

To: Major Smith, NTSB

COPY

## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

**This form to be used for reporting civil and public aircraft accidents and incidents**

**BASIC INFORMATION**

<p><b>Accident/Incident Location</b></p> <p>Nearest City/Place: <u>Givens Hot Springs</u> State: <u>ID</u></p> <p>ZIP: <u>83641</u> Country: <u>USA</u></p> <p>Latitude: <u>43° 25.01'</u> Longitude: <u>116° 42.34'</u></p> <p><small>(Enter in decimal degrees or degrees:minutes:seconds)</small></p>	<p><b>Accident/Incident Date/Time</b></p> <p>Date: <u>08/25/2020</u> Local Time: <u>07:15</u></p> <p><small>mm/dd/yyyy</small> Time Zone: <u>MTN. DAYLIGHT</u></p>
<p>Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None</p>	

**AIRCRAFT INFORMATION**

<p>Registration Number: <u>N3345C</u></p> <p>Manufacturer: <u>Cessna</u></p> <p>Model: <u>180C</u></p> <p>Serial Number: <u>50691</u></p> <p>Year of Manufacture: <u>1960</u></p> <p>Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No                  If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____</p>	<p><input checked="" type="checkbox"/> IFR-Equipped and Certified  <input type="checkbox"/> Commercial Space Flight  <input type="checkbox"/> Unmanned Aircraft</p> <p>Maximum Gross Weight: <u>2550</u> lbs                  Weight at Time of Accident/Incident: <u>2210</u> lbs</p> <p>Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u>                  Cabin Crew Seats: _____ Passenger Seats: <u>1</u></p> <p>Number of Engines: <u>1</u></p>
--	---

<p><b>Category of Aircraft</b></p> <p><input checked="" type="radio"/> Airplane  <input type="radio"/> Balloon  <input type="radio"/> Blimp/Dirigible  <input type="radio"/> Glider  <input type="radio"/> Gyroplane  <input type="radio"/> Helicopter  <input type="radio"/> Powered Lift  <input type="radio"/> Rocket  <input type="radio"/> Ultralight  <input type="radio"/> Unknown</p>	<p><b>Type of Airworthiness Certificate</b>  <small>(Check all that apply)</small></p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <p><input type="checkbox"/> Certificate of Authorization or Waiver (COA)  <input type="checkbox"/> None <input type="checkbox"/> Unknown</p>	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	<p><b>Landing Gear</b>  <small>(Check all that apply)</small></p> <p><input type="checkbox"/> Retractable</p> <p><input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel</p> <p><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid</p> <p><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid</p> <p><input type="checkbox"/> Float <input type="checkbox"/> Ski</p> <p><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel</p> <p><input type="checkbox"/> Other Launch/Recovery System</p> <p><input type="checkbox"/> None <input type="checkbox"/> Unknown</p>	<p><b>Engine Type</b> <small>(Select one)</small></p> <p><input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket  <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket  <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket  <input type="radio"/> Turbo Jet <input type="radio"/> None  <input type="radio"/> Turbo Fan <input type="radio"/> Unknown  <input type="radio"/> Electric</p> <p><b>Fuel System Type</b> <small>(Reciprocating)</small></p> <p><input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected</p>
Standard	Special																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time <small>(hours)</small>	Time Since: Inspection <small>(hours)</small>	Overhaul <small>(hours)</small>
Eng. 1	<u>Continental</u>	<u>0470-L</u>	<u>80613-9-L-4</u>	<u>01/01/1960</u>	<u>230</u>	<u>3899</u>	<u>52</u>	<u>1351</u>
Eng. 2								
Eng. 3								
Eng. 4								

