

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

**This form to be used for reporting civil and public use aircraft accidents and incidents**

**BASIC INFORMATION**

<b>Accident/Incident Location</b> Nearest City/Place: <u>MARINA</u> State: <u>Calif</u> ZIP: _____ Country: <u>Monterey</u> Latitude: <u>36:40:91</u> (00:00:00 N/S) Longitude: <u>121:45:74</u> (000:00:00 E/W)		<b>Date/Time</b> Date: <u>6-4-06</u> Local Time: <u>2 PM</u> mm/dd/yyyy Time Zone: <u>PST</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	
		<b>Altitude of In-Flight Occurrence</b> <u>Ground level</u> <u>134</u> ft MSL	

**WEATHER INFORMATION AT THE ACCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		<b>Source of Weather Information</b> <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)		<b>Method of Briefing</b> <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		<b>Visibility</b> <u>30</u> miles	
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown		<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <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>Lowest Cloud Condition Height</b> _____ ft AGL		<b>Ceiling Height</b> _____ ft AGL			
<b>Wind Direction</b> <input type="checkbox"/> Indicated: <u>270</u> degrees MAG <input type="checkbox"/> Variable		<b>Wind Speed</b> Velocity: <u>12</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable		<b>Wind Gusts</b> Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	
		<b>Type of Turbulence</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm		<b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	

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

None

<b>Temperature:</b> _____ (C) or <u>75</u> (F) <b>Altimeter Setting:</b> _____ in. HG or _____ MB <b>Density Altitude:</b> _____ ft <b>Dew Point:</b> _____ (C) or _____ (F)		<b>Icing Forecast</b> Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type: <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed		<b>Type of Precipitation</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle	
		<b>Icing Actual</b> Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type: <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed		<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

