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

BASI	C INFORMA	TION										- Jan 1977	
Accider	nt/Incident Local	tion	_			. ^	D	ate/Time	,				
Nearest (City Place: <u>CA</u>	<u> 1AS</u>	VAILER		Sta	nter OK	D	atc: 09/2	7/200	9 Lec	al Time:	6:15	pm
ZIP:	Co	untry: U	<u>sa</u>					nmi/dd/y)	יציי		 7		
Latitude	:(d	d:mm:ss N	IS) Longitude:		_(dd	id:mm:ss E W)			•	1 111	ie Zone:		
Phase o	of Operation						C	ollision with (ther Airc	raft		of In-Flight	ŀ
	ling ☐ Takeoff (☐ Climb	(incl. initia				Hover Other] Midair] On-ground		1	Occurren	ice	
☐ Taxi ☐ Desc					-	Unknown		None		ļ			n MSL
AIRC	RAFT INFOR	MATIC)N	8 89					Save Ruit				
Manufa	acturer: ALRO	₩ F	AICON (EXPO	rfe	ERS		Max Gross V	Veight: $\overline{\mathcal{L}}$	3000	Ibs		
Model:	OH58 AT	•						Weight at Ti	me of Acc	ident/Inc	ident:	2600	lbs
Serial N	Jumber: 71-	2053	32_					Location of (ncident:
Registr	ation Number:	N29	8CP	Amateur-	-buil:	t: ☐ Yes 🕱 N	.			menes fro	m 🔲 nose	or 🔲 datu	111
211,57	_					- *		-01-				ynamic Cord	(% MAC)
	ry of Aircraft		Airworthiness (Il that apply)	Certificat	E 1	Number of	Se	ats: <u>5</u>		Landir	ig Gear	Retra	ciable .
☐ Airpl. ☐ Ballo	ial		If Large Airc	raft,	, how many seats	for:		any additio tration that	nal landing g applies:	ear			
☐ Blim ☐ Glide	p Dirigible r	al X R	stricted mited		Flight Ci	ew:	:		□ Tri	eyele	□т	ailwheel	
Gyros		Acrob	natic 🔲 Pr	ovisional		Çabin Cı	ew:				phibian		igh Skid
Powe	red lift	Trans		perimental scial Fligh		Passenge	rs:			☐ Em	ergency Flo at	oat □SI □SI	
Ultral	light			ght Sport						☐ Hul	11		ki Wheel
				<u> </u>		<u> </u>			<u> </u>	Unl			
	Maintenance Pr	ogram	į		-	tion Type			Date La	st Inspec	tion:		
Annu Cond	aı itional (Amateur-bu	ik oaly)		☐ 100 Hour ☐ Continuous ☐ Conditional									
	facturer's inspection			Annual Conditions				**** ****** * ****** * ******			ime:		hrs
	Approved Inspection of the Approved Airworthines		1 (252417)	THE PROPERTY OF THE PROPERTY O				•		at (check			
	, specify:								Last Inspection Time of Accident Incident				lent Incident
IFR Eq						ig System Inst							
Yes	□No □ Unkn	nwa		∐ Yes	∐ }	No Unknow	m	None MANUAL					
									,	* *************************************			
ELT In:		A Activa		ELT M	anuf	acturer:		,, , , , , , , , , , , , , , , , , , ,					
X Yes	□ No 🔼	Yes 🗌	No			s:							
ELT A	ded in Locating	Accident	/Incident			er:							
Yes	No			Battery	Type	e:					y Exp. Da	ite:	
Engine	Туре		Reciprocatin	g 1.77r.	Ī	ropeller					<u> </u>	·····	
Recip	rocating Tur		System Type Carburctor					4. 9. 15.					
Turbo	Shaft Lind Prop Link	bo Fan inown	Fuel Injecte	d	1 -	Fixed Pitch Controllable P	itch	Manufac Madal	eurer:				
			1					Model:	Engine Ra	ited	<u> </u>		
ļ									Power Mc	asured		Time	Time
1			Firm origin o	- 1	Man			Date	as (check)	<i>nië)</i> power or	Total Time	Since	Since Overhaul
	Engine Manufactu		Engine Model/Series		Seri	nufacturer's al Number		of Mfg. nm/dd/yyyy	☐ lbs of	Thousi	(hours)	Inspection (hours)	(hours)
	Rolls Royc	Ē ,	CRISO-C2	OB	CA	E 405831		08-24-91	420		1336	<i>5</i> 2	1336
Eng. 2			. ,										
Eng. 3 Eng. 4												-	
the 4		1	l					:			L	L	L

