

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: McKinnleyville State: CA
 ZIP: 95519 Country: United States
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)
APPROX 035° RADIAL 4 DME FROM ACV

Accident/Incident Date/Time
 Date: 07/29/2016 Local Time: 01:05
mm/dd/yyyy Time Zone: PDT
 Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N661TC
 Manufacturer: Piper
 Model: PA-31T
 Serial Number: 31T-8120022
 Year of Manufacture: 1981
 Amateur-Built: Yes No
 If Yes: Kit/Plans Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
 Maximum Gross Weight: 9000 lbs
 Weight at Time of Accident/Incident: 8300 lbs
 Number of Seats: 5 Flight Crew Seats: 2
 Cabin Crew Seats: 2 Passenger Seats: 1
 Number of Engines: 2

- Category of Aircraft**
- Airplane
 - Balloon
 - Blimp/Dirigible
 - Glider
 - Gyroplane
 - Helicopter
 - Powered Lift
 - Rocket
 - Ultralight
 - Unknown

- Type of Airworthiness Certificate**
(Check all that apply)
- | | |
|--|---|
| Standard | Special |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted |
| <input type="checkbox"/> Acrobatic | <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
 - Tricycle
 - Tailwheel
 - Amphibian
 - High Skid
 - Emergency Float
 - Skid
 - Float
 - Ski
 - Hull
 - Ski/Wheel
 - Other Launch/Recovery System
 - None
 - Unknown

- Engine Type (Select one)**
- Reciprocating
 - Turbo Shaft
 - Turbo Prop
 - Turbo Jet
 - Turbo Fan
 - Electric
 - Liquid Rocket
 - Solid Rocket
 - Hybrid Rocket
 - None
 - Unknown
- 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	<u>Pratt + Whitney</u>	<u>PT6A-135A</u>	<u>PCE P20641</u>		<u>620</u>			
Eng. 2	<u>Pratt + Whitney</u>	<u>PT6A-135A</u>	<u>PCE P20642</u>		<u>620</u>			
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAITP Conditional Inspection
 Annual Unknown
 Date Last Inspection: _____
mm/dd/yyyy
 Airframe Total Time: _____ hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: Hartzell
 Model: HCB3TN-3C

Propeller 2
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: Hartzell
 Model: HCB3TN-3C

- 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: Arlex
 Model or Part No.: ME406
 TSO No.: OC91 (121.5 MHz) OC91a (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: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Blue Goose Aviation LLC City: Roseburg
 State: OR ZIP: 97470
 Fractional Ownership Aircraft: Yes No
 Country: United States

Operator of Aircraft Same As Registered Owner
 Name: Cal Ore Life Flight LLC City: Crescent City
 Doing Business As: _____ State: CA ZIP: 95531
 Air Carrier/Operator Designator (4 Character Code): JXKA142B Country: United States

Operating Certificates Held
 (Check all that apply)

None
 Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (FAR 129)
 Rotorcraft External Load (FAR 133)
 Commuter Air Carrier (FAR 135)
 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

Regulation Flight Conducted Under

FAR 91 FAR 129 FAR 415
 FAR 103 FAR 133 FAR 431
 FAR 121 FAR 135 FAR 435
 FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
 Non-US, Commercial
 Non-US, Non-commercial

Public Aircraft (Select one)
 Armed Forces
 Federal
 State
 Local
 Unknown

Revenue Operation for FAR 121, 125, 129, 135
 (Select one for each group)

Scheduled or Commuter Domestic
 Non-Scheduled or Air Taxi International

Passenger
 Cargo
 Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137
 (Select one)

Aerial Application Firefighting Unknown
 Aerial Observation Flight Test
 Air Drop Glider Tow
 Air Race/Show Instructional
 Banner Tow Other Work Use
 Business Personal
 Executive/Corporate Positioning
 External Load Skydiving
 Ferry

Revenue Sightseeing Flight
 Yes No

Air Medical Flight
 Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____ **Distance From Airport Center:** _____ sm
Airport Identifier: _____ **Direction From Airport:** _____ degrees true
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A **Airport Elevation:** _____ ft. msl

Runway Information
 Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

Condition of Runway/Landing Surface (Check all that apply)

Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft
 Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

Taxi VFR Departure On Instrument Approach Downwind Low Approach
 Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
 Initial Climb Crosswind Unknown Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

None PAR MLS Practice
 ADF/NDB SDF LDA GPS
 VOR/TVOR ILS ASR Visual
 VOR/DME Localizer Only Contact Circling
 TACAN LOC-back course RNAV Circling Unknown

VFR Approach (Check all that apply)

None Traffic Pattern Stop and Go
 Straight-In Touch and Go
 Valley/Terrain Following Simulated Forced Landing
 Go Around Forced Landing
 Full Stop Precautionary Landing
 Unknown

"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: Larry City of Residence: Crescent City
 Middle Initial: D State: CA ZIP: 95531
 Last Name: Mills Country: _____
 Age at time of Accident/Incident: 54 Date of Birth: 1962 mm/dd/yyyy
 Certificate Number: _____

