FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
This form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Hillsboro, Oregon	5-23-99	1630	PDT	205 Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport

1.☑ On Approach 3.☐ Within 1/2 Mile 5.☐ Within 1 Mile 7.☐ Within 3 Miles
2.☐ Within 1/4 Mile 4.☐ Within 3/4 Mile 6.☐ Within 2 Miles 8.☐ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions
PORTLAND/HILLSBORO	HIO	1.☐ Direction: 020° 3.☐ Width: 100' 5.☐ Condition: DRY 2.☐ Length: 4049' 4.☐ Surface: ASPHALT

Phase Of Operation:

1.☐ Standing 3.☐ Takeoff 5.☐ Cruise 7.☑ Approach 9.☐ Hover/Maneuver
2.☐ Taxi 4.☐ Climb 6.☐ Descent 8.☐ Landing 10.☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
N6017P	Piper	PA24-180	24-1112 ~~N6017P~~	2550

Type Of Aircraft

1.☑ Airplane 5.☐ Blimp/Dirigible
2.☐ Helicopter 6.☐ Ultralight
3.☐ Glider 7.☐ Gyroplane
4.☐ Balloon 8.☐ Specify _____

Type Of Airworthiness Certificate

1.☑ Normal 5.☐ Restricted
2.☐ Utility 6.☐ Limited
3.☐ Acrobatic 7.☐ Experimental
4.☐ Transport 8.☐ Specify _____

Amateur Built

1.☐ Yes
2.☑ No

Landing Gear

1.☐ Tricycle—Fixed 4.☐ Tailwheel—Retractable 7.☐ Skid
2.☑ Tricycle—Retractable 5.☐ Tailwheel—Retractable Mains 8.☐ Limited
3.☐ Tailwheel—Fixed 6.☐ Amphibian 9.☐ Specify _____

No. Of Seats

Flight/Cabin Crew 1
Pax 2

Stall Warning System Installed	IFR Equipped	Engine Type
1.☑ Yes 2.☐ No	1.☑ Yes 2.☐ No	1.☑ Reciprocating—Carburetor 3.☐ Turbo Prop 5.☐ Turbo Fan 2.☐ Reciprocating—Fuel Injected 4.☐ Turbo Jet 6.☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
Lycoming	O-360-A1A	1. 180 Horsepower 2. _____ Lbs Thrust	1. None 2. Specify Extinguisher Available

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1		L-3297-36	3647 Hours	36 Hours	395 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1.☑ Annual
2.☐ Manufacturer's Inspection Program
3.☐ Other Approved Inspection Program(AAIP)
4.☐ Continuous Airworthiness
5.☐ Specify _____

Type Of Last Inspection

1.☐ Annual
2.☐ 100 Hours
3.☐ AAIP
4.☐ Continuous Airworthiness

Date Last Inspection Performed 8-14-98 (M/D/Y)
Time Since Last Inspection 36 Hours
Airframe Total Time 4249 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
	EBC	EBC 102A	47990	7/00

Switch 1.☐ On 2.☐ Off 3.☑ Armed
Operated 1.☐ Yes 2.☑ No
Aided In Accident Location 1.☐ Yes 2.☑ No

Registered Aircraft Owner Richard W. Bunting
Address [redacted] Portland, OR 97296

Operator Of Aircraft

1.☑ Same As Registered Owner
2. Name
3. DBS:

Address

1.☐ Same As Registered Owner
2. _____

NTSB Form 6120.1/2 (11/87) This Form replaces NTSB Forms6120.1 (rev. 10/77) and 6120.2 (Rev.10/77)

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under
1. ☑ FAR91 (only) 4. ☐ FAR 121 7. ☐ FAR 133
2. ☐ FAR91D 5. ☐ FAR 125 8. ☐ FAR 135
3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137

Purpose of Flight
1. ☑ Personal 6. ☐ Aerial Observation
2. ☐ Business 7. ☐ Other Work Use
3. ☐ Educational 8. ☐ Public Use
4. ☐ Executive/Corporate 9. ☐ Ferry
5. ☐ Aerial Application 10. ☐ Positioning

Operator Authority
FAR121
1. ☐ Domestic
2. ☐ Flag
3. ☐ Supplemental

FAR 135
4. ☐ On Demand
5. ☐ Commuter

FAR 133
6. ☐ Rotorcraft External Load

FAR125
7. ☐ Large Aircraft

FAR 129
8. ☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1. ☐ Scheduled
2. ☐ Non Scheduled
3. ☐ Domestic
4. ☐ International
5. ☐ Passenger
6. ☐ Cargo
7. Specify_____

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
Christine H. Lang	[redacted]	[redacted] Lake Oswego, OR 97035	American