	VEORMATIO	N.			
Registered Aircraft Owner	9			Owner Address	
Registered Aircraft Owner Name: ReForeStatio	N Daru	lices INC		City: SAlem	
Fractional Ownership Aircraft:				State: OR Country: USA	ZIP:97306
Operator of Aircraft	Same As Registere	ed Owner		Operator Address	Same As Registered Owner
Name:				City:	
Doing Business As:				State:	ZIP:
Air Carrier Operator Designator		le):		Country:	
Regulation Flight Conducted U	Inder			Revenue Sightseeir	
	FAR 91 Special				Yes 📈 No
	☐ Non-US, Comn ☐ Non-US, Non-u		Local	Air Medical Flight	
	Armed Forces			L	Yes 🖈 No
Purpose of Flight for FAR 91, 103, 133, 137 (Select	one)	Revenue Operation for FAR 121, 125, 129, 135 (Select	t (me)	Type of Commerci (Check all that apply)	al Operating Certificate Held
Pursonal	•	Scheduled or Commuter		None	
Business		Non-Scheduled or Air Taxi		Flag Carrier Operat	ting Certificate (121)
Executive Corporate		***		Supplemental Air Cargo	
Other Work Use		Domestic or International		Foreign Air Carrier	
Ferry		Domestic International		Commuter Air Care On-Demand Air Ta	
Positioning Actial Application				Large Helicopter (1	
Acrial Observation		Cargo Operation		Rotoreraft External	Load (133)
☐ Air Drop ☐ Air Race Show		Passenger Cargo	?	- 101	
Flight Test		Passenger How man	ny i	🔀 Agricultural Airera	H (157)
Public Use		Mail Mail		Other Operator of I	large Aircraft
Unknown			1.0390000000000000	dynastica, pavis grova synasti	
UTHER AIRCRAIN = 0		f air or ground collision occurred,			·
Aircraft Registration Number	Manufacturer.			,	Damage to Other Aircraft Destroyed Minor
	Model:				Substantial None
Registered Owner of Other Air	reraft				
First Name:		Ci1	ty:		
Middle Initial:		Sta	via:	744 Pa	
# T A M. L			ш.	· Z.P:	
Last Name:		Co	ountry:	ZiP:	
Pilot of Other Aircraft		Co	ountry:	The state of the s	
Pilot of Other Aircraft First Name:		Co	ountry:	The state of the s	
Pilot of Other Aircraft First Name: Middle Initial:		Co	ountry: ty: ite:	ZiP:	
Pilot of Other Aircraft First Name: Middle Initial: Last Name:		Co Cit Stu Co	ty:tic:	ZIP:	
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN	NCTION/FAII	Co Cit Sta Co Co LURE (If more space is needed,	ty:tic:	ZIP:	
Pilot of Other Aircraft First Name: Middle Initial: Last Name:	NCTION/FAII	Co Cit Sta Co LURE (If more space is needed,	ty:tic:	ZIP:	
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfund	NCTION/FAII	Co Cit Sta Co LURE (If more space is needed,	ty:tic:	ZIP:	Total Time/Cycles On Part
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfund	NCTION/FAII	Co Cit Sta Co -URE (If more space is needed,	ty:tic:	ZIP:	Total Time/Cycles On Part Hours
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfund	NCTION/FAII	Co Cit Sta Co -URE (If more space is needed,	ty:tic:	ZIP:	Total Time/Cycles On Part
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfund	NCTION/FAII	Co Cit Sta Co -URE (If more space is needed,	ty:tic:	ZIP:	Total Time/Cycles On Part Hours
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfund	NCTION/FAII	Co Cit Sta Co -URE (If more space is needed,	ty:tic:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfund	NCTION/FAII	Co Cit Sta Co -URE (If more space is needed,	ty:tic:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfund	NCTION/FAII	Co Cit Sta Co -URE (If more space is needed,	ty:tic:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malium (If yes, list the name of the part, man)	NCTION/FAII ction/Failure? ufacturer, part no.,	Co Cit Sta Co LURE (lif more space is needed, Yes \(\sum \text{No} \) Unknown serial no., and describe the failure.)	ty:tic:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfund	NCTION/FAII ction/Failure? ufacturer, part no.,	Co Cit Sta Co LURE (lif more space is needed, Yes No Unknown serial no., and describe the failure.)	ty: tite: tuntry: continue of	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled
Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUT Was there Mechanical Malfund (If yes, list the name of the part, many	NCTION/FAII Monter, part no.	Co Cit Sta Co LURE (lif more space is needed, Yes No Unknown serial no., and describe the failure.)	buntry: ly: lite: luntry: continue or	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled

Description of Damage to Aircraft and C	ther Property (use addi	itional sheet if i	necessary)			
Substantial						
•						
			estatorio del comenzacione	1948 S. 1840 S	elenani deannarii ing	
AIRPORT INFORMATION (If the	accident/incident occu	irred on appr	oach, takeoff or	within 3 miles o	f an airpor	l, complete this section)
Airport Identifier: N/A		_	Distance From	ı Airport Cente	r:	SM
Airport Name:			Direction From	m Airport:		degrees MAG
Proximity to Airport Off Airport Airst	rîp 🔲 On Airport 🔲 🤆	On Airstrip	Airport Eleva	tion:		tt. MSL
Approach Segment (Selectione)						
On Instrument Approach Landir	ig Basi	c leg	□ Fi	inal		☐ Go Around
Crosswind Down	wo.l 🔲 baiw	Approach		borted Landing (at	ler touchdow	/n)
IFR Approach (Check all that apply)		_	* * *	 (Check all that 		
☐ Nonte ☐ PAR ☐ Sidestep] Practice GPS	None Traffic Patterr	•		op and Go ouch and Go
☐ ADF NDB ☐ Sidestep ☐ SDF ☐ ILS		Loran	Straight-In	•	_	mulated Forced Landing
VOR TVOR Localizer Only	===] Unknown	Valley Terrain	ı Following		orced Landing
☐ VOR DME ☐ LOC-back course ☐ TACAN ☐ RNAV	☐ Contact ☐ Circling		Go Around Full Stop			ecautionary Landing nknown
Runway Information				unway/Landing	Surface	(Check all that apply)
Runway ID:(L R C) Length:	n Wade	ίί	□ Dry	Snow-C	Compacted	☐ Water-Calm
Runway/Landing Surface (Check all that			Hotes Lee Covered	Snow-C		☐ Water-Choppy ☐ Water-Glassy
Asphalt Grass Turf Mac.			Rough	Snow-V		☐ Wet
	l Wood Unknown	: .	Rubber Depos			☐ Unknown
Dict Lus Snex			Slush Covered	i 🔲 Vegetat	ion	
FLIGHT ITINERARY INFORMA	TION					
Last Departure Point	Time of Departure	Destination	t	1		t Plan Filed
Airport ID:	Time:	Airport ID: _			None Company	□ VFR IFR VFR □ IFR
City:		City:			☐ Military \	
State:	Time Zone:	State:		····	□ VFR	
Country:		Country:			Activated?	☐ Yes ☐ No
Type of ATC Clearance/Service (Check a.	ll that apply)					·
None ☐ Special VFR ☐ IFR	Specia			R Flight Followin: iHic Advisory	g	Cruisc Uaknown NA
NO. 10 CO. 10 CO				inc autori		
Airspace where the accident/incident occ		oty) nibited Area		Let Training A	irea	Special
Class B Class G		ricted Area		TRSA		Air Traffic Control Area
Class C Demo Area		tary Operations		☐ FAR 93		Unknown
Class D Warning Area		ort Advisory A	i F Cal			<u></u>
Aircraft Load Description (Check all that None Towing Glider		chutists		Livestock		
Passengers Towing Banne				Unknown		
Cargo Other Externa		mical Fertilizer	Suculs		The second second	
FUEL & SERVICES INFORMAT	ION				SASSINATES S	
Fuel on Board at Last Takeoff	Fuel Type	_	_			
(convert from pounds, as necessary)	☐ 80 87 ☐ 100 Low Lead .	☐ 115 145 ☑ Jet A	☐ JP3 ☐ JP4	☐ Öther	, specify	
50-52 Gallons	100 Low Lead	☑ Jet A ☐ Automotiv				
Other Services, if Any, Prior to Departur	*e					

