

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: St. George

State: UT

ZIP: 84770

Country: USA

Latitude: 37:05:44 N (dd:mm:ss N/S) Longitude: 113:35:58 W (ddd:mm:ss E/W)

Date/Time

Date: 05/26/2010

Local Time: 14:15

mm/dd/yyyy

Time Zone: mdt

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

 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Piper

Model: PA 28R-200

Serial Number: 28R-7435128

Registration Number: N40800

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2,650 lbs

Weight at Time of Accident/Incident: 2,333 lbs

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

85.59 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
☐ Acrobatic
☐ 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: 100h

Last Inspection Type

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

Date Last Inspection: 04/14/2010

mm/dd/yyyy

Airframe Total Time: 11,226.7 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: P/N BP-1040

Battery Exp. Date: JAN 2012

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: Hartzell

Model: HC-C3YR-1RF

Engine	Engine Manufacturer	Engine Model/Series	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	Lycorning	IO-360-C1C	L28901-51E		200	3,084	60.2	969
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Pinnacle Aviation Services IncFractional Ownership Aircraft: ☐ Yes ☒ No**Operator of Aircraft**☐ Same As Registered OwnerName: Pinnacle Aviation Academy

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

Owner Address

City: _____

State: Ca ZIP: 92024-2439Country: USA**Operator Address**☐ Same As Registered OwnerCity: CarlsbadState: Ca ZIP: 92008Country: USA**Regulation Flight Conducted Under**

- | | | | |
|--|----------------------------------|---|--|
| <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 | |

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**Purpose of Flight**

for FAR 91, 103, 133, 137 (Select one)

- ☒ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation

for FAR 121, 125, 129, 135 (Select one)

- ☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International☐ Domestic ☐ International**Cargo Operation**

- ☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held

(Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

OTHER AIRCRAFT COLLISION (If an on-ground collision occurred, complete this section for other aircraft.)

Aircraft Registration Number: _____

Manufacturer: _____

Model: _____

Damage to Other Aircraft

- ☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____

ZIP: _____

Country: _____

Pilot of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____

ZIP: _____

Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet.)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire

- ☒ None
☐ In-Flight
☐ On-Ground

- ☐ Both Ground and In-Flight
☐ Unknown Origin

Aircraft Explosion

- ☒ None
☐ In-Flight
☐ On-Ground

- ☐ Both Ground and In-Flight
☐ Unknown Origin

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
Immediately left the aircraft after the impact. My passenger and I exited through the door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: KSGU AWOS 3

Observation Time: 5 min prior landing

Time Zone: mdt

Distance from Accident Site: 0 NM

Direction from Accident Site: 0 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

10 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

R AGL

Ceiling Height

R AGL

Wind Direction

- ☒ Indicated:
— * — degrees MAG

☐ Variable

Wind Speed

Velocity: — * — KTS

- ☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: — * —

- ☒ 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: 29.83 in. HG
or — MB

Density Altitude: 5,100 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 INFORMATION																																																																																																				
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Pilot "A" Identification First Name: <u>Martin</u> Middle Initial: _____ Last Name: <u>Slucki</u>						City: <u>San Diego</u> State: <u>CA</u> ZIP: <u>92103</u> Country: <u>USA</u>																																																																																														
Age at time of Accident/Incident: <u>31</u> Date of Birth: <u>1978</u> <small>mm/dd/yyyy</small>						Certificate Number: <u>pending (because of new instr. rating)</u>																																																																																														
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <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			Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/23/2010</u> <small>mm/dd/yyyy</small>				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>172R</u>																																																																																																
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants; complete the following information)												
Pilot Name and Address				Degree of Injury								
First Name: _____ Middle Initial: _____ Last Name: _____				City: _____ State: _____ ZIP: _____ Country: _____								
Pilot Certificate(s) (Check all that apply)				Seat Occupied								
<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 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"/> 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								
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs								
Pilot Name and Address				Degree of Injury								
First Name: _____ Middle Initial: _____ Last Name: _____				City: _____ State: _____ ZIP: _____ Country: _____								
Pilot Certificate(s) (Check all that apply)				Seat Occupied								
<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 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"/> 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								
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs								
Pilot Name and Address				Degree of Injury								
First Name: _____ Middle Initial: _____ Last Name: _____				City: _____ State: _____ ZIP: _____ Country: _____								
Pilot Certificate(s) (Check all that apply)				Seat Occupied								
<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 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"/> 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								
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs								
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)												
Name and Address				Seat	Crew	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Andreas</u> Middle Initial: _____ Last Name: <u>Schmidt</u>				right	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____				_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Aircraft sustained a significant amount of damage on the left wing, the airframe structure, nose wheel, propeller, engine and related components. Also a hanger near midfield was damaged.