<p><b>Last Inspection Type</b></p> <p><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness  <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection  <input checked="" type="radio"/> Annual <input type="radio"/> Unknown</p> <p>Date Last Inspection: <u>01/14/2020</u>  <small>mm/dd/yyyy</small></p> <p>Airframe Total Time: <u>3899</u> hrs  <small>hours measured at (Select one)</small>  <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident</p>	<p><b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable</p> <p>Manufacturer: <u>McCaulley</u> Manufacturer: _____                  Model: <u>2A36E29-R</u> Model: _____</p>	<p><b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable</p> <p>Manufacturer: _____ Model: _____</p>
<p><b>Type of Maintenance Program</b> <small>(Select one)</small></p> <p><input checked="" type="radio"/> Annual  <input type="radio"/> Conditional (Amateur-built only)  <input type="radio"/> Manufacturer's Inspection Program  <input type="radio"/> Other Approved Inspection Program (AAIP)  <input type="radio"/> Continuous Airworthiness  <input type="radio"/> Other, specify: _____</p>	<p>ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes:                  ELT Manufacturer: <u>Cobham/ARTEX</u>                  Model or Part No.: <u>453-6603 Rev. E</u>                  TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz) <input type="radio"/> OC126 (406 MHz)</p> <p>Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No                  Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No                  Did ELT Activate? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If activated:                  Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If not activated:                  Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input checked="" type="checkbox"/> Unknown</p>	<p><b>Additional Equipment</b> <small>(Check all that apply)</small></p> <p><input type="checkbox"/> ADS-B  <input type="checkbox"/> Airframe Parachute  <input type="checkbox"/> Angle of Attack Indicator  <input checked="" type="checkbox"/> Autopilot  <input type="checkbox"/> Data Recorder  <input type="checkbox"/> Electronic Flight Bag or Handheld Device  <input type="checkbox"/> Electronic Multifunction Display  <input type="checkbox"/> Electronic Primary Flight Display  <input type="checkbox"/> Handheld GPS  <input type="checkbox"/> Heads Up Display  <input checked="" type="checkbox"/> Onboard Weather  <input type="checkbox"/> Satellite Tracking Device  <input checked="" type="checkbox"/> Stall Warning System  <input type="checkbox"/> Video Recording Device  <input checked="" type="checkbox"/> Other, Specify: <u>MSB - In cockpit</u>  <u>Garmin 796 Touch screen GPS</u></p>
<p><b>Description of Fire Extinguishing System</b></p> <p><input checked="" type="radio"/> None  <input type="radio"/> Specify: _____</p>		

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: JACK A. & PATRICIA A. Blackwell

City: Melba

State: ID ZIP: 83641

Fractional Ownership Aircraft:  Yes  No

Country: USA

**Operator of Aircraft**

Name: JACK Blackwell

Same Address as Registered Owner

City: \_\_\_\_\_

Doing Business As: SELF

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held**  
(Check all that apply)

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- FAR 91  FAR 129  FAR 415
- FAR 103  FAR 133  FAR 431
- FAR 121  FAR 135  FAR 435
- FAR 125  FAR 137  FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft (Select one)
  - Armed Forces
  - Federal
  - State
  - Local
- Unknown

**Revenue Operation for FAR 121, 125, 129, 135**  
(Select one for each group)

- Scheduled or Commuter  Domestic
- Non-Scheduled or Air Taxi  International
- Passenger
- Cargo
- Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**  
(Select one)

- Aerial Application  Firefighting  Unknown
- Aerial Observation  Flight Test
- Air Drop  Glider Tow
- Air Race/Show  Instructional
- Banner Tow  Other Work Use
- Business  Personal
- Executive/Corporate  Positioning
- External Load  Skydiving
- Ferry

Revenue Sightseeing Flight  
 Yes  No

Air Medical Flight  
 Yes  No

**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: SUNRISE SKYPARK

Airport Identifier: ID40

Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  ONA

Distance From Airport Center: 0.1 sm

Direction From Airport: 72A degrees true

Airport Elevation: 2240 ft. msl

**Runway Information**

Runway ID: 30 (L/R/C) Length: 2850 ft Width: 40 ft

**Runway/Landing Surface** (Check all that apply)

- Asphalt  Grass/Turf  Macadam  Water
- Concrete  Gravel  Metal/Wood
- Dirt  Ice  Snow  Unknown

**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
- Slush-Covered  Vegetation  Unknown

**Approach/Departure Segment** (Select one)

- Taxi  VFR Departure  On Instrument Approach  Downwind  Low Approach
- Takeoff  IFR Departure Procedure/Clearance  Landing  Base  Go Around
- Initial Climb  Final  Crosswind  Aborted Landing (after touchdown)
- Unknown

**IFR Approach** (Check all that apply)

- None
- ADF/NDB  PAR  MLS  Practice
- SDF  Sidestep  LDA  GPS
- VOR/TVOR  ILS  ASR  Visual
- VOR/DME  Localizer Only  Contact
- TACAN  LOC-back course  Circling
- RNAV  Unknown

