

**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 Truckee, CA	Date of Accident 1/17/03	Local Time (24 HOUR CLOCK) ~ 9:45 AM	Zone PST	Elevation At Accident Site 5900 Feet MSL Feet MSL	
If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information					
Proximity To Airport					
1. <input checked="" type="checkbox"/> On Airport	3. <input type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles		
2. <input type="checkbox"/> Within 1/4 Mile	4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input type="checkbox"/> Beyond 8 Miles		
Airport Name Truckee	Airport Ident KTRK	Runway Land Surface and Conditions 1. Direction: 28 3. Width: 100 2. Length: 7000 4. Surface: paved Condition: snow benches			
Phase of Operations					
1. <input type="checkbox"/> Standing	3. <input checked="" type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver	
2. <input type="checkbox"/> Taxi	4. <input type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude of In-Flight Occurrence _____ Feet MSL	
Aircraft Information					
Registration Mark N5400M	Aircraft Manufacturer Beechcraft	Aircraft Type/Model BE-76 Duchess	Serial Number ME30	Cert Max Gross WT 3916	
Type of Aircraft 1. <input checked="" type="checkbox"/> Airplane 2. <input type="checkbox"/> Helicopter 3. <input type="checkbox"/> Glider 4. <input type="checkbox"/> Balloon	5. <input type="checkbox"/> Blimp/Dirigible 6. <input type="checkbox"/> Ultralight 7. <input type="checkbox"/> Gyroplane 8. Specify _____	Type of Airworthiness Certificate 1. <input checked="" type="checkbox"/> Normal 2. <input type="checkbox"/> Utility 3. <input type="checkbox"/> Acrobatic 4. <input type="checkbox"/> Transport	5. <input type="checkbox"/> Restricted 6. <input type="checkbox"/> Limited 7. <input type="checkbox"/> Experimental 8. Specify _____	Amateur Built 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	
Landing Gear 1. <input type="checkbox"/> Tricycle - Fixed 2. <input checked="" type="checkbox"/> Tricycle - Retractable 3. <input type="checkbox"/> Tailwheel-Fixed	4. <input type="checkbox"/> Tailwheel-Retractable 5. <input type="checkbox"/> Tailwheel-Retractable Mains 6. <input type="checkbox"/> Amphibian	7. <input type="checkbox"/> Skid 8. <input type="checkbox"/> Ski/Wheel 9. Specify _____	No. of Seats Flight/Cabin Crew _____ Pax _____		
Stall Warning System Installed 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	IFR Equipped 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Engine Type 1. <input checked="" type="checkbox"/> Reciprocating-Carburetor 2. <input type="checkbox"/> Reciprocating-Fuel Injected 3. <input type="checkbox"/> Turbo Prop 4. <input type="checkbox"/> Turbo Jet 5. <input type="checkbox"/> Turbo Fan 6. <input type="checkbox"/> Turbo Shaft			
Engine Manufacturer Aero Lycoming	Engine Model/Series O-360	Engine Rated Power 1. 360 Horsepower total 2. _____ Lbs. Thrust	Type of Fire Extinguishing System Used 1. <input checked="" type="checkbox"/> None 2. Specify _____		
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1			Hours	Hours	Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type of Maintenance Program 1. <input checked="" type="checkbox"/> Annual 2. <input type="checkbox"/> Manufacturer's Inspection Program 3. <input type="checkbox"/> Other Approved Inspection Program (AAIP) 4. <input type="checkbox"/> Continuous Airworthiness 5. Specify _____		Type of Last Inspection 1. <input checked="" type="checkbox"/> Annual 2. <input type="checkbox"/> 100-Hour 3. <input type="checkbox"/> AAIP 4. <input type="checkbox"/> Continuous Airworthiness		Date Last Inspection Performed 9/02 4 Months (M/D/Y) Time Since Last Inspection _____ Hours Airframe Total Time _____ Hours	
Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)	
Switch 1. <input type="checkbox"/> On 2. <input checked="" type="checkbox"/> Off 3. <input type="checkbox"/> Armed	Operated 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		
Registered Aircraft Owner Jerry Hoffmann			Address San Lorenzo, CA 94580		
Operator of Aircraft 1. <input type="checkbox"/> Same As Registered Owner 2. Name Pal Alto Flying Club 3. DBA:			Address 1. <input type="checkbox"/> S 2. Pal Alto, CA 94301		