FBO: ABOVE VIEW HANGAR DAMAGE

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 5 miles of an airport, complete this section)

Airport Identifier: KSGU Distance From Airport Center: 0 SM
 Airport Name: St. George Municipal Airport Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 2,941 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 ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VORTVOR ☐ 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: 16 (L/R/C) Length: 6,606 ft Width: 100 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: KHND **Time of Departure** Time: 12:00
 City: Las Vegas **Destination** Airport ID: KSGU
 State: NV **City:** St George
 Country: USA **State:** UT
 Country: 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)
47 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
 Obtained weather information at Henderson (KHND) by using the WSI system on the flight planning computer.

NARRATIVE HISTORY OF FLIGHT (Pilot's/Owner's report)

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.

I departed Las Vegas Henderson Executive Airport (KHND) on 05/26/2010 around 12:00 pdt for a scenic flight in the area. I went southbound first, made a wide turn around the Bravo airspace of Las Vegas International and headed northeastbound. When the city of St. George came in sight, I started listening to the AWOS of KSGU. The wind reports according to the AWOS were changing, but the wind was always coming generally from the south to southwest. The AWOS report I listened to about 5 minutes prior landing stated, as I think, winds from 240 at 12kts, gusting 23, the one before stated less gusts. I listened to the AWOS several times and the reports were always different. Since I haven't written the AWOS reports down, I can not really recall them.

I asked for traffic advisories and stated my intentions. Then I maneuvered for a midfield crossing, coming from the East. I crossed the runway at 5000 feet MSL, continued outbound for approximately 3 miles, then turned to the south and set the airplane up for a 45 degree entry right downwind runway 16.

I entered the pattern about midfield downwind and extended the downwind leg a little bit due to surrounding terrain, and as a result I turned base at a distance of approximately 1.3 Nm from the numbers. On final I was on glideslope according to the PAPI. I decided to leave the flaps at 20° because of the strong winds, and the approach speed was a little bit less than 90mph. At this point I had a strong crosswind from the right. To stay aligned with the runway I had to apply a high amount of left rudder pressure and right aileron.

Flying this sideslip, I continued all the way down to the runway following the PAPI lights on glideslope. I started the roundout on glideslope in a way that usually leads to a touchdown in the zone of the 1000 foot markers.

During the roundout I released a little bit of right aileron for the touchdown and the airplane got left of the centerline. When the main gear touched the ground, I applied full right aileron. In the same moment the plane lifted off the ground again and the nose suddenly turned to the left.

The aircraft started veering off the runway and into the dirt. I briefly thought of a go-around, but the hanger appeared close and high, and I don't think we would have cleared the hanger. So I stepped on the brakes and tried to stop the plane. We were going directly towards the hanger, and I was braking as hard as I could. But the airplane decelerated slowly, maybe also because the wind was pushing me from behind.

Since I was preoccupied with trying to stop the aircraft I don't know what the impact speed was. I was also looking directly ahead of me, so I can't recall which part hit the hanger first.

We hit the hanger and bounced back a little bit. When the plane came to a stop we got out immediately.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

To prevent this from happening either a go-around on final or diverting to a different airport would have been appropriate.

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

05/30/2010

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature

Type or Print Name: Marin Slucki

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

Signature:

Type or Print Name:

Title: GENERAL MANAGER

NTSB Accident/Incident No.

WPR10CA266

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Rich

Date Report Received

6/1/10