AIRCRAFT INFORMATION									
<b>Manufacturer:</b> <u>Cessna</u> <b>Model:</b> <u>180A</u> <b>Serial Number:</b> <u>32693</u> <b>Registration Number:</b> <u>N180LG</u>					<b>Max Gross Weight:</b> <u>2650</u> lbs <b>Weight at Time of Accident:</b> <u>2330</u> lbs <b>Location of Center of Gravity at Time of Accident:</b> <u>Moment 89.7</u> inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
<b>Category of Aircraft</b> <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		<b>Number of Seats:</b> <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown			
<b>Type of Maintenance Program</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown		<b>Date Last Inspection:</b> <u>9-2-05</u> mm/dd/yyyy <b>Airframe Total Time:</b> _____ hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident				
<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input type="checkbox"/> Specify <u>Halow</u>				
<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ELT Activated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>ELT Manufacturer:</b> <u>ACK</u> <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____						
<b>ELT Aided in Locating Accident / Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<b>Engine Type</b> <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		<b>Reciprocating Fuel System Type</b> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>McCawley</u> Model: _____					
<b>Engine</b>	<b>Engine Manufacturer</b>	<b>Engine Model/Series</b>	<b>Manufacturing Serial Number</b>	<b>Date of Mfg.</b> mm/dd/yyyy	<b>Engine Rated Power Measured as</b> (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	<b>Total Time (hours)</b>	<b>Time Since Inspection (hours)</b>	<b>Time Since Overhaul (hours)</b>	
Eng. 1	<u>Continental</u>	<u>0470K</u>	<u>47568-6-K</u>	<u>1956</u>	<u>230</u>	<u>3112</u>	<u>47</u>	<u>1896</u>	
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
<b>Registered Aircraft Owner</b> <b>Name:</b> <u>JAMES R. GOODMAN + SHAROL L. GOODMAN-TAUST</u>					<b>Owner Address</b> <b>City:</b> <u>SAN JOSE</u> <b>State:</b> <u>CA</u> <b>ZIP:</b> <u>95111</u> <b>Country:</b> <u>SANTA CLARA</u>				
<b>Fractional Ownership Aircraft:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner <b>Name:</b> <u>JAMES R. GOODMAN</u> <b>Doing Business As:</b> _____ <b>Air Carrier/Operator Designator (4 Character Code):</b> _____					<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner <b>City:</b> <u>SAN JOSE</u> <b>State:</b> <u>CA</u> <b>ZIP:</b> <u>95111</u> <b>Country:</b> <u>USA</u>				
<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces					<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Personal</li> <li><input type="checkbox"/> Business</li> <li><input type="checkbox"/> Executive/Corporate</li> <li><input type="checkbox"/> Other Work Use</li> <li><input type="checkbox"/> Instructional</li> <li><input type="checkbox"/> Ferry</li> <li><input type="checkbox"/> Positioning</li> <li><input type="checkbox"/> Aerial Application</li> <li><input type="checkbox"/> Aerial Observation</li> <li><input type="checkbox"/> Air Drop</li> <li><input type="checkbox"/> Air Race / Show</li> <li><input type="checkbox"/> Flight Test</li> <li><input type="checkbox"/> Public Use</li> <li><input type="checkbox"/> Unknown</li> </ul>	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Scheduled or Commuter</li> <li><input type="checkbox"/> Non-Scheduled or Air Taxi</li> </ul> <b>Domestic or International</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Domestic    <input type="checkbox"/> International</li> </ul> <b>Cargo Operation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Passenger/Cargo</li> <li><input type="checkbox"/> Passenger _____ How many?</li> <li><input type="checkbox"/> Cargo _____ lbs</li> <li><input type="checkbox"/> Mail</li> </ul>	<b>Type of Commercial Operating Certificate Held</b> (Check all that apply) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> Flag Carrier Operating Certificate (121)</li> <li><input type="checkbox"/> Supplemental</li> <li><input type="checkbox"/> Air Cargo</li> <li><input type="checkbox"/> Foreign Air Carriers (129)</li> <li><input type="checkbox"/> Commuter Air Carrier (135)</li> <li><input type="checkbox"/> On-Demand Air Taxi (135)</li> <li><input type="checkbox"/> Large Helicopter (127)</li> <li><input type="checkbox"/> Rotorcraft External Load (133)</li> <li>- or -</li> <li><input type="checkbox"/> Agricultural Aircraft (137)</li> <li><input type="checkbox"/> Other Operator of Large Aircraft</li> </ul>
<b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)		
<b>Aircraft Registration Number</b> <u>N180LG</u>	<b>Manufacturer:</b> <u>Cessna</u> <b>Model:</b> <u>180A</u>	<b>Damage to Other Aircraft</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Destroyed    <input type="checkbox"/> Minor</li> <li><input checked="" type="checkbox"/> Substantial    <input type="checkbox"/> None</li> </ul>
<b>Registered Owner of Other Aircraft</b> First Name: <u>James R &amp; Sharon L. Goodman Trustee</u> City: <u>San Jose</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>95111</u> Last Name: <u>Goodman</u> Country: <u>USA</u>		
<b>Pilot of Other Aircraft</b> First Name: <u>James R Goodman</u> City: <u>San Jose</u> Middle Initial: <u>R.</u> State: <u>CA</u> ZIP: <u>95111</u> Last Name: <u>Goodman</u> Country: <u>USA</u>		
<b>AIRPORT INFORMATION</b> (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)		
<b>Airport Identifier:</b> <u>KOAR</u> <b>Airport Name:</b> <u>MARINA</u> <b>Proximity to Airport</b> <input checked="" type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input checked="" type="checkbox"/> On Airstrip	<b>Distance From Airport Center:</b> _____ SM <b>Direction From Airport:</b> _____ degrees MAG <b>Airport Elevation:</b> <u>134</u> ft. MSL	
<b>Approach Segment</b> (Select one) <ul style="list-style-type: none"> <li><input type="checkbox"/> On Instrument Approach    <input type="checkbox"/> Landing    <input type="checkbox"/> Base leg    <input type="checkbox"/> Final    <input type="checkbox"/> Go Around</li> <li><input type="checkbox"/> Crosswind    <input type="checkbox"/> Downwind    <input type="checkbox"/> Low Approach    <input type="checkbox"/> Aborted Landing (after touchdown)</li> </ul>		
<b>IFR Approach</b> (Check all that apply) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None    <input type="checkbox"/> PAR    <input type="checkbox"/> MLS    <input type="checkbox"/> Practice</li> <li><input type="checkbox"/> ADF/NDB    <input type="checkbox"/> Sidestep    <input type="checkbox"/> LDA    <input type="checkbox"/> GPS</li> <li><input type="checkbox"/> SDF    <input type="checkbox"/> ILS    <input type="checkbox"/> ASR    <input type="checkbox"/> Loran</li> <li><input type="checkbox"/> VOR/TVOR    <input type="checkbox"/> Localizer Only    <input type="checkbox"/> Visual    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> VOR/DME    <input type="checkbox"/> LOC-back course    <input type="checkbox"/> Contact</li> <li><input type="checkbox"/> TACAN    <input type="checkbox"/> RNAV    <input type="checkbox"/> Circling</li> </ul>	<b>VFR Approach</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> None    <input type="checkbox"/> Stop and Go</li> <li><input type="checkbox"/> Traffic Pattern    <input type="checkbox"/> Touch and Go</li> <li><input type="checkbox"/> Straight-In    <input type="checkbox"/> Simulated Forced Landing</li> <li><input type="checkbox"/> Valley/Terrain Following    <input type="checkbox"/> Forced Landing</li> <li><input type="checkbox"/> Go Around    <input type="checkbox"/> Precautionary Landing</li> <li><input type="checkbox"/> Full Stop    <input type="checkbox"/> Unknown</li> </ul>	
<b>Runway Information</b> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		
<b>Runway/Landing Surface</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Asphalt    <input type="checkbox"/> Grass/Turf    <input type="checkbox"/> Macadam    <input type="checkbox"/> Water</li> <li><input checked="" type="checkbox"/> Concrete    <input type="checkbox"/> Gravel    <input type="checkbox"/> Metal/Wood    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Dirt    <input type="checkbox"/> Ice    <input type="checkbox"/> Snow</li> </ul>	<b>Condition of Runway/Landing Surface</b> (Check all that apply) <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    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Slush Covered    <input type="checkbox"/> Vegetation</li> </ul>	
<b>FLIGHT ITINERARY INFORMATION</b>		
<b>Last Departure Point</b> Airport ID: <u>KWVI</u> City: <u>Watsonville</u> State: <u>Calif.</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1 PM</u> Time Zone: <u>PST</u>	<b>Destination</b> Airport ID: <u>KOAR</u> City: <u>MARINA</u> State: <u>Calif.</u> Country: <u>USA</u>
<b>Type Flight Plan Filed</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None    <input type="checkbox"/> VFR/IFR</li> <li><input type="checkbox"/> Company VFR    <input type="checkbox"/> IFR</li> <li><input type="checkbox"/> Military VFR    <input type="checkbox"/> Unknown</li> <li><input checked="" type="checkbox"/> VFR</li> </ul> Activated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Type of ATC Clearance/Service</b> (Check all that apply) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None    <input type="checkbox"/> Special VFR    <input type="checkbox"/> Special IFR    <input type="checkbox"/> VFR Flight Following    <input type="checkbox"/> Cruise</li> <li><input type="checkbox"/> VFR    <input type="checkbox"/> IFR    <input type="checkbox"/> VFR On Top    <input type="checkbox"/> Traffic Advisory    <input type="checkbox"/> Unknown / NA</li> </ul>		

