

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: <u>Lowman</u> State: <u>IDAHO</u> ZIP: <u>83637</u> Country: <u>United States of America</u> Latitude: <u>N44-08.53</u> (dd:mm:ss N/S) Longitude: <u>W115-18.86</u> (ddd:mm:ss E/W)	Date/Time Date: <u>12/10/2011</u> Local Time: <u>10:15a.m.</u> <i>mm/dd/yyyy</i> Time Zone: <u>MST</u>
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Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown	Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence _____ ft MSL
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AIRCRAFT INFORMATION

Manufacturer: <u>Cessna</u> Model: <u>Skylane 182</u> Serial Number: <u>52418</u> Registration Number: <u>N800YD</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>2,650</u> lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: <u>38.5</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>06/10/2011</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>5,209</u> hrs hours measured at <i>(check one)</i> <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Halon</u>
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: <u>Narco</u> Model/Series: <u>ELT 10</u> Serial Number: _____ Battery Type: <u>Aviall BS2166</u> Battery Exp. Date: <u>11/2011</u>
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Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: <u>McCaulley</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>TR929</u>
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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> <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	Continental	O-470L			220			1,112
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>T-Craft Aero Club Inc.</u> Fractional Ownership Aircraft: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Address City: <u>Nampa</u> State: <u>IDAHO</u> ZIP: <u>83687</u> Country: <u>United States of America</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Jeffrey L. Vanhoozer</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Meridian</u> State: <u>IDAHO</u> ZIP: <u>83642</u> Country: <u>United States of America</u>	
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

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

Propeller blades destroyed; spinner destroyed; left and right wing structural damage; tail destroyed; fuselage structural damage behind cockpit; engine internal damage unknown; firewall may have been compromised; right rear cabin window destroyed; right wing flap damaged (right front cockpit window and tail cone destroyed during runway removal).

No other property was damaged.

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

Airport Identifier: DU1 **Distance From Airport Center:** 0 SM
Airport Name: Warm Springs Creek **Direction From Airport:** 0 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 4,831 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: DU1 (L/R/C) Length: 2,850 ft Width: 135 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: U88
City: Garden Valley
State: IDAHO
Country: United States of America

Time of Departure

Time: 9:50a.m.
Time Zone: MST

Destination

Airport ID: DU1
City: Lowman
State: IDAHO
Country: United States of America

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

NONE

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

Right rear passenger exited right rear window (broken out); right front passenger exited with pilot from left side door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ 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

_____ 20 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:
 _____ 200 degrees MAG

Variable

Wind Speed

Velocity: _____ 3 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

NONE

Temperature: _____ (C)
 or _____ 25 (F)

Altimeter Setting: _____ 30.33 in. HG
 or _____ MB

Density Altitude: _____ ft

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

Icing Forecast

- | | |
|--|--------------------------------|
| Amount | Type |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Rime |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Moderate | |
| <input type="checkbox"/> Severe | |

Icing Actual

- | | |
|--|--------------------------------|
| Amount | Type |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Rime |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Moderate | |
| <input type="checkbox"/> Severe | |

Type of Precipitation (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains |
| <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |
| <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Freezing Drizzle |

Intensity of Precipitation

- Light Moderate Heavy

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at the Time of Accident/Incident											
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
Pilot "A" Identification											
First Name: <u>Jeffrey</u>					City: <u>Meridian</u>						
Middle Initial: <u>L</u>					State: <u>IDAHO</u> ZIP: <u>83642</u>						
Last Name: <u>Vanhoozer</u>					Country: <u>United States of America</u>						
Age at time of Accident/Incident: <u>57</u>			Date of Birth: <u> </u> /1954			Certificate Number: <u> </u>					
Degree of Injury			Seat Occupied			Seat Belt		Shoulder Harness			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Pilot Certificate(s) (Check all that apply)											
<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 checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
<input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>05/12/2011</u> <i>mm/dd/yyyy</i>			
Medical Certificate Limitations											
Must have available glasses for near vision.											
Medical Certificate Waivers											
None											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft							
<u>06/19/2011</u>				Make: <u>Cessna</u>							
<i>mm/dd/yyyy</i>				Model: <u>182</u>							
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)					
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport					
Type Ratings						Student Endorsements (Include dates)					
Private Pilot											
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
Total Time		315	165	315		13	Actual	Simulated	6		
Pilot in Command (PIC)		288	165	288		13		6			
Time as Instructor											
This Make/Model											
Last 90 Days		5	5	5							
Last 30 Days		5	5	5							
Last 24 Hours		0	0	0							

