

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

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

## BASIC INFORMATION

|   |  |   |   |
|---|--|---|---|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>SALINAS</u> State: <u>CA</u><br>ZIP: <u>93962</u> Country: <u>USA</u><br>Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)  |  | <b>Date/Time</b><br>Date: <u>9/3/2010</u> Local Time: <u>0600</u><br><i>mm/dd/yyyy</i> Time Zone: <u>PACIFIC</u>  |   |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input checked="" type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None | <b>Altitude of In-Flight Occurrence</b><br>_____ ft MSL |

## AIRCRAFT INFORMATION

|  |   |
|--|---|
| Manufacturer: <u>BELL</u><br>Model: <u>47G5</u><br>Serial Number: <u>7971</u><br>Registration Number: <u>N4427F</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Max Gross Weight: <u>2,850</u> lbs<br>Weight at Time of Accident/Incident: <u>2,000</u> lbs<br>Location of Center of Gravity at Time of Accident/Incident:<br>_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |
|--|---|

|   |   |  |  |
|---|---|--|--|
| <b>Category of Aircraft</b><br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><b>Standard</b><br><input type="checkbox"/> Normal<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input checked="" type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>2</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: _____ | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input checked="" type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |
|---|---|--|--|

|  |  |  |
|--|--|--|
| <b>Type of Maintenance Program</b><br><input type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input checked="" type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input checked="" type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____ | <b>Last Inspection Type</b><br><input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>7/30/2010</u><br><i>mm/dd/yyyy</i> |
|--|--|--|

|   |   |  |
|---|---|--|
| <b>IFR Equipped</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Airframe Total Time:</b> <u>7,936</u> hrs<br>hours measured at <i>(check one)</i><br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
|---|---|--|

|   |  |
|---|--|
| <b>ELT Installed</b> <b>ELT Activated</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>ELT Manufacturer:</b> <u>N/A</u><br><b>Model/Series:</b> _____<br><b>Serial Number:</b> _____<br><b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____ |
|---|--|

|   |   |   |
|---|---|---|
| <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input checked="" type="checkbox"/> Carburetor<br><input type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input type="checkbox"/> Fixed Pitch <b>Manufacturer:</b> <u>BELL</u><br><input checked="" type="checkbox"/> Controllable Pitch <b>Model:</b> <u>47G5</u> |
|---|---|---|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Engine Rated Power Measured as <i>(check one)</i><br><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 | LYCOMING            | UO435               | L-3489-31                    | 1/8/2007                       |   | 914                | 0                             | 914                         |
| Eng. 2 |                     |                     |                              |                                |   |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                                |   |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                |   |                    |                               |                             |



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

MAIN ROTOR, TAIL ROTOR, AIRFRAME AND CABIN APPEAR TO HAVE SUSTAINED MAJOR DAMAGE. THE TRUE EXTENT OF THE DAMAGE CAN ONLY BE ASCERTAINED AFTER FURTHER INSPECTION AND EXAMINATION.

**AIRPORT INFORMATION** (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: SNS Distance From Airport Center: 2 SM  
 Airport Name: SALINAS MUNICIPAL AIRPORT Direction From Airport: 180 degrees MAG  
 Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip Airport Elevation: 80 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  Stop and Go  
 ADF/NDB  Sidestep  LDA  GPS  Touch and Go  
 SDF  ILS  ASR  Loran  Simulated Forced Landing  
 VOR/TVOR  Localizer Only  Visual  Unknown  Forced Landing  
 VOR/DME  LOC-back course  Contact  Precautionary Landing  
 TACAN  RNAV  Circling  Full Stop  Unknown

