## 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

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BASIC INFORMATION										
Accident/Incident Location		State: よつ	Date/Time			_				
Nearest City/Place: Mc CALL	Date: 06/25/2009 Local Time: 8.55									
ZIP: 83638 Country: USA	mm/dd/yyyy  Time Zone: M D 7									
Latitude: 45 23 50 (dd:mm:ss N/S) Longitude: /	(ddd:mm:sa E/W)		Tu	ne Zone:/	N D 7					
Phase of Operation			Collision with (	Other Aircraft	Altitude (	of In-Flight	t			
Standing Takeoff (incl. initial climb) Cr	i)ac	∏ Hover	Midair	June Parelan	Occurren	_				
∏ Taxi ☐ Climb ☐ Ma	neuvering	☐ Other	On-ground							
	proach	Unknown	None		<u>215</u>		ft MSL			
AIRCRAFT INFORMATION										
Manufacturer: MA42 E			Max Gross V	Veight: <u>えぶつ</u> ひ	lba					
Model: 41 5 - 2 3 5			Weight at Ti	me of Accident/In	cident:	2236	lbs			
Serial Number: 7480 C				Center of Gravity			ncident:			
Registration Number: N 725 V	Ametone h	milt: ∐Yes 🖼 N		-	_	or date				
Tregistration (Minute)	Alliacei -	write: Tites (2011)	-or-			yn¤mic Cord				
Category of Aircraft Type of Airworthines	Certificate	Number of	Seats: 4	Landi	ng Gear	Retra	otable			
Airplane (Check all that apply)						nal landing g	car			
Dime/Districtle	ecial	If Lerge Airc	raft, how many scale	for: config	guration that	applics:				
Glider Stroman	Restricted Limited	Flight C	rew:	□ τ₁	icycl <del>c</del>	₽T	ailwheel			
Gyroeraft Acrobatic	Provisional		rew:		nphibian	Πн	ligh Skid			
	Experimental		:ra:	E	nergency Flo	oat 🔲 Ş	kid			
	Special Flight Light Sport	1		—   🗀 ғі		⊒s	ki ki/Wheel			
Unknown	Light Sport				iknown	□»	KI/ W DOOL			
Type of Maintenance Program	Last ins	pection Type		Date Last Inspec	etion: Ø3	454	ሪ <del>ዕ</del> ዓ			
Annual	100 116		ous Airworthiness mm/dd/yyyy							
Conditional (Amateur-built only) Manufacturer's Inspection Program	☐ AAIP		nal Inspection							
Other Approved Inspection Program (AAIP)	od Annual	Unknow	Automic rotal time: 100-7) urs							
Continuous Airworthiness			hours measured at (check one)  Last Inspection Time of Accident/Incident							
Other, specify:				<del></del>			ient/Incident			
IFR Equipped		rning System Inst	1.**							
Yes M No Unknown	Yes	□ No □ Unknow	VIR	Mone   □ Specify   □						
	1			П гаражий						
ELT Installed ELT Activated	<del>                                 </del>	<u>.</u>	<del>_</del>	l						
Yes No Yes No		nufscturer:		<u>.                                    </u>						
	Model/Se	- <del></del>								
EI,T Aided in Locating Accident/Incident    Yes     No	Serial Nu	mber:	<u>.                                    </u>	_						
	Battery T	уре:		Batte	ry Exp. Da	ate:				
Engine Type    Reciprocation		Propeller								
		[] Fixed Pitch	M	eturer: McCA	416	,				
☐ Turbo Prop ☐ Unknown 🔀 Fuel Inje		Controllable P			414-0					
····	. т		Middel: _	Engine Rated	1	<u> </u>	<del></del>			
				Power Meanured		Time	Time			
	I.		Date	us (check one)	Total	Since	Since			
Engine Engine Manufacturer Model/Series		Manufacturer's Serial Number	of Mfg. mm/dd/yyyy	□ Horsepower or     □ Ibs of Thrust	Time (hours)	Inspection	Overhaul			
Eng 1 Lycoming IO-540		4-235694			1669.9	(hours)	(bours) 7464 9			
Eng. 2			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	<u> </u>	1 <del>(.                                      </del>			
Eng. 3						<u> </u>				
Eng. 4						<u> </u>				

OWNER/OPERATOR INFORM	ATION		-"				
Registered Aircraft Owner	Owner Address						
Registered Aircraft Owner Name: JAMES G. K	City: CURTICE						
Fractional Ownership Aircraft: Yes	State: OH ZIP: 43412 Country: 45 A						
Operator of Aircraft Same As F	Operator Address	Same As Registered Owner					
			City: ZI				
Doing Business As:  Air Carrier/Operator Designator (4 Charac	atas Cadala	<u> </u>	State: ZI	P:			
	cier Code)	<del></del> -	Country:	-ht			
Regulation Flight Conducted Under	_		Revenue Sightseeing Flight				
	1 Special Flight [ S, Commercial	☐ Public Use (select type) ☐ Federal ☐ State ☐ Local		45 ***			
	S, Non-commercial [	Unknown	Air Medical Flight	<b>⊠</b> No			
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue O for FAR 121	peration 1, 125, 129, 135 <i>(Select one)</i>	Type of Commercial Of (Check all that apply)	perating Certificate Held			
Personal		d or Commuter eduled or Air Text	M None ☐ Flag Carrier Operating C	ertificate (121)			
Business Executive/Corporate		:00160 () All 1441	Supplemental	, ,			