<b>Airspace where the accident occurred</b> (Check all that apply)			
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Class E <input type="checkbox"/> Class G <input type="checkbox"/> Demo Area <input type="checkbox"/> Warning Area	<input type="checkbox"/> Prohibited Area <input type="checkbox"/> Restricted Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 93 <input type="checkbox"/> Special <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Unknown
<b>Aircraft Load Description</b> (Check all that apply)			
<input type="checkbox"/> None <input checked="" type="checkbox"/> Passengers <input type="checkbox"/> Cargo	<input type="checkbox"/> Towing Glider <input type="checkbox"/> Towing Banner <input type="checkbox"/> Other External	<input type="checkbox"/> Parachutists <input type="checkbox"/> Water <input type="checkbox"/> Chemical/Fertilizer/Seeds	<input type="checkbox"/> Livestock <input type="checkbox"/> Unknown
<b>FUEL &amp; SERVICES INFORMATION</b>			
<b>Fuel on Board at Last Takeoff</b> (convert from pounds, as necessary) <u>55</u> usable Gallons	<b>Fuel Type</b> <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5		
<b>Other Services, if Any, Prior to Departure</b> <u>NO</u>			
<b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)			
<b>Was there Mechanical Malfunction/Failure?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <u>Pilots Seat locking device failed causing seat to slide to REAR</u>			<b>Total Time/Cycles On Part</b> <u>3112</u> Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>			
<b>Aircraft Damage</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	
<b>Description of Damage to Aircraft and Other Property</b> (use additional sheet if necessary) <u>Both wings - vertical stabilizer - engine AND propulsion show substantial damage</u>			
<b>EVACUATION OF AIRCRAFT</b>			
<b>Was an emergency evacuation of the aircraft performed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Method of Exit</b> - Describe how the occupants exited and how many occupants evacuated each location <u>2 occupants exited out doors (one left) (one right) at accident site</u>			

