

# 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

### Accident/Incident Location

Nearest City/Place: McCALL State: IO  
 ZIP: 83638 Country: USA  
 Latitude: 45°23'50"N (dd:mm:ss N/S) Longitude: 115°29'02"W (dd:mm:ss E/W)

### Date/Time

Date: 06/25/2009 Local Time: 8:55  
 mm/dd/yyyy Time Zone: MOT

### Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover  
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other  
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☐ None

### Altitude of In-Flight Occurrence

2150 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: MAULE

Model: M5-235

Serial Number: 7480C

Registration Number: N725V Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2500 lbs

Weight at Time of Accident/Incident: 2236 lbs

Location of Center of Gravity at Time of Accident/Incident:

\_\_\_\_ inches from ☐ nose or ☐ datum  
 -or- \_\_\_\_\_ Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☐ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

**Standard** ☒ Normal ☐ Utility ☐ Aerobatic ☐ Transport  
**Special** ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport

### Number of Seats: 4

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

### Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☐ Tricycle ☒ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

### Type of Maintenance Program

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

### Last Inspection Type

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

Date Last Inspection: 03/25/2009  
 mm/dd/yyyy

Airframe Total Time: 1664.9 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

### IFR Equipped

☐ Yes ☒ No ☐ Unknown

### Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

### Type of Fire Extinguishing System

☒ None

☐ Specify \_\_\_\_\_

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☐ Yes ☒ No

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

Model/Series: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Battery Type: \_\_\_\_\_

Battery Exp. Date: \_\_\_\_\_

### Engine Type

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☐ Carburetor  
☒ Fuel Injected

### Propeller

☐ Fixed Pitch  
☒ Controllable Pitch

Manufacturer: McCAULEY

Model: B3032C414-C

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>LYCOMING</u>	<u>I0-540W1A50</u>	<u>2-2356948A</u>	<u>12/12/98</u>	<u>235</u>	<u>1664.9</u>	<u>40.6</u>	<u>1664.9</u>
Eng. 2								
Eng. 3								
Eng. 4								

4

## Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: ID 76

Distance From Airport Center: \_\_\_\_\_ SM

Airport Name: WILSON BAR

Direction From Airport: \_\_\_\_\_ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On AirstripAirport Elevation: 2150 ft. MSL**Approach Segment** (Select one)
☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around  
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)
**IFR Approach** (Check all that apply)
☒ None ☐ PAR ☐ MLS ☐ Practice  
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown  
☐ VOR/DME ☐ LOC-back course ☐ Contact  
☐ TACAN ☐ RNAV ☐ Circling
**VFR Approach** (Check all that apply)
☐ None ☐ Stop and Go  
☐ Traffic Pattern ☐ Touch and Go  
☐ Straight-In ☐ Simulated Forced Landing  
☒ Valley/Terrain Following ☐ Forced Landing  
☐ Go Around ☐ Precautionary Landing  
☐ Full Stop ☐ Unknown
**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**Runway/Landing Surface** (Check all that apply)
☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown  
☒ Dirt ☐ Ice ☐ Snow
**Condition of Runway/Landing Surface** (Check all that apply)
☒ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☐ Soft ☐ Unknown  
☐ Slush Covered ☐ Vegetation
**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: KNYLCity: McCALLState: IDCountry: USA**Time of Departure**Time: 8:21Time Zone: MOZ**Destination**Airport ID: ID 76

City: \_\_\_\_\_

State: IDCountry: USA**Type Flight Plan Filed**
☒ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR  
 Activated? ☐ Yes ☐ No
**Type of ATC Clearance/Service** (Check all that apply)
☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise  
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA
**Airspace where the accident/incident occurred** (Check all that apply)
☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area
**Aircraft Load Description** (Check all that apply)
☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds
**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

56 Gallons**Fuel Type**
☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify \_\_\_\_\_  
☒ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5
**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

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: KMYLObservation Time: 8:00Time Zone: MDTDistance from Accident Site: 50 NMDirection from Accident Site: 205 degrees MAG**Source of Weather Information**

(Check all that apply)

☐ National Weather Service☐ Flight Service Station☐ TV/Radio☒ Automated Report☐ Commercial Weather Service (DUATS)☐ Company☐ Military☐ Internet☐ Unknown**Method of Briefing**

(Check all that apply)