Other Work Use	Domestic or	International	Air Cargo  Foreign Air Carriers (12)	<b>9</b> )			
☐ Instructional ☐ Ferry	X Domestic		Commuter Air Carrier (I	35)			
☐ Positioning		_	On-Demand Air Taxi (13	35)			
☐ Aerial Application ☐ Aerial Observation	Cargo Oper	adion	Rotorcraft External Load	(433)			
Air Drop	Passenge						
Air Race / Show	☐ Passenge	How many?	Agricultural Aircraft (13	7)			
Public Use	Mail Mail		Other Operator of Large Aircraft				
Unknown	101						
OTHER AIRCRAFT - COLLISI							
		- **		mage to Other Aircraft Destroyed  Minor			
·			·   □	Substantial None			
Registered Owner of Other Aircraft				I			
First Name: Middle Initial:		City: State:	ZIP:	<u> </u>			
Last Name;		Country:		_			
Pilot of Other Aircraft							
First Name:		City:					
Middle Initial: Last Name:		State:	ZIP:				
		Country:					
MECHANICAL MALFUNCTION			m separate sheet)	<del>,</del>			
Was there Mechanical Malfunction/Fail (If yes, list the name of the part, manufacturer, p	lure? 🔲 Yes 🔀 N part no., serial no., and	io Unknown  describe the failure.)		Total Time/Cycles On Part			
	_						
	-	,		Hours			
		,,					
		,		Hours Cycles			
		<b>,</b> ,					
		<b>,</b> ,		Cycles Time Since This Part Inspected/Overhauled			
		•		Cycles Time Since This Part			
DAMAGE TO AIDODARY (1)			• · · · •	Cycles Time Since This Part Inspected/Overhauled			
DAMAGE TO AIRCRAFT AND	OTHER PROP			Cycles Time Since This Part Inspected/Overhauled			
Aircraft Damage Air	OTHER PROP	ERTY	Aircraft Explosion	Cycles Time Since This Part Inspected/Overhauled Hours			
Aircraft Damage Air    None   M Substantial   Mimor   Destroyed	OTHER PROP		None ☐B	Cycles Time Since This Part Inspected/Overhauled			

Description of Damage to Aircraft and C	Other Property (use add	litional sheet if r	necessary)		
					_
	e accident/incident occ	aurred on appr	roach, takeoff or within 3	miles of an airport	t, complete this section)
Airport Identifier: 1076		_	Distance From Airport	•	
Airport Name: <u>ル(ム50ル BA</u>			Direction From Airpor	•	degrees MAG
Proximity to Airport    Off Airport/Airst	nip □On Airport 🔯	On Ainstrip	Airport Elevation:	<u> </u>	ft. MSL
Approach Segment (Select one)	ng □ Bæ	1	☐ Final		Go Around
On Instrument Approach X Landin	=	w Approach	_	ding (after touchdow	<del></del>
IFR Approach (Check all that apply)		_	VFR Approach (Check	all that apply)	•
M None □ PAR □ ADF/NDB □ Sidestep	=	☐ Practice ☐ GPS	☐ None ☐ Traffic Pattern		op and Go such and Go
□ SDF □ ILS	☐ ASR [	Loran	Straight-In	🔲 Sù	mulated Forced Landing
□ VOR/TVOR     □ Localizer Only       □ VOR/DME     □ LOC-back course	☐ Visual ☐ ☐ Contact	Unknown	☑ Valley/Terrain Followin;   ☐ Go Around		roed Landing coautionary Landing
TACAN RNAV	Circling		☐ Full Stop		nknown
Runway Information			Condition of Runway/L	anding Surface ( Snow-Compacted	(Check all that apply)  ☐ Water-Calm
Runway ID:(L/R/C) Length:		n	☐ Holes ☐	Snow-Crusted	☐ Water-Choppy
Runway/Landing Surface (Check all that  Asphalt X Grass/Turf Mec			<b>.</b> = =	Snow-Dry Snow-Wet	☐ Water-Glassy ☐ Wet
Concrete Gravel Meta	al/Wood 🔲 Unknows	31	☐ Rubber Deposits ☐	Soft	Unknown
☑ Dirt □ Lœ □ Snov	W		Shish Covered 🔲	Vegetation	
FLIGHT ITTAIED A DV INICODNA	TON		· · · · · · · · · · · · · · · · · · ·		
FLIGHT ITINERARY INFORMA		Daniel III - Marie	· · · · · · · · · · · · · · · · · · ·	90 10m: -1	- FW TWI - J
Last Departure Point	Time of Departure	Destination			t Plan Filed □ ver/ier
Last Departure Point Airport ID: KMYA		Airport ID:	IO 76	☑ None ☐ Company	□ VFR/IFR VFR □ IFR
Last Departure Point	Time of Departure	Airport ID:	10 76	<b>⊠</b> None	□ VFR/IFR VFR □ IFR
Last Departure Point Airport ID: KMY L City: Mc CAM	Time of Departure	Airport ID:	10 76	Mone   Company   Military V   VFR	□ VFR/IFR VFR □ IFR VFR □ Unknown
Last Departure Point  Airport ID: KMY 4  City: Mc (A 64  State: I D  Country: U 5 A  Type of ATC Clearance/Service (Check a	Time of Departure  Time: 8:21  Time Zone: 10.7	Airport ID:	10 7C USA	None   Company   Military \   VFR   Activated?	UFR/IFR VFR ☐ IFR  VFR ☐ Unknown ☐ Yes ☐ No
Last Departure Point  Airport ID: KMY 4  City: Mc (A 64  State: I D  Country: U 5 A  Type of ATC Clearance/Service (Check a	Time of Departure  Time: 8:2 (  Time Zone: 14.07	Airport ID:	10 7 €  10 7 €  10 YFR Flight F	Mone   Company   Military \   VFR   Activated?	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise
