILLE

Airport Ident

S 39

Runway/Landing Surface Conditions:

1. ☐ Direction: 28

3. ☐ Width: 60'

5. ☐ Condition: DRY

2. ☐ Length: 5000'

4. ☐ Surface: ASPHALT

Phase Of Operation:

1. ☐ Standing

3. ☐ Takeoff

5. ☐ Cruise

7. ☐ Approach

9. ☐ Hover/Maneuver

2. ☐ Taxi

4. ☐ Climb

6. ☐ Descent

8. ☒ Landing

10. ☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark

N 777XP

Aircraft Manufacturer

ABDO DESIGN KIT
WELBORN

Aircraft Type/Model

PULSAR XP

Serial Number

372

Cert Max Gross WT

1060

Type Of Aircraft

1. ☒ Airplane

5. ☐ Blimp/Dirigible

2. ☐ Helicopter

6. ☐ Ultralight

3. ☐ Glider

7. ☐ Gyroplane

4. ☐ Balloon

8. ☐ Specify _____

Type Of Airworthiness Certificate

1. ☐ Normal

5. ☐ Restricted

2. ☐ Utility

6. ☐ Limited

3. ☐ Acrobatic

7. ☒ Experimental

4. ☐ Transport

8. ☐ Specify _____

Amateur Built

1. ☒ Yes

2. ☐ No

Landing Gear

1. ☒ Tricycle—Fixed

4. ☐ Tailwheel—Retractable

7. ☐ Skid

No. Of Seats

2. ☐ Tricycle—Retractable

5. ☐ Tailwheel—Retractable Mains

8. ☐ Limited

Flight/Cabin

3. ☐ Tailwheel—Fixed

6. ☐ Amphibian

9. ☐ Specify _____

Crew _____

Pax _____

Stall Warning System Installed

1. ☐ Yes

2. ☒ No

IFR Equipped

1. ☐ Yes

2. ☒ No

Engine Type

1. ☒ Reciprocating—Carburetor

3. ☐ Turbo Prop

5. ☐ Turbo Fan

2. ☐ Reciprocating—Fuel Injected

4. ☐ Turbo Jet

6. ☐ Turbo Shaft

Engine Manufacturer

ROTAX

Engine Model/Serial

312 UL
SER. NO. 4401030

Engine Rated Power

1. 80 Horsepower

2. _____ Lbs Thrust

**Type Of Fire Extinguishing
System Used**

1. ☒ None

2. ☐ Specify _____

Engine(s)

Date of Mfg.

4/94

Mfg. Serial No.

4401030

Total Time

395 ± Hours

Time Since Inspection

1.0 Since Flight Hours

Time Since Overhaul

N/A Hours

Engine No. 1

Engine No. 2

Engine No. 3

Engine No. 4

Type Of Maintenance Program

1. ☒ Annual

2. ☐ Manufacturer's Inspection Program

3. ☐ Other Approved Inspection Program (AAIP)

4. ☐ Continuous Airworthiness

5. ☐ Specify _____

Type Of Last Inspection

1. ☒ Annual EXTENDED

2. ☐ 100 Hours

3. ☐ AAIP

4. ☐ Continuous Airworthiness

Date Last Inspection Performed

FINISHED 7/1/02

Time Since Last Inspection

1.0

Airframe Total Time

395

(M/D/Y)

