

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: PASO ROBLES State: CA
 ZIP: 93446 Country: USA
 Latitude: 35 N 40.4 (dd:mm:ss N/S) Longitude: 120 W 37.6 (ddd:mm:ss E/W)

Date/Time

Date: 11/21/2011 Local Time: 0400
 mm/dd/yyyy Time Zone: PACIFIC

Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☒ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

N/A ft MSL

AIRCRAFT INFORMATION

Manufacturer: PIPER AIRCRAFT, INC
 Model: PA-46R-350T
 Serial Number: 4692122
 Registration Number: N422HP Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 4358 lbs
 Weight at Time of Accident/Incident: 3934.3 lbs
 Location of Center of Gravity at Time of Accident/Incident:
137.7 inches from ☐ nose or ☒ datum
 -or- Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 6

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☒ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type

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

Date Last Inspection: 05/02/2011
 mm/dd/yyyy

Airframe Total Time: 338.0 hrs
 hours measured at (check one)
☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify HALON

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

ELT Manufacturer:

Model/Series: _____

Serial Number: _____

Battery Type:

Battery Exp. Date: _____

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☒ Fuel Injected

Propeller

☐ Fixed Pitch
☒ Controllable Pitch

Manufacturer: HARTZELL

Model: 7890B

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | <u>LYCOMING</u> | <u>T1D-540-BE2A</u> | <u>L-13098-61A</u> | <u>2009</u> | <u>350</u> | <u>338</u> | <u>1</u> | |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: CENTRAL VALLEY MORTGAGE SERVICES, INCFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: PORTERVILLEState: CA ZIP: 93257Country: USA**Operator of Aircraft**☐ Same As Registered OwnerName: GORDY JOE BLYTHEDoing Business As: CO PILOT

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

Operator Address☐ Same As Registered OwnerCity: VISALIAState: CA ZIP: 93291Country: USA**Regulation Flight Conducted Under**

- | | | | |
|--------------------------------------------|----------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> FAR 91 | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 91 Special Flight | <input type="checkbox"/> Public Use (select type) |
| <input type="checkbox"/> FAR 103 | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> Non-US, Commercial | <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local |
| <input type="checkbox"/> FAR 121 | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> Non-US, Non-commercial | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> FAR 125 | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> Armed Forces | |

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

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

- | |
|----------------------------------------------|
| <input type="checkbox"/> Personal |
| <input checked="" 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☐ Domestic ☐ 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 checked="" 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: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____

ZIP: _____

Country: _____

Pilot of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____

ZIP: _____

Country: _____

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

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

NOT FULL POWER....PARTIAL AT BEST AND COULDN'T
MAINTAIN ALTITUDE. NOT BEING A MECHANIC
I THOUGHT I HAD FUEL PROBLEMS OR ELECTRICAL
ISSUES.

NO MECHANICAL ISSUES PRIOR TO FLIGHT.

**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)

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

Airport Identifier: KPRB

Distance From Airport Center: APPROX 10 SM

Airport Name: PASO ROALES AIRPORT

Direction From Airport: 360 degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: 840 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: 19 (L/R/C) Length: 6008 ft Width: 150 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: KPTV

City: PORTERVILLE

State: CA

Country: USA

Time of Departure

Time: 0330

Time Zone: PACIFIC

Destination

Airport ID: KPRB

City: PASO ROALES

State: CA

Country: USA

Type Flight Plan Filed

☐ None ☒ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR

Activated? ☒ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

110 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

NO OCCUPANTS - ONLY PILOT ON BOARD

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Weather Observation Facility Facility ID: <u>KPRB</u> Observation Time: <u>0403 LOCAL</u> Time Zone: <u>PACIFIC</u> Distance from Accident Site: <u>3.5</u> NM Direction from Accident Site: <u>190</u> degrees MAG | | Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown | | Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown |
| Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent | | Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported | | Visibility <u>3</u> miles |
| Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input checked="" type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown | | Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown | | Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input checked="" type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown |
| Lowest Cloud Condition Height <u>200</u> ft AGL | | Ceiling Height <u>200</u> ft AGL | | |
| Wind Direction <input checked="" type="checkbox"/> Indicated: <u>310</u> degrees MAG <input type="checkbox"/> Variable | Wind Speed Velocity: <u>4</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable | Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting | Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light | |

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

N/A

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Temperature: <u>12</u> (C) or <u>54</u> (F) Altimeter Setting: <u>3009</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: <u>11</u> (C) or <u>52</u> (F) | Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed | Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| | Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <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: BOBBY JOE City: VISALIA
 Middle Initial: N/A State: CA ZIP: 93291
 Last Name: BLTYHE Country: USA
 Age at time of Accident/Incident: 65 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury

☐ None
 ☐ Fatal
☒ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

☒ Left
 ☒ Front
 ☐ Unknown
☐ Right
 ☐ Rear
☐ Center
 ☐ Single

Seat Belt

Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
 Available ☒ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None
 ☐ Class 3
☐ Class 1
 ☐ Driver's License (Sport Pilot only)
☒ Class 2
 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

