

# 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 Stanley State ID  
ZIP 83278 Country USA  
Latitude 44 21N Longitude 114 93W  
(Enter in decimal degrees or degrees minutes seconds)

### Accident/Incident Date/Time

Date 8/10/2020 Local Time 7 00 pm  
*mm dd yyyy* Time Zone Mountain

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N9917N

Manufacturer: Cessna

Model: 180

Serial Number: 18052572

Year of Manufacture: 1975

Amateur-Built: ☐ Yes ☒ No If Yes ☐ Kit/Plans ☐ Make ☐ Original Design

☒ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: \_\_\_\_\_ lbs

Weight at Time of Accident/Incident: 2850 lbs

Number of Seats: 4 Flight Crew Seats 1

Cabin Crew Seats \_\_\_\_\_ Passenger Seats 2

Number of Engines: 1

### Category of Aircraft

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dingible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

- ☒ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

#### Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ 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 ☐ Liquid Rocket
- ☐ Turbo Shaft ☐ Solid Rocket
- ☐ Turbo Prop ☐ Hybrid Rocket
- ☐ Turbo Jet ☐ None
- ☐ Turbo Fan ☐ Unknown
- ☐ Electric

### Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	continental	O470	NA	NA	230	1750	30	app 17
Eng. 2								
Eng. 3								
Eng. 4								

### Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness
- ☐ AAIP ☐ Conditional Inspection
- ☒ Annual ☐ Unknown

Date Last Inspection: \_\_\_\_\_  
*mm dd yyyy*

Airframe Total Time: 3825 hrs

hours measured at (Select one)

☒ Last Inspection ☐ Time of Accident/Incident

### Type of Maintenance Program (Select one)

- ☒ Annual
- ☐ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program (AAIP)
- ☐ Continuous Airworthiness
- ☐ Other, specify \_\_\_\_\_

### Description of Fire Extinguishing System

- ☐ None
- ☒ Specify fire extinguisher

### Propeller 1

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

### Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: \_\_\_\_\_

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

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)  
☐ OC126 (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 \_\_\_\_\_

<b>OWNER/OPERATOR INFORMATION</b>			
<b>Registered Aircraft Owner</b>		City: <u>Palmetto</u>	
Name: <u>Guy Pessina</u>		State: <u>fl</u> ZIP: <u>34221</u>	
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>usa</u>	
<b>Operator of Aircraft</b> <input checked="" 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 checked="" 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>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>Stanley</u>		Distance From Airport Center: <u>0</u> sm	
Airport Identifier: <u>2U7</u>		Direction From Airport: <u>0</u> degrees true	
Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Airport Elevation: <u>6403</u> ft msl	
<b>Runway Information</b> Runway ID <u>17</u> (L/R/C) Length <u>4300</u> ft Width <u>150</u> ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" 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 checked="" type="checkbox"/> Asphalt    <input checked="" 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 style="width: 25%;"><input type="radio"/> Taxi</li> <li style="width: 25%;"><input type="radio"/> VFR Departure</li> <li style="width: 25%;"><input type="radio"/> On Instrument Approach</li> <li style="width: 25%;"><input type="radio"/> Downwind</li> <li style="width: 25%;"><input type="radio"/> Low Approach</li> <li style="width: 25%;"><input checked="" type="radio"/> Takeoff</li> <li style="width: 25%;"><input type="radio"/> IFR Departure Procedure/Clearance</li> <li style="width: 25%;"><input type="radio"/> Landing</li> <li style="width: 25%;"><input type="radio"/> Base</li> <li style="width: 25%;"><input type="radio"/> Go Around</li> <li style="width: 25%;"><input type="radio"/> Initial Climb</li> <li style="width: 25%;"><input type="radio"/> Final</li> <li style="width: 25%;"><input type="radio"/> Aborted Landing (after touchdown)</li> <li style="width: 25%;"><input type="radio"/> Crosswind</li> <li style="width: 25%;"><input type="radio"/> Unknown</li> </ul>			
<b>IFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> ADF/NDB</li> <li><input type="checkbox"/> SDF</li> <li><input type="checkbox"/> VOR/TVOR</li> <li><input type="checkbox"/> VOR/DME</li> <li><input type="checkbox"/> IACAN</li> <li><input type="checkbox"/> PAR</li> <li><input type="checkbox"/> Sidestep</li> <li><input type="checkbox"/> ILS</li> <li><input type="checkbox"/> Localizer Only</li> <li><input type="checkbox"/> LOC-back course</li> <li><input type="checkbox"/> RNAV</li> <li><input type="checkbox"/> MLS</li> <li><input type="checkbox"/> LDA</li> <li><input type="checkbox"/> ASR</li> <li><input type="checkbox"/> Visual</li> <li><input type="checkbox"/> Contact</li> <li><input type="checkbox"/> Circling</li> <li><input type="checkbox"/> Practice</li> <li><input type="checkbox"/> GPS</li> <li><input type="checkbox"/> Unknown</li> </ul>		<b>VFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> Traffic Pattern</li> <li><input type="checkbox"/> Straight-In</li> <li><input type="checkbox"/> Valley/Terrain Following</li> <li><input type="checkbox"/> Go Around</li> <li><input type="checkbox"/> Full Stop</li> <li><input type="checkbox"/> Stop and Go</li> <li><input type="checkbox"/> Touch and Go</li> <li><input type="checkbox"/> Simulated Forced Landing</li> <li><input type="checkbox"/> Forced Landing</li> <li><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: Guy    City of Residence: Palmetto  
Middle Initial: \_\_\_\_\_    State: FL    ZIP: 34221  
Last Name: Pessina    Country: USA  
Age at time of Accident/Incident: 67    Date of Birth: 52    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> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" 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 checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> 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 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>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>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input checked="" 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>Date of Last Medical</b> <u>07/23/2019</u> mm dd yyyy	