PILOT "A" INFORMATION																																																																																																			
<b>Pilot "A" Responsibilities at the Time of Accident</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																			
<b>Pilot "A" Identification</b> <div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>JAMES</u>            Middle Initial: <u>R.</u>            Last Name: <u>GOODMAN</u> </div> <div>           City: <u>SAN JOSE</u>            State: <u>CA</u>    ZIP: <u>95111</u>            Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident: <u>69</u>    Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> <small>mm/dd/yyyy</small></div> <div>Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span></div> </div>																																																																																																			
<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																			
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<b>Date of Last Medical</b> <u>11-1-2005</u> <small>mm/dd/yyyy</small>																																																																																												
<b>Medical Certificate Limitations</b> <u>Holder shall wear corrective lenses</u>																																																																																																			
<b>Medical Certificate Waivers</b> <u>NONE</u>																																																																																																			
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>6-9-04</u> <small>mm/dd/yyyy</small>				<b>Flight Review Aircraft</b> Make: <u>CESSNA</u> Model: <u>180A</u>																																																																																															
<b>Airplane Rating(s)</b> <small>(Check all that apply)</small> <input type="checkbox"/> None <input checked="" 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> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																													
<b>Type Ratings</b> <u>Private Pilot</u>						<b>Student Endorsements</b> (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; 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>2206</td> <td>1512</td> <td>2206</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>2206</td> <td>1512</td> <td>2206</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>31</td> <td>31</td> <td>31</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>18</td> <td>18</td> <td>18</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>5</td> <td>5</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										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	2206	1512	2206					0	0	0	Pilot in Command (PIC)	2206	1512	2206								Time as Instructor	0	0	0								This Make/Model											Last 90 Days	31	31	31								Last 30 Days	18	18	18								Last 24 Hours	5	5	5							
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<b>ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)</b>														
<b>Pilot Name and Address</b> <u>None</u>						<b>Degree of Injury</b>								
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal						
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown						
Last Name: _____		Country: _____				<input type="checkbox"/> Serious								
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>								
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer						
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military						
<input type="checkbox"/> Foreign														
<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		<input type="checkbox"/> Left		<input type="checkbox"/> Front						
						<input type="checkbox"/> Right		<input type="checkbox"/> Rear						
						<input type="checkbox"/> Center		<input type="checkbox"/> Single						
								<input type="checkbox"/> Unknown						
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>								
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal						
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown						
Last Name: _____		Country: _____				<input type="checkbox"/> Serious								
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>								
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<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military						
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						<input type="checkbox"/> Right		<input type="checkbox"/> Rear						
						<input type="checkbox"/> Center		<input type="checkbox"/> Single						
								<input type="checkbox"/> Unknown						
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>								
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal						
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown						
Last Name: _____		Country: _____				<input type="checkbox"/> Serious								
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>								
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer						
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military						
<input type="checkbox"/> Foreign														
<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		<input type="checkbox"/> Left		<input type="checkbox"/> Front						
						<input type="checkbox"/> Right		<input type="checkbox"/> Rear						
						<input type="checkbox"/> Center		<input type="checkbox"/> Single						
								<input type="checkbox"/> Unknown						
<b>PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)</b>														
Name and Address				Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														
First Name: _____ City: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____														
Last Name: _____ Country: _____														

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

Stop for fuel at KOAR performed runup prior  
~~to~~ AND control check prior to take off.  
Advance throttle started acceleration seat lock  
failed forcing pilot to rear leaving pilot unable  
to reach rudder pedals. Airplane made left  
turn into dirt area about 75' feet of  
runway and flipped over on its' back.

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

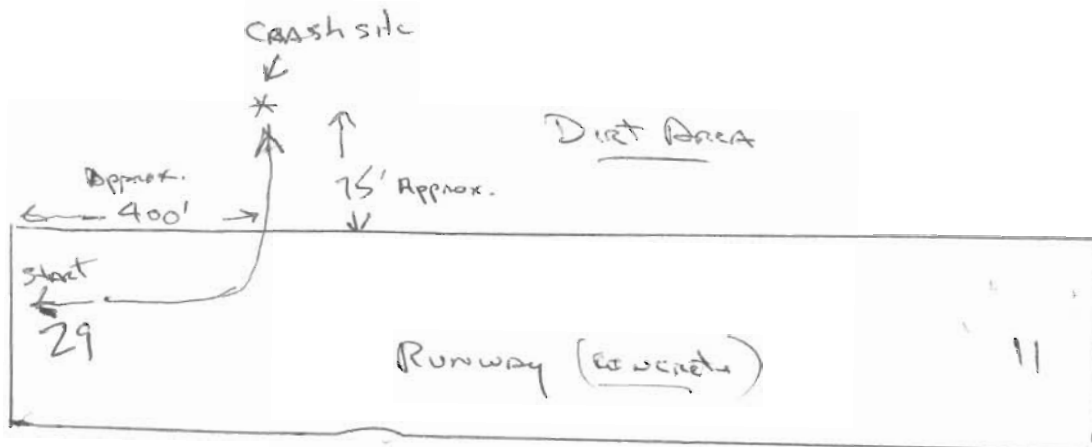
Operator/Owner Safety Recommendation

Don't know?  
maybe backup seat lock

**ADDITIONAL INFORMATION** (Please type or print in ink)

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

Started Departed About 2 PM (6-4-06) PST  
destination was to be Frazier Lake Airpark 1C9

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

Date of this Report

6-1-04

mm/dd/yyyy

Signature

Signature

Type

K. Goodman

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

LAX06LA192

Reviewed by NTSB Regional Office

NTSB-SWR-A

Name of Investigator

K. Dunks

Date Report Received

06/16/06