EVACUATION OF AIR	RCRAF1		10 1707 m	returnação, su s	a pasa significa	ALC:			
Was an emergency evacuation				☐ Yes 🔀					
Method of Exit - Describe ho	w the occupants	exited and I	now m	any occupants eva	acuated each	loca	tion		
PILOT'S DOOR	2								
WEATHER INFORMA	TION AT TH	E ACCIE	ENT	INCIDENT:	SITE		3-3-4	(a) (1.779b)	
Weather Observation Facilit	y			ce of Weather Ir	formation			Method of	• • • • • • • • • • • • • • • • • • • •
Facility ID:				<i>k all that apply)</i> stional Weather Ser	stiere.		Company	(Check all the	- * .
Observation Time:			<u> </u>	ight Service Station			Military	Teletype	
Time Zone.		TV Radio				Internet Unknown	Telephon Aireraft F		
Distance from Accident Site:	1	Automated Report Commercial Weather Service (DUATS)				hand in appropriately	TV Radio	>	
Direction from Accident Site: degrees MAG Unknown Briefing Type/Completeness Light Condition Visibility									1
Briefing Type/Completeness		8	Ligh D		net-	П	Dark Night	. Promir^	
Full				iwi Di			Bright Night Not Reported	10,	miles
Sky/Lowest Cloud Condition		Ceiling				E	estriction to Visibility	y 4Check all th	nat apply)
Clear	Thin Broken Thin Overcast	None Broke		□ Obs			None Blowing Dust	☐ Fog ☐ Grow	nd For
Partial Obscuration] Unknown	Overe		□ Uni			Blowing Sand	🔲 i Inze	•
Scattered Scattered							Blowing Snow Blowing Spray	Ier Fa	
Lowest Cloud Condition Hei	ght	Ceiling	_				Dust	☐ Unkn	
unlim	R AGL	<u>unl</u>	IM		n AGI.				
Wind Direction	Wind Speed			Wind Gusts		1	pe of Turbulence (C	•	ppiya
270 degrees MAG	Velocity: 2	KTS		Velocity:	KTS		None ☐ In Cl Clear Air ☐ Vieis	onds rity of Thunder	wiorm
270 degrees MAG	-or-			D couting			verity of Turbulence	•	
☐ Variable	Caim Light and Vari	able		Gusting Not Gusting		1	Extreme Mod		Light
_								crate Chop	_
NOTAMs (D, L and FDC), AIRMETs, S	IGMETs.	, PIR	EPs in effect at	the time of	the	accident/incident		
NONE									
	1	ing Forec	ast				Type of Precipitati	on (Check all t	that apply)
Temperature: (C) or (F)),	Amour			Type		·	Drizzle	
•	17	None Trace	-	doderate Severe	☐ Rime ☐ Clear			☐ Ice Pellets ☐ Snow Pelle	ls
	n.HG MB	Light			Mixed Mixed		∏ Hail	Snow Grain	
Density Altitude:	<u> </u>	ing Actua	1				Freezing Rain	lee Pellets	Shower
Dew Point:(C)		Ameun None		vloderate	Type Rime		Snow Shower	Freezing D	nìzzle
or(F)	10	Trace	=	vionetale Severe	Clear		Intensity of Precipi	tation	
		Light			Mixed		∐Light □ M	oderate	☐ Heavy

PILOT "A" INFORM	ATION		2001 AV	h side		Park & T			90.00			
Pilot "A" Responsibilities Pilot		ent/Incident ☐ Flight Instru	ctor 🔲	Check Pile	t 🔲 Flig	ght Engineer	☐ Other	Flight Crew				
Pilot "A" Identification												
First Name: DAVID City: Bend Middle Initial: A. Last Name: MCDANIEL City: Bend State: OR ZIP: 97707 Country:												
Age at time of Accident Inc		ate of Birth	mm/dd/y	1963	Certificate	Number						
Degree of Injury	Seat Occupied				eat Belt			Shoulder l	larness			
None Fatal Minor Unknown Serious	Left Excight	Front [Rear Single	_] Unknov	1	ised Available	-	□ No □ No	Vised Available	Yes Yes	□ No		
Pilot Certificate(s) (Check	all that apply)						_		_			
□ None □ Str □ Private □ Fli	ident ght Instructor	☐ Recreation ☐ Sport	al	Comm	creial Transport] Flight Engi] U.S. Milita	ry.	Foreign			
Principal Occupation	Medical Certificate					rtificate V		Date of 1	ast Medic	al		
≓Pilot ☐ Other ☐ Unknown		iss 3 iver*s License (l known	Sport Pilot	only) [Without li	mitations wa ations waive	ivers fs	06/12/ mm/de	2009 Vyyyy			
Medical Certificate Limita	tions											
NONE												
Medical Certificate Waive	rs											
Date of Last Flight Review		Flight Rev										
or Equivalent, Including FAR 121/135 Checks:	06-04-2009	Make: B		BIII								
	mmi/dd/yyyyy	Model: C	sell_									
Airplane Rating(s)	Other Aircraft Ra	ating(s)	Instrum	ent Ratin;	g(s)		r Rating(s)					
(Check all that apply)	(Check all that apply,			l that apply)		E.	that apply)	_				
None Single-Engine Land	☐ None ☐ Airship		☐ None ☐ Airplas	au		None	e Single-Eng] Instrument .] Instrument			
Single-Engine Sea	Free Balloon		Helico			Airplan	a Multi-Engi	na 🔀	Helicopter	richeopter		
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		Poweri	ed Lift		☐ Gyropi ☐ Powere	me Attin		Glider Sport			
T Manueri Ruis ven	Helicopter	l				Livense	U 1.111	L	3 whost			
72 23.	Powered Lift	· !				St. 1 · · ·	3	- A				
Type Ratings						Student	Snaorseme	nts (Inchide i	tates)			
Flight Time (enter appropriat	ε All Thi		rplane ingle	Airplane		Inst	rument T			Lighter		
number of hours in each box)	Aircraft &	Model E	ngîne	Multiengir		Actual	Simulated	Rotorcraft	Glider	Than Air		
Total Time		00				ļ	ļ					
Pilot in Command (PIC)		00			_							
Time as instructor	0 0					+	ļ					
This Make Model	02- 0	2 2										
Last 90 Days	30 30	2,2					<u> </u>					
Last 30 Days Last 24 Hours	19 -	5							ana anno mara babasaka 11120 kan			

