

**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

Accident/Incident Location
 Nearest City/Place: Palouse State: WA
 ZIP: 99161 Country: USA
 Latitude: 46.88N Longitude: 117.08W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 01/08/2021 Local Time: 1400
mm/dd/yyyy Time Zone: 2100
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N4344B
Manufacturer: Cessna
Model: 170B
Serial Number: 26688
Year of Manufacture: 01/22/1955
Amateur-Built: Yes No *If Yes:* Kit/Plans Original Design *Make:* _____

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: _____ lbs
Weight at Time of Accident/Incident: _____ lbs
Number of Seats: _____ Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
Number of Engines: _____

Category of Aircraft
 Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate
(Check all that apply)
Standard
 Normal
 Aerobatic
 Balloon
 Commuter
 Transport
 Utility
 Certificate of Authorization or Waiver (COA)
 None
Special
 Restricted
 Limited
 Provisional
 Special Flight
 Experimental
 Special Light-Sport
 Experimental Light-Sport
 Unknown

Landing Gear
(Check all that apply)
 Retractable
 Tricycle
 Amphibian
 Emergency Float
 Float
 Hull
 Other Launch/Recovery System
 None
 Tailwheel
 High Skid
 Skid
 Ski
 Ski/Wheel
 Unknown

Engine Type *(Select one)*
 Reciprocating
 Turbo Shaft
 Turbo Prop
 Turbo Jet
 Turbo Fan
 Electric
 Liquid Rocket
 Solid Rocket
 Hybrid Rocket
 None
 Unknown
Fuel System Type *(Reciprocating)*
 Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	0-300			145		17	100
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: 09/3/2020
mm/dd/yyyy
Airframe Total Time: 3173.2 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: McCaughey
 Model: 1C172/MDM7653

Propeller 2
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

Type of Maintenance Program *(Select one)*
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

ELT Installed: Yes No
If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)
Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT Activate? Yes No
If activated:
Did ELT Aid in Locating Aircraft: Yes No
If not activated:
Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment *(Check all that apply)*
 ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multifunction Display
 Electronic Primary Flight Display
 Handheld GPS
 Heads Up Display
 Onboard Weather
 Satellite Tracking Device
 Stall Warning System
 Video Recording Device
 Other, Specify: _____

Description of Fire Extinguishing System
 None
 Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Cody M Vandenberg City: Troy
 State: ID ZIP: 83871
 Fractional Ownership Aircraft: Yes No Country: _____

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner
 Name: _____ City: _____
 Doing Business As: _____ State: _____ ZIP: _____
 Air Carrier/Operator Designator (4 Character Code): _____ Country: _____

Operating Certificates Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
	Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No

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

Airport Name: Schoepflin Field **Distance From Airport Center:** _____ sm
Airport Identifier: WN26 **Direction From Airport:** _____ degrees true
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A **Airport Elevation:** _____ ft. msl

Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft	Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> 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 Aborted Landing (after touchdown)
 Crosswind Unknown

IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown	VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown
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“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: Cody City of Residence: Troy
 Middle Initial: M State: ID ZIP: 83871
 Last Name: Vandenbark Country: USA
 Age at time of Accident/Incident: 39 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury	Seat Occupied	Restraint Type	Inflatable Restraints
<input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<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	Available <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown
Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			

Pilot Certificate(s) (Check all that apply)

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

Medical Certificate Validity

Without limitations/waivers Unknown
 With limitations/waivers N/A
 Special Issuance

Principal Occupation	Medical Certificate	Date of Last Medical
<input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver’s License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<u>12/17/2019</u> mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	Flight Review Aircraft
mm/dd/yyyy	Make: _____ Model: _____

Airplane Rating(s) <i>(Check all that apply)</i>	Other Aircraft Rating(s) <i>(Check all that apply)</i>	Instrument Rating(s) <i>(Check all that apply)</i>	Instructor Rating(s) <i>(Check all that apply)</i>
<input checked="" type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<input 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	<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport

Type Ratings	Student Endorsements <i>(Include dates)</i>

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	69	8	69		3		4			
Pilot in Command (PIC)	11	0	11							
Time as Instructor										
This Make/Model										
Last 90 Days	8	8	8				1			
Last 30 Days	3	3	3				1			
Last 24 Hours										

