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: Sloughhouse State: CA
ZIP: 95683 Country: USA
Latitude: N383921 (dd:mm:ss N/S) Longitude: W121-06-17 (ddd:mm:ss E/W)

Date/Time
Date: 07/07/2010 (mm/dd/yyyy) Local Time: 22:30
Time Zone: PST

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
2800 ft MSL

AIRCRAFT INFORMATION

Manufacturer: CESSNA
Model: 172F
Serial Number: 17252698
Registration Number: N8793U **Amateur-built:** ☐ Yes ☒ No

Max Gross Weight: _____ lbs
Weight at Time of Accident/Incident: UNKNOWN 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
☐ Acrobatic
☐ Transport
Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: FOUR
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: 07/02/2010 (mm/dd/yyyy)

Airframe Total Time: 6844 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 handheld bottle latched to floor

ELT Installed ☒ Yes ☐ No
ELT Activated ☒ Yes ☐ No
ELT Aided in Locating Accident/Incident
☐ Yes ☒ No

ELT Manufacturer: _____
Model/Series: _____
Serial Number: _____
Battery Type: BP-1045 P/N **Battery Exp. Date:** 9-12

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: UNKNOWN

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	CONT	O-300	34833D-6-D	4K	145	6844	3	675
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: LOW FLYING Angels, INC
Fractional Ownership Aircraft: ☐ Yes ☐ No 11 shareholders / pilots

Owner Address
City: Cameron Park
State: CA ZIP: 95682
Country: USA

Operator of Aircraft ☐ Same As Registered Owner
Name: DARYL B KATCHER
Doing Business As: LOW FLYING ANGELS, INC-shareholder
Air Carrier/Operator Designator (4 Character Code): _____

Operator Address ☐ Same As Registered Owner
City: SACRAMENTO
State: CA ZIP: 95866
Country: USA

Regulation Flight Conducted Under
☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ 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 air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number
N/A

Manufacturer: _____
Model: _____

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft
First Name: N/A
Middle Initial: _____
Last Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft
First Name: N/A
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.)
Engine stop on approach to landing at KMHR
Power loss

Total Time/Cycles On Part
6844 Hours
_____ Cycles

Time Since This Part Inspected/Overhauled
_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
☐ None ☒ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

Nose gear separated from airframe; RT WING AND STRUT Substantial damage; LF WING substantial damage; Propeller light damage; ground damage: 2-3 Cypress trees destroyed, barbed wire fence and metal fence post damaged but repairable

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

Airport Identifier: KRIU
Airport Name: Rancho Murieta
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip
Distance From Airport Center: 1.0 SM
Direction From Airport: 265 degrees MAG
Airport Elevation: 141 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
☐ 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: 04 (L/R/C) Length: 3800 ft Width: 75 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: KHJO
City: HANFORD
State: CA
Country: USA

Time of Departure
Time: 2100 APPROX
Time Zone: PST

Destination
Airport ID: KMHR
City: Sacramento
State: CA
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)*
20 APPROX 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

Pilot exited left door of CESSNA 172. Only occupant of airplane

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID: KMHR
Observation Time: 22:15
Time Zone: PST
Distance from Accident Site: 5-10 NM
Direction from Accident Site: NW 345 degrees MAG

Source of Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☐ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☒ Not Pertinent

Light Condition
☐ Dawn ☐ Dusk ☒ Dark Night
☐ Day ☒ Night ☐ Bright Night
☐ Not Reported

Visibility
10+ miles

Sky/Lowest Cloud Condition
☒ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling
☒ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Restriction to Visibility *(Check all that apply)*
☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height
UNKN ft AGL

Ceiling Height
NO CEILING 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 ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

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

NONE

Temperature: _____ (C) or 80's (F)

Altimeter Setting: _____ in. HG or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C) or _____ (F)

Icing Forecast
Amount: ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light
Type: ☐ Rime ☐ Clear ☐ Mixed

Icing Actual
Amount: ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light
Type: ☐ Rime ☐ Clear ☐ Mixed

Type of Precipitation *(Check all that apply)*
☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow 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: DARYL
Middle Initial: B
Last Name: KATCHER