## Medical Certificate Limitations

Glasses for near vision

## Medical Certificate Special Issuance

Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks: 7/20  
mm dd yyyy

## Flight Review Aircraft

Make: Cessna 172

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

<b>Airplane Rating(s)</b> (Choose all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Choose all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input checked="" type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Choose all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Choose all that apply) <input checked="" 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 checked="" type="checkbox"/> Sport
--	---	---	---

## Type Ratings

NA

## 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	3,300									
Pilot in Command (PIC)		250								
Time as Instructor										
This Make/Model										
Last 90 Days		40								
Last 30 Days		30								
Last 24 Hours		3								

## "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 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 type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <table border="0"> <tr> <th>Available</th> <th>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 type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input checked="" 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 type="radio"/> 3-point	<input type="radio"/> 3-point	<input checked="" type="radio"/> 4-point	<input checked="" 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 checked="" 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 type="radio"/> 3-point	<input type="radio"/> 3-point																
<input checked="" type="radio"/> 4-point	<input checked="" 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 checked="" 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 checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input checked="" 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

Date of Last Flight Review  
 or Equivalent, Including  
 FAR 121/135 Checks: \_\_\_\_\_  
 mm/dd/yyyy

### Flight Review Aircraft

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_

<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
--	---	---	--

### 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										

# **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 _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial _____	State _____ ZIP _____	<input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	
Last Name _____	Country _____		
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student	<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport	<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	<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"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer	<input type="checkbox"/> US Military <input type="checkbox"/> Foreign	<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	
<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 _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial _____	State _____ ZIP _____	<input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	
Last Name _____	Country _____		
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student	<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport	<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	<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"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer	<input type="checkbox"/> US Military <input type="checkbox"/> Foreign	<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	
<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 <u>Lisa</u> City <u>Palmetto</u> Middle Initial _____ State <u>FL</u> ZIP <u>34221</u> Last Name <u>Pessina</u> Country <u>USA</u> <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input checked="" type="radio"/> Right <input type="radio"/> Unknown Row _____	<input checked="" 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 checked="" 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>KSUN</u> City <u>Hailey</u> State <u>ID</u> Country <u>USA</u>	<b>Time of Departure</b> Time <u>7:15 am</u> Time Zone <u>Mtn</u>	<b>Destination</b> Airport ID <u>2U7</u> City <u>Stanley</u> State <u>ID</u> Country <u>USA</u>	<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
--	---	---	---

