

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: Boise State: ID
 ZIP: 83715 Country: U.S.
 Latitude: 43.56 N Longitude: 116.22 W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 08/17/2022 Local Time: 1130
mm/dd/yyyy Time Zone: MTN
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N2929D
Manufacturer: Cessna
Model: 170B
Serial Number: 26872
Year of Manufacture: 1956
Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 2200 lbs
Weight at Time of Accident/Incident: 1900 lbs
Number of Seats: 4 Flight Crew Seats: 1
 Cabin Crew Seats: _____ Passenger Seats: 3
Number of Engines: 1

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

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

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

Engine Type *(Select one)*
 Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric
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 Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>IO-360 M1B</u>	<u>L-178-36C</u>	<u>UNK</u>	<u>180</u>	<u>4913</u>	<u>25</u>	<u>1729</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: 12/05/2021
mm/dd/yyyy
Airframe Total Time: 5173 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: MT
 Model: MTV-15-B

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: UNK
Model or Part No.: UNK
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: Earl W. West, Genevieve Aiken-West City: Genevieve / Canton
 Fractional Ownership Aircraft: Yes No Family Living Trust State: TX ZIP: 75103
 Country: US

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

(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 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 415
- FAR 431
- FAR 435
- 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)

N/A

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

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

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

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: Gowan Field Distance From Airport Center: 01 sm
 Airport Identifier: KBOI Direction From Airport: airport degrees true
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A Airport Elevation: 2872 ft. msl

Runway Information

Runway ID: 10R (L/R/C) Length: 9763 ft Width: 150 ft

Runway/Landing Surface (Check all that apply)

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

Condition of Runway/Landing Surface (Check all that apply)

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush-Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- 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: Earl West City of Residence: Canton
 Middle Initial: W State: TX ZIP: 75103
 Last Name: West Country: US
 Age at time of Accident/Incident: 50 Date of Birth: 1972 mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury <input checked="" type="radio"/> None Fatal Minor Unknown Serious		Seat Occupied <input checked="" type="radio"/> Left Front Unknown Right Rear Center Single		Restraint Type Available Used None None Lap only Lap only 3-point 3-point <input checked="" type="radio"/> 4-point <input checked="" type="radio"/> 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints <input checked="" type="radio"/> Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) <input checked="" type="radio"/> None Flight Instructor Commercial US Military <input checked="" type="radio"/> Private Recreational Airline Transport Foreign Student Sport Flight Engineer						
Principal Occupation Pilot <input checked="" type="radio"/> Other Unknown	Medical Certificate None <input checked="" type="radio"/> Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown		Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers <input checked="" type="radio"/> N/A Special Issuance		Date of Last Medical <u>03/12/2021</u> mm/dd/yyyy	

Medical Certificate Limitations
 Corrective lenses for near vision. N/A

Medical Certificate Special Issuance
N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/31/2022 mm/dd/yyyy
Flight Review Aircraft
 Make: Cessna
 Model: 172g

Airplane Rating(s) (Check all that apply) None <input checked="" type="radio"/> Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="radio"/> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) <input checked="" type="radio"/> None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="radio"/> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings N/A **Student Endorsements** (Include dates) N/A

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	268.6	4.5	264.7	3.9	18.5		4.7			
Pilot in Command (PIC)	183	4.5	205.9		10.7					
Time as Instructor										
This Make/Model										
Last 90 Days	5.8	2.1	5.8				0.2			
Last 30 Days	3.8	2.1	5.8							
Last 24 Hours	2.1	2.1	5.8							

"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: William City of Residence: Boise
 Middle Initial: L. State: ID ZIP: 83709
 Last Name: Foote Country: US
 Age at time of Accident/Incident: 63 Date of Birth: 1958 mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury <input checked="" type="radio"/> None Fatal <input type="radio"/> Minor Unknown <input type="radio"/> Serious	Seat Occupied Left Front Unknown <input checked="" type="radio"/> Right Rear Center Single	Restraint Type		Inflatable Restraints <input checked="" type="radio"/> Not Installed <input type="radio"/> Installed <input type="radio"/> Not Deployed <input type="radio"/> Deployed <input type="radio"/> Unknown
		Available None Lap only 3-point <input checked="" type="radio"/> 4-point 5-point Unknown	Used None Lap only 3-point <input checked="" type="radio"/> 4-point 5-point Unknown	
Pilot Certificate(s) (Check all that apply) <input type="radio"/> None Flight Instructor <input checked="" type="radio"/> Commercial US Military <input type="radio"/> Private Recreational <input checked="" type="radio"/> Airline Transport Foreign <input type="radio"/> Student Sport <input checked="" type="radio"/> Flight Engineer				

Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None Class 3 <input type="radio"/> Class 1 Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 Unknown	Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers Unknown <input type="radio"/> With limitations/waivers N/A <input type="radio"/> Special Issuance	Date of Last Medical <u>03/31/2023</u> mm/dd/yyyy
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Medical Certificate Limitations
corrective lenses