☐ In Person☐ Teletype☐ Telephone/Computer☒ Aircraft Radio☐ TV/Radio☐ Unknown**Briefing Type/Completeness**☐ Full☐ Partial / Limited By Pilot☐ Partial / Limited By Briefer☐ Abbreviated☐ Unknown☐ Not Pertinent**Light Condition**☐ Dawn☒ Day☐ Dusk☐ Night☐ Dark Night☐ Bright Night☐ Not Reported**Visibility**210 miles**Sky/Lowest Cloud Condition**☒ Clear☐ Few☐ Partial Obscuration☐ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown**Ceiling**☒ None (clear)☐ Broken☐ Overcast☐ Obscured☐ Indefinite☐ Unknown**Restriction to Visibility (Check all that apply)**☒ None☐ Blowing Dust☐ Blowing Sand☐ Blowing Snow☐ Blowing Spray☐ Dust☐ Fog☐ Ground Fog☐ Haze☐ Ice Fog☐ Smoke☐ Unknown**Lowest Cloud Condition Height**

ft AGL

**Ceiling Height**

ft AGL

**Wind Direction**☐ Indicated:

\_\_\_\_\_ degrees MAG

☐ Variable**Wind Speed**

Velocity: \_\_\_\_\_ KTS

-or-

☒ Calm☐ Light and Variable**Wind Gusts**

Velocity: \_\_\_\_\_ KTS

☐ Gusting☒ Not Gusting**Type of Turbulence (Check all that apply)**☒ None☐ Clear Air☐ In Clouds☐ Vicinity of Thunderstorm**Severity of Turbulence**☐ Extreme☐ Severe☐ Moderate☐ Moderate Chop☐ Light**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**Temperature: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)Altimeter Setting: \_\_\_\_\_ in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)**Icing Forecast**

Amount

☐ None☐ Trace☐ Light☐ Moderate☐ Severe

Type

☐ Rime☐ Clear☐ Mixed**Icing Actual**

Amount

☐ None☐ Trace☐ Light☐ Moderate☐ Severe

Type

☐ Rime☐ Clear☐ Mixed**Type of Precipitation (Check all that apply)**☐ None☐ Rain☐ Snow☐ Hail☐ Rain Showers☐ Freezing Rain☐ Snow Shower☐ Drizzle☐ Ice Pellets☐ Snow Pellets☐ Snow Grains☐ Ice Crystals☐ Ice Pellets Shower☐ Freezing Drizzle**Intensity of Precipitation**☐ Light☐ Moderate☐ Heavy

**PILOT "A" INFORMATION****Pilot "A" Responsibilities at the Time of Accident/Incident**
☒ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew
**Pilot "A" Identification**First Name: JAMESCity: CURTLEMiddle Initial: GState: OHZIP: 43412Last Name: RUSIANCountry: USAAge at time of Accident/Incident: 57Date of Birth: mm/dd/yyyy 1952Certificate Number: mm/dd/yyyy**Degree of Injury**
☒ None
 ☐ Fatal
 ☐ Minor
 ☐ Unknown
 ☐ Serious
**Seat Occupied**
☒ Left
 ☐ Front
 ☐ Unknown
 ☐ Right
 ☐ Rear
 ☐ Center
 ☐ Single
**Seat Belt**
 Used ☒ Yes ☐ No  
 Available ☐ Yes ☐ No
**Shoulder Harness**
 Used ☒ Yes ☐ No  
 Available ☐ Yes ☐ No
**Pilot Certificate(s)** (Check all that apply)
☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign  
☒ Private
 ☐ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military
**Principal Occupation**
☐ Pilot
 ☒ Other
 ☐ Unknown
**Medical Certificate**
☐ None
 ☒ Class 3
 ☐ Class 1
 ☐ Driver's License (Sport Pilot only)
 ☐ Class 2
 ☐ Unknown
**Medical Certificate Validity**
☐ Without limitations/waivers
 ☒ With limitations/waivers
 ☐ Unknown
**Date of Last Medical**
04/07/2009  
 mm/dd/yyyy
**Medical Certificate Limitations**MUST WEAR CORRECTIVE LENSES**Medical Certificate Waivers**
**Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:** 09/13/2007  
 mm/dd/yyyy
**Flight Review Aircraft**Make: CESSNAModel: C-170**Airplane Rating(s)**

(Check all that apply)

☐ None
 ☒ Single-Engine Land
 ☐ Single-Engine Sea
 ☐ Multiengine Land
 ☐ Multiengine Sea
**Other Aircraft Rating(s)**

(Check all that apply)

☒ None
 ☐ Airship
 ☐ Free Balloon
 ☐ Glider
 ☐ Gyroplane
 ☐ Helicopter
 ☐ Powered Lift
**Instrument Rating(s)**

(Check all that apply)