Hours

Hours

Emergency

Locator

Transmitter

(ELT) YES

ELT Manufacturer

X ELT 200

Switch

1. ☒ On

2. ☐ Off

3. ☒ Armed

Model/Serial

X 453-0190

Serial Number

X E01301

Battery Date

(M/D/Y) X >

Registered Aircraft Owner

HAROLD L. WELBORN

Address

PRINEVILLE, OR. 97754

Operator Of Aircraft

1. ☒ Same As Registered Owner

2. Name

3. DBS:

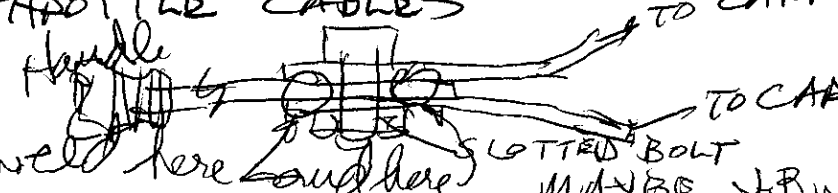
Address

1. ☒ Same As Registered Owner

2. _____

Owner / Operator Information (cont.)																																																																																																			
Operator (Certificate Number) X			Operator Designator (4 Letter Designator) 3																																																																																																
Purpose Of Flight And Type Of Operation																																																																																																			
Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137				Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign			FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify N/A																																																																																									
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning																																																																																																			
Pilot Information																																																																																																			
Pilot Name HAROLD L. WELBORN			Pilot Certificate No.		Address PRINEVILLE, OR. 97754			Nationality US																																																																																											
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify X																																																																																																			
Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane				Instrument Rating (s) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Rating (s) 1. <input checked="" type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify																																																																																													
Type Ratings/Student Endorsements N/A				Date Of Biennial Flight Review or Equivalent (M/D/Y) X 8/17/00		BFR Aircraft 1. Make PULSAR 2. Model XP																																																																																													
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input checked="" type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y) 8/8/2000		Limitations MUST WEAR GLASSES Waivers			Date Of Birth (M/D/Y)																																																																																											
Degree Of Injury 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input checked="" type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots				Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No																																																																																											
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify 3. <input type="checkbox"/> FAA Records																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time</th> <th rowspan="2">All A/C</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>407</td> <td>377</td> <td>447</td> <td>0</td> <td>4</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot In Command (PIC)</td> <td>447</td> <td>377</td> <td>447</td> <td>0</td> <td>4</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>This Make & Model</td> <td colspan="10"></td> </tr> <tr> <td>Last 90 Days</td> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td colspan="5" style="text-align: center;">FROM ACCIDENT</td> </tr> </tbody> </table>										Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	407	377	447	0	4	0	0	0	0	0	Pilot In Command (PIC)	447	377	447	0	4	0	0	0	0	0	Instructor	0	0	0	0	0	0	0	0	0	0	This Make & Model											Last 90 Days	2	2	2								Last 30 Days	2	2	2								Last 24 Hours	2	2	2			FROM ACCIDENT				
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Second Pilot Information N/A																																																																																																			
Second Pilot Responsibilities At The Time Of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)																																																																																																			
Pilot Name N/A			Pilot Certificate No.		Address			Nationality																																																																																											
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Second Pilot Information (cont.)												
Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			Instructor Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____						
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft 1. Make _____ 2. Model _____						
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Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input type="checkbox"/> Left 2. <input checked="" type="checkbox"/> Right		3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front		5. <input type="checkbox"/> Rear		Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No				
Seat/Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records		4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____				
Flight Time Total Time Pilot In Command (PIC) Instructor This Make & Model Last 90 Days Last 30 Days Last 24 Hours		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air	
Other Personnel												
Name		Seat	Address (City & State)		Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None		
1.												
2.												
3.												
4.												
5.												
6.												
Flight Itinerary Information												
Last Departure Point 1. Airport ID <u>DAY CP A/P</u> 2. City/Place <u>PRINCEVILLE</u> 3. State <u>OR</u>			Time Of Departure 1. Time <u>0830</u> 2. Time Zone <u>PACIFIC</u>		Destination 1. Airport ID <u>8/30</u> 2. City/Place <u>PRINCEVILLE</u> 3. State <u>OR</u>			Flight Plan Filed 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)				
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished <u>CLEAR N/A</u>												
Fuel On Board At Last Takeoff <u>9</u> Gallons or Pounds				Fuel Type 1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input checked="" type="checkbox"/> Automotive				7. Specify <u>9200TARE</u>				
Other Services, If Any, Prior to Departure <u>NONE</u>												
Weather Information At The Accident Site												
Source Of Weather Information (Pilot/Operator, Weather Observation) <u>OBSERVATION</u>				Light Condition 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night				Visibility <u>UNLIMITED</u> Miles		Temp (°F) <u>75°F ±</u>		