Medical Certificate Special Issuance Not valid after 3/31/2023

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/10/2022</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Cessna</u> Model: <u>340A</u>
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Airplane Rating(s) (Check all that apply) <input type="radio"/> 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	Other Aircraft Rating(s) (Check all that apply) <input type="radio"/> 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	Instrument Rating(s) (Check all that apply) <input type="radio"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="radio"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift	<input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings <u>N/A</u>	Student Endorsements (Include dates) <u>N/A</u>
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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	7152.4	900	6008.5	1102.4	835	240	81			
Pilot in Command (PIC)	7871.2	1000	5950	1090	825	240	81			
Time as Instructor	3264.3	460	3110	150	300	75	-			
This Make/Model										
Last 90 Days	73.5	8.0	38	35	9.5	9.4	-			
Last 30 Days	19.2	6.4	1A	0	1.2	6	-			
Last 24 Hours	5	5	5	0	-	-	-			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____		ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes No						

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____		ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes No						

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____	City: _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City: _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____				None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KBO1</u> City: <u>Boise</u> State: <u>ID</u> Country: <u>U.S.</u>	Time of Departure Time: <u>~1030</u> Time Zone: <u>MTN</u>	Destination Airport ID: <u>KBO1</u> City: <u>Boise</u> State: <u>ID</u> Country: <u>U.S.</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR VFR/IFR IFR Unknown Activated? Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<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 checked="" type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input checked="" 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	Altitude of In-Flight Occurrence: <u>N/A</u> ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input checked="" 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		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: <u>KBO1</u> Observation Time: <u>~1055</u> Time Zone: <u>MTN</u> Distance from Accident Site: <u>0W</u> nm Direction from Accident Site: <u>Airport</u> degrees true
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Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition Dawn <input checked="" type="radio"/> Day Dusk Night Dark Night Bright Night Unknown
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	Temperature: _____ (C) or <u>55</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>~30.27</u> in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction <input checked="" type="radio"/> Variable -or- Direction: _____ degrees true	Wind Speed Calm <input checked="" type="radio"/> Light and Variable -or- Speed: <u>5-7</u> kts	Wind Gusts Not Gusting -or- Speed: _____ kts	Visibility <u>CAVU</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy <input checked="" type="radio"/> N/A Unknown	Type of Precipitation (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Hail <input type="radio"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" type="radio"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Icing Forecast Amount: <input checked="" type="radio"/> None Trace Light Moderate Severe Unknown Type: N/A Rime Clear Mixed Unknown	Icing Actual Amount: <input checked="" type="radio"/> None Trace Light Moderate Severe Unknown Type: N/A Rime Clear Mixed Unknown	Turbulence Type (Check all that apply): <input checked="" type="radio"/> None Clear Air Terrain-Induced Convective Turbulence Severity: Light Moderate Severe Extreme
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NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

N/A

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None	Substantial ✓	<u>None</u>	Both Ground and In-Flight	<u>None</u>	Both Ground and In-Flight
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown

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

Damage to left wing tip & Aileron, axle bolts sheared

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 and location, services obtained, and intended destination. Provide as much detail as possible.

see attached.

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

Operator/Owner Safety Recommendation *Be more aware of local wind conditions and the possibility of dust devils and associated wind shear.*

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

Was there Mechanical Malfunction/Failure? Yes <input type="radio"/> No <input checked="" type="radio"/> (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) ~ 30 Gallons	Fuel Type 80/87 <u>100 Low Lead</u> 100/130	115/145 Jet A Jet A-1	Jet B JP8 Automotive	Other, specify _____
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Other Services, if Any, Prior to Departure

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 _____ Substantial _____ Minor <u>None</u>
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

mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

-- or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: William Foote

Title: CFI

Signature: [REDACTED]

-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR22LA155

Reviewed by NTSB Regional Office

WPR - AS

Name of Investigator

Joshua Cawthra

Date Report Received

4/22/2022

CFI William Foote
Certificate [REDACTED] exp 3/23
2nd class medical exp 3/23

On 4/17/2022 I was working with Mr Earl West, owner of Cessna 170 N2929D. Mr West recently purchased the aircraft and needed a tailwheel endorsement and 10 hours of checkout time for insurance purposes.

We had been in the south practice area performing air work including steep turns, slow flight power on and off stalls, and forward slips. We then headed back to KBOI for pattern work.

We were vectored for sequence and eventually cleared for the option on 10R. The winds were light and definitely favoring 10 at this time. There was some noticeable mixing of air on the approach and departure ends of 10R. We then performed two additional landings without incident. Mr West's control of the aircraft was improving with each landing. Prior to the fourth landing I cautioned Mr West that it was warming and we may encounter some weird winds that may include quartering tailwinds. On the fourth landing at approximately 1130 we were cleared for the option on 10R. The approach was stabilized and the touchdown and rollout on the main wheels were normal. The tailwheel was not in contact with the ground and the aircraft started drifting left and was controlled with some right rudder input. Then the right wing lifted suddenly and the aircraft veered right and full left rudder input was ineffective to correct the loss of control. The aircraft then ground looped right, side-loading the left landing gear, breaking the axle bolts. The outboard left wing contacted the ground as the airplane stopped, damaging the aileron and wing tip.

While the cause of the accident was ultimately loss of control. I believe we encountered a dust devil as the veering to the right was extremely sudden and not a function of over controlling the aircraft. I estimate our speed at no more than 20mph.