Certificate (s)
1. ☐ Student 3. ☑ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify_____

Rating (s)
1. ☐ None 6. ☐ Helicopter
2. ☑ Single Engine Land 7. ☐ Glider
3. ☐ Single Engine Sea 8. ☐ Free Balloon
4. ☑ Multiengine Land 9. ☐ Airship
5. ☐ Multiengine Sea 10. ☐ Gyroplane

Instrument Rating (s)
1. ☐ None
2. ☑ Airplane
3. ☐ Helicopter

Instructor Rating (s)
1. ☑ None 6. ☐ Instrument Airplane
2. ☐ Airplane S.E. 7. ☐ Instrument Helicopter
3. ☐ Airplane M.E. 8. ☐ Ground Instructor
4. ☐ Helicopter 9. ☐ Specify_____
5. ☐ Glider

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)
5-22-97

BFR Aircraft
1. Make Piper Comanche
2. Model PA 24-180

Medical Certificate
1. ☐ None 3. ☐ Class 2
2. ☐ Class 1 4. ☑ Class 3

Date Of Last Medical (M/D/Y)
3-1-99

Limitations Waivers Lenses that correct for distant vision + possess glasses that correct for near vision. / None

Date Of Birth (M/D/Y)
[redacted] 36

Degree Of Injury
1. ☑ None
2. ☐ Minor
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☑ Left 4. ☑ Front
2. ☐ Right 5. ☐ Rear
3. ☐ Center

Person At Controls At Time Of Accident
1. ☑ Pilot In Control 4. ☐ Non-Pilot
2. ☐ Second Pilot 5. ☐ No One
3. ☐ Both Pilots

Seat Belt Available
1. ☑ Yes
2. ☐ No

Seat Belt Used
1. ☑ Yes
2. ☐ No

Shoulder Harness Available
1. ☐ Yes
2. ☑ No

Shoulder Harness Used
1. ☐ Yes
2. ☑ No

Source Of Pilot Flight Time Information
1. ☑ Pilot Logbook 4. ☐ Company
2. ☐ Operators Estimate 5. ☐ Specify_____
3. ☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1031.4	65.8	968.9	63.2	19.1	148.4	11.8			
Pilot In Command (PIC)	953.8	63.5	923.3	30.5	8.8	148.4 est.				
Instructor										
This Make & Model	[redacted]					3.4		[redacted]		
Last 90 Days	14.1	14.1	14.1			2.4				
Last 30 Days	6.5	6.5	6.5							
Last 24 Hours	2.5	2.5	2.5							

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1. ☐ Co-Pilot 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☑ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality
Donald W. Brown	[redacted]	[redacted] Portland, OR 97231	U.S.A.

Certificate (s)
1. ☐ Student 3. ☑ Commercial 5. ☑ Flight Instructor 7. ☐ Military 9. None_____
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify_____

Second Pilot Information (cont.)

Rating (s)
1.☐ None 2.☑ Single Engine Land 3.☐ Single Engine Sea 4.☐ Multiengine Land 5.☐ Multiengine Sea 6.☐ Helicopter 7.☐ Glider 8.☐ Free Balloon 9.☐ Airship 10.☐ Gyroplane

Instrument Rating (s)
1.☐ None 2.☑ Airplane 3.☐ Helicopter

Instructor Rating (s)
1.☐ None 2.☑ Airplane S.E. 3.☐ Airplane M.E. 4.☐ Helicopter 5.☐ Glider 6.☑ Instrument Airplane 7.☐ Instrument Helicopter 8.☐ Ground Instructor 9.☐ Specify

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)
7-26-98

BFR Aircraft
1. Make BE35-C33
2. Model BONZA

Medical Certificate
1.☐ None 2.☐ Class 1 3.☑ Class 2 4.☐ Class 3

Date Of Last Medical (M/D/Y)
3/5/98

Limitations
MUST WEAR CORRECTIVE LENSES

Waivers

Date Of Birth (M/D/Y)
[redacted]-35

Degree Of Injury
1.☑ None 2.☐ Minor 3.☐ Serious 4.☐ Fatal

Seat Occupied
1.☐ Left 2.☑ Right 3.☐ Center 4.☐ Front 5.☐ Rear

Seat Belt Available
1.☑ Yes 2.☐ No

Seat Belt Used
1.☑ Yes 2.☐ No

Shoulder Harness Available
1.☐ Yes 2.☑ No

Shoulder Harness Used
1.☐ Yes 2.☑ No

1.☑ Pilot Logbook 2.☐ Operators Estimate 3.☐ FAA Records 4.☐ Company 5.☐ Specify

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1191	13	1191	—	60	93	163	—	—	—
Pilot In Command (PIC)	1142	11	1142							
Instructor	407	11	407							
This Make & Model	[redacted]							[redacted]		
Last 90 Days	28	9	28							
Last 30 Days	12	2	12							
Last 24 Hours	2	2	2							

Other Personnel

Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None
1. RICHARD BURTON	RT/REAR	[redacted]									
2.		PORTLAND, OR 97210		-	(OWNER)						
3.											
4.											
5.											
6.											