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: _____ City: _____ State: _____ Country: _____	Type Flight Plan Filed <input 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 type="radio"/> No <input type="radio"/> Unknown		
Type of ATC Clearance/Service (Check all that apply) <input 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					
Airspace where the accident/incident occurred (Check all that apply) <input type="checkbox"/> Class A <input 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				Altitude of In-Flight Occurrence: _____ ft msl	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input checked="" type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		Light Condition <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			
Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input checked="" type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Wind Direction <input checked="" type="checkbox"/> Variable - or - Direction: _____ degrees true	Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable - or - Speed: _____ kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting - or - Speed: _____ kts	Visibility 10+ _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <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			Restriction to Visibility (Check all that apply) <input checked="" 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 type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Icing Forecast Amount Type <input checked="" type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Trace <input type="radio"/> Rime <input type="radio"/> Light <input type="radio"/> Clear <input type="radio"/> Moderate <input type="radio"/> Mixed <input type="radio"/> Severe <input type="radio"/> Unknown <input type="radio"/> Unknown		Icing Actual Amount Type <input checked="" type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Trace <input type="radio"/> Rime <input type="radio"/> Light <input type="radio"/> Clear <input type="radio"/> Moderate <input type="radio"/> Mixed <input type="radio"/> Severe <input type="radio"/> Unknown <input type="radio"/> Unknown		Turbulence Type (Check all that apply) Severity <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe <input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme	
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: None					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Engine, Prop, Main Gear, Both Wings, Vertical Stabilizer, Windscreen.

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.

Narrative on the accident involving N4344B

The airplane is based at Schoepflin field outside of Palouse, Washington, and all our operations originated and were terminated at that location. The flight began 8 January 2021 as a normal instruction flight for the student and aircraft owner, Cody Vandenkark. Cody had acquired most of the experience required to qualify for his Private Pilot Certificate and the flight was to give him experience in simulated instrument flight as well as progress toward the insurance mandated minimum of 10 hours in his recently acquired Cessna 170. This flight would have put him over 8 hours in the airplane.

The weather at the airport was light and variable, well within his capabilities and experience. Visibility was in excess of 10 miles and no ceiling of concern. The flight started around 1240 that day and we were on final for the runway around 1400. There were no issues with the flight. The landing was on the uphill runway at Schoepflin Field which is paved and around 1700 feet in length. It was also his first time landing on this runway.

The landing on the uphill runway requires a normal approach with the only exception of a slightly exaggerated flair to account for the rising terrain. Cody's flair was not sufficient to preclude bouncing. However, the bounce was minimal and only required the plane configuration to be maintained allowing it to settle back to the runway. At contact after the bounce, Cody added power in the same manner he probably had done many times before earlier in his training in Cessna 172s at the Pullman-Moscow Regional airport where he had been previously training. Adding power would not have normally been an issue except it threw the airplane in an immediate left change of direction and toward a hangar. My reaction was to grab the controls and continue the deviation to avoid the hangar. Normally this would have put us out in a wheat field and we would have had an embarrassing landing. Unfortunately, the field had been plowed and the rains and melting snow made the field muddy. The moment the wheels touched the mud, forward motion was stopped and the plane flipped onto its back.

There was only Cody and me in the airplane. Cody was uninjured. My seatbelt failed and I was forced into the roof. I suffered head lacerations and was treated at the nearest emergency room and released.

John Hale
13 Jan 2021

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

Operator/Owner Safety Recommendation

Better communication about possibilities to be experienced.

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)

36 _____ Gallons

Fuel Type

80/87 115/145 Jet B Other, specify _____
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

Other Services, if Any, Prior to Departure

None

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 01/15/2021 <i>mm/dd/yyyy</i>	Name of Pilot/Operator: John Hale Signature: [REDACTED] -- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document
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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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
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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 01/15/2021 <small>mm/dd/yyyy</small>	Name of Pilot/Operator John Hale Signature: _____ - or - <input checked="" type="checkbox"/> Check here to electronically sign this document
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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. WPR21LA003	Reviewed by NTSB Regional Office AS WPR	Name of Investigator Tealake Comgo	Date Report Received 01/21/21
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