City: SACRAMENTO
State: CA ZIP: 95866
Country: USA

Age at time of Accident/Incident: 59 Date of Birth: [redacted]/1950 (mm/dd/yyyy) Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☒ None ☐ Fatal	☒ Left ☐ Front ☐ Unknown	Used ☒ Yes ☐ No	Used ☒ Yes ☐ No
☐ Minor ☐ Unknown	☐ Right ☐ Rear	Available ☒ Yes ☐ No	Available ☒ Yes ☐ No
☐ Serious	☐ Center ☐ Single		

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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot	☐ None ☒ Class 3	☒ Without limitations/waivers	02/03/2010
☒ Other	☐ Class 1 ☐ Driver's License (Sport Pilot only)	☐ With limitations/waivers	(mm/dd/yyyy)
☐ Unknown	☐ Class 2 ☐ Unknown	☐ Unknown	

Medical Certificate Limitations

MUST HAVE AVAILABLE EYE GLASSES FOR NEAR VISION

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 10/28/2008 (mm/dd/yyyy)

Flight Review Aircraft
Make: MOONEY
Model: M20C

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

Type Ratings NONE

Student Endorsements *(Include dates)* N/A

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2060	1600	2060	0	92*		10	0	0	0
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

* SINCE 1993 - Other records NOT AVAILABLE

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: NONE
Middle Initial: _____
Last Name: _____

City: _____
State: _____ ZIP: _____
Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ (mm/dd/yyyy)
Certificate Number: _____

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Used ☐ Yes ☐ No Available ☐ Yes ☐ No	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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	_____ (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)*	Other Aircraft Rating(s) *(Check all that apply)*	Instrument Rating(s) *(Check all that apply)*	Instructor Rating(s) *(Check all that apply)*
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	☐ 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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: NONE
Middle Initial: ______
Last Name: ______
City: ______
State: ______ ZIP: ______
Country: ______

Degree of Injury
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address

First Name: ______
Middle Initial: ______
Last Name: ______
City: ______
State: ______ ZIP: ______
Country: ______

Degree of Injury
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address

First Name: ______
Middle Initial: ______
Last Name: ______
City: ______
State: ______ ZIP: ______
Country: ______

Degree of Injury
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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 NONE		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ 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.

1. Land KHJO evening of 7-7-2010 from WASCO, CA.
2. Check fuel visually by ladder and flashlight, looked into LF tank (wing) at approx 20:30 HRS. Perceive approx 1/4 tank. Move ladder to RH side wing tank. Perceive approx 1/2 tank.
3. Pump 8.0 gals 100LL from self serve pump at KHJO for 150 mi flight to ~~KMHR~~ KMHR.
4. Launch at approx 2100 HRS and climb straight out to 4500'
5. Approx 22:00 call KMHR ATIS and later KMHR tower on 120.65
6. At 7 miles from South of KMHR obtained clearance to land RNWY 22R.
7. Descend from 4100' to 2800' when engine coughed, sputtered, switched fuel selector from "BOTH" to LF tank. Brief restart then stop again. Switch to RT tank. No response. Full rich on mixture. No response.
8. Informed KMHR tower of engine out and election to divert to KRIA which appeared closer from position of power loss
9. Set up glide at 65-69 MPH for KRIA runway 04.

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

Operator/Owner Safety Recommendation

Secure mechanical/manual device (dipstick) to confirm amount of fuel in tanks. Adding additional fuel in excess of perceived minimum fuel level would likely have avoided power loss if same were due to fuel starvation.

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

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

NARITIVE OF FLIGHT - CONT.

10. AT 500' MSL turned on landing light.
11. Hit ground in level flight at 65mph. Contact trees with wings, and nose hit wire fence on roll out.
12. Pilot door opened on impact, I unbuckled and stepped OUT on to the ground.
13. Returned to cockpit to power down electrics and put fuel selector to "OFF"
14. Plane came to rest on a hill 0.9 miles from RNWY 04 at KRIL

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

Date of this Report	Signature and Name of Pilot/Operator
07/28/2010 (mm/dd/yyyy)	Signature: [redacted]
	Type or Print Name: DARYL B. KATCHER

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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR10CA311	WPR	Rich	7/28/2010