Owner/Operator Information (cont.)										
Operator (Certificate Number)			Operator Designator (4 Letter Designator)							
Purpose of Flight and Type of Operation										
Regulation Flight Conducted Under 1. <input type="checkbox"/> FAR 91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR 91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137					Operator Authority FAR 121 FAR 133 1. <input type="checkbox"/> Domestic 6. <input type="checkbox"/> Rotorcraft 2. <input type="checkbox"/> Flag External Load 3. <input type="checkbox"/> Supplemental FAR 125 FAR 135 FAR 129 4. <input type="checkbox"/> On Demand 8. <input type="checkbox"/> Foreign 5. <input type="checkbox"/> Commuter			FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____		
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input checked="" type="checkbox"/> Instructional 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning										
Pilot Information										
Pilot Name <u>Arnelio Juarez</u>		Pilot Certificate No. <u>[REDACTED]</u>		Address <u>San Francisco Palo Alto, CA 94301</u>			Nationality <u>USA</u>			
Certificate(s) 1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input checked="" type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____										
Rating(s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane			Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			Instructor Ratings 1. <input checked="" type="checkbox"/> None 6. <input checked="" type="checkbox"/> Instrument Airplane 2. <input checked="" type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input checked="" type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. Specify _____ 5. <input type="checkbox"/> Glider				
Type Ratings/Student Endorsements			Date of Biennial Flight Review or Equivalent (M/D/Y) <u>2/2002</u>			BFR Aircraft 1. Make <u>Beechcraft</u> 2. Model <u>BE-76 Duchess</u>				
Medical Certificate 1. <input type="checkbox"/> None 3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3		Date of Last Medical (M/D/Y) <u>8/2002</u>		Limitations Waivers _____			Date of Birth (M/D/Y) <u>[REDACTED]</u>			
Degree of Injury 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input checked="" type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input checked="" type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		Person at Controls at Time of Accident 1. <input type="checkbox"/> Pilot In Command 3. <input checked="" type="checkbox"/> Both Pilots 5. <input type="checkbox"/> No One 2. <input type="checkbox"/> Second Pilot 4. <input type="checkbox"/> Non-Pilot				Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operator's Estimate 5. Specify _____ 3. <input type="checkbox"/> FAA Records				
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time		1775	79		100					
Pilot in Command (PIC)		1555	79		100					
Instructor										
This Make/Model		[REDACTED]								
Last 90 Days		75	15	60	15					
Last 30 Days										
Last 24 Hours										
Second Pilot Information										
Second Pilot Responsibilities at the Time of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input checked="" type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)										
Pilot Name <u>Lee N. Price</u>		Pilot Certificate No. <u>[REDACTED]</u>		Address <u>Palo Alto, CA 94301</u>			Nationality <u>USA</u>			
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____										

Owner/Operator Information (cont.)											
Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			Instructor Ratings 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____					
Type Ratings/Student Endorsements <i>Complex</i>			Date of Biennial Flight Review or Equivalent (M/D/Y) <i>1/17/01</i>			BFR Aircraft 1. Make <i>Piper Seneca IHP</i> 2. Model <i>PA-32/R</i>					
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input checked="" type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3			Date of Last Medical (M/D/Y) <i>1/14/2002</i>		Limitations <i>Glasses</i> Waivers		Date of Birth (M/D/Y) <div style="background-color: black; width: 100px; height: 20px;"></div>				
Degree of Injury 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			Seat Occupied 1. <input checked="" type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Front			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No					
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operator's Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____					
Flight Time <i>46 1/17/03</i>		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time		<i>710</i>	<i>9</i>	<i>701</i>	<i>9</i>	<i>89</i>	<i>17</i>	<i>117</i>	<i>-</i>	<i>-</i>	<i>-</i>
Pilot in Command (PIC)		<i>632</i>	<i>9</i>	<i>623</i>	<i>9</i>		<i>17</i>	<i>117</i>	<i>-</i>	<i>-</i>	<i>-</i>
Instructor											
This Make/Model											
Last 90 Days		<i>15</i>	<i>9</i>	<i>6</i>	<i>9</i>						
Last 30 Days		<i>9</i>	<i>9</i>	<i>-</i>	<i>9</i>						
Last 24 Hours		<i>2</i>	<i>2</i>	<i>-</i>	<i>2</i>						
Name	Seat	Address (City & State)	Crew	Passenger		Non-Occupant	FAA	Degree of Injury			
				Non-Revenue	Revenue			Fatal	Serious	Minor	None
1.			<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"/>
2.			<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"/>
3.			<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"/>
4.			<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"/>
5.			<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"/>
6.			<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"/>
Flight Itinerary Information											
Last Departure Point			Time of Departure		Destination			Flight Plan Filed			
1. Airport ID <i>KTRK</i>			1. Time <i>9:45 AM</i>		1. Airport ID <i>KTRK</i>			1. <input checked="" type="checkbox"/> None			
2. City/Place _____			2. Time Zone <i>PDT</i>		2. City/Place <i>Truckee</i>			2. <input type="checkbox"/> VFR			
3. State _____					3. State <i>CA</i>			3. <input type="checkbox"/> IFR			
								4. <input type="checkbox"/> VFR/IFR			
								5. <input type="checkbox"/> Company (VFR)			
								6. <input type="checkbox"/> Military (VFR)			
If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished 											
Fuel On Board At Last Takeoff				Fuel Type							
<i>80</i> Gallons				1. <input type="checkbox"/> 80/88							
or				2. <input checked="" type="checkbox"/> 100 Low Lead							
Pounds				3. <input type="checkbox"/> 100/130							
				4. <input type="checkbox"/> 115/145							
				5. <input type="checkbox"/> Jet A							
				6. <input type="checkbox"/> 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				Visibility		Temp (°F)	
<i>Pilot</i>				1. <input type="checkbox"/> Dawn				<i>20</i> Miles		<i>37°</i>	
				2. <input checked="" type="checkbox"/> Daylight							
				3. <input type="checkbox"/> Dusk							
				4. <input type="checkbox"/> Bright Night							
				4. <input type="checkbox"/> Dark Night							