PILOT "B" INFORMA		3-14-15	24.6.6.6		arrage	44-132-1	200	e Company		- 10 Cyc.
Pilot "B" Responsibilities at	the Time of Acc	cident/Incid ☐ Flight I		Check Pilot	☐ Fligh	it Engineer	Other	Flight Crew		
Pilot "B" Identification										····
First Name: Middle Initial:				City Stat Cou	v: te: intry:	7	ZIP:			
Age at time of Accident Incide				Cer						
Ikanan of Injury	Seat Occupied	ł	enniaary		Belt			Shoulder I	Tarness	. (
Degree of Injury None	Lult Right	☐ Front ☐ Rear ☐ Single	Unknow	n Used	1		□ No □ No	Used Available	Yes Yes	□ No □ No
Pilot Certificate(s) (Check all	that apply)	_				-			·	
☐ Nonz ☐ Stude☐ Private ☐ Fligh	eni i Instructor	☐ Recre		Commerci			Flight Engu U.S. Mihitar	y	☐ Foreign	
	ledical Certifica	ate		Med	lical Cer	tificate Va	lidity	Date of L	ast Medica	ıl
□ Other □	Class 1	Class 3 Driver's Lice Unknown	ase (Sport Pile)	tonly) 🔲 V		itations wai tions waiver		nm/dd/	ייייי	
Medical Certificate Limitati	ons	·		_						
Medical Certificate Waivers		· -···········								
Date of Last Flight Review		Fliah	t Review Aire	craft				<u>.</u>		
or Equivalent, Including				V						
FAR 121/135 Checks:	nım/dd/yyyy	I							······································	607-16-170-174
Airplane Rating(s)	Other Aircraft			ent Rating(s)		Instructor	Rating(e)			
(Check all that opply)	(Check all that ap	2547		ll that apply)		(Check all t)	****			
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift		None Airpla Helico Powes	ine				ne 🔲	Instrument A Instrument H Helicopter Glider Sport	
Type Ratings						Student E	ndorsemen	ts (Include de	ites)	
								.		Y
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst Actual	Simulated	Rotereraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor									allegangering operators between	
This Make Model					<u> </u>		<u> </u>			2010
Last 90 Days			44-		<u> </u>	_		ļ		
Last 30 Days					<u> </u>		<u> </u>			
Last 24 Hours							<u> </u>			

HUDIII MAHEL FIGHT AVE	ANDENS	(Exclusive of cabin a	Heightus: enumere me	និស្សាសាលាក	(I)) Ø) I i kati		
Pilot Name and Address						Degree of h	· 1
First Name:		City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:		State:	ZIP:			Serious	
Last Name:		Country:	1000000			Seat Occup	ind
Pilot Certificate(s) (Check all that			Flight Engineer	☐ Fore	i.a.	Left	Front ☐
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	Commercial Airline Transport	U.S. Military	1 1016	agu	Right	Rear
Type Rating/Endorsement for			ime at the Time			Center	☐ Single ☐ Unknown
Accident/Incident Aircraft?	Yes No	of this Accider	ıt/Incident:	hrs			Chkhown
Pilot Name and Address	en e	20. May 100 May 200 Control of the C		200 - 1220 - 120 -		Degree of I	njury
		(C)A-11				None	☐ Fntal
First Name:		State:	ZiP			☐ Minor ☐ Serious	☐ Unknown
Last Name:		Country:				aerious	
Pilot Certificate(s) (Check all than	t apply)					Seat Occup	
None Student	Recreational	Commercial	Flight Engineer	For	ign:	Left Right	☐ Front ☐ Rear
Private Flight Instructor	Sport Sport	Airline Transport	U.S. Military			Center	Single
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	ime at the Time nt/Incident:	hrs	NEW YORK OF THE PERSON OF THE	<u> </u>	☐ Unknown
Pilot Name and Address	Control of Control of the Control of Control					Degree of b	
First Name:	,	City:				None	☐ Fatal
Middle Initial:		State:	ZIP.			Minor Serious	∐ Unknown
Last Name:		Country:				ļ <u> </u>	
Pilot Certificate(s) (Check all that	t apply)					Seat Occup	
□ None □ Student	Recreational	Commercial Airline Transport	If light Engineer	☐ Fort	ngis	Left Right	☐ Front ☐ Rear
Private Plight Instructor	Sport		ime at the Time			Center	Single
Type Rating/Endorsement for Accident/Incident Aircraft?	Yus No		nt/Incident:	hrs			Unknown
ALABENACO/CULOTUCO	AFRAGENIEU	MAKERIO SOMETHICA DATAY KATE	THE RESERVE OF THE PARTY OF THE		美国共和国的	S. Sept. Section and His	
PASSENGERISTOTICE	PERSUNNEL	(Include flight attende	ints; continue on separa	ate sheet i	necessa	[y] ; 35,050 mg 3	CONTRACT CONTRACT
PASSENGERIS NOTHER	PERSUNNEL	(Include flight attenda	ints; continue on separa	ate sheet n	necessa	ny) BBBB	us Jury 9wn
PASSENGERIS) (OTHER	EERSUNNEE	(Include flight affends	nts; continue on separa	ate sheet n	necessa	evenue S evenue Op- coupant	otal terious njury finor njury to Injury to Injury
Name and Address				ate sheet i	Crew Son	Revenue Revenue Non-Occupant	Futal Serious Injury Minor Injury No Injury Unknown
Name and Address First Name:		City		ate sheet i	Seat Crew	Revenue Revenue Not- Occupant	
Name and Address First Name: Middle Initial:		City:	ZIP:	ate sheet if	Seat Crew	Revenue Revenue Not- Occupant	Fortal Serious Injury Minor Mi
Name and Address First Name: Middle Initial: Last Name:		City: State: Country:	ZIP:	ate sheet if	Seat Crew	Revenue Revenue Not- Occupant	
Name and Address First Name: Middle Initial: Last Name: First Name:		City: State: Country:	ZIP	ate sheet i	Seat	Revenue Not. Occupant	
Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial:		City: State: Country: City: State:	ZIP ZIP	ate sheet if	Seat	Revenue Not. Occupant	00000
Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:		City: State: Country: City: State: Country:	ZIP	ate sheet i	Seat Seat	C Nevenue Nevenue Noth	00000
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name:		City: State: Country: City: State:	ZIP ZIP	ate sheet i	Seat Seat	C Nevenue Nevenue Noth	00000
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Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:		City: State: Country: City: State: Country: City: State: Country:	ZIP ZIP	ate sheet if	Seat Creek	Network Not: Occupant	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:		City: State: Country: City: State: Country: City: State: Country: City: State: Country:	ZIP	ate sheet if	Seat Creek	Network Not: Occupant	00000
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Name and Address First Name: Middle Initial: Last Name: First Name: First Name:		City: State: Country:	ZIP ZIP	ate sheet if	Scal	Revenue	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:		City: State: Country:	ZIP	ate sheet if	Scal	Revenue	
Name and Address First Name: Middle Initial: Last Name: First Name: First Name:		City: State: Country:	ZIP	ate sheet if	Scal	Revenue	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name:		City: State: Country:	ZIP	ate sheet if	Scal	Revenue	
Name and Address First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:		City: State: Country:	ZIP	ate sheet if	Scal	Revenue	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:		City: State: Country:	ZIP	ate sheet if	Scal	Revenue	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name:		City: State: Country:	ZIP	ate sheet if	Seat Creek	Network O O O O O O O O O O O O O O O O O O O	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: Middle Initial: Last Name:		City: State: Country:	ZIP		Seat Creek	Network O O O O O O O O O O O O O O O O O O O	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:		City: State: Country:	ZIP		Scal	Nether Control of Cont	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: Middle Initial: Last Name:		City: State: Country:	ZIP		Scal	Nether Control of Cont	