☒ None
 ☐ Airplane
 ☐ Helicopter
 ☐ Powered Lift
**Instructor Rating(s)**

(Check all that apply)

☒ None
 ☐ Airplane Single-Engine
 ☐ Airplane Multi-Engine
 ☐ Gyroplane
 ☐ Powered Lift
 ☐ Instrument Airplane
 ☐ Instrument Helicopter
 ☐ Helicopter
 ☐ Glider
 ☐ 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	1254.5	429	1254.5		13					
Pilot in Command (PIC)	1185.2	429	1185.2		13					
Time as Instructor	0	0	0							
This Make/Model										
Last 90 Days	39.1	39.1	39.1							
Last 30 Days	26.4	26.4	26.4							
Last 24 Hours	2.0	2.0	2.0							

**PILOT "B" INFORMATION****Pilot "B" Responsibilities at the Time of Accident/Incident**
☐ Pilot   ☐ Co-Pilot   ☐ Student Pilot   ☐ Flight Instructor   ☐ Check Pilot   ☐ Flight Engineer   ☐ Other Flight Crew
**Pilot "B" Identification**

First Name: \_\_\_\_\_

City: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

mm/dd/yyyy

**Degree of Injury**
☐ None   ☐ Fatal  
☐ Minor   ☐ Unknown  
☐ Serious
**Seat Occupied**
☐ Left   ☐ Front   ☐ Unknown  
☐ Right   ☐ Rear  
☐ Center   ☐ Single
**Seat Belt**
 Used ☐ Yes   ☐ No  
 Available ☐ Yes   ☐ No
**Shoulder Harness**
 Used ☐ Yes   ☐ No  
 Available ☐ Yes   ☐ No
**Pilot Certificate(s) (Check all that apply)**
☐ None   ☐ Student   ☐ Recreational   ☐ Commercial   ☐ Flight Engineer   ☐ Foreign  
☐ Private   ☐ Flight Instructor   ☐ Sport   ☐ Airline Transport   ☐ U.S. Military
**Principal Occupation**
☐ Pilot  
☐ Other  
☐ Unknown
**Medical Certificate**
☐ None   ☐ Class 3  
☐ Class 1   ☐ Driver's License (Sport Pilot only)  
☐ Class 2   ☐ Unknown
**Medical Certificate Validity**
☐ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown
**Date of Last Medical**

mm/dd/yyyy

**Medical Certificate Limitations****Medical Certificate Waivers**
**Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:** \_\_\_\_\_

mm/dd/yyyy

**Flight Review Aircraft**

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

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

**Airplane Rating(s)  
(Check all that apply)**
☐ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea
**Other Aircraft Rating(s)  
(Check all that apply)**
☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift
**Instrument Rating(s)  
(Check all that apply)**
☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift
**Instructor Rating(s)  
(Check all that apply)**
☐ None   ☐ Instrument Airplane  
☐ Airplane Single-Engine   ☐ Instrument Helicopter  
☐ Airplane Multi-Engine   ☐ Helicopter  
☐ Gyroplane   ☐ Glider  
☐ Powered Lift   ☐ 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										

<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)																
<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)</b> (Check all that apply)						<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						<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>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>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)</b> (Check all that apply)						<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						<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>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>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)</b> (Check all that apply)						<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						<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>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>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
<b>Name and Address</b>																
First Name: <u>COLLEEN</u>			City: <u>CURTICE</u>			<u>R7</u>										
Middle Initial: <u>A</u>			State: <u>OH</u> ZIP: <u>43412</u>													
Last Name: <u>KUSIAW</u>			Country: <u>USA</u>													
First Name: _____			City: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													

**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 LANDING ON RUNWAY 24. APPROACH looked good ~~so~~ SO WENT AHEAD WITH LANDING. I ASSUME A STALL WITH COMBINATION OF DOWNDRAFT CAUSED PLANE TO HIT RUNWAY hard enough TO COLLAPSE RIGHT gear leg. BROKEN GEAR IN TURN CAUSED RIGHT wingtip to ride along runway with prop STRIKING runway. HAVING NO CONTROL ALLOWED PLANE TO VEER RIGHT UNTIL RIGHT wing IMPACTED RISING TERRAIN, PLANE SPUN IN CLOCKWISE DIRECTION FOR ABOUT 150°. LEFT wingtip IMPACTED TREES BEFORE PLANE CAME TO REST

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

Operator/Owner Safety Recommendation

MAINTAIN higher Airspeed before Touchdown.



**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

07/05/2009

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: JAMES G. KUSIAN

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.

WPR09CA311

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Kristi Dunks

Date Report Received

07/02/09