Last Departure Point  Airport ID: KMY L  City: Mc (AU  State: ID  Country: US A  Type of ATC Clearance/Service (Check a)  None Special VFR  IFR	Time of Departure  Time: 8:21  Time Zone: 10.7  Il that apply)  Speci	Airport ID:	10 7C USA	Mone   Company   Military \   VFR   Activated?	UFR/IFR VFR ☐ IFR  VFR ☐ Unknown ☐ Yes ☐ No
Last Departure Point  Airport ID: KMY L  City: Mc (AU  State: TD  Country: USA  Type of ATC Clearance/Service (Check a)  None Special VFR  UFR IFR  Airspace where the accident/incident occ	Time of Departure  Time: 8:21  Time Zone: 107  Il that apply)  Spece VFR  turred (Check all that up	Airport ID:	TO 7C  Y S A  VFR Flight F.  □ Traffic Advis	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special
Last Departure Point  Airport ID: KMY 4  City: Mc (AUC  State: ID  Country: US A  Type of ATC Clearance/Service (Check a)  None Special VFR  UFR IFR  Airspace where the accident/incident occ	Time of Departure  Time: 8:21  Time Zone: 107  Il that apply)  Special VFR  Curred (Check all that apply)	Airport ID:	Jet Tra	None ☐ Company ☐ Military \ ☐ VFR Activated?  ollowing ony	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KAY L  City: Mc (A M)  State: T D  Country: U S A  Type of ATC Clearance/Service (Check a) None Special VFR  IFR  Airspace where the accident/incident occ Class A Class B Class G Class G Demo Area Warning Area	Time of Departure  Time: 8:21  Time Zone: 107  Il that apply)  Special VFR  Curred (Check all that apply)  Res  Mil	Airport ID:	US A  VFR Flight Formula Advise  □ Traffic Advise □ TRSA  Area (MOA) □ FAR S	None ☐ Company ☐ Military \ ☐ VFR Activated?  ollowing ony	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special
Last Departure Point  Airport ID: KM4 K  City: Mc (A M)  State: TO  Country: USA  Type of ATC Clearance/Service (Check a Service) None Special VFR  IFR  Airspace where the accident/incident occurrence B M Class B  Class B M Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that	Time of Departure  Time: 8 2 1  Time Zone: 14 0 7  Il that apply)  Spectover VFR  curred (Check all that apply)  Air  apply)	Airport ID:	YFR Flight F.  UFR Flight F.  Traffic Advis  Jet Tra  TRSA  Arca (MOA) ☐ FAR S	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KMY L  City: MC (A LL  Statz: TD  Country: LL S A  Type of ATC Clearance/Service (Check a) None Special VFR  IFR  Airspace where the accident/incident occ Class A Class B Class B Class C Demo Area Class D Warning Area  Aircraft Load Description (Check all that None Towing Glide Pessengers Towing Benne	Time of Departure  Time: 8:21  Time Zone: 107  Il that apply)  Special VFR  Check all that apply  Rea   Pro	Airport ID:	US A  VFR Flight Formula Advise  □ Traffic Advise □ TRSA  Area (MOA) □ FAR S	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KAY L  City: MC (A LL  State: TO  Country: LLS A  Type of ATC Clearance/Service (Check a)  None Special VFR  IFR  Airspace where the accident/incident occ  Class A Class B  Class B  Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that  None Towing Glide  Pessengers Towing Banne  Cargo Other Externs	Time of Departure  Time: 8:21  Time Zone: 107  Il that apply)  Special VFR  Check all that apply  Rea   Nil  Air  apply)  Ter   Was  Check all Che	Airport ID:	Unknow	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KAY L  City: MC (A LL  State: I D  Country: LS A  Type of ATC Clearance/Service (Check a)  None Special VFR  IFR  Airspace where the accident/incident occ  Class A Class B  Class G  Class G  Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that Incident Country)  Mone Towing Bidde  Pressengers Check all that Incident Country  Cargo Other Externs  FUEL & SERVICES INFORMAT	Time of Departure  Time: 8:2 (  Time Zone: 1407  Il that apply)    Special VFR  That apply)   Pro   Res   Air    Air    Air    Air    Check all that apply)	Airport ID:	Unknow	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KAY L  City: MC (A LL  State: TO  Country: LLS A  Type of ATC Clearance/Service (Check a)  None Special VFR  IFR  Airspace where the accident/incident occ  Class A Class B  Class B  Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that  None Towing Glide  Pessengers Towing Banne  Cargo Other Externs	Time of Departure  Time: 8:21  Time Zone: 107  Il that apply)  Special VFR  Check all that apply  Rea   Nil  Air  apply)  Ter   Was  Check all Che	Airport ID:	TO 7 ←  VFR Flight F.  