NARRATIVE HISTORY OF FLIGHT (Please type or print in link)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertigent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained. I flew from Myetle foint, OR. To the landing Sife I conferred with the Foresher and the felt the weather to be within Limits, but decided to recon the unit prior to application. Searching for hundres and Pin Point weather. I lifted at about 18:15 has and as I was cresting the trices and starting Koiward flight I noticed, I takking more power than anticipally, I was at 100%. I Shortly there after heard Popping sounds comming from the engine. I was losing attitude and triced going downhill to gain airspead, with trees as the only landing site. I was able to get into ETL but never enought Power to maintain altitude. I Landed skids down into the IREES with forward Airspead. It hit hard and Rolled left Immediately. I went out throughout Short down procedures but Engine was able to Ronning.

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

Operator/Owner Safety Recommendation

ADDITIONAL IN	FORMA	TION (Please type or print in ink)			
		is needed for any answers.			
				•	
		•			
I HEREBY CERTIF	THAT TI	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO T	HE BEST OF MY KNOWLEDGE	ĝosaŭs.
Date of this Report		and Name of Pilot/Operator			******
10/01/200	Signature:				
nmiddiyyyy	Type or Pri	at Name DAVI d. A. MCOAN	ieL.		
		Filing Report if Other than Pilot/Operato	æ	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Signature:		_			
Type or Print Name:					
Title:					
		FOR NTSB	USEONLY		W.V.
NTSB Accident/Incid	ent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Receive	ed
WP09LA471		WPR	McKenny	10-5-2009	

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 INFORMAT	ION			er dangan (alaman)		and the second		
Accident/Incident Locat				Date/Time	•			
	mas vaccet	Stat	te: OR_	Date: 09-2	7-2009 Lo	cal Time:	6:15p	M
ZIP:Co	untry: <u>USA</u>			mm/dd/yy	<i>'yy</i> Ti		ACIFIC	
Latitude 43 00 07.17 (d	dimmiss N/S) Longitude: 23	46 40 30	d:mm:ss E/W)			ne Zone	nott i c	
Phase of Operation				Collision with C	Other Aircraft	Altitude of In-Flight		
	(incl. initial climb) 🔲 Cruis		Hover Other	☐ Midair ☐ On-ground		Occurrence		
☐ Taxi ☐ Climb ☐ Descent ☐ Landing	Appr		Unknown	None None		3000	<u> </u>	ñ MSL
	MATION			eli kogađer koje (1. julija i i		10 May 1		4.0
	ow FALCON E		LS	Max Gross V	Veight: 300 C) lbs		
Model: 04 58A				Weight at Ti	me of Accident/In	cident:	2600	lbs
Serial Number: 71-	20532			Location of C	Center of Gravity			
Registration Number: A	0298CP	Amateur-built	: Yes 🗷 N	No inches from nose or Percent Mean Aerodynamic				
Category of Aircraft	Type of Airworthiness (Cortificate	Number of	Seats:5	Land	ng Gear	Retrac	table
☐ Airplane ☐ Balloon	(Check all that apply) Standard Spec	ial	If Large Aires	raft, how many seats	(*	c any additio guration that	nal landing ge	ear
Blimp/Dirigible	☐ Normal 🔼 Re	estricted		_		juration mat icycle		ıilwheel
☐ Glider ☐ Gyrocraft		mited ovisional	-	rew:		mphibian		igh Skid
★ Helicopter		ovisionai operimental		rew:		nergency Flo	oat 🗀 Sl	cid
Powered lift Ultralight		ecial Flight	Passenge	ors;	Pic		□ SI	
Unknown	L. Li	ght Sport				nknown	<u> </u>	ci/Wheel
Type of Maintenance Pr	ogram -	Last Inspect	ion Type		Date Last Inspe	ction: 09	-16-2	009
Annual		100 Hour	Continuous Airworthines			n	m/dd/yyyy	_
Conditional (Amateur-bu		⊠ AAIP		nal Inspection		, =	2	
Manufacturer's Inspectio Other Approved Inspectio		Annual Annual	Unknow	1	Airframe Total			hrs
Continuous Airworthines	S				hours measure Last Inspec			ent/Incident
Other, specify:		04 11 31/4		111	Type of Fire Ex			VIII II IVI II II II
IFR Equipped ☐ Yes ☑ No ☐ Unkr	2017		g System Inst		☐ None	ពេទ្ធសាកាវ	goyaccia	
TIES MINO CLOSE		1.cs ¥	lo 🔲 Usknov	*41	Specify w	ANUA	<u></u>	
			_		-			
	LT Activated	ELT Manufa	cturer: ACX	rechadio	હા <i>ઇ</i> ડ			
X Yes □ No X	Yes No	Model/Series	: AK-45	0 / A1	<u> </u>			
ELT Aided in Locating	Accident/Incident	Serial Numb	er: 453-7 9	88 /450	3200			
Yes X No		Battery Type	: MN 130	O D'LELL	Batte	ry Exp. D	ate: <u>09-3</u>	0-2009
Engine Type	Reciprocation	g Fuel P	ropeller					
Reciprocating Tur			T etc a etc L	Manufac	turer:			
Turbo Shaft Turbo Prop Uni			☐ Fixed Pitch ☐ Controliable P					
, , , , , , , , , , , , , , , , , , , ,					Engine Rated		T	
					Power Measured as (check one)	an	Time	Time
	Engine	Man	mfacturer's	Date of Mfg.	Horsepower	Total Time	Since Inspection	Since Overhaul
Engine Engine Manufactu	irer Model/Series	Seri	al Number	nım/dd/yyyv	lbs of Thrust	(hours)	(hours)	(hours)
Eng. 1 Pous Ro	4CE 250-C2	oc ca	E 40583	1 08.24.91	420	1336	52	1336
Eng. 2								
Eng. 3						 	 	
Eng. 4							<u> </u>	