Degree of Injury <input type="radio"/> None <input checked="" type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <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	Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer			

Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <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	Date of Last Medical <u>07/27/2016</u> mm/dd/yyyy
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Medical Certificate Limitations
Must have available glasses for near vision

Medical Certificate Special Issuance
None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/12/2016</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA31T</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input checked="" type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" 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 <u>BE 1900</u>	Student Endorsements (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	7425	125	2406	4918	3179	1379	66	250		
Pilot in Command (PIC)	5467	125								
Time as Instructor	1735	-								
This Make/Model					27.8	8.8				
Last 90 Days	109.4	109.4		109.4	27.8	8.8				
Last 30 Days	46.1	46.1		46.1	20.4	4.1				
Last 24 Hours	5.8	5.8		5.8	5.8	.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: _____

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <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	Restraint Type Available <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 Used <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	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Pilot Certificate(s) (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			

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <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	Medical Certificate Validity <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	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (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	Other Aircraft Rating(s) (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	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (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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Type Ratings _____

Student Endorsements (Include dates) _____

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										

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KCEL</u> City: <u>Crescent City</u> State: <u>CA</u> Country: <u>United States</u>	Time of Departure Time: <u>00:40</u> Time Zone: <u>PDT</u>	Destination Airport ID: <u>KOAK</u> City: <u>Oakland</u> State: <u>CA</u> Country: <u>United States</u>	Type Flight Plan Filed <input type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input checked="" type="radio"/> IFR <input type="radio"/> Unknown Activated? <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: <u>15,000</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 type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input checked="" type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: <u>KACV</u> Observation Time: <u>00:53</u> Time Zone: <u>PDT</u> Distance from Accident Site: <u>4-6</u> nm Direction from Accident Site: <u>035 H</u> degrees true
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Basic Conditions <input type="radio"/> VMC <input checked="" type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input type="radio"/> Day <input type="radio"/> Dusk <input checked="" type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Broken <input checked="" type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	Temperature: _____ (C) or <u>55</u> (F) Dew Point: _____ (C) or <u>54</u> (F) Altimeter Setting: <u>29.86</u> in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height <u>200</u> ft agl	

Wind Direction <input type="checkbox"/> Variable -or- <u>5</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- <u>6</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- _____ kts	Visibility <u>4</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input checked="" type="checkbox"/> Fog <input checked="" type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" 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 checked="" 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		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" 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 checked="" 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		Turbulence <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
Amount	Type																																							
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<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe																																							
<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																							

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
 Minor
 Substantial
 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)

- ① Fuselage intact
- ② Wings, Tail separated

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.

ON July 29, 2016 AT APPROX 01:05 AM, the pilot of N661TE, A Piper cheyenne II, which WAS ON A PART 135 MEDICAL TRANSPORT had the following events occur:

- ① The pilot reported smoke in the cabin
- ② The pilot asked to return to KCEZ, the point of departure
- ③ The pilot declared an emergency & requested a fire truck and advised that he may lose power and pressurization
- ④ The aircraft made no other transmissions & RADAR contact was lost
- ⑤ Due to fog air search efforts were delayed until approx 7 AM. Ground search efforts started immediately.
- ⑥ AT APPROX 9-10:00 AM the wreckage was located approx 4.5 miles from KCEV on the 054° radial.
- ⑦ The wreckage was located in a timber managed forest with 70-100' trees throughout with only narrow gravel roads.

(SEE PAGE 11)

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

Operator/Owner Safety Recommendation

- ① OWNER RECOMMENDS performing close inspection of all visible wiring focusing on wiring running through the pressure vessel.
- ② OWNER RECOMMENDS A complete review of fire / smoke emergency procedures

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.)

NOT KNOWN

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)

1800 #s _____ Gallons

Fuel Type

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

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

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
- Substantial
- Minor
- None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

- ⑧ Personnel ARRIVED ON SCENE to find ALL FOUR OCCUPANTS in the fuselage DECEASED.
- ⑨ There were SOME SPOT FIRES CAUSED BY fuel from the wing tanks.
- ⑩ The Debris trail APPEARS to be APPROXIMATELY 35 miles and on a 350° heading. The elevation is APPROX 600' MSL
- ⑪ NTSB officials and team members SURVEYED the wreckage OVER A 2 DAY PERIOD with the AIRCRAFT being RELOCATED to a SECURE location ON the 3RD DAY.
- ⑫ NTSB / team members INSPECTED the AIRCRAFT OVER A 2 DAY PERIOD AT the SECURE location AND DETERMINED SOME "AREAS of interest". The heater (JANITORIAL) WAS ruled OUT AS CAUSING ANY malfunctions.
- ⑬ FURTHER INVESTIGATIONS / TESTING CONTINUES.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>08-7-16</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator: <u>CAL-BRE LIFE Flight, LLC</u>
Signature: _____	_____ <small>- or -</small> <input type="checkbox"/> Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____

- or - Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR16FA153	Reviewed by NTSB Regional Office Anchorage	Name of Investigator Banning	Date Report Received 8/8/2016
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