**VFR Approach** (Check all that apply)

- None
- Traffic Pattern  Stop and Go
- Straight-In  Touch and Go
- Valley/Terrain Following  Simulated Forced Landing
- Go Around  Forced Landing
- Full Stop  Precautionary Landing
- Unknown

### "FLIGHT CREWMEMBER 1" INFORMATION

**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**  
 Pilot    Co-Pilot    Student Pilot    Flight Instructor    Check Pilot    Flight Engineer    Other Flight Crew

**"Flight Crewmember 1" was pilot flying**    Yes    No

**"Flight Crewmember 1" Identification**  
 First Name: JACK   City of Residence: Melba  
 Middle Initial: A   State: IO   ZIP: 83644  
 Last Name: Blackwell   Country: USA  
 Age at time of Accident/Incident: 73   Date of Birth: [REDACTED] 1947 mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> <u>12/27/2019</u> * <u>11/27/2017</u> ** mm/dd/yyyy
<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <u>Retired</u> <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input checked="" type="radio"/> Class 3 <u>BASIC Med</u> <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<b>Medical Certificate Limitations</b> <u>MUST WEAR CORRECTIVE LENS.</u> <u>** BASIC med physical exam.</u> <u>** BASIC med self-ASSESSMENT EXAM.</u>	
<b>Medical Certificate Special Issuance</b>			
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>03/11/2019</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>Cessna</u> Model: <u>180</u>		
<b>Airplane Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
<b>Type Ratings</b>		<b>Student Endorsements (Include dates)</b>	

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	4656	21475	3985	671	208	416	36			
Pilot in Command (PIC)	4557	21425	3910	2640	2200	350	30			
Time as Instructor					220	0	0			
This Make/Model					220	0	0	0	0	0
Last 90 Days	39	39	39	0	0	0	0	0	0	0
Last 30 Days	26	26	26							
Last 24 Hours	0									

**"FLIGHT CREWMEMBER 2" INFORMATION**

**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

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

"Flight Crewmember 2" was pilot flying    Yes    No

**"Flight Crewmember 2" Identification**

First Name: None

City of Residence: \_\_\_\_\_

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

**Restraint Type**

**Available**  
 None  
 Lap only  
 3-point  
 4-point  
 5-point  
 Unknown

**Used**  
 None  
 Lap only  
 3-point  
 4-point  
 5-point  
 Unknown

**Inflatable Restraints**

Not Installed  
 Installed  
 Not Deployed  
 Deployed  
 Unknown

**Pilot Certificate(s) (Check all that apply)**

None    Flight Instructor    Commercial    US Military  
 Private    Recreational    Airline Transport    Foreign  
 Student    Sport    Flight Engineer

**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    Unknown  
 With limitations/waivers    N/A  
 Special Issuance

**Date of Last Medical**

\_\_\_\_\_  
mm/dd/yyyy

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

**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  
 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  
 Airplane Single-Engine  
 Airplane Multi-Engine  
 Gyroplane  
 Powered Lift

Instrument Airplane  
 Instrument Helicopter  
 Helicopter  
 Glider  
 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										

<b>ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)</b>								
<b>Crew Name and Address</b> <i>None</i>			<b>Seat Occupied</b>		<b>Injury</b>			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown			
<b>Pilot Certificate(s) (Check all that apply)</b>			<b>Restraint Type:</b>		<b>Inflatable Restraints</b>			
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer			<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						
<b>Crew Name and Address</b>			<b>Seat Occupied</b>		<b>Injury</b>			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown			
<b>Pilot Certificate(s) (Check all that apply)</b>			<b>Restraint Type:</b>		<b>Inflatable Restraints</b>			
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer			<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						
<b>PASSENGER(S) / OTHER PERSONNEL (include cabin crew; continue on separate sheet if necessary)</b>								
<b>Name and Address</b> <i>None</i>			<b>Seat</b>	<b>Injury</b>	<b>Restraint Type</b>			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	