OWNER/OPERATOR INFORMATIO	Notice and the second		
Registered Aircraft Owner	· · · · · · · · · · · · · · · · · · ·	Owner Address	
Name: REFORESTATION SET	WICES INC	City: SALEM	
Fractional Ownership Aircraft: Yes XNo		State: OR 2 Country: USA	
Operator of Aircraft X Same As Registere	ed Owner	Operator Address	Same As Registered Owner
Name:	· · · · · · · · · · · · · · · · · · ·	City:	
Doing Business As:		State: Z Country:	CIP:
Air Carrier/Operator Designator (4 Character Cod	e):	Revenue Sightseeing F	
Regulation Flight Conducted Under		Revenue aigniseeing P	
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Comm ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-US ☐ FAR 125 ★ FAR 137 ☐ Armed Forces	nercial	Air Medical Flight	⊠ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial C (Check all that apply)	Operating Certificate Held
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning	Scheduled or Commuter Non-Scheduled or Air Taxi Domestic or International Domestic International	None ☐ Flag Carrier Operating ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (I' ☐ Commuter Air Carrier (☐ On-Demand Air Taxi () ☐ Large Helicopter (127)	29) (135) 135)
	Cargo Operation Passenger/Cargo Passenger How many? Cargo ibs Mail	Rotorcraft External Loans - or - Magnicultural Aircraft (1) Other Operator of Large	ad (133) 37)
OTHER AIRCRAFT - COLLISION (fair or ground collision occurred, complete t	his section for other airc	raft)
Aircraft Registration Number Manufacturer:		p	amage to Other Aircraft Destroyed Minor Substantial None
Registered Owner of Other Aircraft			
First Name:	City:		
Middle Initial:	State:	ZIP:	
Last Name:	Country:		
Pilot of Other Aircraft			
First Name:	City:	ZIP:	
Middle Initial: Last Name:	State:	2.11 .	
	NEC 70	a agrapato aboott	
MECHANICAL MALFUNCTION/FAIL		ii separate sileeti	Total Time/Cycles
Was there Mechanical Malfunction/Failure?	Var No.		
(If yes, list the name of the part, manufacturer, part no., s	serial no., and describe the failure.)		On Part
(If yes, list the name of the part, manufacturer, part no., s	res No (24 on anown)		On Part Hours
(If yes, list the name of the part, manufacturer, part no., s	res No (Ascribe the failure.)		Hours
(If yes, list the name of the part, manufacturer, part no., s	res No 124 Ollahown serial no., and describe the failure.)		
(If yes, list the name of the part, manufacturer, part no., s	res No 124 Ollational		Hours
(If yes, list the name of the part, manufacturer, part no., s	res No 124 Olikilowii		Hours Cycles Time Since This Part
	erial no., and describe the failure.)		Hours Cycles Time Since This Part Inspected/Overhauled
DAMAGE TO AIRCRAFT AND OTHE	erial no., and describe the failure.) RPROPERTY		Hours Cycles Time Since This Part Inspected/Overhauled
	ER PROPERTY	Aircraft Explosion ▼None □ E	Hours Cycles Time Since This Part Inspected/Overhauled

Description of Damage to Aircraft and C	Description of Damage to Aircraft and Other Property (use additional sheet if necessary)										
SUBSTANTUAL											
-											
· [
AIRPORT INFORMATION (If the	e accident/incident occi	urred on app	roach, takeoff or with	n 3 miles of an airpo	rt, complete this section)						
Airport Identifier:			Distance From Air	port Center:	SM						
Airport Name:		Management		rport:							
Proximity to Airport Off Airport/Airst	rip 🔲 On Airport 🔲 (On Airstrip	Airport Elevation:		ft. MSL						
Approach Segment (Select one)											
☐ On Instrument Approach ☐ Landin☐ Crosswind ☐ Down		e leg v Approach	☐ Final ☐ Aborted	Landing (after touchdo	Go Around						
IFR Approach (Check all that apply)	WHE	Approxim	VFR Approach (C/		1447						
□ None □ PAR		Practice	☐ None	□ s	Step and Go						
☐ ADF/NDB ☐ Sidestep ☐ SLS	☐ ASR ☐	GPS Loran	☐ Traffic Pattern ☐ Straight-In		Fouch and Go Simulated Forced Landing						
☐ VOR/TVOR ☐ Localizer Only	☐ Visuai ☐	Unknown	☐ Valley/Terrain Follo☐ Go Around		Forced Landing Precautionary Landing						
☐ VOR/DME ☐ LOC-back course ☐ TACAN ☐ RNAV	☐ Contact ☐ Circling		Full Stop	=	Jaknown						
Runway Information				y/Landing Surface							
Runway ID:(L/R/C) Length:		n	☐ Dry ☐ Holes	☐ Snow-Compacted ☐ Snow-Crusted	☐ Water-Calm ☐ Water-Choppy						
Runway/Landing Surface (Check all that			☐ Ice Covered	☐ Snow-Dry ☐ Snow-Wet	☐ Water-Glassy ☐ Wet						
Asphalt Grass/Turf Macc	adam	ļ	Rough Rubber Deposits	☐ Soft	Unknown						
Dirt lee Snov	v	- Constant	Slush Covered	☐ Vegetation	200 Per 200 Pe						
FLIGHT ITINERARY INFORMA		- 10 mg	A STANGE AND	T Pil-1	280000000000000000000000000000000000000						
Last Departure Point	Time of Departure	Destination		Type Fligh	ht Plan Filed ☐ VFR/IFR						
Airport ID:	Time:			Company	y VFR 🔲 IFR						
City:	Time Zone:		A A A A A A A A A A A A A A A A A A A	— ☐ Military ☐ VFR	VFR Unknown						
Country:		Country:	Autocomo de Company	I	☐ Yes ☐ No						
Type of ATC Clearance/Service (Check a)	ll that apply)	<u> </u>		1							
None Special VFR	☐ Specia		☐ VFR Flig ☐ Traffic A	tht Following dvisory	☐ Cruise ☐ Unknown / NA						
Airspace where the accident/incident occ			L. Muniors	uvisory	L. OBAROWH COS						
☐ Class A ☐ Class E	Proh	nibited Area		t Training Area	☐ Special						
Class B Class G Demo Area		tricted Area itary Operations	☐ TI s Area (MOA) ☐ F/	RSA AR 93	☐ Air Traffic Control Area ☐ Unknown						
Class D Warning Area		ort Advisory A	, ,								
Aircraft Load Description (Check all that		* **									
None Towing Glider Passengers Towing Banne		chutists		ivestock							
<u></u>	er 🔲 Wate			nknown							
Cargo Other External	er Wate I Chen	er mical/Fertilizer		nknown							
FUEL & SERVICES INFORMAT	er			nknown	190 <u>0</u>						
FUEL & SERVICES INFORMAT Fuel on Board at Last Takeoff	er Wate I Chen IION I Fuel Type	mical/Fertilizer		Other, specify							
FUEL & SERVICES INFORMAT Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Wate Wate Wate Wate Wate Chen Chen Chen Wate Wate	mical/Fertilizer	r/Seeds								
FUEL & SERVICES INFORMAT Fuel on Board at Last Takeoff (convert from pounds, as necessary) 50 - 52 Gallons	Wate Wate Wate Cher Cher	mical/Fertilizer.	r/Seeds								
FUEL & SERVICES INFORMAT Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Wate Wate Wate Cher Cher	mical/Fertilizer	r/Seeds		MAGEST 18.5						
FUEL & SERVICES INFORMAT Fuel on Board at Last Takeoff (convert from pounds, as necessary) 50 - 52 Gallons	Wate Wate Wate Cher Cher	mical/Fertilizer	r/Seeds								