Weather Information At The Accident Site (cont.)					
Dew Point 2	Altimeter Setting 3625 AT (°F) DPA CR Hg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured			
Wind Information 1. Direction <u>NE</u> 2. Velocity <u>20</u> Kts 3. Gusts <u>10</u> Kts		Restriction To Visibility <u>NONE</u>	Type Precipitation <u>NONE</u>	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate <u>NONE</u> 3. <input type="checkbox"/> Heavy 4. Specify _____	
Turbulence (Multiple Entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clean Air 7. <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No 4. <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property <u>NO DAMAGE TO OTHER PROPERTY</u> <u>MAIN & NOSE GEAR - MAJOR DAMAGE</u> <u>BELOW AIR INTAKE ON LOWER COWL SOME DAMAGE</u> <u>RT WING TIP LENSE FOR NAV & STROBE BROKEN</u>					
Mechanical Malfunction Failure					
1. <input type="checkbox"/> No 2. <input checked="" type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure <u>THROTTLE HANDLE CAME</u> <u>OUT OF CONNECTOR TO CABLES</u>			Total Time On Part <u>390</u> Hours At Overhaul _____ Hours		
Collision Accident <u>N/A</u>					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None		
Registered Aircraft Owner		Address			
Pilot Name	Address		Pilot Certificate No.		
Evacuation Of Aircraft					
Assistance Received 1. <input type="checkbox"/> Outside Person (s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify <u>WALKED OUT OF</u> <u>A/D</u>					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____ <u>CANOPY (1)</u>					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry) <u>BETTER CONNECTION OF THROTTLE HANDLE</u> <u>TO THROTTLE CABLES</u>  <u>TO CABLE</u> <u>TO CABLE</u> <u>NEED WELD HERE AND HERE</u> <u>SLOTTED BOLT</u> <u>MAYBE JB WELD</u>					

N/A

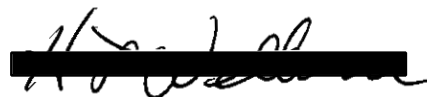
Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name	FAA Certificate No.	Address	Title
Certificate(s) <div style="display: flex; justify-content: space-between;"> 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign </div> <div style="display: flex; justify-content: space-between;"> 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____ </div>			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) <div style="display: flex; justify-content: space-between;"> 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign </div> <div style="display: flex; justify-content: space-between;"> 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____ </div>			
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Ratings/Endorsements		Total Flight Time	Flight Time This Accident
<div style="text-align: center; font-size: 3em; font-family: cursive;">N/A</div>			

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

DEPARTED DRY CREEK AIR PARK TO SHOOT
LANDINGS AT PRINCEVILLE.

1. MADE (1) LANDING TOUCH & GO
2. REENTERED FOR 2ND LANDING.
3. TOUCHED DOWN
4. THROTTLE CABLE FAILED
5. THROTTLE WENT TO FULL THROTTLE
6. 1 SHOT OF SWITCHES
7. I GOT PUSHED TO LEFT OF RUNWAY
WHEN THROTTLE WENT FULL
MIGHT HAVE GOTTEN GUST TO LEFT.
8. A/P AHEAD ON GROUND
9. STOPPED IN SOFT DIRT - PHOWED IN
10. MAIN & NOSE GEAR BROKE LOOSE