Traffic Advis  Area (MOA)	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory  aining Area  cock rwn	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KAYA  City: Ma CAAC  State: ID  Country: USA  Type of ATC Clearance/Service (Check a)  None Special VFR  IFR  Airspace where the accident/incident occ  Class A Class E  Class B Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that Incident Composition Check all that Incident Check Composition Check all that Incident Composition Check all that Incident Check Composition Check Composition Check all that Incident Check Composition Check Compos	Time of Departure  Time: 8:2 (  Time Zone: 1407  Il that apply)    Special VFR  That apply)    Pro   Res   Milling Air    Air   Air   Cheffon    Fuel Type   80/87   100 Low Lead	Absport ID:	Jet Traffic Advis    VFR Flight For     Traffic Advis   Jet Traffic Advis   TRSA     TRSA     TRSA     Unknown	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KMY L  City: MC (ALL  State: ID  Country: USA  Type of ATC Clearance/Service (Check all  None Special VFR  IFR  Airspace where the accident/incident occ  Class A Class B  Class B  Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that  None Towing Glide  Pessengers Towing Banne  Cargo Cther Externa  FUEL & SERVICES INFORMAT	Time of Departure  Time: 8 2 1  Time Zone: 10 7  Il that apply)  Special VFR  Airred (Check all that apply)  Res   Pro   Res    Air  apply)  Full Type  80/87  100 Low Lead  100/130	Abrost ID:	Jet Traffic Advis  Arca (MOA)	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory  aining Area  cock rwn	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KMY L  City: Mc (AU  State: ID  Country: US A  Type of ATC Clearance/Service (Check a)  None Special VFR  VFR IFR  Airspace where the accident/incident occ  Class A Class G  Class G  Class G  Class G  Class D  Warning Area  Aircraft Load Description (Check all that  None Towing Glide  Passengers Towing Benne  Cargo Other Externs  FUEL & SERVICES INFORMAT	Time of Departure  Time: 8 2 1  Time Zone: 10 7  Il that apply)  Special VFR  Airred (Check all that apply)  Res   Pro   Res    Air  apply)  Full Type  80/87  100 Low Lead  100/130	Absport ID:	Jet Traffic Advis    VFR Flight For     Traffic Advis   Jet Traffic Advis   TRSA     TRSA     TRSA     Unknown	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory  aining Area  cock rwn	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KMY L  City: MC (ALL  State: ID  Country: USA  Type of ATC Clearance/Service (Check all  None Special VFR  IFR  Airspace where the accident/incident occ  Class A Class B  Class B  Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that  None Towing Glide  Pessengers Towing Banne  Cargo Cther Externa  FUEL & SERVICES INFORMAT	Time of Departure  Time: 8 2 1  Time Zone: 10 7  Il that apply)  Special VFR  Airred (Check all that apply)  Res   Pro   Res    Air  apply)  Full Type  80/87  100 Low Lead  100/130	Absport ID:	Jet Traffic Advis    VFR Flight For     Traffic Advis   Jet Traffic Advis   TRSA     TRSA     TRSA     Unknown	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory  aining Area  cock rwn	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area
Last Departure Point  Airport ID: KMY L  City: Mc (A LL  State: ID  Country: LL S A  Type of ATC Clearance/Service (Check a)  None Special VFR  IFR  Airspace where the accident/incident occ  Class A Class B  Class B  Class G  Class G  Class D  Warning Area  Aircraft Load Description (Check all that  None Towing Glide  Passengers Towing Banne  Cargo Cther Externa  FUEL & SERVICES INFORMAT	Time of Departure  Time: 8 2 1  Time Zone: 10 7  Il that apply)  Special VFR  Airred (Check all that apply)  Res   Pro   Res    Air  apply)  Full Type  80/87  100 Low Lead  100/130	Absport ID:	Jet Traffic Advis    VFR Flight For     Traffic Advis   Jet Traffic Advis   TRSA     TRSA     TRSA     Unknown	None ☐ Company ☐ Military \ ☐ VFR Activated?  collowing cory  aining Area  cock rwn	UFR/IFR VFR ☐ IFR VFR ☐ Unknown ☐ Yes ☐ No ☐ Cruise ☐ Unknown / NA ☐ Special ☐ Air Traffic Control Area

<b>EVACUATION OF AIR</b>	CRAFT				-		···	•	
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									
WEATHER INFORMA	TION AT TH	E ACCIE	DENT	MINCIDE	NT SITE				-
Weather Observation Facilit	y				er Information		-		of Briefing
Facility ID: <u>ドルイム</u>		_		k all that apply stiens) Weathe			□ Соправу	(Check all	<i>that apply)</i> on
Observation Time: 8:00	,	_	□ 17	ight Service St	ation		Military	Teletyp	oe .