EVACUATION OF All	RCRAFT	*(a)						
Was an emergency evacuati					No			
Method of Exit - Describe h	ow the occupants	exited and h	ow ma	iny occupants e	vacuated each	locati	ion	
PILOT DOOP				-				
• • • • • • • • • • • • • • • • • • • •								
WEATHER INFORMA	TION AT TH	E ACCID	ENT	/INCIDENT	SITE		SELECTION OF THE SELECT	
Weather Observation Facili	ty			e of Weather I	nformation			Method of Briefing
Facility ID:				c <i>all that apply)</i> tional Weather Se	rvice		Company	(Check all that apply)
Observation Time:			Flig	ght Service Station			☐ Military	Teletype
Time Zone:		- [∏ TV	/Radio tomated Report			Internet Unknown	Telephone/Computer Aircraft Radio
Distance from Accident Site:		NM	Co	mmercial Weather	Service (DUA)			TV/Radio
Direction from Accident date.								Unknown Visibility
Briefing Type/Completeness	☐ Abbreviat	1	Light ☐ Da	Condition	ısk	Πп	ark Night	-
☐ Full ☐ Partial / Limited By Pilot	Unknown		Da Da			∄в	right Night fot Reported	10 ^t miles
Partial / Limited By Briefer Sky/Lowest Cloud Condition	Not Pertin	Ceiling						(Check all that apply)
	Thin Broken	None (c	lear)	□ Ob	seured		Nonc Blowing Dust	☐ Fog
Few	Thin Overcast			☐ Ind ☐ Un			Blowing Dust Blowing Sand	☐ Ground Fog ☐ Haze
Partial Obscuration	Unknown	Overcas	ν.,	☐ O#	MOMI	🗆 1	Howing Snow	lce Fog
Lowest Cloud Condition Hei	ght	Ceiling H	eight	D-000 - 100			Blowing Spray	☐ Smake ☐ Unknown
UNLIM	ft AGI.		المر و	-1~~	ll AGL		Just	
Wind Direction	Wind Speed			Wind Gusts			e of Turbulence (CA	eck all that apply)
☑ Indicated:	Velocity: 2	KTS		Velocity:	KTS	X	None In Clo	
210 degrees MAG	-ar-					1 —		ity of Thunderstorm
☐ Variable	☐ Calm ☐ Light and Vari	niste		☐ Gusting Not Gusting			erity of Turbulence Extreme	
T ANTITOIC			Ì					rate Chop
NOTAMs (D, L and FDC)	, AIRMETs, S	IGMETs, I	PIRE	Ps in effect at	the time of	the a	iccident/incident	
مسرد و معرو								
NOUE								
						٦	Tuna of Presinitatio	n (Check all that apply)
Temperature: (C)	10	ing Forecas Amount	i t		Туре		_	Drizzle
Temperature:(C) or(F)	i ==	None	☐ Mo	oderate	Rime Clear	1	Rain	Ice Pellets Snow Pellets
Altimeter Setting:i	1. HG] Trace] Light	□ 36	VCI C	Mixed	[Hail	Snow Grains
or <i>N</i>		ing Actual		·····		 - [Rain Showers	Ice Crystals Ice Peliets Shower
Density Altitude:		ing Actual Amount			Туре			Freezing Drizzle
Dew Point:(C) or(F)		None Trace	=	ođerate vere	Rime Clear	7	ntensity of Precipit	ation
or(r)	, =	Light	50		Mixed		Light Mo	1