I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

7/12/02

Signature Of Pilot/Operator



Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

SEA02LA120

Reviewed By NTSB Office Located At

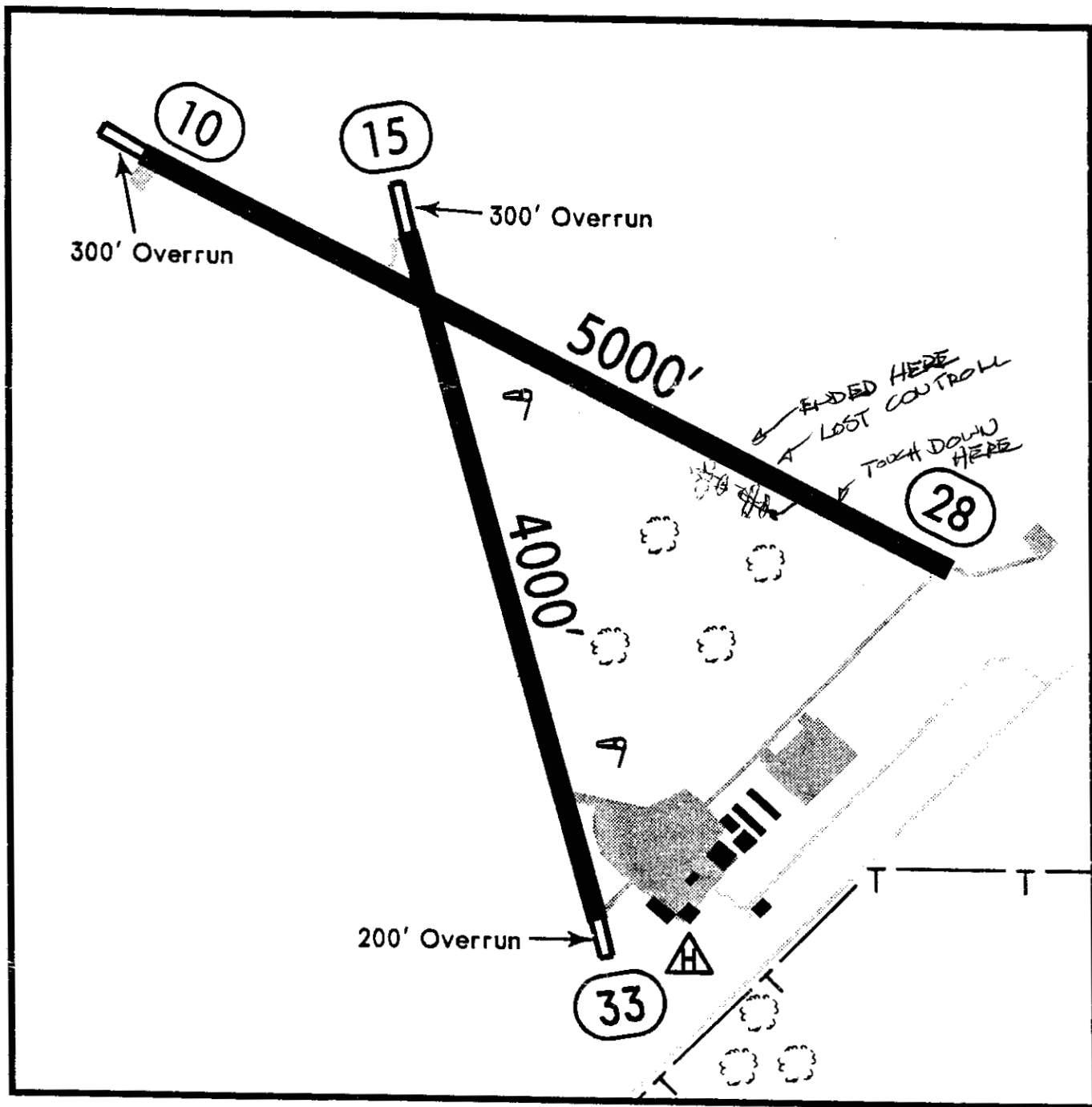
Seattle, Washington

Name Of Investigator

Steven A. McCreary

Date Report Received

07/22/02



7 OF 7