Runway Information  
 Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft  
 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<br>Airport ID: <u>SNS</u><br>City: <u>SALINAS</u><br>State: <u>CA</u><br>Country: <u>USA</u> | Time of Departure<br>Time: <u>0550</u><br>Time Zone: <u>PACIFIC</u> | Destination<br>Airport ID: <u>"AREA 18"</u><br>City: <u>SALINAS (west of airport)</u><br>State: <u>CA</u><br>Country: <u>USA</u> | Type Flight Plan Filed<br><input type="checkbox"/> None <input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> Company VFR <input type="checkbox"/> IFR<br><input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> VFR<br>Activated? <input type="checkbox"/> Yes <input type="checkbox"/> 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)  
25 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

|   |  |  |
|---|--|--|
| <b>Weather Observation Facility</b><br>Facility ID: <u>SNS ATC TOWER</u><br>Observation Time: <u>0545</u><br>Time Zone: <u>PACIFIC</u><br>Distance from Accident Site: <u>2</u> NM<br>Direction from Accident Site: <u>180</u> degrees MAG  | <b>Source of Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service<br><input checked="" type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> Unknown | <b>Method of Briefing</b><br>(Check all that apply)<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Teletype<br><input type="checkbox"/> Telephone/Computer<br><input checked="" type="checkbox"/> Aircraft Radio<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Unknown |
| <b>Briefing Type/Completeness</b><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial / Limited By Pilot<br><input type="checkbox"/> Partial / Limited By Briefer<br><input type="checkbox"/> Abbreviated<br><input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Not Pertinent | <b>Light Condition</b><br><input checked="" type="checkbox"/> Dawn<br><input type="checkbox"/> Day<br><input type="checkbox"/> Dusk<br><input type="checkbox"/> Night<br><input type="checkbox"/> Dark Night<br><input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported   | <b>Visibility</b><br><u>2</u> miles  |

|   |  |   |
|---|--|---|
| <b>Sky/Lowest Cloud Condition</b><br><input type="checkbox"/> Clear<br><input type="checkbox"/> Few<br><input type="checkbox"/> Partial Obscuration<br><input type="checkbox"/> Scattered<br><input type="checkbox"/> Thin Broken<br><input type="checkbox"/> Thin Overcast<br><input type="checkbox"/> Unknown | <b>Ceiling</b><br><input type="checkbox"/> None (clear)<br><input type="checkbox"/> Broken<br><input checked="" type="checkbox"/> Overcast<br><input type="checkbox"/> Obscured<br><input type="checkbox"/> Indefinite<br><input type="checkbox"/> Unknown | <b>Restriction to Visibility</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input checked="" type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown |
| <b>Lowest Cloud Condition Height</b> <u>plus</u><br><u>100</u> ft AGL   | <b>Ceiling Height</b> <u>plus</u><br><u>100</u> ft AGL   |   |

|  |   |   |  |
|--|---|---|--|
| <b>Wind Direction</b><br><input type="checkbox"/> Indicated: _____ degrees MAG<br><input checked="" type="checkbox"/> Variable | <b>Wind Speed</b><br>Velocity: <u>0</u> KTS<br>-or-<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable | <b>Wind Gusts</b><br>Velocity: _____ KTS<br><input type="checkbox"/> Gusting<br><input checked="" type="checkbox"/> Not Gusting | <b>Type of Turbulence</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> In Clouds<br><input type="checkbox"/> Vicinity of Thunderstorm<br><b>Severity of Turbulence</b><br><input type="checkbox"/> Extreme<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Moderate Chop<br><input type="checkbox"/> Light |
|--|---|---|--|

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

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

# 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: FRANK City: SALINAS  
 Middle Initial: W State: CA ZIP: 93908  
 Last Name: GOMES, JR. Country: USA  
 Age at time of Accident/Incident: 62 Date of Birth: 1948 Certificate Number: [REDACTED]  
*mm/dd/yyyy*

|  |   |  |   |
|--|---|--|---|
| <b>Degree of Injury</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|---|

## Pilot Certificate(s) (Check all that apply)

None
  Student
  Recreational
  Commercial
  Flight Engineer
  Foreign  
 Private
  Flight Instructor
  Sport
  Airline Transport
  U.S. Military

|  |   |   |  |
|--|---|---|--|
| <b>Principal Occupation</b><br><input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input checked="" type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br><u>2/16/2010</u><br><i>mm/dd/yyyy</i> |
|--|---|---|--|