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: DAVID City: SEND Middle Initial: State: OR ZIP: 97707 Last Name: W. DANIEL Country:										
Age at time of Accident/Incident	dent: 46 De	ate of Birt	mm/dd/y	1963 (Certificate	Number:				-
Degree of Injury	Seat Occupied			S	eat Belt			Shoulder]	Harness	
☐ None ☐ Fatal Minor ☐ Unknown ☐ Serious	Z Right	Front Rear Single	Unkno		sed vailable	Yes Yes	□ No □ No	Used Available	Yes Yes	□ No □ No
Pilot Certificate(s) (Check a	ll that apply)									
☐ None ☐ Stuc		Recreati	ional		Transport		Flight Engi U.S. Milita	гу	☐ Foreign	
	Medical Certificate					ertificate V		Date of I	ast Medie	al
1 Other	☐ None ☐ Clas ☐ Class I ☐ Driv 又 Class 2 ☐ Unk	ver's Licens	e (Sport Pilot	tonly)	Without I With limi Unknown	limitations/w itations/waiv n	atvers ers	<u>106 - 1</u> mm/de	<u>2.20</u> 0 Vyyyy	<u>~</u>
Medical Certificate Limitat	ions									
Medical Certificate Limitations										
Medical Certificate Waiver	S									
Medical Certificate Waiver	\$									
Medical Certificate Waiver	\$									
Medical Certificate Waiver	\$									
Medical Certificate Waiver	S						•			:
Date of Last Flight Review	S	Flight R	teview Airc	:rafi						
Date of Last Flight Review or Equivalent, Including		Flight R	_		II.					
Date of Last Flight Review	16-04-2009	i -	320		II.					
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>C</u>		Make: _ Model: _	BZO	6 3		Instruct	or Rating(s)			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: O	16-04-2009 nnn/dd/yyyy Other Aircraft Rai (Check all that apply)	Make: Model: _ ting(s)	SZO SGU Instrum (Check al.			(Check at	or Rating(s)			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply)	nm/dd/yyyy Other Aircraft Rai (Check all that apply)	Make: Model: _ ting(s)	BSCC Instrum (Check al.	ent Rating		(Check at	I that apply)] Instrument	•
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land	16-04-2009 nnn/dd/yyyy Other Aircraft Rai (Check all that apply)	Make: Model: _ ting(s)	Instrum (Check al. None	ent Rating I that apply)		(Check al	<i>I that apply)</i> ne Single-Eng ne Multi-Engi	ine] Instrument] Instrument] Helicopter	•
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land	nm/dd/yyyy Other Aircraft Rat (Check all that apply) None Airship Free Balloon Glider	Make: Model: _ ting(s)	BSCC Instrum (Check al.	ent Rating I that apply)		(Check al	<i>I that apply)</i> ne Single-Eng ne Multi-Engi	ine	Instrument Helicopter Glider	•
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea	nm/dd/yyyy Other Aircraft Rai (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: _ ting(s)	Instrum (Check al. None	ent Rating I that apply)		(Check at	<i>I that apply)</i> ne Single-Eng ne Multi-Engi	ine	Instrument Helicopter	•
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	nm/dd/yyyy Other Aircraft Rat (Check all that apply) None Airship Free Balloon Glider	Make: Model: _ ting(s)	Instrum (Check al. None	ent Rating I that apply)		(Check at None None Airpla Airpla Gyrop Power	I that apply) ne Single-Eng ne Multi-Engi lane ed Lift	ine I	Instrument Helicopter Glider Sport	•
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land	nm/dd/yyyy Other Aircraft Rai (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: _ ting(s)	Instrum (Check al. None	ent Rating I that apply)		(Check at None None Airpla Airpla Gyrop Power	I that apply) ne Single-Eng ne Multi-Engi lane ed Lift	ine	Instrument Helicopter Glider Sport	•
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	nm/dd/yyyy Other Aircraft Rai (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: _ ting(s)	Instrum (Check al. None	ent Rating I that apply)		(Check at None None Airpla Airpla Gyrop Power	I that apply) ne Single-Eng ne Multi-Engi lane ed Lift	ine I	Instrument Helicopter Glider Sport	•
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PILOT "B" INFORMATION										
Pilot "B" Responsibilities a	t the Time of Acc			Check Pilo	t 🗆 Fii	ght Engineer	Other	Flight Crew		
Pilot "B" Identification										
First Name:				(lity:					
Middle Initial:					State: Country: _		ZIP:			
Age at time of Accident/Incid	Last Name: Country:									
Degree of Injury	Seat Occupied				eat Belt			Shoulder	larness	
None Fatal Minor Unknown Serious	☐ Left ☐ Right	Front Rear Single	Unknow		şed vailable	☐ Yes ☐ Yes	□ No □ No	Used Available	Yeş	□ No
Pilot Certificate(s) (Check al	l that apply)	_		_		_	The contract			
☐ None ☐ Stud	ent it Instructor	☐ Recre		Comme	Transport		I Flight Engi U.S. Milita	гу	Foreign	
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mumber of hours in each box)	Aircraft	& Model	Engine	Muldengin	e Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time				 			 	 		
Pilot in Command (PIC)	-				-			 		
Time as Instructor							-			
This Make/Model					34.4					
Last 90 Days	 	+								
Last 30 Days Last 24 Hours										

ADDITIONAL FLIGHT CRI	EW MEMBERS	(Exclusive of cabin	attendants, complete the	following into	rmati	ion)	
Pilot Name and Address						Degree of I	njury
First Name:	·	City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial: Last Name:		State:Country:	ZIP:	_		Serious	U Otknown
Pilot Certificate(s) (Check all tha			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Seat Occup	iled
☐ None ☐ Studeπt ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer ☐ U.S. Military	☐ Foreign		Left Right	Front Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	□ Yes □ No		Time at the Time nt/Incident:	hrs		☐ Center	☐ Single ☐ Unknown
Pilot Name and Address					E John Tolley Co.	Degree of I	njury
First Name:		City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial: Last Name:		State: Country:	ZIP:			Serious	Onknown
Pilot Certificate(s) (Check all that	t apply)					Seat Occup	ied
☐ None ☐ Student	Recreational	Commercial	Flight Engineer	Foreign		Left	Front
Private Flight Instructor	☐ Sport	Airline Transport	U.S. Military Time at the Time			☐ Right ☐ Center	☐ Rear ☐ Single
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	nt/Incident:	hrs			☐ Unknown
Pilot Name and Address						Degree of I	
First Name: Middle Initial:		City:	ZI?:			☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial: Last Name:		State: Country:	ZII':			Serious	
Pilot Certificate(s) (Check all that	t apply)					Seat Occup	ied
☐ None ☐ Student	Recreational	Commercial	Flight Engineer	Foreign		☐ Left ☐ Right	☐ Front ☐ Rear
Private Flight Instructor Type Rating/Endorsement for	L] Sport	Airline Transport	ime at the Time			Center	Single
Accident/Incident Aircraft?	Yes No	n f thin A saids	nt/Incident:	hrs			Unknown
1 ####################################		of this Accide	nvineident:	111.0			
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NARRATIVE HISTORY OF FLIGHT (Please type or print in link)

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. I flew from Myratle Point, or To the landing SIte I conterned with the Foreska and that felt the weather to be within Limits, but decided to recon the unit prior to application. Searching for hunters and Pin Point weather. I lifted at about 18:15 has and as I was cresting the trees and starting Forward flight I noticed, I taking more power than anticipaled, I was at 100%. I Shortly there after heard Popping sounds comming from the engine. I was losing altitude and tried going downhill to gain airspeed, with trees as the only landing site. I was able to get into ETL but never enought Power to Maintain altitude. I landed skids down into the IRETS with forward Airspead. It hit hard and Rolled left immediately. I went other thru Shut down procedures but Engine. Was able Not Ronning.

(NARRATIVE FROM DAVID MCDAVIELS REPORT)

19 PML 30~45°

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DIRECTION OF FLIGHT

ADDITIONAL IN	IFORMA	TION (Please type or print in ink)		
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-MINNESS CONTRACTOR		and Name of Pilot/Operator		
Date of this Report	1	•		
09-05-2009	Signature:_ Type or Pri			
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