Time Zone: MDT	<del>-</del>	_		V/Radio utomuted Repo	ert.		☐ Internet ☐ Unknown	☐ Telephone/Computer ☑ Aircraft Radio	
	- /	N <b>M</b>			ather Service (DUA)	LZ)		□ TV/Ra	dio
	<del></del>	rces MAG		. 67 14.4				Unkno	
Briefing Type/Completeness	☐ Abbreviat	ed	Kugm   ∏ D	t Condition	□ Dusk		Dark Night	Visibility	,
Partial / Limited By Pilot Partial / Limited By Briefer	Unknown Not Pertin		<b>M</b> D		Night		Bright Night Not Reported	710	milcs
Sky/Lowest Cloud Condition	_	Ceiling		_			striction to Visibility	_	
M Clear ☐ Few	Thin Broken Thin Overcast	₩ None   Broke		-	Obscured Indefinite		None Blowing Dust		g ound Fog
Partial Obscuration	Unknown	Overe		□	Unknown		Blowing Sand	☐ Ha	ze
Seattered	• •						Blowing Snow Blowing Spray	∏ Ive □ Sm	- · v
Lowest Cloud Condition Hei	ght _fl AGL	Ceiling	Heigh	•	fi AGL		Dust		known
Wind Direction	Wind Speed			Wind Gust	ls .	Ту	pe of Turbulence (C)	eck all that	apply)
☐ Indicated: degrees MAG	Velocity:	KTS		Velocity:	KTS		None ☐ In Cl Clear Air ☐ Vioin	ouds ity of Thund	l
deglees MAG	-or- MgCatas			Constitute.		1 —	verity of Turbulence	-	7613401H1
☐ Variable	Lightand Var	iable	☐ Gusting  Not Gusting			Extreme Moderate			Light
				-			Severe Mode	derate Chop	
NOTAMs (D, L and FDC)	), AIRMETs, S	IGMETs	, PIR	EPs in effec	t at the time of	the	accident/incident		
	•								
Temperature:(C)	ין	cing Forec			Туре		Type of Precipitation		ll that apply)
Temperature:(C) or(f)		□ №пе		Moderate	🗖 Rime		=	Drizzle Ice Pellet	ls.
	n.HG [	Trace Light	<b>□</b> :	Severe	☐ Clear ☐ Mixed		☐ Snow	Snow Pe	lleta
or1	MB _						Rain Showers	Ice Cryst	als
Density Altitude:	—- <u> </u>	cing Actus Amour			Туре			☐ Ice Peller ☐ Freezing	
Dew Point:(C) or(F)		☐ None ☐ Trace	<u>□</u> 1	Moderate Severe	Type □ Rime □ Glass	ł	<del></del>		
		Light	٠.	M-VG1G	☐ Clear ☐ Mixed		Intensity of Precipi	tation oderate	☐ Heavy
<u> </u>	L								

PILOT "A" INFORMATION										
Pilot "A" Responsibilities at the Time of Accident/Incident  Pilot "A" Responsibilities at the Time of Accident/Incident  Pilot "Bigliot Co-Pilot Student Pilot Flight Instructor Check Pilot Plight Engineer Other Flight Crew										
☐ Pilot ☐ Co-Pilot	Student Pilot	Flight !	petractor	Cheek Pilot	☐ Fligh	l Engineer	□ Опе	Flight Crew		
Pilot "A" Identification  First Name: JAMES  Middle Initial: G  Last Name: KUSIAN  Age at time of Accident/Incident: 57 Date of Birth: 1552 Certificate Number:										
		74	mm/dd/y		4 D-14		I	Shoulder I	Jamass	
Degree of Injury  None   Fatal  Minot   Unknown  Scrious	Seat Occup M Left Right Center	pied   Front   Rear   Single	Unknov	vn Usc		<del></del> -	□ No □ No	Used Available	iarness □ Yes □ Yes	□ No □ No
Pilot Certificate(s) (Check a  None Stud Private Flig		☐ Recor ☐ Spor		Commerci			Flight Engir   U.S. Militar		☐ Foreign	
	Medical Certifi		<u> </u>			tificate Va		<del>-</del>	ast Medica	ıJ
☐ Pilot  【 Other	None Clean 1	Class 3	case (Sport Pilet	oaly)	Without lim	iitations/waj Lions/waiver	vera	04/0°	7 /2 0C	>9
Medical Certificate Limitat	ions			_						
MYST WE	AR (01	RRECT	1 NE 2	E au 5 E ;	5					
Medical Certificate Waiver	Š									,
Date of Last Flight Review		Fligh	t Review Airc	raft			<del></del>			
or Equivalent, Including FAR 121/135 Checks:	1/13/200	1 ~	: CE551							
FAR 121/135 CHecks:	mm/dd/yyyy	Mode	_							_
Airplane Rating(s)  (Check all that apply)  None  Single-Engine Lend  Multiengine Sea  Mult										
Type Ratings						Student E	Indorseme	nts (Include i	dates)	
Flight Time (enter appropriate number of hours in each box)	All Algeraft	This Make & Model	Airplane Single	Airplane			tument	1	<u></u>	Lighter
Total Time	1254,5	429	1254, 5	Multiengion	/3,	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)	1185.2	429	(185.2		13.	†	<b>-</b>	<del>                                     </del>	_	•
Time as Instructor	0	Ö	ပ					1		