07/29/2011
 mm/dd/yyyy

Medical Certificate Limitations

MUST HAVE GLASSES AVAILABLE FOR NEAR VISION

Medical Certificate Waivers

N/A

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

09/21/2010
 mm/dd/yyyy

Flight Review Aircraft

Make: PIPER
 Model: ARCHER III

Airplane Rating(s) (Check all that apply)

☐ None
☒ Single-Engine Land
☒ Single-Engine Sea
☒ Multiengine Land
☒ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None
 ☒ Instrument Airplane
☒ Airplane Single-Engine
 ☐ Instrument Helicopter
☒ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ 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 | 32,476.7 | 42.0 | 23,061.7 | 941.5 | 11,385.2 | 2637.1 | 2.5 | | | |
| Pilot in Command (PIC) | 32,384.1 | 42.0 | 22,974.1 | 941.0 | 11,385.2 | 2637.1 | 2.5 | | | |
| Time as Instructor | 11,006.5 | 75.3 | 11,006.5 | 3453.9 | 850.1 | 181.0 | 14.0 | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 243.9 | 17.0 | 221.8 | 22.1 | 85.3 | 10.8 | 0 | | | |
| Last 30 Days | 109.0 | 7.2 | 90.1 | 8.1 | 17.0 | 7.2 | 0 | | | |
| Last 24 Hours | 4.1 | .7 | 4.1 | 0 | .5 | .4 | 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: _____ mm/dd/yyyy Certificate Number: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

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

Seat Belt

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

none

Medical Certificate Waivers

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____
Model: _____

Airplane Rating(s)
(Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)
(Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)
(Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)
(Check all that apply)

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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 | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

| ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information) | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | | | | Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | | | | | | | | | | |
| 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 | | | | | | Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | | | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | | | | |
| Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | | | | Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | | | | | | | | | | |
| 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 | | | | | | Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | | | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | | | | |
| Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | | | | Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | | | | | | | | | | |
| 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 | | | | | | Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | | | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | | | | |
| PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary) | | | | | | | | | | | | | | | | |
| Name and Address | | | | | | Seat | Crew | Non-Revenue | Revenue | Non-Occupant | FAA | Fatal | Serious Injury | Minor Injury | No Injury | Unknown |
| 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"/> |
| 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.

SEE ATTACHMENT NO. ONE

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

Operator/Owner Safety Recommendation

ATTACHMENT #1

BOBBY JOE BLYTHE FLIGHT SEQUENCE:

Flight begins in Porterville California ID KPTV departing approximately 0330 Pacific time en route to Paso Robles California ID KPRB VFR in route. Once one minute weather was obtained I requested an IFR approach from Oakland Center via Okeef intersection at 8000 ft..

I was told to expect IFR upon reaching OKEEF intersection, once reaching OKEEF intersection I was given an IFR clearance for the VOR/DME approach to 19 Paso Robles. At OKEEF I descended to 5300 ft. then reaching EXEJO intersection continued decent to 4400 ft., once pass MYGEL started descent to 4100 ft. continued the approach for the landing at Paso Robles.

Once reaching my VNAV DA I executed a missed approach due to the fact that the runway was not in sight. After the missed approach I contacted Oakland Center and told them I was on the missed approach, then they asked me "where would you like to start the approach" I answered MYGEL intersection. Oakland Center cleared me to MYGEL and instructed me to climb and maintain to 7000 ft.. Once at MYGEL I made a turn to intercept the approach course and started descent to 4400 ft. Once on course I started descent to 4100 ft. and then down to 3000 ft. At that time the aircraft started experiencing a sound from the engine similar to fuel starvation. I made sure that the fuel mixture was "full rich", then I turned the fuel pump on with no change in engine sound. Then I changed fuel tanks and still no change. Loosing altitude fast I needed to set up for glassy water landing due to foggy conditions, darkness of night and hilly terrain so wherever I may hit I would be in a landing configuration with appropriate approach speed so as not to stall. I had the throttle full forward and the engine was still running but not with full power. Still loosing altitude I did not have time to squawk emergency since at this at this time my priority was to fly the plane and prepare for impact.

After impact I searched for my cell phone which was in separate pieces and my vision was impaired due to amount of blood coming from my head, I was forced to search on floor and under the seats by hand for the battery so I could assemble the cell phone and make a call to my friend to tell him I would be late because I crashed and for him to call all of the emergency numbers and tell them the I was approximately 10 miles north of runway 19 Paso Robles. I had to walk around because I was loosing much blood and feeling weak staying on the phone with the sheriffs department trying to direct them to the crash site. Since my cell phone showed that I was 9 miles from a different direction than where I was, I directed the emergency crews by siren and then when they were close at about 100 ft, I could now see their lights. Their arrival was about 1.5 hours after impact.

I had made a decision after this approach that if I could not land I would go to San Luis Obispo airport, which had 400 ft. overcast and an ILS approach.

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

Signature and Name of Pilot/Operator

11/23/2011
mm/dd/yyyy

Signature: _____

Type or Print Name: BOBBY JOE BLYTHE

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.

WPR12LA015

Reviewed by NTSB Regional Office

WPR - Seattle, WA

Name of Investigator

Tom Little

Date Report Received

10-24-2011