Flight Itinerary Information

Last Departure Point
1. Airport ID HIO
2. City/Place HILLSBORO
3. State OREGON

Time Of Departure
1. Time 2130Z
2. Time Zone

Destination
1. Airport ID HIO
2. City/Place
3. State

Flight Plan Filed
1.☑ None 2.☐ VFR 3.☐ IFR 4.☐ VFR/IFR 5.☐ Company (VFR) 6.☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

N/A

Fuel On Board At Last Takeoff
60 Gallons
or
Pounds

Fuel Type
1.☐ 80/87 2.☑ 100 Low Lead 3.☐ 100/130 4.☐ 115/145 5.☐ Jet A 6.☐ Automotive 7.Specify

Other Services, If Any, Prior to Departure

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)

Light Condition
1.☐ Dawn 2.☑ Daylight 3.☐ Dusk 4.☐ Bright Night 5.☐ Dark Night

Visibility
10+ Miles

Temp (°F)
70°F +/-

Weather Information At The Accident Site (cont.)

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition
		1.☑ Clear 2.☐ Scattered _____ Feet AGL 3.☐ Broken _____ Feet AGL 4.☐ Overcast _____ Feet AGL 5.☐ Partial Obscuration 6.☐ Obscured

Wind Information	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
1.Direction Ex RWY 020° 2. Velocity _____ Kts 3. Gusts _____ Kts	NONE	NONE	1.☐ Light 3.☐ Heavy 2.☐ Moderate 4.Specify _____

Turbulence (Multiple Entry)
1.☑ None 2.☐ Light 3.☐ Moderate 4.☐ Severe 5.☐ Extreme 6.☐ Clean Air 7.☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage
1.☐ None 2.☐ Minor 3.☑ Substantial 4.☐ Destroyed

Fire
1.☐ Yes 3.☐ In-Flight
2.☑ No 4.☐ On Ground

Description Of Damage To Aircraft And Other Property
LANDING GEAR RETRACT SYSTEM, PROPELLER, BELLY SKINS

Mechanical Malfunction Failure

1.☐ No
2.☑ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

UNKNOWN. BOTH ELECTRICAL & GEAR FAILURES

Total Time

On Part	At Overhaul
_____ Hours	_____ Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft N/A

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1.☐ Destroyed 3.☐ Minor 2.☐ Substantial 4.☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received
1.☐ Outside Person (s) 3.☐ Slide 5.☐ Ladder
2.☐ Auxiliary Lighting 4.☐ Rope 6.☑ Specify None

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following
1. Main Door 3 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)
I don't know. We relied on the gear light which indicated "down & locked" green - I checked it twice. Without communication capability we could not know the gear had failed. We couldn't visually verify the gear down; & we received no light signal from the tower instructing us not to land. I have no recommendation.

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	FAA Certificate No.	Address	Title
NONE			

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

SEE ATTACHED SUPPLEMENT BY CIFI CONDUCTING FLIGHT REVIEW PER 61.56; (DOUGLAS W. BROWN).

See attached statement of pilot Christine H. Lang given to FAA immediately following accident.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report	Signature Of Pilot/Operator
7-1-99	[redacted]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____
2. Type Or Print Name _____
3. Title _____

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
SEA 99 LA 070	Seattle, WA	G. Nesemeier	7/6/99

My best recollection of the landing of N6017P @ Hillsboro Airport on 5/23/99:

I was flying left seat, Don Brown CFII was right seat for the purpose of renewing my BFR. We contacted the tower inside DBG, shortly we were advised to make a wide right base to R/W 2. Then we were cleared to land #3 + given permission to maneuver behind the other 2 aircraft.

The 2 aircraft ahead were slow, + the one immediately ahead of us was making S turns, so we elected to make a left 270° + so advised the tower.

The gear had been down + locked before we made the 270° - green light on.

As we were nearing Cornell Road I realized we were unable to contact the tower, so we ~~elected~~ elected to make full stop landing instead of touch + go. At the same time we realized we couldn't talk to each other either. *

The landing seemed perfectly normal until touchdown, at which point Don pulled the yoke as far back as it would come to minimize prop damage. We ~~smelled~~ smelled rubber + exited the plane as quickly as possible. I believe the time was 4:30 PM.

Christine W. Lang

* I also made one last check of the gear lever - it was in the down position and the green light was still on.