This Make/Model										
Last 90 Days	39.1	39.1	39.1							
Last 30 Days	26.4	26.4	36.4	_	ļ	<u> </u>		ļ		
Lust 24 Hours	5'0	2.0	2.0		<u> </u>					

PILOT "B" INFORMA	TION									
Pilot "B" Responsibilities at	the Time of Accid	ient/Incide	ent							
☐ Pilot ☐ Co-Pilot	Student Pilot	☐ Flight In	structor [	Check Pilot	☐ Fligh	t Engineer	☐ Other	Flight Crew		
Pilot "B" Identification										
First Name: Middle Initial: Last Name:				Cit Sta	y: te:	Z	ZIP:			
Age at time of Accident/Incid	ent:I	Date of Bir	th:		rtificate N	iumber:				
Degree of Injury	Seat Occupied			Sea	t Belt			Shoulder I	larness	
None   Falal   Unknown   Scrious	∏ Right 🗖	Front Rear Single	Unknow				⊒ No ⊒ No	Used Available	Yes	□ No □ No
Pilot Certificate(s) (Check all				_		_				
□ None     □ Stad       □ Private     □ Flight	ent nt Instructor	☐ Recres ☐ Sport	ational	Commerc			Flight Engi   U.S. Milita		☐ Foreign	
Principal Occupation N	Medical Certificati	e		Me	dical Cer	tificate Va	lidity	Date of L	ast Medica	1
☐ Pilot ☐ Other	∐iClass 1 □ D	less 3 river's Licer inknown	nse (Sport Pile	ot only)	Without lim	ilations/wai tions/waiver	Yers	mm/dd/	<i>\\</i>	
Medical Certificate Limitati	ions									
Medical Certificate Walvers	3									
Date of Last Flight Review		Flight	Review Air	traft						
or Equivalent, Including FAR 121/135 Checks:		Make:								
	mm/dd/yyyy	—   Model:								_
Airplane Rating(s)	Other Aircraft R	Rating(s)	Instrun	nent Rating(s	)	Instructor	Rating(s)			
(Check all that apply)	(Check all that appl	(yr)	(Check d	ill that apply)		(Check all ti				
None	None		None			None	Single-Engi	□	Instrument A	implane
<ul> <li>☐ Single-Engine Land</li> <li>☐ Single-Engine Sea</li> </ul>	☐ Airship ☐ Free Balloon		Airpl	anc	] .	Airplane	Single-Engi	nc 📙	Instrument H	elicopter
Multiengine Land	Glider		Powe	opter red Lift		∐ Amplane ∐ Gyroplar	Multi-Engin		Helicopter Glider	
☐ Multiengine Sea	Gyropianc					Powered			Sport	
	☐ Helicopter ☐ Powered Lift							_	•	
Type Ratings		_	<del></del>			Student E	ndorsemen	ts (Include d	ales)	
					1	,		40 12770120000		
	<del></del>	Т	Airpinge		-					
Flight Time (enter appropriate		his Make	Single	Airplane	ł	Inst	rument_	1		Lighter
mumber of hours in each box)	Aireraft A	& Model	Engine	Mulliengine	Night	Actori	Simulated	Rotorcraft	Glider	Than Air
Total Time Pilot in Command (PIC)	+ +-	<del></del>		<del> </del>		├──			<b>_</b>	
Time as Instructor	<del>                                     </del>	+	<del></del> -	-		<del>  -</del>	<del></del>	-	<del></del>	
This Make/Model					-	<del>                                     </del>	-			
Last 90 Days	T				1	1		.:		<u></u> ^:::55.6.5
Last 30 Days	<del> -</del> -	<del></del>		<del> </del>	1	<del> </del>		<del></del>	_	
Lest 24 Hours			<u> </u>			<del>                                     </del>		<b>†</b>	-	

ADDITIONAL FLIGHT CREV	W MEMBERS	(Exclusive of cabin a	ttendants, complete the t	following i	nforma	rtion)		_
Pilot Name and Address						Degree of		
First Name:		Сиу:				None   Minor	☐ Fataî ☐ Unknown	
Middle Initial:		State:				Serious	_	
Last Name:		Country:				<del>  _</del>		-
Pilot Certificate(s) (Check all that a		_		_		Seat Occ		
	Recreational	Commercial	☐ Flight Engineer	☐ Fore	ign	Left Right	☐ Front ☐ Rear	
Private Flight Instructor	Sport	Airline Transport	U.S. Military		_	Center	Single	
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	of this Acciden	ime at the Time nt/Incident:	hrs			Unknown	
Accident Micident And Site		, this retaile				<del>-  </del>	<del></del>	=
Pilot Name and Address	_		·			Degree of	f Injury Fatal	
First Name:	<u>_</u>	City:	ZIP:			☐ None ☐ Minor	Unknown	
Middle Initial:		State:	ZIP:			Serious	_	
Last Name:		Country:		-		Seat Occ	unied	_
Pilot Certificate(s) (Check all that a	• •	Пс	Flight Engineer	☐ Force	ion	□ Laft	Front	