FLIGHT ITINERARY INFORMATION					
<b>Last Departure Point</b> Airport ID: <u>ID 40</u> City: <u>Melba</u> State: <u>ID</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>0715</u> Time Zone: <u>MTN Daylight</u>	<b>Destination</b> Airport ID: <u>3U2</u> City: <u>Yellow Pine</u> State: <u>IO</u> Country: <u>8364</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input checked="" type="radio"/> Unknown		
<b>Type of ATC Clearance/Service (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown /NA					
<b>Airspace where the accident/incident occurred (Check all that apply)</b> <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93					
<b>Altitude of In-Flight Occurrence:</b> <u>2440</u> ft msl					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
<b>Source of Pilot Weather Information (Check all that apply)</b> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input checked="" type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> On-Board Weather			<b>Weather Observation Facility</b> Facility ID: <u>Tampa (Foreflight)</u> Observation Time: <u>0630</u> Time Zone: <u>MTN</u> Distance from Accident Site: <u>15</u> nm Direction from Accident Site: <u>150</u> degrees true		
<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night				
<b>Sky/Lowest Cloud Condition</b> <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input checked="" type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> <u>~ 6,000</u> ft agl	<b>Ceiling</b> <input type="radio"/> None (Clear) <input checked="" type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> <u>CST 5,000</u> ft agl	<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB			
<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gustating -or- Speed: _____ kts	<b>Visibility</b> <u>EST 10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft		
<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals			<b>Restriction to Visibility (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input checked="" type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
<b>Icing Forecast</b> <b>Amount</b> <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Icing Actual</b> <b>Amount</b> <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown			<b>Turbulence</b> <b>Type (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence <b>Severity</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	
<b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>					

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**

- None
- Substantial
- Minor
- Destroyed
- Unknown

**Aircraft Fire**

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Fire at Unknown Time
- Unknown

**Aircraft Explosion**

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Explosion at Unknown Time
- Unknown

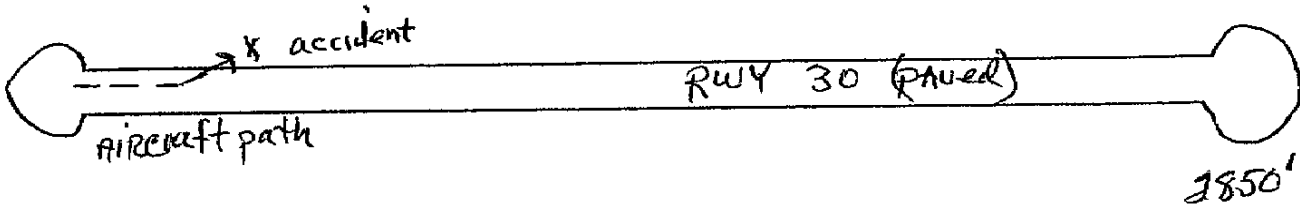
**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Outer half right wing bent & crushed  
 Right HORIZONTAL STABILIZER Bent.  
 (No damage to engine OR prop STRIKE!  
 Gear Box inspected and found to be normal.)

**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 departure time and location, services obtained, and intended destination. Provide as much detail as possible. ON 8/25/26 I checked the actual weather and forecast for Boise, McCall, Tampa, Caldwell and Ontario on my Foreflight program. This was at 0615AM. I went out to my nearby hangar and performed a pre-takeoff inspection including sumping the fuel tanks. I checked the wind sock (calm) and TAXIED DOWN to the Runway 30 take-off position. I performed a normal run up using my checklist, I lowered 20° flaps, checked my instruments a final time, and began my TAKE-OFF RUN. I pushed forward on the yoke to raise the tail wheel and just when it lifted off the runway, the aircraft veered to the left. I WAS unable to correct it with no tail wheel steering. As a result I ground-looped it on the left side of the runway. I TAXIED BACK to my hangar and locked the plane inside. I promptly notified my insurance company.

SUNRISE SKYPARK



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

Operator/Owner Safety Recommendation

I should have left the tailwheel down longer in my take off run to enable better steering until the rudder became effective.

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**

Was there Mechanical Malfunction/Failure?  Yes  No  
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

Hours

Cycles

Time Since This Part Inspected/Overhauled

Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

50 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify \_\_\_\_\_

Other Services, if Any, Prior to Departure

HAVE STC'S for auto fuel and mix 1/3 AV9AS  $\frac{1}{3}$  2/3 auto fuel.

**EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed?  Yes  No

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

**OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_



**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 <i>09/03/2020</i> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <i>JACK A. Blackwell</i> Signature: _____ - or - <input checked="" type="checkbox"/> Check here to electronically sign this document
---	--

**If a Person Other than Pilot/Operator is Filing Report**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

- or -  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. WPR20CA297	Reviewed by NTSB Regional Office OAS WPR	Name of Investigator SMITH, M.	Date Report Received 9/4/2020
--	---	-----------------------------------	----------------------------------