<b>Type of ATC Clearance/Service</b> (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 checked="" type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

<b>Airspace where the accident/incident occurred</b> (Check all that apply)				<b>Altitude of In-Flight Occurrence:</b> <u>6403</u> ft msl
<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	
<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"/> IRSA		
<input checked="" 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)	<b>Weather Observation Facility</b>
<input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" type="checkbox"/> On-Board Weather	Facility ID _____ Observation Time _____ Time Zone _____ Distance from Accident Site _____ nm Direction from Accident Site _____ degrees true
<input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	

<b>Basic Conditions</b> <input checked="" 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 checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
---	---

<b>Sky/Lowest Cloud Condition</b> <input checked="" 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 checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown	<b>Temperature:</b> _____ (C) or <u>72</u> (F) <b>Dew Point:</b> _____ (C) or <u>24</u> (F) <b>Altimeter Setting:</b> <u>30.24</u> in Hg or _____ MB
<b>Lowest Cloud Condition Height</b> <u>none</u> ft agl	<b>Ceiling Height</b> <u>none</u> ft agl	

<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction <u>280</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed <u>10</u> kts	<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting -or- Speed <u>12-15</u> kts	<b>Visibility</b> <u>30</u> miles RVR _____ feet RVV _____ miles <b>Density Altitude:</b> <u>8500</u> ft
---	--	---	---

<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (Check all that apply)	<b>Restriction to Visibility</b> (Check all that apply)
	<input checked="" 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	<input checked="" 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

<b>Icing Forecast</b>	<b>Icing Actual</b>	<b>Turbulence</b>
<b>Amount</b> <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown	<b>Amount</b> <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown	<b>Type</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence
<b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Severity</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>		
<b>Aircraft Damage</b> <input type="radio"/> None <input checked="" type="radio"/> Substantial <input type="radio"/> Minor <input type="radio"/> Destroyed <input type="radio"/> <input type="radio"/> Unknown	<b>Aircraft Fire</b> <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown	<b>Aircraft Explosion</b> <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown
<b>Description of Damage to Aircraft and Other Property</b> <i>(Use additional sheet if necessary)</i> <div style="border: 1px solid black; height: 100px; margin-top: 5px; padding: 5px;">           no property damage. Prop strike, right landing gear ripped off, and approximately 6 feet of right wing bent.         </div>		
<b>NARRATIVE HISTORY OF FLIGHT</b> <i>(Please type or print in ink)</i> <div style="border: 1px solid black; height: 500px; margin-top: 5px; padding: 5px;"> <p>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.</p> <p>Take off check list done. Mind set was: maintain directional control and let the airplane fly off on its own. Approximate lift off point to be change in asphalt color.</p> <p>Had approximately 10 kts direct crosswind. It had subsided from 15 gusting 25 kts. We sat at the airport for 3 hours waiting for the wind to subside and conditions to become favorable. I had intentionally planned on compensating for crosswind with side slip cross control. As I began the roll, power up, established proper mixture, the tail was lifted and tracking was stable on centerline.</p> <p>At that moment I opted to initiate cross control. The control pressure and travel were excessive and the airplane banked into the wind and then started deviating left from rudder pressure. Correction was slow and my reaction was to lower the tail.</p> <p>The attitude was extreme and in slow motion. I did not feel the tailwheel touch, but i suspect it did, as the airplane rotated around to the left like a sheet of paper floating in the air.</p> <p>Airplane stopped facing opposite point of travel, with prop spinning in dirt.</p> </div>		

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

Operator/Owner Safety Recommendation

delay trip for morning conditions' calm winds and favorable density altitude.

Wait for winds to subside further as well as temperature.

Keep attitude with tail up to plant main gear solidly on the ground while accelerating. Give the aircraft time and distance to achieve proper airspeed.

Be gentle on controls.

Do not fly at the end of a busy day.

**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)

55 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

**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**

8/12/20

mm dd yyyy

**Name of Pilot/Operator:** Guy Pessina

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

– or – ☒ 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.**

WPR20CA265

**Reviewed by NTSB Regional Office**

AS-WPR

**Name of Investigator**

Andrew Swick

**Date Report Received**

08/13/2020