Weather Information At The Accident Site					
Dew Point (°F)	Altimeter Setting inHg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured			
Wind Information 1. Direction _____ 2. Velocity _____ KTS 3. Gusts _____ KTS		Restriction To Visibility <i>None</i>	Type Precipitation <i>None</i>	Intensity of Precipitation	
Turbulence (Multiple entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clear Air 7. <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree of Aircraft Damage 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed <i>By definition under 82</i>					Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No 4. <input type="checkbox"/> On Ground
Description of Damage to Aircraft and Other Property <i>Right propeller bent, nose gear separated from strut. Nose cone separated from nose.</i>					
Mechanical Malfunction Failure					
1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Damage				Total Time	
				On Part _____ Hours	At Overhaul _____ Hours
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None		
Registered Aircraft Owner			Address		
Pilot Name		Address		Pilot Certificate No.	
Evacuation of Aircraft					
Assistance Received 1. <input type="checkbox"/> Outside Person(s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify <i>None needed</i>					
Method of Exit (State Approximate Number of Persons Using Each of the Following) 1. Main Door <i>2</i> 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry) <i>Better instruction planning. Not doing engine-out exercise on runway bordered by snowbanks. Accident would have been truly minor if not for running into snow and tilting the plane.</i>					

Additional Flight Crew Members

For Each Additional Flight Crew Members, Exclusive of Cabin Attendants, Complete the Following Information:

Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. 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 more space is needed. State Point of departure, time of departure, intended destination and services obtained.

Pilot and instructor had flown training flight from Palo Alto, departing at about 8:30 AM (PDT) and doing several "engine-out" exercises on the way (also planning to go skiing). After landing, instructor suggested this would be good airport to practice an "engine-out" on take-off roll since it was 7000' runway with plenty of room to stop. He explained the procedure of reducing power, using rudder to control direction and stated that he would fail the left engine. I had understanding that the "failure" would occur after we were under way and was surprised when plane veered to left immediately as I was still adding power. I was too slow in reducing power, fixated on rudder control, and ran into 2-foot snow bank on left of runway.

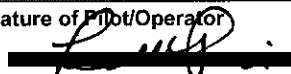
No one was hurt. FBO employees helped us tow aircraft out of snow. Tilt of plane (left wheel on snow, right still on runway) resulted in prop strike of right prop to runway but no serious damage to runway.

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

Date of This Report

2/12/03

Signature of Pilot/Operator



Signature of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type or Print Name

3. Title

For NTSB Use Only

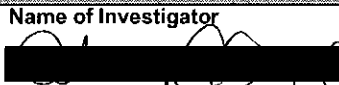
NTSB Accident No.

LAX-03-L-A083

Review By NTSB Office Located At

1515 W. 190th Street, Suite 555
Gardena, CA 90248

Name of Investigator


Tealeye C. Cornejo

Date Report Received

02/18/03