	☐ Recreational ☐ Sport	Commercial Airline Transport	U.S. Military	Пъс	rRu	Right	Rear	
Type Rating/Endorsement for			ime at the Time			Conter	Single	
	☐ Yes ☐ No	of this Accide		hrs			Unknown	
Pilot Name and Address				-		Degree o	f Injury	
						None	☐ Fatal	
First Name: Middle Initial:		City: State:	ZIP:			☐ Minor	🔲 Unknown	
Last Name:		Country:		_		Serious	9	
Pilot Certificate(s) (Check all that a	analy)		-			Seat Occ	upied	
None ☐ Student	Recreational	☐ Commercial	Flight Engineer	Fore	ign	□ Left	Front	
Private Flight Instructor	Sport	Airline Transport	U.S. Military		<u> </u>	☐ Right	Rear	
Type Rating/Endorsement for			ime at the Time			Center	☐ Single☐ Unknown	
Accident/Incident Aircraft?	🔲 Yes 🔲 No	of this Accides	nt/Incident:	hrs				
PASSENGER(S) / OTHER P	PERSONNEL	(Include fligh <u>t attend</u>		te sheet if	neces	sary)		
PASSENGER(S) / OTHER P	PERSONNEL	(Include flight attends		te sheet if			1	
PASSENGER(S) / OTHER P	PERSONNEL	(Include flight attends					ctal ctal jory jory jory Jory	uknown
Name and Address	PERSONNEL		anis; continue on sepsiz			Non- Revenue Revenue Non- Occupant	FAA Fatal Serious Injury Minor Injury No Injury	Unknown
Name and Address	PERSONNEL		anis; continue on sepsiz		Seat	Non- Revenue Revenue Non- Occupant		Unknown
Name and Address	PERSONNEL	City: CUR'State; OH	ents; continue on separa		Seat	Non- Revenue Revenue Non- Occupant	Fatsl Serious Idjury Minor Idjury No Injury	Unknown
	PERSONNEL		ents; continue on separa		Seat	Non- Revenue Revenue Non- Occupant		Unknewn
Name and Address  First Name: SOLLEEN  Middle Initial: A  Last Name: KUSIAN  First Name:	PERSONNEL	City: CUR'State; OH Country: CU	ents; continue on separa		trees 5	Non- Revenue Revenue Occupant	<u> </u>	
Name and Address  First Name: SOLLEEN  Middle Initial: A  Last Name: KUSIA  First Name:  Middle Initial:	PERSONNEL	City: CAR State; OH Country: CA City; State:	ents; continue on separa		trees 5	Non- Revenue Revenue Occupant		
Name and Address  First Name: SOLLEEN  Middle Initial: A  Last Name: KUSIAN  First Name:	PERSONNEL	City: CUR' State: OH Country: U	ents; continue on separa		trees 5	Non- Revenue Revenue Occupant	<u> </u>	
Name and Address  First Name: COLLERD  Middle Initial: A  Last Name: KUSIAC  Middle Initial: Last Name:  First Name: First Name:	PERSONNEL	City:	ents; continue on separa 7: 6 E 7: 17: <u>434(2</u> 5 A		7	Non- Revenue  Revenue  Non- Occupant		
Name and Address  First Name: COLLERD  Middle Initial: A Lest Name: KYSIAC  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name: Last Name	PERSONNEL	City: CAR State; OH Country: U	ents; continue on separa		7	Non- Revenue  Revenue  Non- Occupant	<u> </u>	
Name and Address  First Name: COLLERD  Middle Initial: A  Last Name: KUSIAC  Middle Initial: Last Name:  First Name: First Name:	PERSONNEL	City:	ents; continue on separa 7: 6 E 7: 17: <u>434(2</u> 5 A		7	Non- Revenue  Revenue  Non- Occupant		
Name and Address  First Name: COLLER D  Middle Initial: A Lest Name: KUSIAC  First Name: Middle Initial: Last Name:  Pirst Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name:	PERSONNEL	City: CHR State: OH Country: CA  City: State: Country: City: State: Country: City:	ents; continue on separa		7			
Name and Address  First Name: COLLER  Middle Initial: At Lest Name: KYSIA  First Name: Middle Initial: Last Name:  First Name:  First Name:  First Name:  Middle Initial: Last Name:  First Name:  Middle Initial:  Last Name:		City: CHR State: OH Country: CA  City: State: Country: City: State: Country: City: State: Country:	ents; continue on separa 7: 6 E 7: 17: <u>434(2</u> 5 A		7			
Name and Address  First Name: COLLER M Middle Initial: A Lest Name: KYSIA W  First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Last Name: Last Name: Middle Initial: Middle		City: CAR State: OH Country: CI  City: State: Country: City: State: Country:  City: State: Country:	ents; continue on separa		7			
