

**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> Nearest City/Place: <u>Hailey</u> State: <u>ID</u> ZIP: <u>83313</u> Country: <u>USA</u> Latitude: <u>43:20:29 N</u> (dd:mm:ss N/S) Longitude: <u>114:13:15 W</u> (ddd:mm:ss E/W)	<b>Date/Time</b> Date: <u>11/29/2011</u> Local Time: <u>7 pm</u> <i>mm/dd/yyyy</i> Time Zone: <u>MST</u>
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<b>Phase of Operation</b> <input type="checkbox"/> Standing <input checked="" 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 type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown	<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b>  <p align="center">6,600 ft MSL</p>
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**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> <u>Piper</u> <b>Model:</b> <u>Lance (PA32RT300T)</u> <b>Serial Number:</b> <u>32R-7887087</u> <b>Registration Number:</b> <u>N36824</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Max Gross Weight:</b> <u>3,600</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>2,943</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> <u>81.89</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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<b>Category of Aircraft</b> <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	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <td><b>Standard</b></td> <td><b>Special</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Light Sport</td> </tr> </table>	<b>Standard</b>	<b>Special</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Utility	<input type="checkbox"/> Limited	<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental		<input type="checkbox"/> Special Flight		<input type="checkbox"/> Light Sport	<b>Number of Seats:</b> <u>6</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input 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
<b>Standard</b>	<b>Special</b>																
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																
<input type="checkbox"/> Utility	<input type="checkbox"/> Limited																
<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional																
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																
	<input type="checkbox"/> Special Flight																
	<input type="checkbox"/> Light Sport																

<b>Type of Maintenance Program</b> <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: _____	<b>Last Inspection Type</b> <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	<b>Date Last Inspection:</b> <u>07/15/2011</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>3,879</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>hand-held portable</u>
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<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>Artex</u> <b>Model/Series:</b> <u>ELT200</u> <b>Serial Number:</b> <u>E03975</u> <b>Battery Type:</b> <u>Artex 452-3063</u> <b>Battery Exp. Date:</b> <u>8/20/2012</u>
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>Engine Type</b> <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	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch    Manufacturer: <u>Hartzell</u> <input checked="" type="checkbox"/> Controllable Pitch    Model: <u>HC-E2YR-1BF</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	Lycorning	TIO-540-SIAD	RL-5498-61A	01/20/1995	270/300	1,226	34	1,226
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
<b>Registered Aircraft Owner</b> Name: <u>Paul Tower</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>Boise</u> State: <u>ID</u> ZIP: <u>83713</u> Country: <u>USA</u>
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
<b>Regulation Flight Conducted Under</b> <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		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Purpose of Flight</b> 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	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held</b> (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)		
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) Tried to engage Century 2000 autopilot. Unable to engage after cycling twice. DG was being monitored, but did not seem to show course deviation to the extent that GPS was indicating.		<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <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	<b>Aircraft Explosion</b> <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)

Destroyed. However, cabin area was largely intact.

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

Airport Identifier: KSUN Distance From Airport Center: 3 SM  
 Airport Name: Friedman Memorial Airport, Hailey, ID Direction From Airport: 113 degrees MAG  
 Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip Airport Elevation: 5,320 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: 13 (L/R/C) Length: 7,550 ft Width: 100 ft

**Runway/Landing Surface** (Check all that apply)  
 Asphalt  Grass/Turf  Macadam  Water  
 Concrete  Gravel  Metal/Wood  Unknown  
 Dirt  Ice  Snow

**Condition of Runway/Landing Surface** (Check all that apply)  
 Dry  Snow-Compacted  Water-Calm  
 Holes  Snow-Crusted  Water-Choppy  
 Ice Covered  Snow-Dry  Water-Glassy  
 Rough  Snow-Wet  Wet  
 Rubber Deposits  Soft  Unknown  
 Slush Covered  Vegetation

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KSUN</u> City: <u>Hailey</u> State: <u>ID</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>7 pm</u> Time Zone: <u>MST</u>	<b>Destination</b> Airport ID: <u>KMAN</u> City: <u>Nampa</u> State: <u>ID</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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)  
33 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  
 Left through still intact main cabin door after opening two latches.

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

### Weather Observation Facility

Facility ID: KSUN

Observation Time: 6:45 pm

Time Zone: MST

Distance from Accident Site: 3 NM

Direction from Accident Site: 293 degrees MAG

### Source of Weather Information

(Check all that apply)

- National Weather Service
- Flight Service Station
- TV/Radio
- Automated Report
- Commercial Weather Service (DUATS)
- Company
- Military
- Internet
- Unknown

### Method of Briefing

(Check all that apply)

- In Person
- Teletype
- Telephone/Computer
- Aircraft Radio
- TV/Radio
- Unknown

### Briefing Type/Completeness

- Full
- Partial / Limited By Pilot
- Partial / Limited By Briefer
- Abbreviated
- Unknown
- Not Pertinent

### Light Condition

- Dawn
- Day
- Dusk
- Night
- Dark Night
- Bright Night
- Not Reported

### Visibility

10 miles

### Sky/Lowest Cloud Condition

- Clear
- Few
- Partial Obscuration
- Scattered
- Thin Broken
- Thin Overcast
- Unknown

### Ceiling

- None (clear)
- Broken
- Overcast
- Obscured
- Indefinite
- Unknown

### Restriction to Visibility (Check all that apply)

- None
- Blowing Dust
- Blowing Sand
- Blowing Snow
- Blowing Spray
- Dust
- Fog
- Ground Fog
- Haze
- Ice Fog
- Smoke
- Unknown

### Lowest Cloud Condition Height

ft AGL

### Ceiling Height

ft AGL

### Wind Direction

Indicated:  
310 degrees MAG

Variable

### Wind Speed

Velocity: 7 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

Record destroyed. However, none affecting flight recalled.