PILOT "B" INFORMATION												
Pilot "B" Responsibilities at the Time of Accident/Incident												
<input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> 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: _____					
Degree of Injury				Seat Occupied			Seat Belt			Shoulder Harness		
<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious				<input 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			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pilot Certificate(s) (Check all that apply)												
<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												
Principal Occupation		Medical Certificate				Medical Certificate Validity			Date of Last Medical			
<input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown				<input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			_____ <i>mm/dd/yyyy</i>			
Medical Certificate Limitations												
Medical Certificate Waivers												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____					Flight Review Aircraft							
<i>mm/dd/yyyy</i>					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)						
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Glider <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	
Total Time							Actual Simulated					
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					Degree of Injury						
First Name: _____ City: _____			State: _____ ZIP: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal						
Middle Initial: _____			Country: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown						
Last Name: _____					<input type="checkbox"/> Serious						
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"/> Left <input type="checkbox"/> Front						
<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"/> Right <input type="checkbox"/> Rear						
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Center <input type="checkbox"/> Single						
Total Flight Time at the Time of this Accident/Incident: _____ hrs					<input type="checkbox"/> Unknown						
Pilot Name and Address					Degree of Injury						
First Name: _____ City: _____			State: _____ ZIP: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal						
Middle Initial: _____			Country: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown						
Last Name: _____					<input type="checkbox"/> Serious						
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"/> Left <input type="checkbox"/> Front						
<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"/> Right <input type="checkbox"/> Rear						
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Center <input type="checkbox"/> Single						
Total Flight Time at the Time of this Accident/Incident: _____ hrs					<input type="checkbox"/> Unknown						
Pilot Name and Address					Degree of Injury						
First Name: _____ City: _____			State: _____ ZIP: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal						
Middle Initial: _____			Country: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown						
Last Name: _____					<input type="checkbox"/> Serious						
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"/> Left <input type="checkbox"/> Front						
<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"/> Right <input type="checkbox"/> Rear						
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Center <input type="checkbox"/> Single						
Total Flight Time at the Time of this Accident/Incident: _____ hrs					<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	PAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Alex</u> City: <u>Nampa</u>	FR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: <u>IDAHO</u> ZIP: _____											
Last Name: <u>Post</u> Country: <u>United States of America</u>											
First Name: <u>Amber</u> City: <u>Nampa</u>	RR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: <u>IDAHO</u> ZIP: _____											
Last Name: <u>Post</u> Country: <u>United States of America</u>											
First Name: _____ City: _____											
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____											
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
First Name: _____ City: _____											
Middle Initial: _____ State: _____ ZIP: _____											
Last Name: _____ Country: _____											
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.

Departed Garden Valley (U88) at approximately 9:50a.m., MST. Skies were clear, with more than ten miles visibility, winds calm. OAT approx. 25 degrees Fahrenheit. Traveled east through mountainous canyon over South Fork of the Payette River towards Warm Springs Creek (0U1). Announced position at approximately 10 miles west of 0U1. Announced position again at two miles from 0U1. Arrived airspace 0U1 at approximately 10:05a.m. MST. Announced upwind leg (runway 2) at TPA between 1 and 2 miles west of runway. Observed runway conditions and windsock direction (midfield, north end). Announced and turned left cross wind Runway 2 approximately .75 miles east of 0U1, then turned into left downwind with radio call and further observed runway conditions and windsock. Noted steam rising and drifting slightly westward from hot spring located approximately .5 miles northeast of runway 20. From observed tracks in snow, depth appeared to be between 1 and 2 inches. Decision was made to proceed downwind (down canyon) and execute maneuvers for stabilized landing approach. Reviewed recommended final approach speeds, retarded throttle to 1300 RPM, added carburetor heat. Put in 10 degrees of flaps and completed downwind leg.

Announced left base and turned at approximately 1 mile west of runway 2. Added another 10 degrees of flap in the turn to final, noting no drift due to winds. Announced final, and gradually turned propeller pitch to takeoff setting while bringing power down to between 11 and 12 inches manifold pressure. Trimmed aircraft to take pressure out of controls. Noted airspeed at 65 to 70 MPH with slightly nose down attitude. Continued approach to runway 2, noting desired touchdown location.

After clearing threshold, began adding power slightly to maintain airspeed between 60 and 65 MPH, and to maintain a constant and slow descent to fix on runway. At approximately 10 feet above runway more power was applied to slow sink rate.

Main wheels touched down at approximately 60 to 63 MPH. Aircraft began slowing. Elevators were then fully deflected upwards. Nose wheel of aircraft settled onto snow, then aircraft nose pitched down violently. Aircraft traveled in a nose down attitude for approximately 80 to 100 feet, veered leftward slightly, initiating a right wing tip impact on runway surface (snow). Aircraft abruptly flipped over and came to rest.

Passengers were asked to exit aircraft. All electronic systems were de-energized. RR passenger exited through broken window from right rear cabin. Pilot assisted RF passenger with shoulder harness, then escorted out pilot door. Passengers were directed away from aircraft, observed for injuries, and made to sit on dry ground on north side of runway. Passengers were given additional coats and liquids.

Returned to aircraft to turn off fuel valve, and to check electrical systems. A slight odor of fuel was noted, but no significant leakage was seen.

A call was placed to the local 911 number from nearby (0.5 mi.) Forest Service cabin; call center dispatched EMT and law enforcement. EMT service observed passengers and pilot for injuries. All aircraft occupants affixed their signatures on documents, noting no injuries and no need for further medical assistance. Boise County Sheriff's department deputy took photographs of accident scene, then interviewed pilot and passengers. Pilot requested NOTAM be issued, and that the NTSB be notified.

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

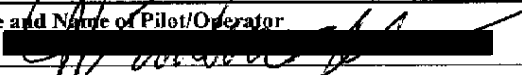
This accident could have been prevented had pilot had more knowledge of snow and snow crust conditions that can be encountered on back country landing strips. Snowmobile tracks on runway surface did not provide accurate visual information. Subsequent inspection of landing surface revealed an unexpected 6 to 10 inches of snow beneath a snow crust, upon which snowmobiles had left the tracks observed during traffic pattern maneuvering. Aircraft nose wheel had settled onto snowmobile track, and then broke through the crust after traveling onto trackless snow.

Recommend future publications and training discussing piloting to back country airstrips include descriptions of snow, snow pack, and crust, to warn pilots of dangers attempting to land on these surfaces. Pilots executing actual emergency landing procedures should also be aware of these conditions on snow covered runways. Further recommended that attempts to land on snow covered runways be avoided if there is no on-field reporting agency.

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 12/19/2011 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: Jeffrey L. Vanhoozer
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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. WPR12CA460	Reviewed by NTSB Regional Office WPR Seattle, WA	Name of Investigator Tom Little	Date Report Received 12/20/11
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