Name and Address  First Name: COLLER D  Middle Initial: A Last Name: IKUSIA  First Name: Last Name:  First Name: Last Name:  First Name: Middle Initial: Last Name:  First Name: First Name: First Name: Last Nam		City: CAR  State: OH  Country: U  City:  State:  Country:  City:  State:  Country:  City:  State:  Country:  City:  State:  Country:  City:	ants; continue on separa		7	Non-   Revenue   Revenue   Non-   N		
Name and Address  First Name: COLLERD  Middle Initial: A Last Name: IKUSIAC  First Name: Last Name:  First Name: Last Name:  First Name: Middle Initial: Last Name:  First Name: First Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Middle Initi		City: CAR State: CH Country: CA  City: State: Country:	ents; continue on separa		7	Non-   Revenue   Revenue   Non-   N		
Name and Address  First Name: COLLERY  Middle Initial: A Lest Name: KYSIAV  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Last Name: Last Name: Last Name: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:		City: CHR State: CH Country: CA  City: State: Country:	ants; continue on separa		7	Non-   Revenue   Revenue   Non-   N		
Name and Address  First Name:		City: CHR State: CH Country: CA  City: State: Country:	zip.		7	Non-   Non-   Revenue   Revenue   Revenue   Non-   Non-   Non-   Non-   Non-		
Name and Address  First Name:		City: CHR State: CH Country: CA  City: State: Country:	zip.		7	Non-   Non-   Revenue   Revenue   Revenue   Non-   Non-   Non-   Non-   Non-		
Name and Address  First Name:		City: CAR State: OH Country: CA  City: State: Country:	ants; continue on separa		7	Non-   Non-   Revenue   Revenue   Revenue   Non-   Non-   Non-   Non-   Non-		
Name and Address  First Name:		City: CHR State: CH Country: CA  City: State: Country: City:	zip.		7	Non-separate   Non-		
Name and Address  First Name:		City: CHR State: CH Country: CA  City: State: Country:	zip		7	Non-separate   Non-		
Name and Address  First Name:		City: CHR State: OH Country: CA  City: State: Country:	zip		7	Non-separate   Non-		
Name and Address  First Name:		City: CHR State: CH Country: CA  City: State: Country: City:	zip		7	Non-septe   Non-		
Name and Address  First Name:		City: CHR State: CH Country: CA  City: State: Country: City:	zip		7	Non-septe   Non-		

## 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 time and point of departure, intended destination, and services obtained.

FLEW DOWNSTREAM ON SALMON RIVER FOR KANDING ON RUNWAY 24. APPROACH hooked good so so WENT Ahead with handing. I Assume A WENT Ahead with handing. I Assume A STALL with combination of downdraft chased phane To hit Runway hard everyh To cokkapse Right gear Leg. Broken gear inturn chasel Right wingtip to Ride along Runway with prop Striking numary. Hareing no control Acknowld PLANE TO WEER RIGHT UNTIL RIGHT wing Impacted riseing terrain, phane spun in chock wise direction for about 150°. Loft wingtip impacted thees before PLANE TO LEST Rest

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

Operator/Owner Safety Recommendation

MAINTAIN higher Ausped before Touchdown.

ADDITIONAL IN	FORMA	TION (Please type o	r print in ink)			
Use this space if additi	ional space	is needed for any maswe	rs.			
I HEREBY CERTIF	Y THAT TI	HE ABOVE INFORMA	TION IS COMPL	ETE AND ACCURA	TE TO THE BEST OF	MY KNOWLEDGE
Data of this Report		and Name of Phot/Op				
07/05/2009						
pros/del/yyyy		When JAMA		HUSIAN		
	of Person	Mling Report If Other (	han Pilot/Operate	T		
Signature:			···			
Title:					·	
			FOR NTSB	ME ONLY		
NTSB Accides Vincid	lesst No.	Reviewed by NTSB B		Name of investigate		Date Report Bushaud
WPROJCA = 11		WPR		Kristi Dunks	Real speeds had been throughout and profess manned and grown the plant of a set self-	Date Report Received OF DZ OP
						1,00,0