Temperature: 4 (C)  
or \_\_\_\_\_ (F)

Altimeter Setting: 30.21 in. HG  
or \_\_\_\_\_ MB

Density Altitude: 5,000 ft

Dew Point: -4 (C)  
or \_\_\_\_\_ (F)

### Icing Forecast

- Amount
- None
  - Trace
  - Light
  - Moderate
  - Severe

- Type
- Rime
  - Clear
  - Mixed

### Icing Actual

- Amount
- None
  - Trace
  - Light
  - Moderate
  - Severe

- Type
- Rime
  - Clear
  - Mixed

### Type of Precipitation (Check all that apply)

- None
- Rain
- Snow
- Hail
- Rain Showers
- Freezing Rain
- Snow Shower
- Drizzle
- Ice Pellets
- Snow Pellets
- Snow Grains
- Ice Crystals
- Ice Pellets Shower
- Freezing Drizzle

### Intensity of Precipitation

- Light
- Moderate
- Heavy

**PILOT "A" INFORMATION**

**Pilot "A" Responsibilities at the Time of Accident/Incident**

Pilot  Co-Pilot  Student Pilot  Flight Instructor  Check Pilot  Flight Engineer  Other Flight Crew

**Pilot "A" Identification**

First Name: Paul City: Boise  
 Middle Initial: A State: ID ZIP: 83713  
 Last Name: Tower Country: USA  
 Age at time of Accident/Incident: 56 Date of Birth: \_\_\_\_\_ 1955 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Seat Belt</b>		<b>Shoulder Harness</b>	
		Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <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	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> <u>10/17/2011</u> <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**

Must wear corrective lenses.

**Medical Certificate Waivers**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 01/04/2010  
*mm/dd/yyyy*

**Flight Review Aircraft**  
 Make: Piper  
 Model: Lance (PA32RT300T)

<b>Airplane Rating(s) (Check all that apply)</b> <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	<b>Other Aircraft Rating(s) (Check all that apply)</b> <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	<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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**Type Ratings**  
SEL

**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	2,003	1,302	1,997	0	42	55	83	0	0	0
Pilot in Command (PIC)	1,921	1,302	1,915	0	39	55	83	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	19	19	19	0	1	0	0	0	0	0
Last 30 Days	4	4	4	0	1	0	0	0	0	0
Last 24 Hours	1	1	1	0	0	0	0	0	0	0

# PILOT "B" INFORMATION

## Pilot "B" Responsibilities at the Time of Accident/Incident

- Pilot  
  Co-Pilot  
  Student Pilot  
  Flight Instructor  
  Check Pilot  
  Flight Engineer  
  Other Flight Crew

## Pilot "B" Identification

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
*mm/dd/yyyy*

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <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	<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <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	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> _____ <span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span>
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**Medical Certificate Limitations**

**Medical Certificate Waivers**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span>	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <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	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <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	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b>	<b>Student Endorsements</b> <i>(Include dates)</i>
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Flight Time <i>(enter appropriate number of hours in each box)</i>	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: _____	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
<b>Pilot Certificate(s) (Check all that apply)</b>		<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 <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>
First Name: _____ City: _____	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
<b>Pilot Certificate(s) (Check all that apply)</b>		<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 <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>
First Name: _____ City: _____	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
<b>Pilot Certificate(s) (Check all that apply)</b>		<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 <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs

**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: <u>Christina</u> City: <u>Boise</u> Middle Initial: <u>N</u> State: <u>ID</u> ZIP: <u>83702</u> Last Name: <u>Rathbun</u> Country: <u>USA</u>	RF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 to take off in daylight. Had entire course from KSUN instrument departure to KMAN instrument approach programmed in GNS 480. Passenger appointment ended later than expected, so departed in darkness. Experience in prior week with night operations, and within 3 weeks with autopilot coupled instrument departure. Departed KSUN around 7 pm after receiving DUAT briefing and ATIS observation. Good visibility, 0-7 kt tailwind on takeoff. Excellent climb performance and runway alignment observed visually, then by observing DG and VSI upon entering darkness. Autopilot did not appear to be engaged after first attempt. Hand-held yolk-mounted GPSMAP 496 and panel-mounted GNS480 GPS both indicated course deviance. So, recycled autopilot activation procedure (heading bug, then GPS coupling) while continuing to monitor DG, VSI and airspeed indicator. Tower controller radioed to ask if I was turning downwind about the same time I noticed GPSMAP 496 terrain warning warning. Landing light began illuminating steep terrain ahead, so initiated steep climb and turns to avoid collision. Made controlled landing at approximately 65 kias on rough and comparatively level ground which appeared to be only option, given climb limitations at that speed and the surrounding steep terrain.

Cabin was left intact, but substantial damage to tail, wing tips, engine, and undercarriage.

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

Operator/Owner Safety Recommendation

- 1) Do not depart airport in mountainous area when single pilot and mountainous terrain is within 5nm of airport.
- 2) Do not troubleshoot discrepancies within 5nm of terrain, instead treat any discrepancies as inop.



**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**

12/09/2011

*mm/dd/yyyy*

**Signature and Name of Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: Paul Tower

**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.**

WPR12LA048

**Reviewed by NTSB Regional Office**

WPR

**Name of Investigator**

Anderson

**Date Report Received**

12/27/11