## Medical Certificate Limitations

NONE

## Medical Certificate Waivers

N/A

## Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

11/18/08  
*mm/dd/yyyy*

## Flight Review Aircraft

Make: CESSNA  
 Model: 182

|  |  |   |   |
|--|--|---|---|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> 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  | 15,928       |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 15,928       | 10,000            | 1,200                  |                      | 880   |            |           | 14,500     |        |                  |
| Time as Instructor  |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  | 120          | 120               |                        |                      | 40    |            |           |            |        |                  |
| Last 30 Days  | 50           | 50                |                        |                      | 15    |            |           |            |        |                  |
| Last 24 Hours   |              |                   |                        |                      |       |            |           |            |        |                  |

# 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*

|  |  |   |  |
|--|--|---|--|
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|--|

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

|   |  |  |  |
|---|--|--|--|
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br>_____<br><span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span> |
|---|--|--|--|

**Medical Certificate Limitations**

**Medical Certificate Waivers**

|   |  |
|---|--|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br>_____<br><span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span> | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |
|---|--|

|   |   |  |   |
|---|---|--|---|
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|---|---|--|---|

|  |   |
|--|---|
| <b>Type Ratings</b><br>_____<br>_____<br>_____ | <b>Student Endorsements (Include dates)</b><br>_____<br>_____ |
|--|---|

| 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   |              |                   |                        |                      |       |            |           |            |        |                  |

**ADDITIONAL FLIGHT CREW MEMBERS** (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"/> 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    |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
| <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|  |  | <input type="checkbox"/> Unknown                                |

|  |  |   |
|--|--|---|
| <b>Pilot Name and Address</b>  |  | <b>Degree of Injury</b>   |
| First Name: _____  | City: _____  | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____  | State: _____ ZIP: _____  | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____   | Country: _____   | <input type="checkbox"/> Serious                                |
| <b>Pilot Certificate(s)</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"/> 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    |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
| <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|  |  | <input type="checkbox"/> Unknown                                |

|  |  |   |
|--|--|---|
| <b>Pilot Name and Address</b>  |  | <b>Degree of Injury</b>   |
| First Name: _____  | City: _____  | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____  | State: _____ ZIP: _____  | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____   | Country: _____   | <input type="checkbox"/> Serious                                |
| <b>Pilot Certificate(s)</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"/> 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    |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
| <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|  |  | <input type="checkbox"/> Unknown                                |

**PASSENGER(S) / OTHER PERSONNEL** (Include flight attendants; continue on separate sheet if necessary)

| Name and Address      | Seat  | Crew  | Non-Revenue | Revenue | Non-Occupant | FAA   | Fatal Injury | Serious Injury | Minor Injury | No Injury | Unknown |
|-----------------------|-------|-------|-------------|---------|--------------|-------|--------------|----------------|--------------|-----------|---------|
| 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. Intended agricultural aircraft operation was in Area 18, approximately 3 miles west of SNA airport. The accident occurred during the flight from the airport to the first job site of the day.

All times are approximate and in Pacific Daylight Time (PDT).

Aircraft start occurred at 0545. At 0550 pilot obtained weather from SNS ATCT, which reported 2 miles visibility with 100 foot-plus ceiling, due to fog. It was anticipated that fog would lift, as is usually the case in this area. Pilot obtained a Special VFR clearance from SNS ATCT to proceed to Area 18 at or below 200 feet MSL.

Aircraft departed at 0555, heading southwest. Abeam the Tower, the aircraft turned west towards Highway 101. Cruising at 75' MSL, pilot could clearly see Spreckels, which was 2 miles away. Approaching Highway 101, the pilot climbed to 100' and remained clear of clouds with visibility of 2 miles-plus. At 0600, as the aircraft was over the median strip between the northbound and southbound lanes of Highway 101, visibility began to deteriorate and the pilot decided to turn around and return to the airport, descending in an attempt to re-establish visual contact. The aircraft tail contacted a guard rail on Highway 101 and the aircraft came to rest in the southbound lane.

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

Operator/Owner Safety Recommendation

**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  
9/13/2010  
mm/dd/yyyy

Signature and Name of Pilot/Operator  
Signature: [Redacted]  
Type or Print Name: FRANK W. GOMES, JR.

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.  
WPR10LA446

Reviewed by NTSB Regional Office  
WPR, Seattle, CA

Name of Investigator  
Thomas Little

Date Report Received  
Sep 20, 2010